

[Remi.Coordinator is Live]

KATE POUND:

Welcome to the School of Health and Care Radicals. We are having a trial with the music. We are hoping you are enjoying it.

Today's session is "From Me to We".

You can join in today in various ways. You can join via the chatbox, which is on the right-hand side of your screen, or on Twitter, using the hashtag #SHCR. We also have a Facebook, which you are also welcome to use. You have to send a request because it is a closed community, and you can take part in the conversations there.

Just a few things to remind you of. At the end of the School for Health and Care Radicals, we will have the opportunity to get certificated, to become certificated change agents. It is a simple process. You just have to complete a change, reflect on it and then complete the change agent application form and submit it to us.

Later in the year, we will have a graduation where we will celebrate the hard work of all the students.

We have the 30 Day Change Challenge. We will be putting a document up later today or tomorrow morning, and it will help guide you through this. We want you to take part in this and be connecting with others to lead on change in your own communities.

Hopefully, Jo can take away the What is Your Attitude to Change? Bring it on? It makes me nervous? It's my job? How are you feeling about it?

I love the creativity of students. A mixture. Most people are saying, "Bring it on". Some others, it makes nervous. Others, "It's my job".

It is interesting, when you are working on a hospital ward, leading changing your own environment, it can be a scary thing, and that is what is great about the School for Health and Care Radicals. It allows us to connect with others so we learn from others, connect and support each other through changes.

The majority are heading towards... We have a split between 'Bring It On', and 'It's My Job'. Some lovely pictures as well.

Thank you for that!

Do you want to take the pens off before I move to the next slide? Thank you.

Last week, part of your reflections was to do "My three words". I thought it would be interesting to show you the word cloud. Connect, change and collaborate stand out as the biggest words.

You can't be a rebel alone. You have to connect with others.

As we said previously, last week, you can get hold of the study guide via the links on here. Everything you need is on these pages. Hopefully you have taken the time to look at these. You will have time later today and over the weekend.

These sessions are recorded, so if you want to catch up, we will be emailing the links out later tomorrow.

Today's session. I am Kate Pound, I am chairing the session today. Helen Bevan will be presenting and leading.

We also have Pip Hardy, who is our learning lead. Zoe Lord is our Twitter monitor, and she will be feeding back. Dom Cushnan is our chat room monitor. We have two fantastic students from the school who are joining us and telling their stories.

We have Graham Mackenzie and Mark Davis.

Thank you all for taking the time to join us today. Now, I am going to hand over to Helen. Are you ready? Let me pass the ball over to you.

HELEN BEVAN:

Thank you and welcome. Today's focus is "From Me to We". It is about building connections and I will take you to the agenda shortly.

Next week, we are going to focus on resistance to change because so many of our colleagues in the change activist movement tell us about the issues we have around resistance to change.

We are also going to focus on in that module is personal resilience.

On 23 February, our fourth module, we will focus on some very practical tools and techniques for making change happen.

In our final module on 3 March, we will look at Moving Beyond The Edge.

Having taken part in the school, made lots of connections, hopefully learned lots of new knowledge, where do we take things next?

Let's get going.

What we are going to do in terms of the curriculum we are going to follow today, we are going to go

back to module one, what we covered last week about "Change Begins With Me".

We will focus on what we said last week, which is the number one rule of being a health and care radical is that you can't be a radical on your own.

All of us need to be building communities for change.

We are going to talk about one of the greatest sources of knowledge for the kind of leaders that we aspire to be as leaders of change, which is about learning from the leaders of the great social movements.

I would say the number one piece of useful learning that we take from the great social movement leaders is around the use of framing at telling our stories.

We are going to look at how we can build a sense of us and us rather than us and them to achieve our goals for change and improvement, and then we will have some questions and a call to action.

Let's connect back to Module 1 firstly. If I was to sum up the learning from Module 1 into a single saying or sentence, this is what it would be.

As a Health and Care Radical, you can make a difference, but you cannot do it alone.

What we look at last week was the difference and the complementarity between old power and new power. Old power push powerdown in organisations typically. It is a closed system, and it is often very transactional. It is about the performance agreement or the contract, the commission specification all the quality standard.

What we see happening in our wider world is the growth of new power. It is like a current, energy, and it is made by many people, together with a common purpose, and it is pulled into systems and shared by many people who want the same things. It is open. Anyone can be part of our new power movement, and it is based on relationships, essentially on trust.

If you look at the difference between old and new power, many of the people taking part today are people who do not have positional authority. We have to work with new power.

If you look at the description, the specification of new power, it is relational, it's about people coming together. It's not about individuals doing their own thing.

Again, in Module 1 last week, we talked about the difference between being a rebel and a troublemaker. Very often, when we are rebels, other people think we are troublemakers. Often, it can be very tough to stay as an effective rebel in an old power world.

What we said was when it comes to being an effective rebel, the most important aspect of that is the "Together" aspect. You cannot be a rebel on your own. It's about connecting with other people.

This issue around community and connections is at the heart of being an effective health and care radical.

I am going to show you one more slide from Module 1, and I promise it is the last one. This will be a transition into module two. One of the pictures we looked at last week was around this theme that often, as rebels in our systems, we feel very different to other people.

I showed you this diagram, and I said, "I am this elephant". Although I am in the middle of the room and saying things that, to me, make complete sense, and changes and improvements that need to happen, other people do not see that and nobody at colleges me.

Just to look at some of the Twitter conversations that we have as radicals, this was a tweet that came from angry. She said, "Sometimes, as a health and care radical, I feel like I am a visitor from the future, frustrated by the slowness of change".

Often, as radicals, we feel different to other people, and this was a beautiful response from Julian. "We have to take small steps may be journey. You are the vanguard. Create stories of change to amplify it". Absolutely spot on in terms of what we need to be thinking.

In moving into Module 2, I thought we would start with a poem. This is a very beautiful poem, and it is very dear to my heart, and it comes from Edward Markham. It is called 'Outwitted'.

He drew a circle that shut me out -
Heretic, rebel, a thing too flout
But love and I had the wit to win
We drew a circle that took him in.

To me, that is a poem for Health and Care Radicals. Very often, we stand alone, we feel isolated, we are challenging the status quo and people do not like it, but we are starting from a position of love, things we are passionate about, so we have to draw a circle and take people with us. Fantastic advice.

What we need to think about is community. You can't be a rebel on your own.

What are communities about? We are looking at three things. We are uniting, finding common purpose. It is about frequent interaction because we can all have a common goal, but if we do not connect with each other and take action together, nothing is going to happen. It is about identification.

I identify with this group of people because we have a common purpose, a common interest.

As Margaret Wheatley says, "There is no powerful change greater than a community discovering what it cares about". We should take that as a mantra as we build communities as health and care radicals.

This is an interesting set of quotes about communities.

"When community invests in an idea, it co-owns its success".

When we talk about large scale change and trying to achieve a scale up change, instead of trying to achieve scale by ourselves, we have a new way to create scale. Scale can be in, with and through community.

I agree with Nilofer Merchant. We are trying to make change happen in our organisations, great change that makes a difference for our citizens, patients, families, communities, colleagues.

The way we do that, the way we can scale up the change is with and through communities.

I thought there was a beautiful example of this on our first Tweet chat following on from module one. The people in the chat started to talk about having to find our flock. They started to work with the hash tag, #findyourflock.

However great we are, how clever as an individual, how creative, innovative our ideas, we have to find our flock because it is only through working with other people and connecting with other people that we will make a difference.

[Derek.Captioner is Live]

One of the things that warms my heart is the number of school communities set up even since last week. We have some examples here. We have a mental health group within the School for Health and Care Radicals, and they have already got their own hashtag, #SHCRmh. We have a group around person-centred care, #SHCRPCC. We have value makers, we should say hello to the school group from Nottingham University and Hospitals.

And Adam has set up a school group for people interested in communications. We have got a group in the north-west, Stephen - and I know I have seen him on the WebEx today - he has a group going in Papworth in Cambridge, and they are here together. Jean Wilson has a group going in the USA, we have a group in Western Australia. We have the Caulfield team in Melbourne. We have the police service around the country, they have their own group. We have the BCPFT group and NHS England has its own group.

If you are taking part today, and you identify with one of those communities, put it in the chatbox and link up with that community. Or, if you have a learning group you have put together, and you are not on our list, tell us. Put it in the chatbox now or add it to the hash tag #SHCR School for Health and Care Radicals, in the chatbox.

We have so many communities that we are part of. They are out there everywhere. None of us needs to be alone. Obviously, the school is a fantastic community to be part of, but we have so many others.

The We Communities makes such a difference in the healthcare system. We have new health and care voices. MatExp is a fantastic campaign community around people that are passionate about the experience of maternity. We have got the co-creation network. The Edge, we have FOAMed, and we also have the Academy of Fabulous NHS Stuff, and there are many more. Please put your examples as well in the chatbox.

And when we think about this, when we think about social change, and coming together, we inevitably start to talk about social movement. And when you think about movement, what does movement mean? It suggests vast groups of people walking together, leaving behind one way and travelling towards another. And already in the last week of the School for Health and Care Radicals, we have had over 3,000. I get the sense of this community moving together.

One of my favourite books of recent times is written by Hahrie Han and it is called 'How Organisations Develop Activists'. In the USA, what it is about is what differentiates the organisations and communities where they get really high participation rates. What is different about the places and organisations, and systems, where loads of people are being mobilised, joining communities and taking part in change?

And what Han found in research were three different ways of organising, three different approaches to this. The first group here, she called the Lone Wolves. And what she means here is, in a particular activist community, you get individuals who are very clever and skilled, and expert. But rather than being somebody that connects up with lots of other people, they operate like an expert Lone Wolf on their own.

I see this often in the healthcare system. We have an expert patient or a care user, who is an expert by experience, and is often eloquent. And that person gets co-opted onto lots of committees, and gets used in the organisation, but not in a way that mobilises lots of other patients or systems, but as a lone expert.

The second were the Mobilisers. We are talking about, in a situation where we want to mobilise a lot of people to take action together, we are very good at doing that. We are getting good at getting people to do things on a certain date around a certain thing.

But what makes the difference in what Han found in the organisation that were the best at change were that they were Organisers. What she means by Organisers is organisers in a community sense. They mobilise people for change. They develop people to be leaders in a dispersed leadership system.

In a sense, what we need to be doing as an activist in social care, we don't want to be the lone wolf, we don't want to be the people standing on their own and doing interesting things, we want to be Mobilisers, but mobilising isn't enough, we want to be the developers as well. And I love this quote from Joe Simpson. He says, "If you look at the great social movements, the American civil rights movement, the gay rights movement, the women's suffrage movement and so on, how do they get their energy?" They don't get their energy by mobilising people. They get energy by growing this

incredible distributed leadership of people that can mobilise other people. I think we need to learn from that.

In our world of health and care, those of us that operate in the health and care system, very often if you want to make change happen, it feels like, unless there is a randomised controlled trial, it isn't going to work. Maybe when we think about social movement, "What do we want? Change. When do we want it? After peer review."

We need to be thinking about the potential and opportunity around social movement thinking, for health and health and care improvement. There is a really strong knowledge base and literature base, and a lot of practice in this area, going right back to about 2002.

Many of the resources are available, and you can get those through the school. This is a book that is free. Anyone can download it, and it was written 10 years ago called 'The Power of One, the Power of Many'.

We have had lots of examples of using these needs, calls to action, social movement approaches in the world of health and care. The one I am proud of is the one in the right-hand corner. It is called 'The Right Prescription'. It is about unwarranted prescribing of antipsychotics to people living with dementia. This call to action made a significant difference.

In less than three years, we saw a 50% reduction in antipsychotic prescriptions. These different approaches are well validated, but we need much more.

I would say, looking back, of all the concepts and ideas that we take from social movement thinking, OK, the most important one is the idea of framing.

This comes from Snow and Benford. They describe framing as "the process by which leaders create messages and put them across." Not just in a way that people can connect with emotionally, but they win people to our calls, and most importantly of all, they call them to action.

In the world of health and care, we took those framing messages from social movement thinking, and we would be so much further forward. If we want people to take action and change, then we have to connect in a different kind of way.

Here, we have got passionate people that are taking part in a campaign, part of a social movement, you know? Is there a financial incentive that is getting them to move? Is anyone performance managing them? Where is the project plan? It isn't there. The energy comes from being connected and united around a big purpose that moves people to action. And that is so where we need to go.

Here is some data that comes from McKinsey researchers. They found that what leaders care about, typically about 80% is based on other people, and they don't tap into 80% of the primary motivations of the workforce by putting extra energy into the change programme.

Let's dissect that a little bit. What we are basically saying is, the way that organisational leaders typically frame their message about to change, OK, doesn't connect. It doesn't come across that the employee audience, or the community audience, in a way that is powerful and compelling.

This is more research and thinking by Peter Fuda, we learned about it last week, he is a transformational change leader. He talks about the four gaps that his researchers identified between how we communicate change and how people engage with that communication.

The first thing he says is that the people that are putting the message across, the leaders, are speaking intellectually and making a rational case for change. But the people that are hearing the message are engaging at an emotional level. There becomes an immediate mismatch.

He said that very often facts are very hard to remember. So when somebody gives us a fact as part of a message, we forget it. And they are very easy to challenge. We can all challenge data. Maybe we need to find some other ways, in addition to the facts and data, to get our message across.

The third thing he says is that very often, when we look at things like best practice databases, or case studies, very often all we are talking about are the things that were successful. The thing is, if we only talk about success, then people just won't believe us.

And the final thing he said was, very often we are told that if you are a leader, and you communicate about change, you need to communicate at least six times. And Peter Fuda would refute this absolutely. He said, "People don't need more communication, actually what people need is meaningful communication."

Ron Weiss from the Netherlands says this, we are always asking staff or the community that we are part of to be ready for change. Big changes coming. What we don't do is engaged in sense making. Sense making isn't about marketing or slogans, or getting the message across six times. Sense making is about making an emotional connection with our employees, with our colleagues, with the people that use our services and with our community.

So, when Peter Fuda says, "People don't want more communication, they need meaningful communication." He is saying that people want sense making. Let's think about this. When we get our messages across, is it, I have some key performance indicators for you around this change. Or is it, "I have a dream."

Actually, in a world where, increasingly, being able to influence change is a much more about new power, informal influence, and it is about old power and hierarchical influence, we have got to be able to get across the dream, because that is where people are starting from.

Oh, and guess what, if we start from "I have a dream" and build a sense of purpose, then it is much easier to set out the key performance indicators because we have sense made about the key performance indicators. They are meaningful because they are part of that big dream.

So, you see, the evidence is clear. If we want people to take action, mobilise people for change, the most effective way to do that is connecting with their emotions through values.

When I went to Improvement School 15 years ago, I was taught that if I want to engage a medical doctor in change, then what I had to do was to show him or her a graph. Because what I was taught is that doctors are only influenced by data.

And that is just not true.

Even medical doctors are far more likely to be called to change and engaging change because of a connection with emotions and values.

And of course it is not either/or. We want both. If we can have a situation where we have got a really compelling story that links with our emotions and values, and we can back it up with really compelling data, it is absolutely the best of all worlds.

There is some interesting data that backs up this fact that people are far more likely to be called to action through an emotional engagement and through data, and some of the most interesting and helpful research in this area comes from charities and major disaster appeals.

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This has shown that if a charity had a call for giving based on a major disaster, if they put a message across and they framed it with data, if they say, "20,000 people were made homeless and 3000 children were left without parents" and so on and so on, even though that data is compelling and shocking, people are less likely to give.

However, when we talk about a family or a child and describe the specific circumstances of that family, of that child, people start to connect emotionally, and people are 10 times more likely to give when it is a story about a child or a family than when they are given this horrendous big data.

Look at the situation recently around the crisis in Syria with refugees.

That situation has been going on for a very, very long time, but it was the story of this little boy, Alan Kurdi, washed up on the beach. That was the stage at which so many people across the world make that emotional connection with refugees.

As we said, we need to connect with emotions, but not all emotions are equal. As health and care radicals, when we are thinking about getting our message across, we need to think about those emotions that are motivators, that will call people to take action that will motivate people to take action.

We need to overcome those emotions that are inhibitors that, in a sense, get in the way of people taking action.

We need to be very conscious of this, so when we think about our framing, think about using those action motivators.

Let's think about this. How do we build in a sense of urgency in our message, in our framing in a way that can overcome inertia?

When we talk about urgency, we are not talking about fear driven urgency that compels people to move, but rather emotionally driven urgency.

"If I don't take action now, bad things will happen".

How can we use our anger to overcome apathy? When I think about the call to action I talked about before, that I was engaged in around people living with dementia and antipsychotic drugs, that may be really angry. Made a lot of people angry. It spurred us to action.

How do we build a sense of hope and possibility and potential to overcome fear?

Sometimes, people think fear is an action motivator, and sometimes it is, it can make people take a couple of steps in the right direction, but overwhelmingly it inhibits people from taking action.

When we are fearful, we do not innovate, we do not feel safe to do things in different ways.

How do we build a sense of solidarity, community, "We are all in this together"? How do we build a sense of all of us being able to make a difference?

We have to think about the changes we are involved in, the messages you are putting across and how you can use those action motivators to overcome the inhibitors. I will just show you another interesting fact.

Even in the world of social media, the evidence shows that, where researchers have analysed posts on social media, Facebook and Twitter, what they find is the more emotional content there is in the post or the tweet, the more shares it gets.

People are drawn to emotions which connect with values.

I will maybe stop there just for a moment, just to reflect, and I was going to ask our Twitter monitor and our chat monitor what we are seeing so far in the chat box. Dominic, you are looking after chat. What are we seeing?

DOM CUSHNAN:

I am. There is a lot of sentiment around people feeling isolated and some of what you've brought up. People are using this as an opportunity to connect with each other, from not just in their own countries but across the world.

Pip Hardy made the comment that emotions and values and stories, the foundation of a story is an emotional foundation, in other words a good idea that moves. There are lots of other great comments, quotes that people have been inspired by.

HELEN BEVAN:

I love what is going on in the chat box. There is such a sense of community in the chat box. It is like what I am saying in real-time.

On Twitter, I think we have Olly.

OLLY BENSON:

Yeah. What is happening on Twitter reflects what is happening on the chat. What is really exciting is #findyourflock has taken off. Similarly to what has happened in the chat, people are reflecting their experiences of what you have been talking about. Sally says, "You don't always (inaudible) for making things happen", but she is always caught between researching and choosing to do it.

(Inaudible), so lots of reflections on what you have been talking about.

HELEN BEVAN:

Great. Let's keep it coming. A couple of comments. People are asking, "Can we get the chat box?" The transcript of the chat box as well as the recording will be available.

What do we know? If we are going to connect with emotions and values, what is the most effective way of doing that? As Dom just said, Pip said in the chat box, "It's about telling stories." Storytelling is one of the most effective ways of mobilising people for change. What do we need to do? We need to tell stories.

One of the big changes I have seen, certainly in my world of healthcare over the past four or five years, is patient stories are getting a much bigger voice.

Most board meetings of organisations in the NHS will typically start by telling a patient's story, and that is wonderful because it grounds us in the reality of the people we are there for.

While patient stories are incredibly important, for those of us working in the system, we need to tell our own story as well. We have to make it personal because if we want to win people to our cause, to get them to join our community, the most effective way of doing that is telling our own story.

What people will hear when we tell our story is our own values, and they will connect with us at the level of values. But it has to be authentic.

We talked about new power, how it is based on relationships, and the fundamental relationship at the basis of this is trust. If we are not telling our stories in ways that are authentic, people are not going to connect.

The next thing we need to do is we want to use our stories to create a sense of "us". The reason I'm telling my story is not just so you can sympathise with things that happened in my life but actually because, by hearing my story, you will connect with me.

When I tell my story, I need to create a sense of us, all of us together.

The final thing we want to do is to build in a call for urgent action. I'm telling my story, something that happened to me in my life, and I'm doing it so you can connect with my story, and it draws you and mobilises you to want to be part of my community. And I am being really specific about the action I want you to take.

I can't sit here in my little office in Coventry and tell you about storytelling if I don't tell my own story. So here we go.

Here I am on the left-hand side of this picture. I'm 19 years old, and I'm a student in Manchester. I studied social science. It's not surprising I studied social science because I love people and systems and what makes them tick.

I'm passionate about a lot of things. I think everybody has a right to health and healthcare, everybody has a right to education. And I'm an activist and a campaigner, and I believe that if people come together with a common purpose, we can change the world.

Here I am at 19 years old thinking, actually, that anything is possible.

I am going to show you another photo now which is four years later. I want to ask you, "What happened?"

What happened? I went into the world of work. I got a job at the very start of my career in public service, in local government. It was all I ever wanted to do, work in public service and be a public servant and do my bit.

It was very value driven, but what I found when I got into that sector, what happens is all of these invisible tentacles come long and they get you to conform in the way that you look and behave.

I went into this job because it was me and my values, and I wanted to make a difference, yet what happened to me was I found myself in an environment where I became a kind of instrument of the status quo.

When I think about me now and where I am in my life, I am far more like my 19-year-old than my 23-year-old, just in how I am and how I operate in the world.

Now, I feel like I have a massive responsibility to the 19-year-old person because I think about all of the goals and the potential and the dreams that person had, and I want to fulfil them and be that

person.

All of us can relate back to that, I guess. The passions and aspirations and the dreams we had when we were younger. And the way that somehow life came along, and the world took over and didn't happen.

What I wanted to call on you all to do is to think back to that person you were and the things that you wanted to do and how you could be and the potential that that person had. I want you to think about some of the actions that you could take now, like I am, to fulfil that unfulfilled potential. Let's carry on from there. How do we create a sense of us to build momentum for change?

How do we take that storytelling one step further? I am now going to call upon our first storyteller of the day, Mark Davis. First of all, Pip will introduce him.

PIP HARDY:

I am here.

HELEN BEVAN:

Why did you ask Mark to tell his story?

PIP HARDY:

I met Mark and asked him to join us today, when he told me about the work he had been doing across sectors in the north-east of England, I was so impressed he had managed to bring together people from the voluntary sector, education, health, housing, please, just about everywhere you could possibly imagine, and it seems to be such an amazing example of being the change he wanted to see and bringing all kinds of diverse groups together to make things better for people. Over to Mark.

[Derek.Captioner is Live]

MARK DAVIS:

It is a great story to follow on from Helen. I have been reflecting on your slide about whether we offer people key performance indicators, or do we say that we have a dream? I certainly go with the latter of the two options.

I work in the voluntary sector support organisation that is here in Middlesbrough, and we support over 600 voluntary organisations based in the town that range from the really local grassroots committee groups, right the way through to the local arms and national charities and everything in between.

Whatever you can imagine, we get involved in in some way, shape or form. Having taken part in the School for Health and Care Radicals last year, one thing that it gave me was the confidence to bring about the change that we wanted to see in society.

The example I am going to share with you today is around prevention and when I say that I mean the kind of things that we often talk about within society and within the system, but we don't always bring

to life.

I know that one of the drivers for me is coming to work, and thinking about how to make a difference in the work I am doing, and that is the same for my colleagues. And I was thinking about post Health and Care Radicals last year, and thinking about what we need to do to support the change, and I brought together a group of my colleagues with a view to bringing about the kind of learning, and the experience that we wanted to address some of the change together, through learning experience at a local level.

So, prior to that we had been talking about prevention, and the need to do something different to what has been done before. We see things, or hear stories of people who end up in A&E, or people that end up in the social care system too early in life, and we believe in the power of social action to bring about change for local people.

So, having pulled together my colleagues, we worked through the resources of the five modules, basically, from the school, and provided a space for around 45 minutes to an hour around the five modules to think about our plan of action, and to develop our dream, and think about what our change was going to look like.

To then start to move that forward, to start rocking the boat, but making sure we don't fall into being a troublemaker. Moving towards the edge, all the things that the school was telling us, we started to put into action.

And we put together a proposition to say that we wanted to see more local people, and voluntary organisations, have a greater role in bringing about change at a local level that was going to make a real difference to people, that we see less people coming to accident and emergency with quite critical conditions because they would have been supported earlier by preventative services.

And when we did that, when we worked together and came up with a plan, the first thing that we faced was some significant resistance. Previously, that kind of resistance might have been something that was enough to put us off going back and trying again. But having had the support of each other and being able to work together, we used the frame of the opportunity, fast forwarding to a year today, and we have an amazing piece of work that has come off the ground with a magnificent community of stakeholders that Pip has alluded to from all over the place, working with us, to bring our plan to reality.

That plan, in essence, is around a greater role for both voluntary organisations to work together and do something different to what we have done before were to support local people.

In doing that, I think it is really important to reflect on how we got to that point. And I think if you keep in mind that I would think about is the importance of recognising that change starts with me, change starts with us, and building our community around that, whilst also taking forward the principles of self efficacy, tapping into people's emotions. And in our work, we haven't, as yet, touched on any data in any kind of significant weight other than to say, "This is the scale of the problem." Focusing on the solution. We

are doing a lot more through relationships and conversations.

We recognise that nobody is in a position where they can go it alone, and that is where the concept of the community came into being.

That is a story from here in Middlesbrough. It is very much being in for the long haul, we are making small steps and progress, and I think that is quite a powerful resource that we have picked up from the School for Health and Care Radicals.

HELEN BEVAN:

Thank you, Mark. Just looking in the chatbox, it went silent because people were listening in and spellbound by what you were saying. Now we are getting some really great comments about how much people appreciated that.

One of the reasons I appreciated that was because I want to talk about the concept of strong ties and weak ties, and how we need to use our weak ties, as well as our strong ties. You are an outstanding example of that.

Let's think about this. Strong ties and weak ties is an idea that comes from social networking. But if we look at great social movements, what we see time and time again, in the same way as Mark described, they use both. So let's talk about this, and what do we mean by strong ties and weak ties?

Most of the time, in the world that I live in, we spread change through strong ties. What we mean by that is we interact with people like us.

The people we connect with, the people in our communities and networks, are people with the same life experiences, the same beliefs, the same values as us. So when change happens, it happens peer-to-peer. It is like family practitioner to family practitioner, nurse to nurse, community leader to community leader.

That means that when change is spread through these strong ties, influence is spread through people who are strongly connected to each other, who like each other, and that word again, who trust each other.

I am most likely to be influenced by somebody I trust, OK?

Again, when I went to improvement school in the NHS, what I was taught was that this was the most effective way for change to happen. So I got taught, "Helen, don't you think that you, as a change person, can influence GPs, because you can't. OK? What you have to do is find a willing GP who gets it, and use them as the person to influence other GPs."

Why do we keep saying this? Why is this our classic change practice? It works because we know people are far more likely to be influenced to adopt new behaviours, or new ways of working from people like them from those with whom we are most strongly tied.

I will see if we can do this in the chatbox now. First of all, in the chatbox, say what some of the pros are, what are the advantages of influence and creating change through these strong ties, through people like us? See if you can put something in the chatbox about pros.

This is great. We have shared language, confidence, credibility, we get a more rounded viewpoint, we get healthy competition amongst people with the same interest. Someone has been reading Seth Godin, same tribe, we get things done, expertise, common values. We can see lots of reasons why, lots of advantages through spreading change through strong ties. It is safe.

What are some of the disadvantages? Let's look at the other side. What are some of the disadvantages of spreading change through strong ties?

Lack of diversity, group think, not enough diversity or challenge, it is narrow, it is a blinkered viewpoint, close circles, same mind, no challenge, same mindset, myopic, tribalism, clique, unsafe.

What we can see through those, we can see in the chatbox that there are both significant advantages to spreading change through strong ties, but there are also significant disadvantages.

What does the evidence tell us?

It says we also need to think about weak ties. What do we mean by weak ties? Weak ties are when we build bridges with groups and individuals who previously were different separate to us.

So when we create relationships through weak ties, they can't be based on our similarities, because we don't move in the same circle and we haven't got them. What unites us with weak ties? It is about the commitment that people make to each other to take action. That is the strongest basis of a weak tie.

And when we start to try to make change happen through weak ties, what we have got to do is mobilise all the assets and resources, and the people in our organisation or system, or community, to help us to achieve our goals.

So what do we know?

There are big advantages with strong ties, but they are not enough. We know that weak ties are more likely to lead to change at scale. Why? Because they enable us to access a lot more people with fewer barriers.

Like many of you said in the chatbox, we can spread things quickly with strong ties, but only up to the boundary of the tie. If we want bigger change, we have to go beyond it.

Secondly, when things are uncertain, and many of us are working in public service, where we are working with an austerity strategy. In situations of uncertainty, we have a tendency to revert to our

strong tie relationships.

We can see that at the moment, certainly in my world. When we look at the financial challenges, and the big demands on care that we are seeing in the National Health Service at the moment, many leaders will revert to an old power way of operating. We have got to get management group. We have got to reduce the risks.

And yet, evidence tells us that weak ties are much better than strong ties when it comes to searching out resources in times of scarcity. In times like this, actually, we need our new power, we need our weak ties, because that is where the new ideas and connections, and new resources will come from.

The most breakthrough innovation will come when we tap into our weak ties.

If you look at the evidence base about the great social movements, what we see time and time again is that they were very much able to work with their strong ties, and getting people to connect with people like them. And they built weak ties. And we need to have both.

There are lots and lots of sources of weak ties. Many of these are ones we talked about at the beginning of the session when we looked at communities. What I would say about social media, generally, is that social media enables us to make connections, and make weak ties with all sorts of people that we wouldn't connect with otherwise.

The school and the connecting that is going on now, if you look at what is going on in the chatbox for the whole of the session, it is weak tie connection personified.

The We Communities that bring people together connect midwives together with midwives, they connect LD nurses with LD nurses. But what they also do, because of We Communities, they build bridges between communities.

We are now seeing the idea and the community is expanding. We are seeing things like We Cops, who are taking part in the School for Health and Care Radicals. It is the use of strong and weak ties together.

If you look at the Academy of Fabulous NHS Stuff. Lots of people come together and learn from each other. Why do we run trials as part of the School for Health and Care Radicals. Why do we link people by chance to have a cup of coffee over Skype? We use it as a mechanism to connect weak ties.

If we look at the research of the most effective movements, what we see them doing is what we would call master framing. What that means is, if we frame our message in a way that many different groups of people can connect with, so not just a message that is designed for strong ties, it is a message that is designed for weak ties, many people from different kinds of backgrounds can connect with it.

Some interesting research came from Benford and Snow about master framing, about the facts that made a difference between social movements, that made a difference and were sustained over time,

and social movements that were narrow and hard to sustain.

They talk about three different components. They talk about a diagnostic aspect. Whoever we are, whatever background we come from, basically, we perceive and see a common enemy. We see the same problem that we are addressing.

The second aspect is a prognostic aspect. The prognosis is, what is the future like? Whoever we are, whatever background we come from, we understand we are creating a similar age of the future, and we can unite.

The third aspect is the motivational. It is about how we can frame our call to action for change in a way that connects with the motivational and emotional drivers of all our audience, whatever their background.

I think this is really helpful when we are thinking about our change messages, how can we create our change messages in a way that they connect both with strong ties and weak ties.

[Remi.Coordinator is Live]

When you think about most of the organisations we work in, and you think about the messages that we are putting across and our leaders are putting across, put in the chat box which of these components, especially those of us working in organisations and in public service organisations, which of these three is the strongest? Consistently the strongest? consistently emphasised over the other two?

Everyone gets it, Diagnostic. It should be motivational. If you look in the health and care world, for instance, the way we are putting our very big messages across, they are very often Diagnostic.

We start with the size of the problem, the £22 million gap. We are getting better at prognostic, but we hardly see any motivational in our messaging.

If we relate that back to the McKinsey quote we looked at earlier, 80% of what we are putting across doesn't make a connection with the motivators of the audience.

Often we are overemphasising the diagnostic and under emphasising the prognostic and the motivational.

I am nearly finished now, so just a few more things.

What we need to be as Health and Care Radicals working with both strong and weak ties is we need to be the very best collaborators.

What can we learn about calibration?

This is research that comes from Katz and Miller. They look at teams all over the world, and they

wanted to capture the essence of people who were the best collaborators. If we are going to work in weak tie ways with people who are not like us, we need to be very good at this.

The first thing he said was we have to lean into our discomfort.

If you are in a conversation with someone, you are sat in a conversation with a senior Commission, and you are feeling uncomfortable about it, rather than backing off, you need to lean into it.

When someone from a different world or situation from us starts talking, what we start to do is we start to judge them, and if we do not like what they are saying, we switch off. Instead, we need to start to listen like an ally. Even if we do not like what someone is saying, we have to listen hard.

The third thing is about stating our intent. When we are getting animated or reacting badly to something someone else is saying, what is our actual intent? Is this a situation where I would never agree with this in 1 million years? Or is it a situation where we are having an interesting argument?

Sometimes, the way we are putting our message across is the same, whether it is an interesting debate or a topic I would never, ever stand down from. State your intent up front.

The other thing they say was understand each of us has our own perspective, we are on our own streetcorner. We want to defend it and our own perspective but understand everyone else is on one as well. Values are different on street corners.

I think there is some very, very good advice there.

Let's understand that all of us have a comfort zone that we want to operate in, but actually where the magic happens, where the big thing happens is outside that. That means we have to move and we have to work in our comfort zone with strong ties but also with our weak ties.

We can't have a module at the School for Health and Care Radicals without a quote from Martin Luther King. He said, "We might have come on different ships, but we are in the same boat now".

I really feel that when we look at our audience here today, the people taking part in the School for Health and Care Radicals. We are coming in so many different ships, from Sony different backgrounds but we are in the same boat.

We have a common purpose and want the same things, and I think that is so strong to build on that.

Maybe we need to think about leadership in a different way. Let's go back to that research from Hahrie Han. Our job is not to mobilise people but to build this dispersed leadership.

This is a quote that comes from Jim Kouzes. "Leadership is the art of mobilising other people to want to struggle for shared aspirations." That is my kind of leadership.

I am going to introduce Graham in a moment, but one last slide. A very nice quote from Paul Bate, who says that you do not need an engine when you have winding your sales. Many of us are from backgrounds, or we either work in or served by organisations that want to make change happen.

We use all of these mechanistic metaphors, and actually if we can create the wind in our sales, if we can come together, strong ties, weak ties, with other people with a common purpose, we don't need an engine.

Because, actually, the wind in our sales is a far more powerful energy for change.

At this point, I'm going to drop off, and I'm going to hand over to our next storyteller, who is Graham. First of all, he has slides, so I will give him the presenter rights.

Pip, please introduce Graham and tell us why you chose him to tell his story.

PIP HARDY:

After you met Graham, you contacted me and said I had to talk to him because his work is so inspiring. I had a phone call with him, and I understood why you thought he was so inspiring because I was also inspired by the work Graham is doing to make sure all children, including the poorest children and their families, have the best possible start in life. Over to you to tell your story, Graham.

GRAHAM MACKENZIE:

Thank you for having me. I am delighted. I first met and heard from Helen back in October last year, and I have been thoroughly inspired by the movement.

I'm just going to flick across two slides to tell you what Healthy Start is. It is a UK wide programme. It safe food and vitamin voucher program for low-income families and also pregnant women under the age of 18, regardless of income.

The work we are doing in Lothian is part of a lot of other work going on across the UK. Everything we have done here is possible across the UK and, indeed, many of the messages about how we support low-income families better will be applicable across the whole world.

I have posted a lot of information in the chat box and also on Twitter on how to find out more about this. I'm delighted Angela Dougal is part of this call as well because she is a co-author on a paper that has just been accepted for BMJ quality reports.

You might think it is unusual for me to step outside the comfort zone of old power to start talking about what is really a very low value support for low-income families, and I want to make the case, I hope, that this is an important thing and I can start to show how you tackle the causes and consequences of low income and show how you can improve it with improvement methods and beyond. You can inspire others and regard this as a type of prototype.

We started with three midwives at the top left and realised we had got too big. The old adage of think

small and start smaller was right. We ended up working with one midwife to find out how we could get these food vouchers to pregnant women by week 10 of pregnancy, and the midwife told us she couldn't do it.

She usually only got women signed up by the third trimester of pregnancy because of worries about fraud And concerns about signing up women who didn't have a viable pregnancy.

We work with that midwife and understood the process better. We checked with the Department of Health, up and down the hierarchy. And within a few weeks, we have a process that was much, much more reliable, but we tested with that midwife and the rest of the team. For something that we had been stuck on for years, that was massive progress.

I was sick of saying to my boss that Healthy Start was too difficult. We put the lessons we learned into simple sheets and emailed them out two teams. We did a survey with other midwives in the area and realised half of them were following a similar approach to the first midwife.

Email doesn't work, it is not a way of spreading improvement. We had to go out and work with these teams, work at the frontline and discover what these midwives thought of the work and their views about supporting low-income women and also their views about me because I was the person at the health board who sometimes told them things were not going so well, and that was tricky.

So, we build relationships and fostered friendships, and Angela is one of my closest colleagues now. We kept testing, and we are still testing, and I will show you why in a moment, and that is two years on.

Here is a graph, and there are a lot taken out of my presentation compared to when I started it. We are in a time of increasing hardship for women across the UK, and without a receipt has gone down.

The rather depressing thing is that although our much receipt in Midlothian has gone up, more recently it has come down again because there has been a change in process of voucher sign up in the central office in the company that runs the program for the Department of Health.

We have picked that up before the Department of Health knew about it because we had local data, team level data, and we were able to check what was going on and discuss that with the midwives, using the following approach.

We went to teams with an improvement method and asked them to consider the Healthy Start signup process in terms of family factors, community and area factors and also process. We discovered a more recent downturn has been focused on process. That is out of our hands, but we can do things to change that. The penultimate slide, we have also been working with welfare rights advisers, and it has taken a lot of time for midwives to trust that referral.

For the families that have been referred, £4500 gained over the course of this year, which is the nominal.

There are five high impact leadership behaviours. We have demonstrated all of that in spades, Angela and team. Many thanks for your time.

[Derek.Captioner is Live]

SPEAKER:

Lots of discussion going on in the chatbox there.

HELEN BEVAN:

Sorry about that, it is Helen. I was on mute, and I was talking to myself!

Shall we just get a little... I thought that was really, really fantastic. What we saw from Graham was an interesting story, and the importance of connection, using really good data and improvement methods.

Can we take a really, really quick little update from Twitter and from the chatbox... Dom, would you like to go first?

DOM CUSHNAN:

Summarising what you said, everybody has loved Graham's... Loved what Graham was saying as well. It was fantastic. Picking up on some of the points around some of the slides earlier on, some of the great points about us getting on the leadership. A few people chuckle, but I really like what Diane said, "Visionaries are not formal leaders, but are found in every quarter of life."

HELEN BEVAN:

Shall we hear from Olly? What has been happening on Twitter?

OLLY BENSON:

On Twitter, people have picked up on the leadership idea. There is a great quote, "A ship is safe in harbour, but that is not what ships are for."

And similarly, reflecting on what Graham was talking about and various other things that we have been talking about, and Mark as well. Mark talking about leading beyond authority, his kind of leadership. So lots happening on Twitter too.

HELEN BEVAN:

Very good.

At this point, we hand over to Kate.

KATE POUND:

Thanks, Helen. Thanks, everybody, for joining us today. I want to give you some thoughts from summing up on the session today.

It has come out to me, the importance of us connecting with each other, and connecting with our ties, strong and weak. And connecting with our stories, using our stories to support our connecting. But we must also listen to other people's stories.

We need to connect with our emotions, and learn to use our actions, our motivational actions, to support our change.

For me, when I started the School Health and Care Radicals, it was connecting with the reasons I went into nursing and health care, and that is an important step. Just a few things to sum up for today.

Thank you, everybody.

This week, we have more learning opportunities, so next Tuesday, we have the School for Health and Care Radicals Twitter chat, and that will be at seven o'clock, GMT time. Next week, we have Module 3, Rolling with the Distance.

If you haven't been able to view it all, all resources are available on the website.

Last week's chat was amazing. We had 123 people join the chat, and there is a quick summary. If you can see your face there, give us a shout out!

The Twitter chats are important, because it helps us to connect, and let us think about our ship. Connecting with others feels like a harbour wall, and we need that safe place to be.

Join us on the Twitter chat next week. It would be great to see you as part of that.

Now I am going to hand over to Pip, who is going to give some final reflections and point for learning for this week. Thank you, Pip.

PIP HARDY:

Sorry, I was struggling to unmute myself. Just to leave you with something to think about before we meet next week to help you make the most from your learning on this module. We have tried to keep the questions for reflection to three for now because that is enough for you to think about. But we would love you to consider what learning and inspiration you can take from social movement leaders to help you in your own role as an agent of change.

Think also about how you can connect with new individuals and groups to achieve your goals for change. So a lot of what we have been talking about, not only strengthening strong ties, but trying to pull together some weak ties and cultivate those.

Finally, think about how you can promote coproduction in your own communities, and give some thought to what is really meant by coproduction, and how you can really accomplish that in your work and in your life.

So the calls to action for this week, in some ways, they are straightforward, but we hope you will find them helpful. Tell others, tell other people what is happening in your own change community, broadcast it, share your stories, let people know what is going on.

Think about what opportunities you can find for coproduction, and again, it will tie in with considering what coproduction means to you and for you in your work.

Finally, think about creating your own story or narrative to win other people to your cause. So remember some of the qualities of good stories that Helen has spoken about, about being authentic and connect them with values through emotions.

Finally really, I found a lovely quote by Henry Ford that would see us on our way for the week, "Coming together is a beginning. Keeping together is progress. But working together is success."

I hope you all have a really good week, and we look forward to seeing you next Thursday for Module 3. Thanks very much.

KATE POUND:

Thank you, Pip. The next module will be next Thursday at the same time. See you next week.