Insights from CoLab Connect

A pilot project to co-design and test new ways of providing a 'community response' to mental health support for people with complex needs in Exeter

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Executive Summary

Introduction and context

CoLab Connect was a pilot project (Sept 2020 - Oct 2021) facilitated by the core CoLab team, bringing together a wide range of partners from across sectors to co-design, test and iterate new approaches to supporting mental health and wellbeing, particularly for people with complex needs. The objectives were,

1) to **deepen understanding of current support** for people's mental health, how the system is or isn't working for stakeholders and how it can be improved
2) to work together as partners to **identify the cultural and practical changes needed** to create a new model of community-based support for mental health
3) to **design and test new ways of working,** taking an experimental approach
4) to enable and support long term change by **shifting wider systems conditions**

The pilot took place within a changing context, with recent shifts in policy challenging stakeholders to step away from an institutional view of a system that exists to cure ill-health, to a broader understanding of all the things that can promote mental health and wellbeing. In that emerging context, there is an emphasis on person-centred care, sharing responsibility with the community and recognising that expertise wherever it exists, is fundamental to meaningful implementation of the new model outlined in the **NHS Long Term Plan**[i], the **Integrated Care System**[ii] and the **Community Mental Health Framework**[iii]. There is also an opportunity to apply new resources to support the development of roles, approaches and service offers within a community setting, which in turn provide an opportunity to rethink how we envisage support for good mental health on the ground.

Methodology

To begin the process the CoLab infrastructure team, working alongside Collaborate CIC, completed a series of 'diagnostic' activities (Oct – Jan). The purpose of this stage was to develop an understanding of the current system of mental health support in Exeter. This involved collecting insights from across 'the system' including frontline workers, managers, commissioners, and people with lived experience in the voluntary, community and statutory services. Methods included in-depth interviews, 'Appreciative Inquiry' conversations and a community 'Culture Assessment' (Barrett Values Centre[iv]). Alongside this the CoLab infrastructure team held a series of 6 co-design workshops, with 45 individuals taking part at different times from over 20 organisations (from the public, VCSE and social enterprise sectors) to work on two tasks:

1) **Surfacing the System**: What does the current system look, feel and behave like? What does it achieve? Where is it stuck, surviving, or thriving?

2) **Designing a new vision**: How closely does the current response align with our highest vision? How can we give people the best chance to get better and stay well?

Findings: The current landscape of mental health support in Exeter

- Stakeholders described a **system that is broken** and a desire among many for a **fundamental rethink** of what support for mental ill health, and wellbeing, can look like
- They said the status quo **isn't meeting people's needs**, particularly those with the complex challenges who can feel re-traumatised by services

- A high level of frustration among staff working in the system, who feel **despondent about the capacity of the system to change** was also identified
- At the same time there was a strong ambition and growing consensus for change, which it was felt could potentially be supported by key **strategic opportunities** (e.g. the Community Mental Health Framework and Integrated Care Strategy)
- The Culture Assessment identified common values among those working in mental health that could help catalyse the culture change needed, including a desire for ***transformation, inter-agency collaboration and shared learning*****,** and a system which is ***compassionate, listens to lived experience and embeds community participation***. It also identified what stakeholders felt wasn't working well.

Barriers included a disconnect between different parts of the system, a low awareness of what is available, a system designed around service objectives rather than needs, a lack of resources focusing on treatment, long-term recovery and community-based support, and a lack of clarity on where duty and responsibility lie.

Enablers included the strength and resilience of people to keep going, staff dedication, the importance of quality connections and peer support, examples of good practice and collaborative delivery models, and the presence of strategic levers for whole-system approaches.

Findings: What do people want for future mental health support?

The interpersonal values that people working within or accessing mental health support most want to see demonstrated are **compassion, listening, trust, accountability, and a holistic approach.** They want a system that prioritises **collaboration, community participation, engagement, long-term thinking and continuous learning.**

There is a common interest in the system in:

- Becoming person-centred, holistic and bespoke
- Being trauma-informed
- Utilising and building on personal connections
- Working with strengths and resources

Key implications for practice

- **Service delivery** should include assertive outreach, a rapid response, and multi-disciplinary place-based teams
- **Insight and evidence** from lived experience and frontline staff to influence commissioning, service design and ongoing learning
- **Within the workforce** boost the range of roles offering mental health support and enable multi-disciplinary learning
- Shift **emphasis and funding** from assessment towards treatment and community-based support

Findings from discussions across the system strongly suggest a need to genuinely work together to create the necessary conditions for change in key areas:

- Developing systems leadership, strengthening awareness and connection across the system
- Being more 'human' with a focus on listening,
- Investing in learning and adaptability, increasing clarity around duties and responsibilities, and aligning resources.

There was broad support for learning and change that comes from *learning-in-action* activity, rather than continuous strategising without a clear application of objectives to practice.

The experiments

Through the co-design workshops the team identified three test of change projects; each working to its own timescale which will continue beyond the CoLab Connect pilot project as appropriate:

1. Co-designing and testing an **integrated mental health response for people who are homeless** that is community orientated but with access to specialist support, based in CoLab
2. Developing a **multi-agency 'first response' for people with complex lives** presenting with mental health challenges for support at CoLab
3. **Shifting the mindset**: using creative methods to improve the overall mental health culture locally and identify wider system improvement recommendations.

Further information about the progress to date in of each of these experiments is included in the main report.

Going forward: What have we learnt about cross-sector collaboration?

Reflecting on the process of cross-sector collaboration throughout the pilot, the Colab infrastructure team identified three areas of learning that merit further consideration as the work moves forward:

1) The need for 'backbone' infrastructure to support collaboration

Colab provided considerable resource to support the collaboration; the hub provided a physical location sited within the community to host new partnership working, and the Colab core infrastructure team facilitated meetings, co-ordination and negotiation with partners between events. Going forward it may be useful to recognise the facilitation skills that the Colab infrastructure team provided, and the time and expertise needed to maintain momentum and support collaboration.

2) Stewardship role and function

The original aim for the stewardship group (senior leaders from the partners organisations) to lead the pilot and transfer learning to inform wider systems change did not develop as envisaged. This may have been because the information generated by the diagnostic about systemic issues was overwhelming at a time when leaders did not have the capacity to address it. Future cross-sector developments need to consider from the outset how to include senior leaders and commissioners as active learning partners, sharing responsibility for outcomes and taking responsibility for the system level changes that may be required.

3) Encouraging ambitious and creative approaches to culture change

Some of the creative practitioners and organisations involved in the pilot shared ambitious ideas about using arts to promote culture change within the community as well as the 'system'. Whilst experiment three began to address this, several ideas for activities were not carried through, partly due to the pandemic but also lack of capacity. The infrastructure team recognise the danger that artistic and cultural approaches to creating change can be seen as 'nice to have' rather than essential and can take second place to service delivery. A key point therefore for future developments is to keep the potential for cultural change through creative activity on the agenda, and to keep questioning whether we being ambitious enough.

Putting learning into practice: next steps

The two major developments to emerge from the collaboration are

1) **The Colab One Mental Health Team – focusing on homeless and complex people**

This new multi-agency and collaboratively funded team will be based at Colab. The team will provide both clinical and social support and will be responsive to the complex reality of people wanting to use the service. The new team (which includes primary care, statutory secondary mental health and VCSE roles) have been given permission and support to co-design and test a radical 'one team' approach to community-based support.

2) **The Devon Mental Health Alliance**

The CoLab Exeter Core Infrastructure Team, working in partnership with six local providers, applied to be the Mental Health and Wellbeing Social Alliance for Devon. This body which will act as a delivery partner to local commissioners for the Community Mental Health contract and will co-ordinate and develop VCSE/I contributions.

[Addendum: The success of this application was confirmed in January 2022].

About the project

Introduction to CoLab Connect

CoLab is a wellbeing hub hosting over 25 voluntary and statutory organisations and projects that support recovery and belonging for people in Exeter facing a range of complex challenges. Recently Colab as a whole have seen more people coming through the doors who are struggling with their mental health and failing to get the support they need.

CoLab Connect is a pilot project (Sept 2020 - Oct 2021) facilitated by the core CoLab team, and supported by Devon Partnership NHS Trust and Devon Clinical Commissioning Group. It is creating space for courageous conversations; facilitating partners across sectors to co-produce a new solution; to co-design, test and iterate new approaches to supporting better mental health and wellbeing.

A changing context locally and nationally

Whilst Exeter as a city has flourished economically, this backdrop of positive changes has not been felt universally. A decade of austerity, cuts to services and the recent pandemic have worsened inequalities in income and health. Understanding and tackling these inequalities will be a critical to ensure that any transformation doesn't worsen already poor outcomes for the most vulnerable. This includes those with existing mental health issues and people with multiple and complex needs.

Recent shifts in policy challenge us to step away from an institutional view of a system that exists to cure ill-health, to a broader understanding of all the things that can help us feel well. An emphasis on person-centred care, sharing responsibility with the community and recognising expertise wherever that exists (including within the individual) is fundamental to the new model outlined in the **NHS Long Term Plan**, the **Integrated Care Programme** and the **Community Mental Health Framework**.

Resources available to support the development of these programmes provide an opportunity to rethink how we envisage support for good mental health. Listening to lived experience, finding better ways as people and professionals to connect across the whole landscape of support and devising and testing new approaches together will help us meet that challenge.

Our ambition

We want everyone in Exeter, particularly those with complex needs, to feel they are listened to and supported in the community in which they live to have good mental health and to lead lives they have reason to value.

This partnership project seeks to design and test new ways to make this happen, to create spaces where communities can flourish, and to bring different elements of the system together to work more effectively.

CoLab Connect objectives

The pilot project has four objectives:

1) to **deepen understanding of current support** for people's mental health, how the system is or isn't working for stakeholders and how it can be improved
2) to work together as partners to **identify the cultural and practical changes needed** to create a new model of community-based support for mental health
3) to **design and test new ways of working,** taking an experimental approach
4) to enable and support long term change by **shifting wider systems conditions**

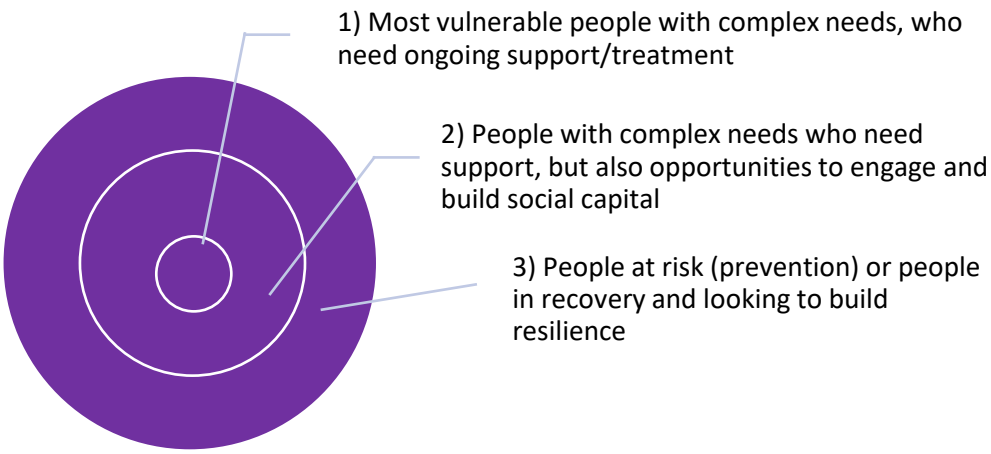
Who's involved?

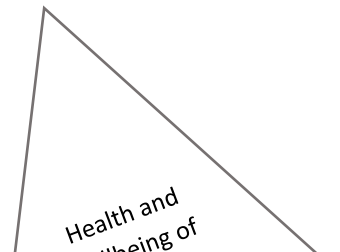
According to their interest and expertise, individuals from across sectors are working together in different ways to work towards these objectives:

- **Co-design community**: A wide range of stakeholders convened and supported to co-produce a clear ambition for change and specific project experiments to test ideas and actions (see list of partners in appendix 1)
- **Experiment groups**: developing and delivering tests of change (see page 17)
- **Stewardship group**: Convened to champion the overall project and provide support and challenge for the experiments
- **Leadership and facilitation team:** The CoLab infrastructure team leading and managing the project process, translating and sharing insight and learning from the work
- **Learning partner**: Collaborate CIC providing diagnostic and learning support across the groups, funded by Devon CCG

Who does the project focus on?

Although the project particularly focuses on people with complex needs, acknowledging this gap in support, it also recognises that people's needs can vary over time, and that creating boundaries can be unhelpful. It acknowledges that the people we support may move between the groups described below.





Methodology

Diagnostic (Oct 20– Jan 21)

To develop an understanding of the current system of mental health support in Exeter we used a range of methods to gather insights from people across 'the system':

- **15 In-depth interviews** with frontline workers, managers, commissioners, and people with lived experience in the voluntary, community and statutory sectors
- **Appreciative Inquiry conversations**: a small number of in-depth conversations between professionals and with people with lived experience to gather insights from day-to-day experiences
- **Culture Assessment** completed by 82 people who access or work in/alongside mental health support services. The survey asked what values were dominant in the mental health system before the pandemic, what are the main ones now, what values would be present in an optimum system and what would optimum look like?

Co-design workshops (Sept 20 – Jan 21)

The co-design workshops were designed to be in person and interactive, however because of the pandemic all sessions took place online. The CoLab infrastucture team facilitated a series of 6 co-design workshops, with 45 individuals taking part at different times from over 20 organisations (from the public, VCSE and social enterprise sectors) including people with lived experience, practitioners, managers, and senior leaders to work on two tasks:

1) **Surfacing the System**: What does the current system look like, feel like and behave like? What does it achieve? Where is it stuck, surviving, or thriving? How might we work with that to give people the best chance?

2) **Designing a new vision**: How do we respond to mental health challenges currently – as professionals, as organisations, as a community? How closely does this align with our highest vision and sense of urgency?

Throughout these activities we asked

- *What values are shaping the culture and relationships across this system, and how might people want these to change?*
- *How do we locate mental health support in the centre of the community and give people the best chance to get better and stay well?*

The workshops were iterative, with one theme building on another, as information became available. The early sessions were exploratory, and later sessions were responsive to what emerged both within the sessions and from the diagnostic exercises.

Findings: What is the current landscape of mental health support in Exeter?

Key messages that emerged from the activities and co-design workshops

- Stakeholders described a **system that is broken** and a desire among many for a **fundamental rethink** of what support for mental ill health, and wellbeing, can be.
- It's well recognised that the status quo **isn't meeting people's needs**, particularly those with complex challenges who can feel re-traumatised by services.
- There is a high level of frustration among staff working in the system, who describe feeling **despondent about the capacity of the system to change.**
- At the same time there is a strong ambition and growing consensus for change, which could potentially be supported by key **strategic opportunities** (e.g. the Community Mental Health Framework and Integrated Care Strategy).
- The Culture Assessment identified common values among those working in mental health that could help catalyse the culture change needed (see page 12). There is a desire for ***transformation, inter-agency collaboration and shared learning*****,** and a system that is ***compassionate, listens to lived experience and embeds community participation***.
- The values identified suggest there is 'energy for change' and a collective sense of how the system/services needs to feel and behave; not just what it does or how many people it sees.

What are the barriers and challenges?

Many responses focused on aspects where people feel they have some agency, however there are major challenges within the fundamental system design which must be addressed at least in part at the system level. Participants identified challenges that can be grouped into four areas: system design, disconnect across the system, a mismatch between resources and need, and a lack of clarity in relation to duty and responsibility.

The system is designed around service objectives, not people's needs or aspirations

- Concerns about the over-medicalisation of mental health
- Resource is low (and focused on acute), access to support is limited
- Thresholds/eligibility are unclear and inflexible

There is disconnect across the system

- Between clinical MH services and all other support; and between VCSE and statutory sectors
- Awareness of options for support is low (who offers what, where?)

"If they can't engage with a structured appointment system, the only time people will get mental health support is if they get so sick they are 'deprived of their liberty'. [It's the] most expensive coercive form of treatment – because there are no flexible services that can be opportunistic."

Clinician

Resources are not in the right place

- Too much on assessment, not enough on treatment and long-term recovery
- Not enough for community-based support and prevention

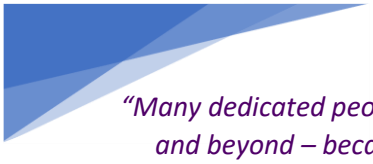
Lack of clarity on where duty and responsibility lie

- Can drive risk-averse decisions and lead to systemic failings in taking responsibility for a person's outcomes

As a result, **people** are falling through gaps, waiting unsupported for long periods, or not qualifying at all, especially those with complex needs. A lack of support results in more complexity; people feel that treatment is inhuman or unkind and that they have no voice. **Services** are 'silting up', with high costs to the system and overloaded staff.

What are the strengths and enablers?

Participants also recognised a number of strengths and enablers within the current situation:



"Many dedicated people go above and beyond – because they flex the rules, they are able to achieve a good deal, but at their own personal risk"

(Commissioner)

- **The strength, resilience and resources of people** to cope and keep going
- Importance of **quality connections**, supportive relationships; peer support invaluable to people
- **Dedication of staff** to do a good job, stick with people, find workarounds
- **Strong collaborative delivery models**; e.g. CoLab; Creative Solutions Forum; High Flow in North Devon
- **Potential expertise in the VCSE sector** – some 600+ organisations in Exeter alone
- **Good practice**; investment in relationships, support to navigate the system; outreach and assertive outreach models; places of safety and support (e.g. CoLab); VCSE wellbeing support (e.g. social prescribing). Not just focusing on mental illness but taking a holistic approach to the person and situation, e.g. a trauma-informed approach.
- **Strategic levers** for whole system approaches; e.g. the Community Mental Health Framework; Devon Sustainability and Transformation Plan People Led Approach to Care for Devon mandates; Better Mental Health for All[v]; Health Inequalities Programme; Devon Suicide Prevention Plan[vi].

Different perspectives

Findings from the community Culture Assessment and interviews enabled us to see the different perspectives of people across the 'system' including people with lived experience of seeking mental health support, frontline staff supporting people, middle managers and senior leaders. Whilst there were differences in emphasis (see Appendix 1 for more detailed findings and quotes), there was a consensus in that people were frustrated by the current system, seeing it as focused on the short term and bureaucratic. Across the board people would like to see a new response that is compassionate, holistic, collaborative, has listening at its centre and includes community participation.

One of the measures captured by the Culture Assessment was levels of 'cultural entropy', which is a measure of the perceived levels (by different stakeholder groups) of dysfunction and frustration in the system. Interestingly, results showed that the average entropy score for people with lived experience, middle managers and senior leaders was high across these groups (47 – 48%) but was lower for frontline workers who felt more autonomy and agency during the pandemic (24%). The significance of this score is that the strength of forces working against developments in practice and systems are perceived to be profound.

Findings: What do people want for future mental health support?

Learning from the Culture Assessment

The Culture Assessment was completed by 82 respondents from across the statutory and VSCE sectors including people with lived experience (20), frontline delivery staff (25), middle managers (11), senior leaders (16), volunteers/trustees (4) and others (6). The survey asked people to choose the values that they felt were most important for a new community mental health model, both interpersonal values and system values. The values most commonly desired across all the respondents are shown below.

What are the values people most desire?

Interpersonal values	System Values
Compassion	**Collaboration**
Listening	**Community participation**
Trust	**Engagement**
Accountability	**Long term thinking**
Holistic approach	**Learning**

Hearing from people with lived experience

People with lived experience wanted a lot of the same things as staff; they also prioritised the following changes, which became "design guide" principles for the emerging community response.

- **Don't** try and fit us into a **one-size fits all**
- **Stay open to change** – don't pre-design everything
- Can we **tell our story once**
- Value people and their contribution – **don't take families and carers for granted**
- **Understand challenges** we face **in real terms**
- **Create spaces for connections and for things to happen** – but don't prescribe everything people do
- What is needed will require **a huge change in mindset**
- **Listen to people** and have them involved at all stages
- **Easier, more flexible access to support**
- **Look after staff too**
- **Connect services up** – work together – be consistent

Desired characteristics for a new community mental health response

The diagnostic interviews and Appreciative Inquiry conversations showed that there was a common interest in the **4 following approaches** among a wide range of respondents:

- **Person-centred, holistic and bespoke**

  "What would we resolve if we invited people to share their story rather than their medical history?" (VCSE leader)

- **Trauma-informed**

  "Choice, empowerment, safety – all the key things around being trauma informed. What we often see is this being written on paper, but it doesn't affect the way services are delivered. Need a fundamental shift, not trauma-informed 'tacked on'" (Support worker)

- **Utilising and building on personal connections**

  "Open and honest communication - involving carers/people accessing services enables people to have more control over their situation. This follows the thinking behind Peer Supported Open Dialogue which is showing great results in the Torbay trial" (Frontline worker)

- **Working with strengths / resources**

  "People are resilient, and I feel I am here to support them in having control in their lives by listening to their needs and not by overwhelming them with information that they don't need … I am learning to trust people to know what they want as they are the experts in knowing how they feel about the help they want to receive" (Frontline worker)

Implications for practice

As the system is currently reconfiguring, there is an opportunity to embed some of these characteristics and values in practice. Part of this is to ask the question, can the system fundamentally adapt its approach? Is this about practice adaptation, or bringing in new delivery partners, including communities themselves?

Informed by their *Building Collaborative Places* report, Collaborate CIC reviewed ideas presented by respondents in the research and identified key aspects of delivery that they felt needed to change for a new community mental health offer:

Service delivery: Should include assertive outreach; rapid response; safe spaces; multidisciplinary place-based teams; a trauma hub.

Insight and evidence: The response must be informed by experience from the frontline (volunteers, staff) and from lived experience to influence strategy, commissioning, system/service design and ongoing learning.
Workforce: Boost the range of roles that offer mental health support; enable multidisciplinary shared learning.
Funding: Look at resources in the round – shift spend from assessment towards treatment including community-based support.

How do we make these changes?

The diagnostic exercise and related conversations revealed how useful it is to think about the conditions that need to be developed across the system to lay the foundations for the proposed changes, as well as to acknowledge current barriers.

Overall there was a desire to bring a more human approach to mental health support, one which requires **3 key shifts;**

1. **Nurture a strong landscape of community supports ensuring that what is on offer is accessible and of consistent quality everywhere**

In practice this means improving awareness of what exists, mapping support against what is desired to identify gaps/new opportunities; sufficient resource available to create a thriving ecosystem in every place; funders as facilitators not commissioners.

2. **Create a coherent system of interconnected statutory and community support from core clinical mental health services to wider supports and services**

In practice this means removing thresholds, simplifying referrals; improving interconnections across agencies; empowering frontline staff to make decisions and facilitate the right support.

3. **Ensure lived experience leads design and delivery to help enable a more person-centred model of support**

In practice this means listening to views of those with lived experience to inform service and system design, commissioning/funding practice, decision-making and governance norms etc, and responding to that reality.

The Colab Connect project and wider Community Mental Health Framework and Integrated Care Strategy plans to strengthen mental health support will only succeed if we find ways to tackle some of the challenges that we have identified as present across Devon:

Cultural and relational barriers to change

- **Relationships across sectors are strained** – frustration with a dysfunctional system is high among staff with tensions between core mental health services and wider services/supports; competition exists between organisations /sectors; high expectations of responsibilities of key bodies, and blame when expectations not met
- **Distinct language and conceptual starting points** – e.g. clinical view of mental illness vs. holistic view of good health and wellbeing
- **Concerns around risk/responsibility** – leading to delayed decisions or risk averse decisions which lead to poor outcomes for people; staff unsure and wary about their role around risk

Technical and practical barriers to change

- **Challenges in sharing insight and data** get in the way of holistic, multiagency responses
- A **competitive funding environment** incentivises protective behaviour and inhibits a collaborative ecosystem of support
- **Permissions and decision-making structures restrict** – frontline workers are unable to make decisions quickly to access the support required

Wider context: opportunities for change and assumptions

As mentioned, two major new strategies are in development which promise to change the wider context for mental health support.

The development of the new **Devon Community Mental Health Framework** (CMHF) offers a key opportunity to redesign services towards a new place-based community mental health model. The proposed model includes a Mental Health & Wellbeing Social Alliance, place-based dedicated assertive support, Recovery Navigators and Peer Support. It proposes person centred care, planning and treatment that is holistic, co-produced, strengths-based and needs-led.

The **Integrated Care System for Devon** aims to integrate health and care services in partnership with local communities.

Both recognise that good mental health requires holistic support drawn from a range of sources and resources and tailored to individual need and local context. While these strategies provide a framework for delivery, they do not (as yet) describe how these aims will be delivered. The learning from CoLab Connect suggests that it is worth pausing to examine some of the assumptions made in the new CMHF model, and some of the questions we might need to ask to give it the best chance of success:

The new model proposes…	**What we as partners need to ask ourselves…**
A **central role for people with lived experience** (e.g. to create a new cadre of peer support staff)	*Do we have the relationships in place to engage and build this with people with lived experience?*
A **collaborative model of leadership**	*Do we have the norms and culture in place to underpin systems leadership required to lead this change?*
A **collaborative model of place-based delivery**	*Do we have structures and relationships in place to make this work?*
A **consistent and appropriate community based** offer everywhere	*Do we have the flexibility in resourcing and commissioning to support the development of quality local support?*
A **person-centred, flexible approach** to support which looks different for each individual	*Do staff have the permissions to develop solutions and support outside the normal service parameters*?
A **strengths-based approach** which draws on personal positive networks and social connections and the capacity of individuals to care for themselves and connect with community-based provision	*Will the most vulnerable be able to engage with this model or find this type of support? Will people be able to get the help they need when they need it?*
An effective and suitably resourced **social alliance**	*Does the system know what it wants from a social alliance?*

The model assumes that the system can implement these changes. However stakeholders in the Colab Connect project were aware that identifying the model is just the beginning, and translating the strategy into practice is something that those working in the system will need to work through.

The enabling conditions for a new community mental health approach

In making the 3 fundamental shifts necessary to create a new model of community mental health support, we believe we need to **work together as a system** and invest in creating the following conditions:

1. **Developing systems leadership**: both involving leaders across the whole system to support concept and process of designing a CMH response; and ensuring the range of staff feel equipped to lead change in their context.
2. **Strengthening awareness and connection across the system**: understanding of services and supports deepens among partners, enabling greater flexibility across boundaries and thresholds.
3. **Being more human with one another**: a focus on listening to nurture greater empathy and understanding to create a more compassionate system for people and professionals alike.
4. **Investing in learning and adaptability** as the way to design and improve what we do; being able to adapt to diverse needs, and making shared learning across agencies the norm.
5. **Increasing clarity around duties and responsibilities** – an honest discussion to explore where responsibility and duty lies across partners – as roles change with new CMH models, clarity on who holds responsibility and duty is key to ensuring no one falls through gaps; shared responsibility / accountability mechanisms to counter risk aversion and give safety/confidence for all support workers
6. **Aligning resources**: reviewing resources in the round as commissioning arrangements change, to ensure the full range of resources people desire (from clinical to community-based supports) are properly resourced

What role can CoLab Connect play in making the changes?

The CoLab Connect project gives system stakeholders an opportunity within a defined timeframe and location to learn about how to practically test and implement some of these conditions in practice, to help a new model of community mental health support to take shape.

The next section will explore the role of the Colab Connect projects and experiments in exploring how groups can ensure lived experience is driving development, how the team can improve deeper awareness of the whole system of support, and how the stewardship group can enable a culture of learning and adaptation within Colab Connect, across CMHF and ICS developments and the wider system.

The team recognise that developing a community mental health response is a complex challenge; there is no simple solution and the context and people's circumstances constantly change. So there continues to be a need to be flexible and adopt an approach where **learning is the driver of improvement** (as opposed to meeting targets), we develop a culture of trust across partners, we use **learning cycles** to design, test and learn about the new ideas and approaches we wish to trial, and we gather **insights from across all parts of the system.**

The experiments: What are we testing and learning about to help us get there?

Through the co-design workshops we identified three test of change projects. According to their interests, people from different organisations signed up to be part of three subgroups planning these experiments:

1.Integrated Homeless Mental Health Response	Bringing a design group together to co-design and test an integrated homeless mental health response that is much more community orientated, whilst having access to specialist support when and where needed, based at CoLab.
2. CoLab multi-agency 'first response' to people with complex lives	Develop a multi-agency "first response" to people with complex lives presenting with mental health challenges - a better response to people with complex needs presenting for support. This will involve collecting information, testing new roles and approaches to working collaboratively and developing options for support and referral.
3. Shifting the mindset: Using creative methods	Look to improve the overall mental health culture and mindset locally, and identify wider system improvement recommendations, from the perspective of people who use services as well as staff.

The experiments began officially in April 2021, although they have needed to follow the timetable of the CMHF implementation locally. Each experiment group adopted a learning approach, with the aim that each experiment looks closely at what works and what doesn't, but also looks for any common insights emerging across experiments that might inform practice and helps translate learning out to the wider system to look at what influence or permissions can help create the conditions for change.

Collaborate CIC provided a Learning Framework to guide analysis of the work and set out key questions to help us to understand the changes being made (see Appendix 3), and an 'Insight Tracker' tool to allow those running the experiments to quickly capture insights and learning in real time (see Appendix 4).

1.Integrated Homeless Mental Health Response – progress to Oct 21

As collaboratively working together and drawing from expertise were universally identified as strengths, there was a strong sense that investment in the 'one team' approach would be critical to success. The challenge for those implementing the approach was to determine how this might work within the reality of the CoLab Hub environment where historically there had been minimum input from secondary mental health services, poor access to support and limited capacity to achieve the agreed outcomes.

Led by the CoLab infrastructure team, a multi-agency group came together to work on this project. This included practitioners and managers from the Clock Tower Surgery (Specialist GP and Psychiatrist), Devon Partnership Trust (service/locality leads), Julian House Homeless Outreach Team, Exeter City Council (Housing), St Petrocks (homelessness charity), Devon Rape Crisis (violence against homeless women lead) and Devon Mind.

This has been a dynamic and productive process, which has progressed steadily. The system diagnostic data and co-design process generated clear 'design principles' for the project which enabled the core team to hold group members (who had clear, and often predesigned ideas about what the offer needed to be) to the common objectives. The feedback was that this was a positive experience, as it enabled the design to emerge from everyone.

The Design Principles:

• **Listen and respond to actual issues** • **Be Compassionate** • **Be non-judgemental** • **Be Trauma-informed** • **Be person-focused**	• **Choice and control** • **Empowerment** • **Not one-size-fits-all** • **not punishing Respectful of family and carers**	• **Services connected and communicating** • **Holistic** • **Person-focused** • **Consistent**

The Emerging Design: The aspiration was for an aligned co-located team that has a "clinical" "social" and "person" focus. Stakeholders are clear that this will be a step change process, potentially towards an integrated team, starting with an aligned team that has three distinct elements:

1) A Clinical Team
2) A Community Support and Navigation Team
3) An infrastructure function, which holds the whole offer, collates data, and performs a bridging role between team members, currently existing in differing contexts, with varying resources.

Commitment to place a clinical Community Mental Health Team for homeless people with complex lives in the CoLab Hub is a welcome, and potentially groundbreaking development. The CoLab infrastructure team worked with Devon Partnership Trust (DPT) to finalise how the funding will work in the short and long term; the initial commitment was to place a core clinical team to work as part of this experimental aligned offer. In October 2021 with funding coming from DPT and CoLab (via National Lottery Reaching Communities Fund) the team was approved, and work is underway to develop the joint working arrangements.

The CoLab Connect One Mental Health Team aspiration as at Oct 21

Clinical Expertise	Status	Community Expertise	Status
Specialist GPs Psychiatrist	Clock Tower Surgery In CoLab	**Project Leadership** Infrastructure support, project responsibility	CoLab SLT and team
Band 7 Clinical Lead	Confirmed & DPT funded	**CoLab CMH Lead** Lottery Funded	CoLab hosted role from November 2021
Band 6 CMH/Nurse	In post ECC/DPT funded	**Recovery Navigators x3** Devon Mind	In post at Colab from Jan 2022

Band 6	Recruited (DPT funded)	**Paid EbyE role** Lottery Funded	Hosted by CoLab from November 2021
Veterans MH Support	In post (DPT funded)	**Collective Impact Officer** Lottery & DPT Funded	In post from November 2021
Occupational Therapist	New post from Jan 2022 (DPT funded)	**CoLab Welcome & Triage Team**	CoLab hosted roles In post
Psychologist	0.8 FTE secured	**First Step Officer** Community transition	CoLab hosted role In post
Mental Health Social Worker	New post from Dec 2021 (DPT funded)		

The diagram in Appendix 5 is a draft representation of a person's journey when they access mental health support at CoLab, and shows the ways in which the different types of support on offer interact.

2. CoLab multi-agency 'first response' to people with complex lives – progress to October 2021

The aim of this group was to think through how to optimise a compassionate 'first response' to the wider group of people with mental health support needs who make contact with CoLab. The group includes staff from the CoLab core team, Exeter Community Initiatives, Wellbeing Exeter, Devon Partnership Trust, Organic Arts and individuals with lived experience of accessing support.

Again the group took their design principles from earlier findings from the Culture Assessment and diagnostic interviews. These showed us that people want a more holistic, person-centred mental health response which draws from wider stakeholder skills, and a fundamental shift towards a system that engenders good mental health – and moves away from over medicalised approach that focuses on illness. And specifically that people with lived experience want to feel listened to as an individual, and want a response that is compassionate, holistic and not bureaucratic.

The CoLab core team have observed an increase in 'crisis' presentations on Mondays and Fridays, with people anxious about the weekend ahead (when little support is available), or seeking support after the weekend. The team therefore decided to experiment by developing a 'Listening Post'; where listening volunteers provide face-to-face support to visitors on Monday and Friday mornings in the CoLab atrium. The underlying principle is to provide a listening service that is just that – offers a listening ear without judgement or seeking to diagnose or 'fix'.

The group is testing the hypothesis that **by offering a listening service we will provide an appropriate 'first response' to visitors that want to 'offload' and just be listened to. We believe that this will enable visitors to engage more effectively with other support services and positive opportunities, and also enable the welcome team at CoLab to more effectively support visitors seeking advice or signposting.**

The group have designed a training programme for the first cohort of volunteers, a learning framework to enable the service to adapt and evolve during the experiment, and identified the resources needed to support this experiment. Plans to implement the experiment have been put on hold over the summer in 2021 as the pandemic has prevented the atrium from being fully open.

3. Shifting the mindset: Using creative methods

The plan for this group is to take some of the key themes emerging from the diagnostic exercise and to explore them with wider members of the community through creative events (online or in person). The group includes members of Essence CIC (social enterprise), arts organisations, Recovery Devon and interested individuals with lived experience and a range of expertise, who wished to find creative and innovative ways to explore and challenge interactions between the individual and the 'system', digital interactions and interactions between services, groups and organisations. And most importantly, to experiment with ways of using a creative approach to make these seemingly intangible elements – the quality of interactions – more visible.

This will then inform how we develop the offer, develop new offers, and shape future investment in workforce development / people and community empowerment and collaborative working.

Two members of the group ran an online workshop called 'The Magical Connection' as part of 'Bloom', a local mental health awareness festival hosted by the Arts Centre. Anyone could come to this 'hour of humans having a conversation about mental health'. The aim was to' create a space to listen for each other's humanity, and building a better Exeter, one conversation at the time.' The workshop was well received by participants, and the group are considering how the learning can be best shared across the other experiments, i.e. whether the questions asked might inform new ways of working.

Overall, the group identified that for a person-centric approach to (mental) health, in which we fundamentally redistribute 'power' and access to resources, the whole 'system' and particularly the relationships within, need to change. See Appendix 6 for a diagram depicting cultural change journeys to a person-centric and community focussed approach to mental health.

Going forward: What have we learnt about cross-sector collaboration?

The original aims of the pilot were to deepen understanding of how the reality of the mental health system is for stakeholders; to identify what might be needed to implement the new Community Mental Health Framework recommendations in Devon and to co-design and test some of the main priorities identified in practice and use the learning to influence system change.

The process generated an Action Learning Community that was able to experiment with some of the emerging ideas in practice, building and strengthening bonds of trust and relationships at the same time. Looking at the issue from multiple angles and perspectives enabled the core team to see that there were many commonalities to build upon, and a surprising degree of energy for change, despite the challenges and barriers that existed. Reflecting on this process of cross-sector collaboration, the core team identified three areas of learning that merit further consideration as the work moves forward:

1)The need for 'backbone' infrastructure to support collaboration

Having a clear evidence base, backing from system partners, and a physical location (i.e. Colab hub) to try out new ideas meant that the experiments were able to not only generate insights, but also confidence that the new roles and initiatives could be hosted within the community. In this sense Colab provided, in a practical sense, a 'ready-made' location in which to host the new collaborative work. Having the Colab core infrastructure team facilitating the developments also meant that joint multi-agency relationships could be coordinated by an existing community infrastructure resource.

Having community infrastructure leadership therefore provided both a physical and a metaphorical 'space' which gave flexibility, support and permission for people to think and work differently. This was also of benefit for ensuring continued momentum and support for the developments that emerged. This required a significant time commitment from the Colab core infrastructure team who led the meetings and workshops. They also facilitated conversations between partners in-between the 'formal' events to promote understanding, and to address concerns or potentially conflicting agendas. The process was also supported by a researcher seconded from the University of Exeter to the Colab infrastructure team, and by Collaborate CIC who were commissioned as a learning partner. Going forward it may be useful to recognise the facilitation skills that the Colab infrastructure team were able to offer as an independent organisation, and the time resource and expertise that was needed to maintain momentum and support collaboration between many busy agencies.

2)The stewardship role and function

The original aim was for the Stewardship Group (made up of senior leaders from the partner organisations) to take responsibility for leading the pilot project and translating learning from the experiment groups to inform wider systems change. Whilst the stewardship group convened several times and some of the individuals were key participants in the experiment groups, the leadership role envisaged did not develop, hence this function being led by the Colab infrastructure team.

This may in part have been attributable to the fact that organisations were dealing with their responses to the pandemic at the time of the project. However, it may also be useful to question why leaders didn't feel they could take on the intended stewardship role of taking learning from the project to influence system change. We know from the Culture Assessment findings that senior leaders showed relatively high levels of entropy (i.e. perceived levels of dysfunction and frustration in the system), which may have been reflected in the lack of agency, or clarity, about how to address system level change, from the stewardship group as a whole. It could be that the information generated by the diagnostic process about problems within the system may have been overwhelming at a time when senior leaders did not have the capacity to hear and address it creatively. This can be difficult when leaders are not accustomed to working in this way, have competing priorities and may still be in a contract monitoring relationship with other partners within the collaboration.

In contrast, as an independent organisation Colab was in a position to respond flexibly to the information on needs and aspirations that the project generated. As the project coincided with the introduction of the new Community Mental Health Framework, the Colab infrastructure team was able to facilitate cross-sector experiments.

One learning point from this process is that future cross-sector developments such as the Mental Health Alliance (see below) need to consider from the outset how to include senior leaders and commissioners as active learning partners, sharing responsibility for outcomes. Collective 'sense-making' and action planning needs to be timetabled into the process, to ensure that senior leaders are part of implementation and can take responsibility for the system level changes that may be required.

3) Encouraging ambitious and creative approaches to culture change

We were aware during the Colab Connect pilot that there was an ambition from some of the creative practitioners and organisations involved to use arts to address the need for culture change

that was identified - within the community as well as the 'system'. Whilst some of this creative energy and thoughtfulness was channelled through the third experiment, several ideas for creative events and public engagement activities were not carried through – partly due to Covid-19 restrictions, but also due to a lack of capacity. The Colab infrastructure team acknowledge that this has been frustrating at times for all involved, and that Colab Connect has not been able to harness all of the positive energy and ambition that these groups and individuals brought to the process.

The infrastructure team were conscious of their own capacity to facilitate these programmes of work, but are also aware that there is a danger that artistic and cultural approaches to creating change can be seen as 'nice to have' rather than essential, and can take second place to service delivery. Another learning point therefore is for those who are facilitating future developments to keep the potential for cultural change through creative activity on the agenda, and keep questioning 'are we being ambitious enough?'

Putting learning into practice: Next steps

The two major developments to emerge from this collaborative work are

1) **The Colab One Mental Health Team – Focusing on Homeless and Complex People**

This new multi-agency and collaboratively funded team will be based at Colab. The team will provide both clinical and social support and will be responsive to the complex reality of people wanting to use the service. The new team (which includes primary care, statutory secondary mental health and VCSE roles) have been given permission and support to co-design and test a radical 'one team' approach to community-based support.

Having insight into the values, aspirations and barriers of stakeholders, and strong trusted relationships underpinning implementation meetings, has been invaluable. There is a strong dynamic and creative context for the conversations that lie ahead, and genuine will to deliver a great outcome.

> *We have been given permission by the DPT (Devon Partnership Trust) leadership to open the doors to change wide, and really look at how we can adapt what we do to develop this service.*
>
> *DPT Clinical Lead*

2) **The Devon Mental Health Alliance**

The CoLab Exeter Core Infrastructure Team, working in partnership with six local providers, applied to be the Mental Health and Wellbeing Social Alliance for Devon. This body which will act as a delivery partner to local commissioners for the Community Mental Health contract and will co-ordinate and develop VCSE/I contributions. The success of this application was confirmed in January 2022.

A key part of this development is strengthening of mental health in the Multi-Agency Team working at Local Area Partnership Levels across Devon, making the best of existing and new resources and both meeting people where they are at, and reaching for an ambitious future vision. The CoLab Connect Pilot project has provided significant insights into how this ground-breaking strategic development will be operationalised, and how the cultural context might be strengthened to empower and enable stakeholders to participate and benefit as the Alliance evolves. This learning will feed into practice development and ongoing strategic alliance work in the System Change Action Alliance, for example, which is a forum for stakeholders to discuss and develop system change initiatives.

Conclusion

The overall reflection of the CoLab Core Team, along with learning partners from Collaborate CIC and the researcher on secondment from the Wellcome Centre for Cultures and Environments of Health (University of Exeter), is that this pilot has generated a significant and impactful evidence base and action learning community, and both are underpinning practical application of the CMH Framework in practice. The next phase of the process will be to understand how this begins to improve the experience of the system, the wellbeing of staff and ultimately outcomes for people it wishes to serve.

Acknowledgements

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We would like to thank all of the partners who committed their time and energy to this project, including the organisations listed in Appendix One and the individuals who generously gave their time to share their expertise and experience.

For further information about Colab Connect and the ongoing work please contact Amanda Kilroy at Colab Exeter:

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https://www.colabexeter.org.uk/

Appendix 1: List of partners / organisations involved in the co-design process

- CoLab Exeter
- Clock Tower Surgery
- Collaborate CIC
- Individuals with lived experience of accessing mental health support or supporting family/friends
- Individuals involved in arts and social enterprise within the local community
- Devon Carers
- Devon County Council
- Devon Partnership Trust
- Devon Mind
- Essence CIC
- Exeter City Council
- Exeter Community Initiatives
- Julian House
- Magic Carpet
- Recovery Devon
- St Petrocks
- Talkworks
- Wellbeing Exeter
- Wellcome Centre for Cultures and Environments of Health, University of Exeter

Appendix 2: Perspectives gathered across the system

People with lived experience

Feel the system is bureaucratic, cautious, confused, complacent, controlling, hierarchical, focused on the short term and reducing costs. Covid has exacerbated issues people are grappling with (increasing anxiety, isolation).

People with complex needs feel the system excludes them, doesn't recognise trauma, distress and life's challenges; fails to take responsibility.

Things that are important to them are compassion, trust, being listened to, holistic and joined up support and continuity. The support of family and peers; safe, accessible spaces and activities; coping skills; time in nature and physical activity

"[I want] trust, a sense of belonging, being understood, being able to deal with emotion, safe place."

"When I finally got some therapy, I was so happy to have been seen, ticked all the boxes …3 weeks afterwards. But 6 months later I didn't feel it had helped at all, it was worse, but that will not be on the records."

Frontline staff

Feel the system is confused, focused on the short term and reducing costs, bureaucratic, hierarchical. Limited voice or permission to shape service design/delivery; caseloads are complex and overwhelming; emotional impact is high; feel unsupported in dealing with trauma; boundaries of risk/responsibility feel unclear.

But they value being able to be adaptable, providing commitment and care to people, and engaging people effectively (especially since Covid).

"How does this affect staff morale? Are they at risk of vicarious trauma? And how do they feel about referring people when they know the support / services might not be there?"

Things that are important to them are compassion, community participation, patient engagement, cross group collaboration, adaptability, social responsibility.

"She's not even on case load but I check in with her now and then because she's got no one else"

Managers

Feel the system is focused on the short term and reducing costs, bureaucratic, siloed and competitive, long hours. They are frustrated by rigidity of the system; boundaries of risk/responsibility feel unclear

Things that are important to them are patient engagement, cross group collaboration, information sharing, adaptability, compassion, accountability. Interest in developing flexible, holistic support, remove referral and threshold blockages, and improve collaboration.

"People quite rightly get twitched by clinical responsibility. If something goes wrong, what do I say in the coroners court – that's what is in people's minds sometimes"

Senior Leaders

Feel the system is focused on the short term and reducing costs, bureaucratic, siloed and competitive, long hours. They are frustrated by rigidity of the system; boundaries of risk/responsibility feel unclear

Things that are important to them are patient engagement, cross group collaboration, information sharing, adaptability, compassion, accountability. Interest in developing flexible, holistic support, remove referral and threshold blockages, and improve collaboration.

"We don't deal well with multiple complex needs. Often we blame them, label them as chaotic people who use our services too much"

"I hope that we move away from a situation where people look at mental health as being one organisation's business – its not – we all have roles to play, we all have responsibilities"

Appendix 3: Collaborate's Learning Framework

Level of discovery	Lead(s)	Learning questions to explore	Potential discovery tools / formats	How will we act on what we are finding?
Level 1: Within each experiment	Experiment leads	• What are the new way(s) of working we are testing and why? • What difference is this making (positive and negative)? To who and how? • What have we learnt which proves/disproves our assumptions? • What is enabling change? What is blocking change? • What support do people need to develop and embed new ways of working?	• Reflective practice logs • Learning huddles to share insights within teams (e.g. weekly / fortnightly) • Feedback and insight from people with lived experience	• Immediately apply learning to adapt practice • Share insights with co-design group to inform wider development of model
Level 2: Across the experiments	CoLab (with co-design group)	• What are we learning overall about the principles, behaviours and structures required to embed the model? • What support do people need to develop and embed new ways of working?	• Updates and collective sensemaking at Co-design sessions	• Identify next steps with experiments • Share insights with Stewardship group about system barriers
Level 3: the wider system	Stewardship group	• What changes to system conditions are needed if we are to embed this way of working ? • What issues/questions are emerging that require senior leadership input?	• Action learning sets to explore specific system blockers	• Identify how to influence own org and wider partners

Appendix 4: Insight Tracker tool

The Insight Tracker is a tool designed by Collaborate to allow those running the experiments to quickly capture insights and learning as they go. It can also be used as an ongoing tool for learning as the 'community response' develops. The aim is to capture the thoughts of those who are conducting the experiments and how they have addressed more challenging issues.

The tracker can be set up for people to complete online or can be a paper version. It should only take staff 5 minutes to complete and ideally they would complete the tool a few times a week. The results would then be analysed and discussed at a reflective session at the end of each experiment cycle.

For each entry the staff member / volunteer chooses a **category** from the following:

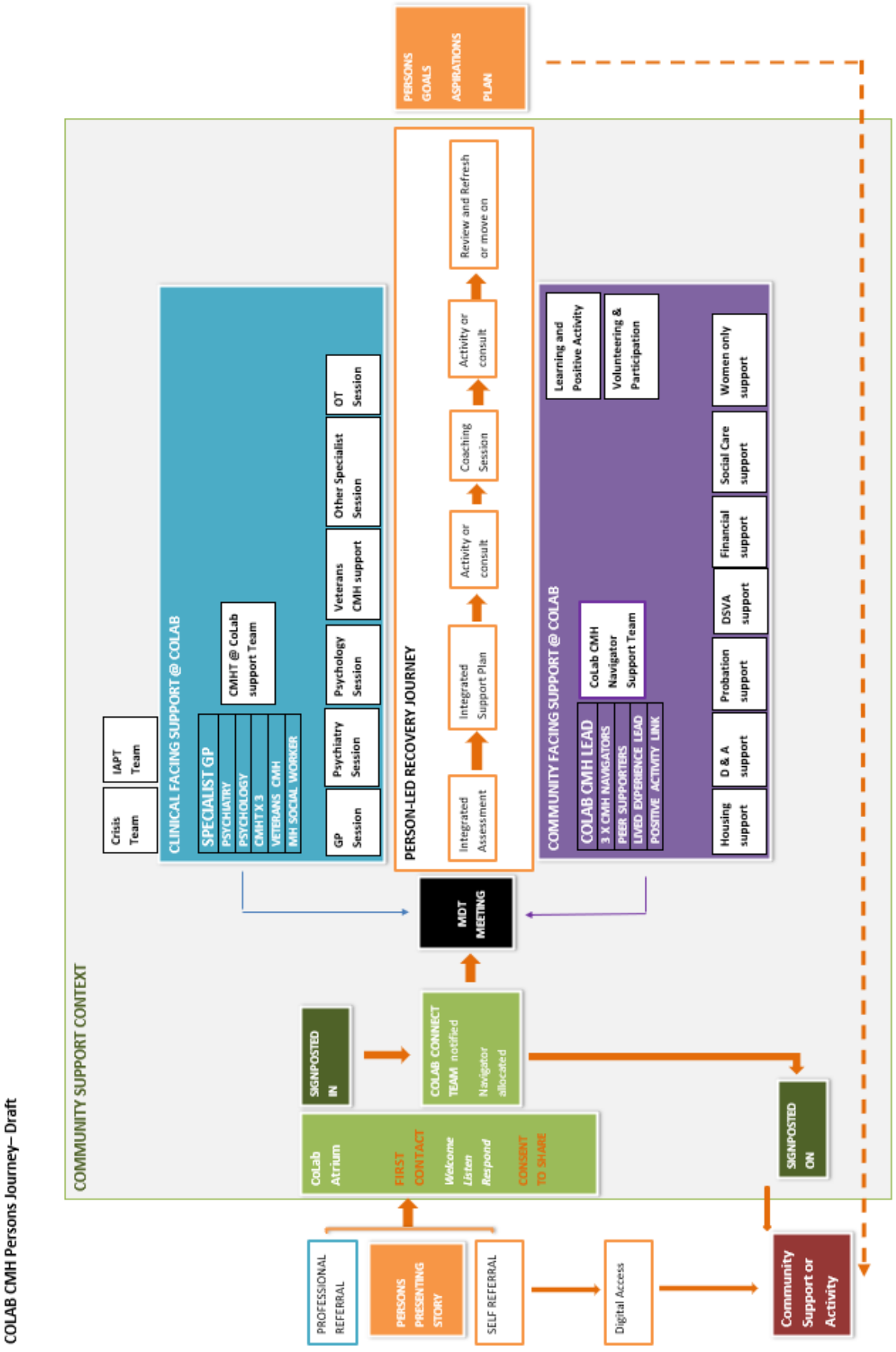
- **Something I learnt / Discovered** (Used when you learnt something that you didn't know before through conducting the experiment)
- **Something I needed** (To record a situation where you needed something that you didn't have and couldn't be provided easily. This could be around resourcing, skills/experience or senior sign-off.)
- **Something That made the experiment easier** (To record when you recognised something that made completing your role within the experiment easier to do. For example, this could be a supportive individual outside of the experiment, or a way of working that was effective)
- **Something that made the experiment harder** (To record when you recognised that something made completing your role within the experiment harder or more difficult. For example, this could be an inflexible pathway or process or a barrier that you had to overcome)
- **Something I did** (To record a specific action you completed that supported the running of the experiment. This could be a new method or approach to delivery or simply an action that helped the delivery of the experiment)
- **Other (Please specify)** (For anything that doesn't fit into the categories above)

Reflecting on the insights collectively, the group can use these sub-categories to help them understand the areas the insights are coming from:

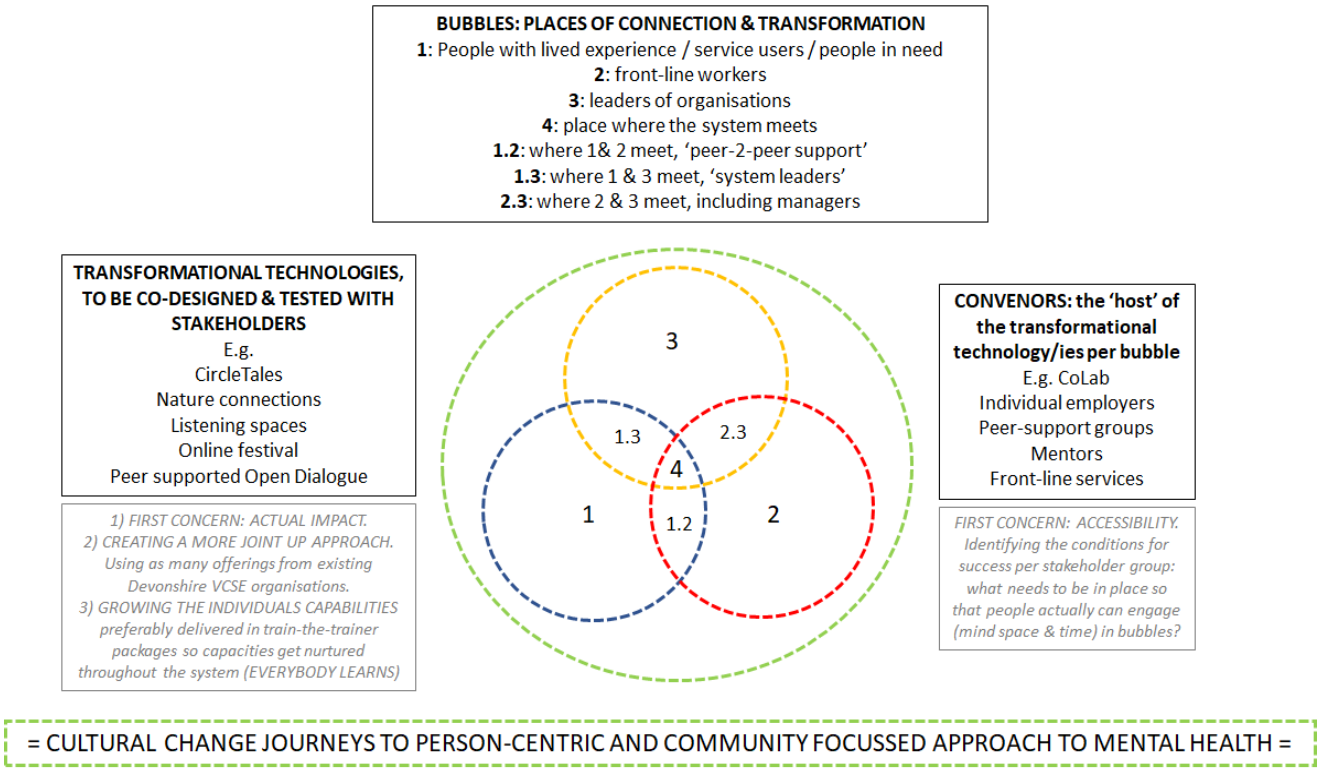
- Process/Structure
- Resourcing / Funding
- Lived Experience
- Authorisation / Permissions
- Mindset / Behaviors
- Relationships & Connections
- Skills / Training
- Leadership
- Risk, duties and Responsibilities

The group can then consider their implications for changes to practice or wider system change.

Appendix 5: Experiment Group 1 Diagram showing persons journey



Appendix 6: Experiment Group 3 Cultural Change journeys



[i] https://www.longtermplan.nhs.uk/
[ii] https://www.icsdevon.co.uk/
[iii] https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/
[iv] https://www.valuescentre.com/tools-assessments/cva/
[v] https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement
[vi] https://www.devon.gov.uk/news/devon-suicide-prevention-action-plan-progress-report/