

# DIVING RIGHT INTO THE COMMUNITY, TOGETHER



**By Clare Wightman**

We've learnt in our Joining Forces cell that it's important for organisations working together to build a common understanding of what good looks like by listening to people at the sharp end. Here Clare Wightman reflects on her experience in Coventry.

Grapevine works on shifting power across services and systems, supporting people and communities to shape their lives and futures.

People like Lynne who, angered when her dog was injured by broken glass, ignited the Lift Me Up campaign to tackle fly tipping. Lynne is now in talks with managers of city rivers, bridges and parks about changes local families want to see.

People like Sam (not his real name) who in 2018 had what he describes as 'a complete mental breakdown' – the result of life incidents including childhood abuse, chronic illness, homelessness, and being involved in a tragic road accident. Sam is now the lynchpin of Healthy Communities Together, which sees local people and groups joining forces with local services and the acute end of the NHS to bring about transformational change.

Healthy Communities Together started out as a funding and support opportunity from The King's Fund and the National Lottery Community Fund to shift health inequalities by building new partnerships between the public and voluntary sectors.

Grapevine, Coventry City Council Public Health Department and Coventry and Warwickshire NHS Partnership Trust came together to consider this opportunity, and our combined take was we didn't want to just re-arrange the existing voluntary sector partnership deck chairs that reflect old grant-making and commissioning decisions, most, if not all of which, let's be honest, are quite invested in things not changing very much. I mean that as observation not criticism. It is understandable in the face of uncertainty and all of us do it some time or another.

Through Healthy Communities Together we wanted to refocus everyone's attention on person, place, and first-hand experience. We wanted to re-orientate the 'service system' towards the grain of people's lives and communities, their ambitions, and strengths. We also wanted to refocus attention on the reality that we are all the 'system' that keeps people well and thriving (or not): the person, family, neighbours, friends, community, businesses, local services, acute services.

So last year for nine months we took a vertical slice of the whole thing by focusing on the story of the system as told by Sam, someone actually experiencing it. And we did so as equals, prepared to come together to make change.

We are seeking to benefit the most marginalised and excluded Coventry people with mental health issues. Because of the system's failings, there are 10,000 of these people who experience jagged inequalities in income, employment, education and life expectancy. Covid-19 has sharpened these inequalities, particularly for the 1,248 people referred to statutory mental health services in Coventry's more deprived neighbourhoods. For example, 'Sam' lives in a neighbourhood where life expectancy is ten years below the national average.

Sam's story typifies the inequalities, outcomes and disempowerment we are seeking to improve. His *service journey* typifies common experiences and system challenges we want to change. And we always remember that behind 'Sam' stand 9,999 others. Their needs, strengths, priorities and experience will lead each conversation. And round another 8,000 are only a few steps away from the same trajectory if nothing changes.

So what did we discover? In dealing with his experiences Sam has coped alone, but he's also sometimes got support from local groups as well as support from statutory services. While he speaks positively of the people he has met, he also talks about the gaps between services and the impact of their failure to connect with each other. He also talks eloquently about the simple community acts that helped him get well: the daily chat with the postman, the daily cup of tea with a friendly face at the community centre.

In order to stay well Sam says he needs more two-way companionship, flexible services and practical help. This means people nearby who value him, to be able to give back, counselling services that don't put him to the back of the queue when he needs to change appointment times, help to get to the shops (he has difficulties carrying heavy loads) and someone to help look after his dog when he is struggling.

Here's what we have done so far.

Before diving in we spent some time 'poolside' working on our own relationships and our understanding of each other – what's on our plates professionally and personally? Why do we do what we do? How will we hold ourselves and each other to account? How will we behave when we disagree or when other priorities creep in? What's our felt purpose not just our stated one? Are we having side conversations when we shouldn't? We need a deep well of good will and mutual understanding to draw on because this work is tough going. Of course this isn't something we did or do just once. We are always returning to this place.

We then dived in and immersed ourselves in Sam's neighbourhood. We've been useful – fixing curtain poles and TV aerials, helping out at the charity shop, going to the Social Club and calling the raffles – in other words we've woven ourselves into the grain of neighbourhood life for a while.

And then we organised three humanising encounters or three big conversations in a local church, for the first time bringing together the Head of IAPT (Improving Access to Psychological Therapies), the Head of Acute Mental Health Services, the Head of Transformation and Partnerships, the clinical lead psychologist, public health consultants, the council's community resilience team, the GP, and just as many people and groups from the community. At the centre of it stood Sam and the story he wanted to tell.

We tried hard to make it a humanising, equalising encounter. This meant getting everyone to drop their professional masks, and share our own tough times and what has kept us strong. Pretty soon Steve, the Head of IAPT, and the Men's Shed leader bonded over a King Crimson T-shirt and we discovered that Steve had been in a punk band. You know something authentic and real is going to happen once you are out of the land of governance and deliverables into the land of trust, promise, bonds, keeping your word, being yourself, even, dare I say, it love.

Our second Big Conversation was partly about making sense of what we'd heard – using the 'systems thinking iceberg' to expose the layers at which change needs to happen. If we are really going to shift what

happens at the observable surface level then we have to shift the mindsets at the base of the iceberg too. The result was an ambitious vision for a better story.

Our third concerns the plan itself and that's where we are now.

Next up is to do this again and again across six more neighbourhoods in Coventry, iterating and learning as we go.

We're ambitious fish swimming in a big ocean of change – the abolition of Clinical Commissioning Groups, new NHS plans, the emergence of Integrated Care Systems and a pandemic. We know impact and influence won't come easily. We're optimistic people but if all we did was grow more horizontal power in the form of local Healthy Communities Together partnerships which can hold those in positions of authority and leadership to account, and at the same time bring a little more understanding and humanity into the system, we will have achieved no small thing.

**Clare Wightman is CEO of Grapevine Coventry and Warwickshire, which works with individuals and communities using a strengths-based approach to help them bring about change that will improve their lives and futures. They strongly believe that relationships solve problems and open up opportunities – for people, for organisations and for systems. You can contact Clare on Twitter @grapevineceo**