



Understanding, Forming and Fostering a Culture of Transformative Innovation in Health and Social Care

**A knowledge exchange programme of the Scottish Universities Insight Institute
The Boathouse, Aberdour, 2 – 3 June 2016**

Summary

This is a report of a two day workshop held at IFF's Boathouse offices in Aberdour, Fife under the SUII knowledge exchange programme. The workshop brought together a group of international researchers and practitioners in the field of health and social care engaged to a greater or lesser extent in the pursuit of 'transformative innovation' in the field.

The aim of the workshop was to bring this nascent ecosystem of transformative innovation together for the first time in order to discover how to support its growth and effectiveness and how to enable this culture to develop in other areas.

The core project team had led a smaller scale half-day workshop in early May to prepare the ground. The design of this larger event was based on that experience. All participants were invited to submit responses to a simple questionnaire in advance. That material was collated and displayed at the Boathouse allowing everybody to begin the workshop by reflecting on the first draft map of the 'ecosystem of transformative innovation' that it represented.



Participants then explored three key themes identified in previous research as critical to a transformed culture of health and social care: person-centredness, the 'fifth wave' of public health, and culture itself.

The workshop then explored the factors that participants had identified in advance as either enabling or constraining transformative innovation in this field – arriving at a simple set of factors that provide a good first pass at critical elements in the innovation system as it stands.

Given that one of the critical enablers identified was a clear and realistic picture of the transformed system and culture we are aiming for, the rest of the workshop was dedicated to getting as deep an experience as possible of what that would look and feel like and how it would be structured in practice.

The core concept for this part of the work was the notion of a ‘creative integrity’ – an expression of a new pattern that might in time configure resources and relationships in the landscape of health and social care in new ways more suited to the emerging future. Participants took some time brainstorming potential candidates and chose to explore four candidates: ‘Maggie’s Centres’ for all conditions; a holistic public sector; neighbourhood microproviders; and a health and social care sector workforce educated in fifth wave thinking.

By the close of day two participants had refined these concepts into three new organisations operating in the transformed culture of the future: the Live Well Centre, the Fife Holistic Community Benefit Organisation, and the Local Care Exchange. Participants found their own roles in these three organisations and presented a role play of a day in the life of each for the benefit of others.

The workshop closed with final reflections, an agenda for follow-up actions and final written feedback in the form of: What have I learned? How do I feel? What will I do?

A follow up workshop for the same participants is planned for late August.

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Getting Started

Margaret Hannah welcomed everyone to The Boathouse, headquarters of International Futures Forum. She offered some thoughts on logistics and the venue. She explained that culture matters and is an important part of the ecosystem that enables transformative innovation. Part of the purpose of the two days would be to create such a culture – of care and kindness.

To encourage that culture she offered everyone the chance to enjoy a minute of quiet reflection, using one of the presence cards from IFF Kitbag: “Be content to just sit here and breathe”.

She then read a poem:



Poem for a hospital wall by Diana Hendry

*Love has been loitering
down this corridor
has been seen
chatting up out-patients
spinning the wheels of wheelchairs
fluttering the pulse of the night nurse
appearing, disguised, as a bunch of grapes and a smile
hiding in dreams
handing out winds in orthopedics
adding a wee drappie
aphrodisiaccy
to every prescription.
No heart is ever by-passed by Love.*

*Love has been loitering down this corridor
is highly infectious
mind how you go. If you smile
you might catch it.*

As a way to start to get to know each other she then invited people on their separate tables to use the 'Feelings Card' from Kitbag to choose a colour to introduce how they were feeling.

Purpose

Graham Leicester reiterated that the SUH research project had suggested that there is already an emergent ecosystem of transformative innovation in health and social care with a strong base in Scotland but with resonance in other parts of the world.

The aim of the project is to bring this nascent ecosystem, which embraces both research and practice, together; and to discover how to support it and grow it over time.

The first of these aims was already achieved by having such an experienced and diverse group of researchers and practitioners in the field of transformative innovation in health and social care show up at The Boathouse for two days. This is the community meeting itself. The second aim would be the focus for the two day inquiry, building on prior research and preparation and feeding further work before the project concludes in September.

Graham outlined **two desirable outcomes from the workshop:**

- Since this *is* the ecosystem of transformative innovation, the first desired outcome is that the members present should find ways to support each other;
- The second desired outcome is to generate ideas for further work by ourselves and others to help grow the ecosystem, integrating research and practice to support more transformative innovation in health and social care.

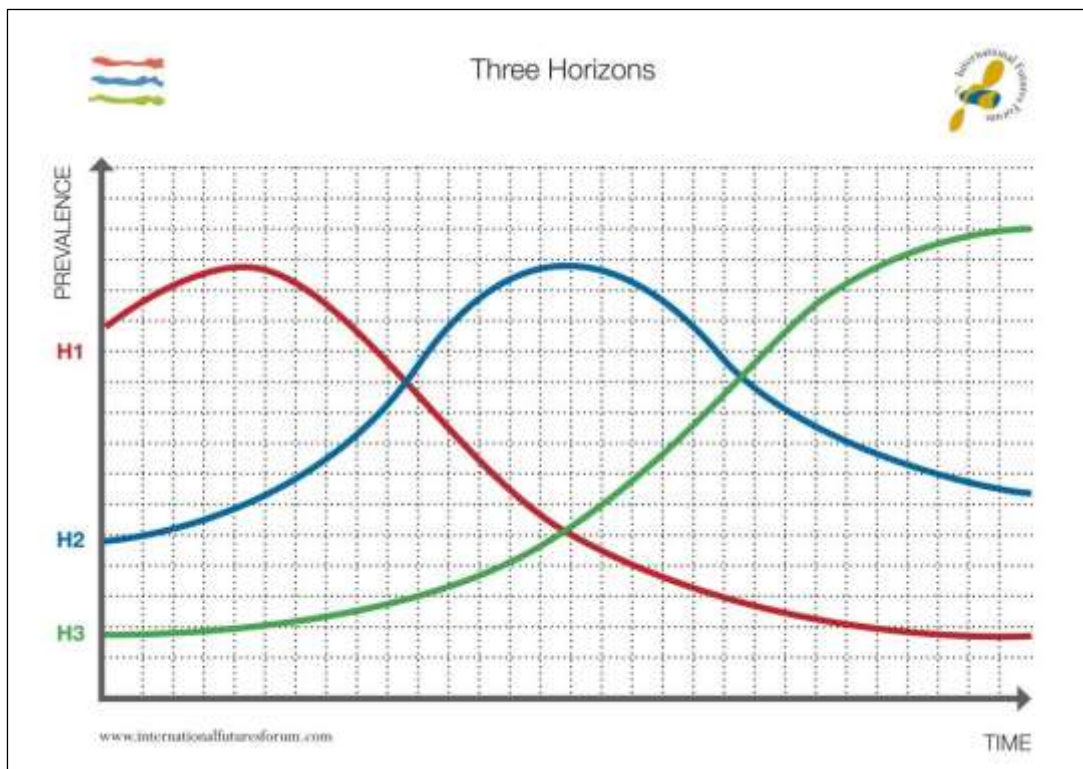
The first day of the workshop would involve honouring and digging deeper into the work that participants had submitted in advance – about the overall context in health and social care, about what might be considered ‘transformative innovation’, and about individual projects and programmes that participants are involved in that have a transformative character.

The first day would thus help to flesh out the ecosystem of transformative innovation represented by the people in the room. The second day would shift on to the related question: how can we support and grow this culture in order to encourage more transformative innovation in the future?

The Three Horizons Landscape of Transformative Innovation

Graham thanked everyone who had contributed answers to a brief questionnaire issued in advance of the workshop. The first question had been ‘what do you understand by the description transformative innovation in health and social care?’ This had elicited 35 different responses (included in the annex to this report). Anyone reading them all can see that all the descriptions are pretty congruent – paradigm shift, radical innovation, shifting from one stable system to another stable system, changing patterns of identity and integrity and so on. So the workshop can take it as read that all participants are in the same space and it would not be the best use of this precious time together to spend it coming up with a single definition.

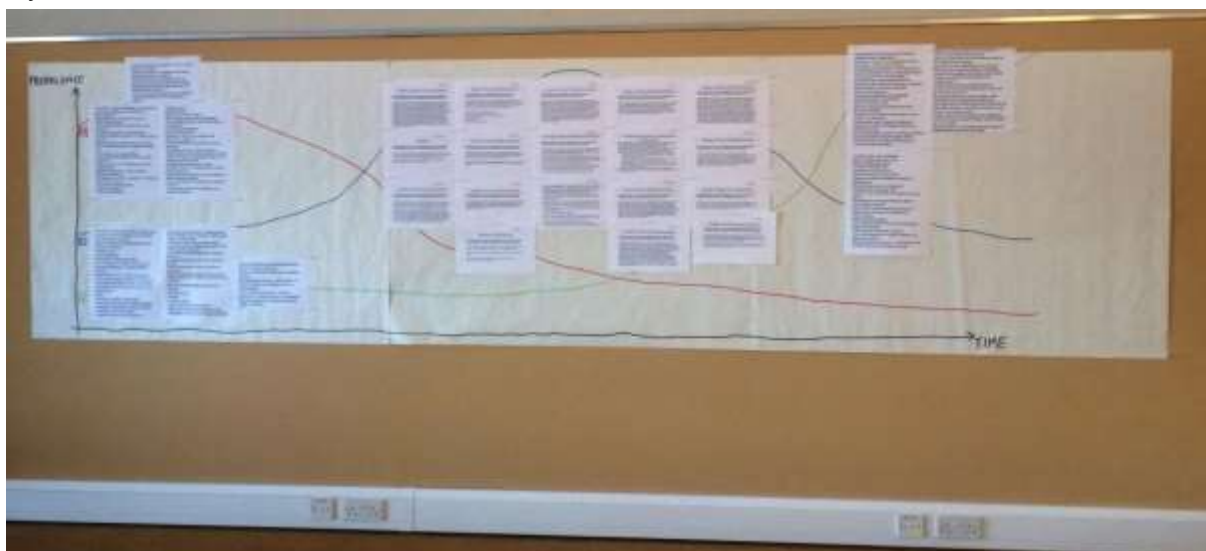
The next set of questions were about concerns in the present system, features of an ideal system and inspirational practice in the present. These questions are based loosely on the Three Horizons framework. This is a framework that IFF has used a great deal to help understand the nature of transformative innovation. It is explained in most detail in Bill Sharpe’s book [*Three Horizons: the patterning of hope*](#) (Bill is one of the participants in the workshop).



The framework uses two axes: prevalence and time. In any system there is always a dominant, business as usual culture. This is very stable and has grown over time because it works and is successful. But over time the world changes and this pattern does not fit as well as it once did. Nothing lasts forever. That is OK because there is always other activity going on, often based on different values from the dominant culture. It is fringe activity. But sometimes, as the world changes, some of this fringe activity will fit the new world better and so it will grow – a third horizon pattern of activity emerges, structures form around it, a new horizon. Then there is a second horizon of opportunistic innovation – doing new things because they can be done. Some of these work, some of them don't.

What the three horizons framework does is open up a space between the first horizon and the third. And in that space, a space of transition, we can distinguish between innovations (H2-) that prop up the existing system and innovations (H2+) that pave the way for the new patterns of the third horizon, a very different culture and system. So it is H2+ innovation that is 'transformative innovation'. H2- innovation is 'sustaining innovation', keeping the existing system going, making it more efficient, faster, safer etc. Whether an innovation is used to transform or to sustain is not a property of the innovation per se – it is a function of the intention of the innovator.

It is possible to map the answers to the questions supplied in advance by participants against this framework. Concerns with the present system are signs that the first horizon culture is failing. Features of the ideal system characterise the third horizon pattern we desire to create. Inspiring practice in the present gives us some examples of that third horizon vision already being enacted in small pockets by dedicated, values-driven people. And then, finally, in the central section, the second horizon transition zone, we can put all the examples that were provided of what people are working on at the moment. These are innovations - that could go either way, H2- or H2+.



Graham explained that in effect this material, displayed in this way, offers a first map of the group's existing appreciation of the system of transformative innovation in health and social care. It reveals to ourselves the system we are operating in and how we are presently understanding it.

He invited everyone to come up to the map, take a look at it, dig into the separate papers recording its content that were also available and form an intuitive perception of the innovation system as a whole. How is it working? What do we make of it? What are our first impressions?

Discussion

In general people found this an impressive first pass. There were comments about other concerns with the present system and notably the challenge to take a larger view to understand the underlying causes for those concerns. There was a call for more ambition in the third horizon – the language used to describe our ideal system had a familiar first horizon sound to it. There was encouragement from the inspiring practice in the present and an urge to celebrate all the activity in the second horizon. On the other hand, all this activity might just be ‘projectitis’. The key question is *how* to make sure that this kind of work is H2+, heading towards our aspirations. One interesting suggestion was to look particularly for innovation in those settings where the human is likely to come to the fore over technical medicine, for example hospice care and midwifery.

Detailed comments, some of which were added to the map on the wall, were as follows:

First horizon concerns:

- Where is the policy space for really radical innovation? The first horizon exercises a gravitational pull;
- Proponents of old paradigms die off – have patience!
- Crisis is what is driving innovation at the moment, not vision;
- Waste, duplication and ‘too much medicine’ (may free up resources)
- Time is scarce: 10 minute appointments. “Don’t talk to us about transformation: it is all we can do to get through the day!”
- The premises we work in are not fit for purpose
- What are the root causes of these problems?
- Is the system really dying? It seems reasonably resilient at the moment
- Clear signs that it is collapsing: eg 30% of GPs retiring in 5 years.

Third horizon activity in the present:

- This includes new ways of thinking and/or practising
- Workforce crisis means we come to value staff, care for them, give space for opening their minds and hearts, boost their energy
- We can nurture the new practice alongside existing paradigms... until they reach a tipping point
- There are pockets and communities of practice to show us the way forward
- There is a trickster energy that can be liberating as well, eg Jo Brand combining her comic skills and her nursing background to highlight inadequacies in current care

Third horizon aspirations:

- Some of this language reads as tired as H1
- Life and Meaning are the aspirations. It is the thread of life that links the early stirrings to the full realisation of the third horizon
- Needs more ambition

Horizon two projects and innovations:

- Is this catalogue of initiatives radical enough?
- Lots of stuff going on – more ‘projectitis’?
- Promising. There is hope. Celebrate!
- Lots about engaging communities, patients, users
- Nice projects, but *how* do you do this kind of work?
- The third horizon is emergent and will take time. Need to pay attention to self-preservation, be tactical, prudent with our visioning, taking people with us on the journey;
- Collaboration is vital, an awareness of the bigger picture. We cannot survive alone;
- Look for settings where the human is naturally at the centre – eg hospices, midwifery.

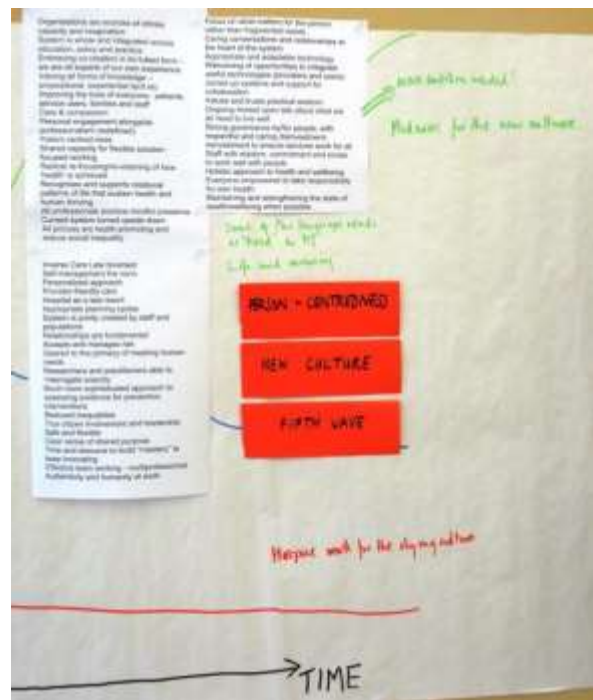
This last observation recalled the quote from California Senator John Vasconcellos that we must be “hospice workers for the dying culture and midwives for the new”. That too was recorded on the map: it is a good summary statement of the purpose of an ecosystem of transformative innovation.

Third Horizon Themes

After a break Margaret suggested that previous research for the project had identified three key substantive factors that have a critical role in shaping and bringing into being our shared third horizon vision. They are:

- Person-Centredness
- A New Culture
- A Fifth Wave of Public Health

Participants were invited to explore these three themes at three separate tables in a world café style. Each table had a host for the discussion with relevant expertise to introduce the theme. Margaret Hannah led the fifth wave discussion, Huw Davies led on culture, and Vikki Entwistle and Belinda Dewar led on person-centredness.



Other participants moved from table to table so that they had in the end contributed to all three discussions – and as such would have started to integrate the three different concepts in themselves.

After lunch, having checked in with the three table hosts, Graham was able to offer a brief summary of the themes that had come up in the conversations as follows.

Person-Centredness:

- The shift from disease and services centred practice to person centred practice;
- Terms are important. The language of 'person-centredness' has been co-opted already by the existing system. 'Relationship-centred' might be better, but generates different problems. Words like 'humanising' or 'humanistic' might be less liable to being misrepresented and co-opted. But there is always a risk;
- We need to *use* the humanising approach in order to generate it. The means are the ends. That applies equally to implementation and evaluation;
- Better conversations will help even in today's context and today's system. For example if asked some people will tell you that "a three minute appointment will do". Use that, free up space in the system to allow for growth;
- Person-centredness is now one of six recognised dimensions of quality. That's good;
- The links to other conversations were interesting. The Fifth Wave highlighted being human, the subject-subject relationship (rather than subject-object) and the shift from seeing people *in* organisations to the fact that people *are* organisations;
- The person-centred conversation seemed to be more about individuals, whereas the other table conversations were about populations;
- There was a theme coming through about holistic medicine: the true, the good and the beautiful.

Fifth Wave:

- Raised the concept of 'syndemics' (a new one to most participants) where everything is happening at once. Multi-causality is the new normal: there is no silver bullet solution for multi-morbidity;
- Public health has boxed itself into a corner. It is offering behavioural nudges in response to epochal changes in society;
- There is a need to connect back to person, family, community. We are problematising individuals and communities: we need recursive patterns of restoration across all of them;
- Does the fifth wave have a theory? It feels like an open(ish) space;
- There are incredible systems now in place gathering and working with big data, including qualitative data. Does it have to be this difficult? Is there a simplicity to be found beyond complexity?
- Can we do both? Can we have a humanistic culture and big data? Frame this as a dilemma space? There are value tensions in gathering or monitoring data, eg a culture of surveillance or worse.

Culture:

- Cultures are underpinned by norms. We should surface the norms that lie unseen in the existing dominant culture so we can examine and challenge them;
- Current norms look like: producer-led delivery; objective measurement; rational linear systems; neglect of power;
- Organisations are open systems – they act upon and are acted upon by wider cultures, client groups, political cultures;

- Logics of consumption, individualism, aspiration, marketization and neo-liberalism are marginalising social solidarity. There is an ill wind blowing.
- Leadership is important. People calibrate off leaders very accurately, so it has to be authentic to avoid cynicism. We need organisational, social, cultural leadership.

Enablers and Constraints

The next session took the final element in the pre-work. In describing their own projects with transformative aspirations, participants had been invited to identify three factors that enabled the innovation, three things that constrained its success and one thing that was making the difference (a kind of ‘super enabler’).

The project team had printed each of these factors on a piece of card, green for enablers, red for constraints. From the full pack they had removed statements that were either duplicates of others or were too difficult to understand at a first glance out of context.

This still left plenty of material – which was spread out on the floor on two sides of the room. Two groups were then invited to sort the statements into clusters that had some level of internal coherence. The exercise was conducted in silence and went on for some time – until the clusters stabilised and people no longer felt the urge to change them.

Each of those clusters was then brought to the front of the room, the content read out and examined, and the whole group invited to give the cluster a suitable name. The purpose of conducting the exercise in this way was so that everybody involved would understand the rich content that lay behind the few words eventually chosen to describe each cluster.



The clusters identified in this way were as follows.

First, the **constraints on transformative innovation**:

People Running on Empty

- Feeling overwhelmed
- Change fatigue / indifference
- Lack of awareness, and resources to engage
- Time needed to develop insight in a system where everyone is so busy
- Capacity of staff to engage
- Exhausted burnt out staff
- Lots of people retiring or changing role due to restructures

Structural Straitjacket

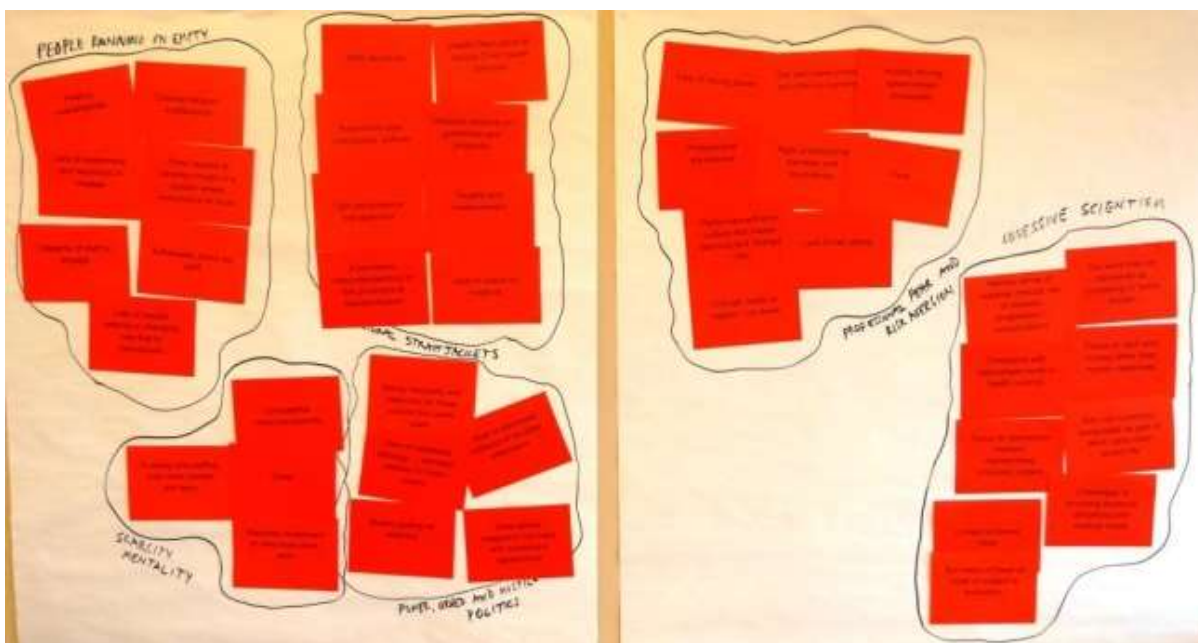
- NHS structures
- Health Dept. plans to reduce Child Health Services
- Restrictive rules, procedures, policies
- Inflexible reliance on guidelines and protocols
- Tight performance management
- Targets and measurement
- A pervasive misunderstanding of the pros / cons of standardization
- Lack of space for creativity

Scarcity Mentality

- Competitive resource-scarcity
- Funding and staffing cuts mean people are busy
- Costs
- Requires investment of resources short-term

Power, Greed and Hostile Politics

- Rising inequality and insecurity for those outside the castle walls
- Rise of neoliberal ideology - domestic attacks on trade unions
- Actual or perceived collapse of socialist alternative
- Sharks posing as dolphins
- Deep global integration via trade and investment agreements



Professional Fear and Risk Aversion

Fear of losing power

Our own insecurities and internal barriers

Anxiety driving speed driven processes

Professional boundaries

Rigid professional identities and boundaries

Fear

Performance/blame culture that makes learning and change risky

Lack of risk taking

Change needs to happen “out there”

Obsessive Scientism

Narrow sense of purpose: reduce risk of disease progression/complications

Our work may be perceived as competing or ‘extra burden’

Competing with rationalised world of health science

Focus on tech and money rather than human capacities

Focus on biomedical markers, standardised (imposed) targets

Arts not recognised as part of adult (and older adult!) life

Limited evidence base

Challenges in providing evidence competing with medical model

Not many projects at scale or subject to evaluation

Then the ***enablers of transformative innovation***:

Strategic Insight

Clear sight of the problem

Existing system broken - too many demands, need new solutions

The widespread need

Rising inequality and insecurity for those outside the metaphorical castle walls

Strategic insight (having a third horizon)

Cuddle and Thrive

Democratic processes of engagement

Partnership with patients and carers

Seeing ourselves as part of the system

Real community engagement

Partnership working (services, HSCPs and patients)

Enabling Human Potential

Tapping into people’s unexpressed aspirations

Recognition that sense of respect, identity etc. matter for living well

Facilitative processes that release energy

Broad sense of purpose: enable person to be and to do what matters to them

Creating the conditions for people to flourish

Practical Wisdom

A culture that supports practical wisdom

Open minds ready to learn from experience

Practical wisdom on the part of practitioners

Local Organic Growth

Encourages staff to bring forward ideas for radical change in a safe way
Champions taking projects forward
Local ownership
Existing initiatives are in place that are complementary to our work
Good examples of local change guiding the way to the future

Let it Brew

Being patient - results come slowly
Time to reflect and synthesise
Staying still, hiding when necessary. Waiting for the right moment to let it evolve

Multiple Ways of Knowing

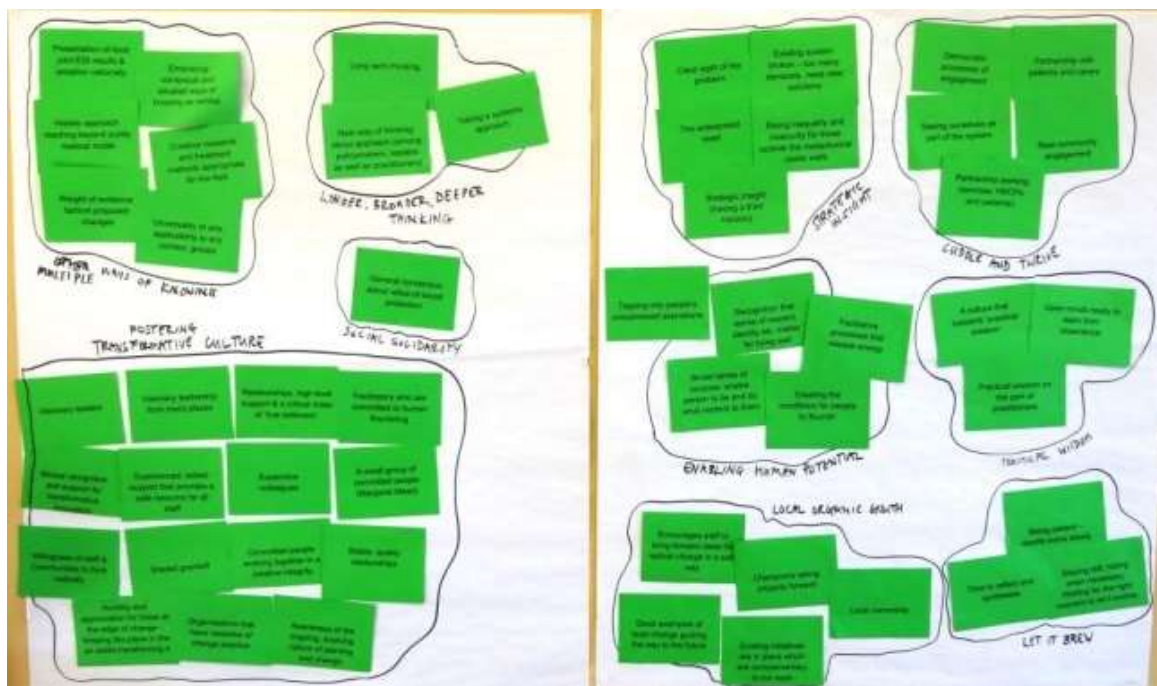
Presentation of local pilot EDI results and adoption nationally
Embracing contextual and situated ways of knowing as central
Holistic approach reaching beyond purely medical model
Creative research and treatment methods appropriate for the field
Weight of evidence behind proposed changes
Universality of arts, applicability to any context/group

Longer, Broader, Deeper Thinking

Long term thinking
New way of thinking about approach (among policymakers, leaders as well as practitioners)
Taking a systems approach

Social Solidarity

General consensus about value of social protection



Fostering Transformative Culture

Visionary leaders

Visionary leadership from many places

Relationships, high level support and a critical mass of 'true believers'

Facilitators who are committed to human flourishing

Mutual recognition and support for transformative innovators

Experienced, skilled support that provides a safe resource for all staff

Supportive colleagues

A small group of committed people (Margaret Mead)

Willingness of staff and communities to think radically

Shared goodwill

Committed people working together in a creative integrity

Stable, quality relationships

Humility and appreciation for those at the edge of change - keeping the plane in the air whilst transforming it

Organisations that have networks of change practice

Awareness of the ongoing, evolving nature of learning and change

The clustering exercise completed the map of our current understanding of the landscape of transformative innovation in health and social care. The clustering of enablers and constraints identified the forces at work in the innovation space, between the failings of our first horizon patterns and our aspirations for the third. This is our first take at answering the question of what constitutes the ecosystem of transformative innovation in health and social care and how can it be supported to perform better?



In short, as things stand we are having to contend with **people running on empty** operating in a **structural straitjacket** and culture of **professional fear and risk aversion** while transformative innovation requires time to **let it brew**, allowing for **local organic growth** in a supportive culture of **cuddle and thrive**. We live in a culture of **power, greed and hostile politics** while transformative innovation is enabled by **social solidarity**. When it comes to ways of knowing and evaluating **obsessive scientism** and a **scarcity mentality** is not helpful when transformative innovation needs **longer, broader, deeper thinking, practical wisdom, strategic insight** and regarding as legitimate **multiple ways of knowing**. Finally, overall for transformation we need to be **fostering a transformative culture** which itself will support **enabling human potential**.

Growing the Third Horizon: Creative Integrity

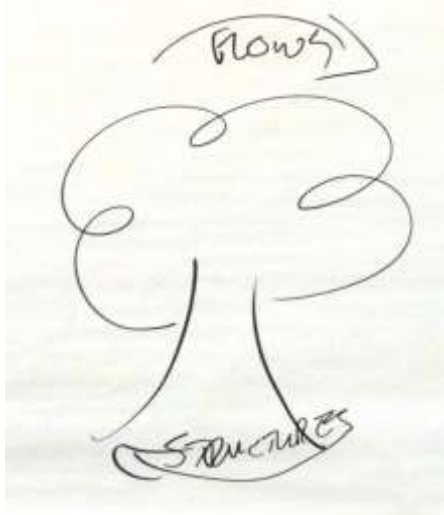
To close the day Bill Sharpe was invited to introduce the concept of 'integrity' in the context of the three horizons framework.

He began by observing that we need to put the observer back into the picture: recognise that reality rises up to meet us according to how we pay attention to it. If I pay attention to you as a unique and individual person, that's who I meet. If I pay attention to you as a diseased patient, that's who I meet. We need to work with ways of knowing that put first person knowledge back into the system.

Science's models are always partial and incomplete, so if we rest on scientific ways of viewing the person in front of us the human will have been left out. This shift is therefore about meeting the human first, and then picking up all the relevant scientific tools afterwards as necessary. It is not just a shift of emphasis, it is a reversal of priorities.

To bring that back into the workshop itself: we should use the modes of inquiry that we are trying to embody in the system we intend to produce. We need to be person-centred ourselves in this work. Margaret has been championing transformative innovation in health and social care with some of the people in this room for some time. How do we, *this* we, want to continue on that path together?

Integrity means wholeness. There is good theory about how we should think of living organisms as things that self-produce: autopoiesis. They make themselves. Our way of being in the world is constantly remaking the wholeness that we are.



Think of a living structure like a tree. If we look at the wholeness that is the tree, the integrity that is the tree, we can either bring structures into view – the trunk, the branches, the leaves and so on - or we can bring flows into view - everything that connects the tree to the world. Both views are right and we need both of them.

The view that looks at **structures** tends to be reductionist, breaking things down into smaller and smaller parts. We can end up thinking that is the reality.

The view of that looks at **flows** draws attention to air and wind and water and the fact that a typical beech tree has 24,000 miles of fungal filaments beneath the ground to support it, enough to stretch around the earth. There is rich connectivity. Our current science has tended to be dominated by structures. The systems/salutogenic view of the world is saying that it is the embedding of those structures in flows and relationships that we need to pay attention to.

The wholeness of a living thing is the dynamic interplay of structures and flows. What keeps an entity whole is the integrity of the flows and relationships in which it is embedded. The Nuka healthcare system, for example, says we need to definitively shift our view to health as relationship – that is the simplicity the other side of complexity.

That's one way of thinking about integrity – as the wholeness of the dynamic between structure and flow: flows creating structures which in turn configure flows.

You can also use the integrity word in another way. If you are with a doctor who prescribes you a drug, you expect the system to be set up so that the doctor prescribes the right drug, not something for which he or she is taking a backhand. That is an everyday notion of integrity. I rely on the system to offer a certain quality back to me without me needing to check inside it.

We can call that notion of integrity '**patterned integrity**' – we rely on the first horizon patterns performing according to the criteria society has established for them. We couldn't get through our lives without the patterned integrity of first horizon systems. We also have responsibilities in our daily lives to maintain those properties. That's what we mean by having professional integrity.

One of the problems is that if you just keep tightening up all the criteria of this patterned integrity with a scientific view of reality driven by reductionism you begin to squeeze out the other kind of professional integrity which is the meeting of the human.

There is another sort of integrity called '**creative integrity**' – and that is what is needed to bring the third horizon into existence. It might be a small step or a profound step. When you start out to create something new you have to stand for it. We recognise the integrity of people who do that, eg the protester standing in front of a tank in Tiananmen Square, or someone in a more humble way standing for the truth when others in the system are not doing so. I call that creative integrity. It is standing apart from the existing pattern and choosing to be the node around which a new pattern can come into being.

Margaret Mead says it is small groups of committed people who make things happen. That's creative integrity. Setting up some little sapling that says this is what I am, these are the values I am embodying, these are the inner values that I am reflecting in my outer performance in the world – that is what you can rely on from me. Whatever the nature of the patterned integrities of the first horizon, I am going to assert a different reality, a different, creative, integrity.

The SHINE project is a nice example. It set up a new pattern, asserting a shift to putting the humanistic value ahead of the other dominant values of 'obsessive scientism'. It was a creative integrity – not only a way of being in the world, but a way of being an organisation. We can 'form an integrity' - something that embodies in its structures and flows the new values that we want, that stands apart from the dominant system and has the capacity to attract resources and to grow – to grow the new system.

We talked about being patient, letting it brew, local organic growth, practical wisdom, cuddle and thrive – these are all different ways of expressing a step out of the dominant pattern, creating a new integrity, a new little embodiment of life, where the inner values of the people in it are visible as outer values to those who engage with it and, just as birds will come and nest in the trees, so other people can start to bring resources together around that and gradually grow it.

The way we grow the third horizon is to form creative integrities that can grow some new pattern, some new ecosystem. It's a move from an old ecosystem to a new ecosystem. The ecosystem language helps you pay attention to the fact that all organisations, all structures, have to live in a pattern of relationship. The move we as a human species need to make is for a while to see flows and relationship as primary over reductionist structures. We've got stuck in scientism: it does good stuff, but it doesn't allow us to thrive as a human being in a broken society.

For a new pattern to come into existence it has got to organise around something. Life isn't just life: it is trees, and flowers and people and elephants – it has to organise around things. We could ask what does the current system organise itself around? Producer-driven, professionalised, hospital acute care and so on.

We have articulated some values for our desired third horizon and some qualities that it will manifest. But what is it going to organise around? What will be the equivalent of today's dominant structures around which this new pattern of integrity organises? If we can get an intuition about that we can see more clearly which are the seeds we need to nurture and our own role, the people in this room, in starting to nurture these and be part of them.

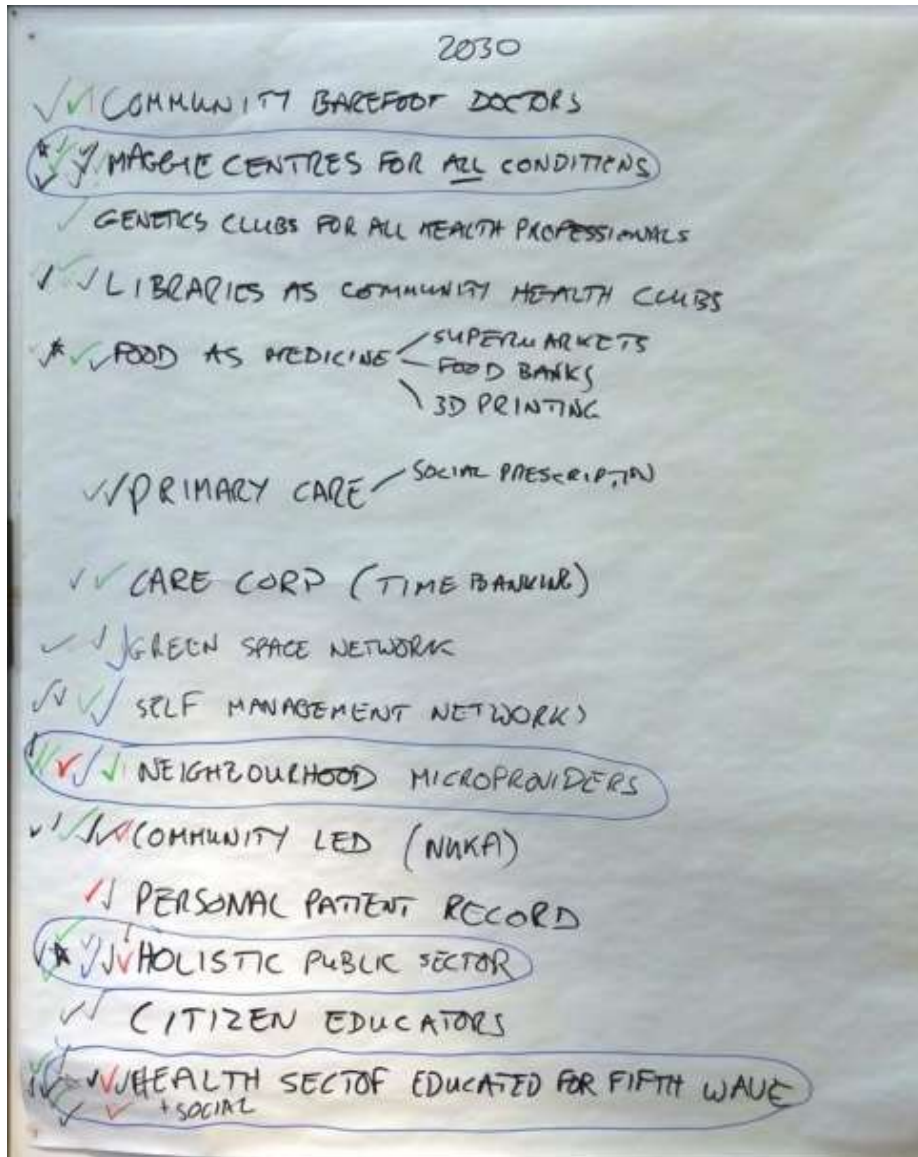
Third Horizon Structures

Bill invited the group to imagine a Scotland in 2030 in which the landscape of health and social care has been transformed and our third horizon vision has been realised. What kinds of structure might we see?

This generated a number of suggestions, as shown on the next page.

Everyone was then invited to allocate four votes for the structures they thought would be most valuable to work on to develop our intuitions about the third horizon and how it will be thriving in 2030. Four smaller groups then spent a little time considering the four chosen structures and offered a short presentation of what those structures would look like in the health and social care landscape in 2030.

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Here are four reports from four organisations operating in the transformed conditions of health and social care in 2030:

Neighbourhood Microproviders

The first thing we notice is ‘what on earth were we thinking fifteen years ago corralling older people together and isolating them from the rest of life?’ Now, we have accelerated what BRAG (the small scale local social enterprise development hub in Fife) has been doing so that it has become a flourishing agency. They support people in communities to help provide for others in their community – bringing good ideas to fruition. BRAG makes sure these initiatives are safe, legal and sustainable. The results bring life to the community: the people receiving help feel better and their neighbours feel better. Connections are growing again between generations. We have lost a lot of industrial era jobs, but there are more human jobs. This is not the industrial revolution but the human revolution – this is the way to 21st century full employment. BRAG has also moved into the microfinance sector and is running timebanking locally. We have even introduced a local currency called the Kingdom Crown.

Holistic Public Sector

We have seen genuine reintegration across health and social care, education, training, criminal justice and community recompense, land use, housing, local environment, arts and culture. These are now combined into a single Community Benefit Organisation based around communities with natural boundaries that mix structures, networks and relationships in how they deliver services. The aim is to focus on positive aspects of what people need to flourish. The network provides personal flourishing advisers who help individuals navigate access to specialist skills and specialist resources as and when they need them. This is underpinned by a fundamental change in our social contract away from a fear-based social Darwinian system where you compete to get ahead and fall back into the mire if you fail, to one focused on universal social benefits that come from being participants in the community. In order to achieve this we have had to repurpose land and community assets for collective benefit rather than private gain.

Maggie's Centres for all conditions

In concordance with major shifts in society we now have Neighbourhood Live Well Centres. They are cross-generational centres of beauty, connected with nature, designed by local architects, creating spaces where healing can occur for all kinds of people who find themselves in a difficult trajectory in their lives, or caring for a person in that circumstance. In this centre they can engage with their peers, people going through a similar experience. They are helped by holistically educated healthcare professionals. They have access to information about what other people find useful in their circumstances – but we use people for this not leaflets. We have multimodal access to the centres so that they can also be accessed in virtual ways. People in neighbourhoods can participate virtually and also meet the holistic healthcare professionals and peers. The basic point of the live well centres is relationships and information, and providing spaces that support how I live through, how I live with, a situation.

Health and Social Sector Educated for the Fifth Wave

Our vision is educating people who can make all this happen. We need a mix. We have a mixed service model that is both lay and professional across health and social care and all other sectors. There is meaningful community control of this education system. We are clear that we still need specialist skills, eg for the difficult work in cardio-vascular etc. But that is all in the context of understanding the social aspects as well as health. We educate in both, challenging the dichotomies between clinical and social, recognising that often disease is a product of social circumstances and can be eased by addressing those circumstances. Every specialist needs to understand and be able to work with that. There are lots of diverse placements, working in social care as well as clinical settings. We use different ways of learning: eg person-based learning as an evolution from problem-based learning. Citizens are deeply involved in education as equals. There is very early inter-disciplinary learning so that everyone understands each other's capabilities. Health literacy for the public is an important part of the model. We have appropriate governance structures to enable this to work well by deconstructing the previous disciplinary power hierarchies. The academy is for everyone, open to the public, a site for public learning as well as professional learning. We are in the process of co-creating the name for this structure with the many participants in it.

This concluded the first day of the workshop. Bill observed that the description of these four structures already hinted at a systemic story running between them, how each would support the others, starting to bring the patterned integrity of the third horizon into view.

The group adjourned for dinner.



--- close ---

Day Two

Introduction

Graham Leicester gave a brief recap of the previous day in order to refresh memories and to bring people up to speed who had missed parts or all of the day and the dinner.

He reported that the dinner conversation, a single conversation prompted by a set of cards, had raised a number of themes including:

- The people who are going to make this happen are already here. The mood was that the third horizon aspiration we have sketched seems to be very widely shared and the capacity to work in that way is widely distributed. The treasure lies within, and the aspiration is clear and shared;
- There are challenges in the politics, as noted yesterday: 'power, greed and hostile politics'. We cannot ignore this. But at the level of policy, at least in Scotland, the policy is fine. It is permissive to allow us to proceed;
- What will configure the third horizon? On one view policy configures the third horizon: it states what needs to be done and that then happens. But if policy is permissive then something else will need to configure third horizon activity. The dinner conversation suggested two candidates. One was concepts: a robust conceptual framework. Also structures and practices can help. How can we configure the islands of novel practice into a coherent and stable whole?

Reflections Overnight

After another minute's silence to regroup and regather, participants reflected in small groups on how the workshop was proceeding and what was coming up for them. A number of reflections were then shared in plenary as follows:

- A sudden realisation that the computer industry is more serious about genuine human ethnography and qualitative research than the healthcare industry. One would expect it to be the other way round;
- Thoughts about a game to communicate and share the experience that we are having here. How to cascade these conversations? How to enable other small groups who are interested in this work?
- Hope is important and energising. There is the seed of a social movement for change within this community. But there is also serious work to be done as these pathways open up. Effort and energy will be required. We are not the community, there is a much wider set of communities out there who are having conversations that are in alignment with us (or antithetical to us). We will need to find ways to share these ideas, pass them on, make them contagious;
- Excited by the practical implications of the workshop, embedding our learning in practical structures and processes. The close of yesterday was really energising for that;
- It is really difficult to talk about things we don't know. How can we talk about patterns in the third horizon that we can't describe? We were struck by Bill telling us how difficult it was to describe the internet until it arrived. Yet at the close yesterday we had a really strong sense of what we are aiming for;
- I am not sure that all the assets are here in this room. But there are assets here. Particularly practitioners – which is what makes it special. So I am still thinking about how we can best support each other [email addresses will be shared];
- We talked about 'emotional labour' as a corollary of person-centredness. In the face of power, greed and hostile politics things are going to get worse and the emotional labour is going to be quite challenging. 'Compassion fatigue' is a peculiarly 21st century phenomenon – it might be one of the hidden barriers to being genuinely person centred;
- If we surface our intention to focus on wellness and flourishing and away from illness and disease, then it takes us into territory that is about politics, society, how democracy is run and so on. This is difficult terrain. Some are comfortable there, others are not. The 'permissive policy environment' is only permissive up to a point. There are some places you cannot go. That is a challenge – to take people with us but remain true to our integrity;
- So how do we create communities of practitioners that are resilient together, have the tools to be able to withstand the fatigue. How do we start talking about that? The phenomenon of the 'second victim' of things that happen in healthcare needs to be built into how we train people, set up communities of support and so on;
- We need communities of specialists who can also contextualise that specialist knowledge, place it in the context of life;
- 'Restorative practice' is still fledgling. There is a point at which compassion fatigue or burn out hits, which is powerlessness. That is experienced at a personal level, when the structures are not enabling. Most of us hit power,

greed and hostile politics the higher up the organisation we go – and we tend to shift back below the radar again. We need to learn how to use our power more wisely in those more hostile contexts. Restorative practice is a relatively new term of art – aligned to trauma informed healthcare, peer support, clinical supervision. Room for growth in this area in order to address power politics;

- There are concepts and tools that can help with this thinking, including those developed by IFF. Can we share the ones that have helped us, as a way of supporting each other?

Configuring the Third Horizon

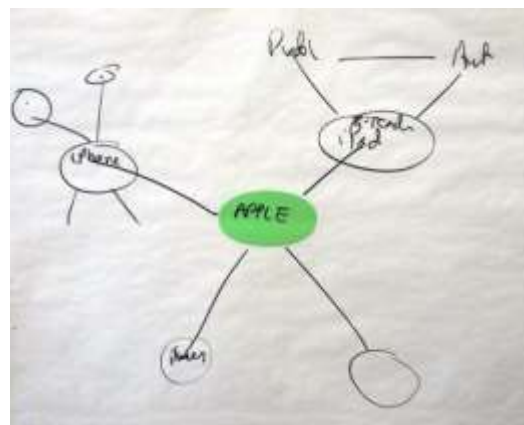
After a short break, Bill Sharpe explained that the next move would be to build on the work at the end of the previous day to get a much better feel for the structures of the third horizon we envisage. This would give us a good sense of what it is we are trying to bring into existence, before coming back to how we might go about doing so.

He observed that the third horizon we had articulated so far is largely a list of properties of a system that we have not yet invented. That system will shift the patterns of the first horizon into something new and re-patterned. It is a shift in the entire ecosystem – like the shift from mainframe computers to the web. Note that in that shift there is still a role for mainframes (we call them cloud servers now), but the whole pattern of their relationship with other elements in the system is changed. So if we invent new structures for the third horizon, we need to consider how those structures will also configure lots of other actors – just as big acute hospitals configure the activities of other actors in the existing system.

We are talking about a complete shift in the infrastructure for health and social care. Such shifts do happen. In the digital world we have moved from an infrastructure that used to provide poor data transfer over a voice network to one that now provides good voice over a data network.

The switch we are exploring here is from a system that is largely mechanistic with some humanistic elements in the background, to one that is humanistic with some mechanistic elements available when needed. There is no reason why such a shift should not occur. We just need to invent it. We need a reference model to show what it looks like, what kinds of entities operate in it, what kinds of jobs people are doing in those entities. We need to invent it for real.

It will help to do this if we think in terms of **value constellations** rather than value chains. This is modern business thinking. The role of a smart organisation in a business ecosystem is to provide offerings into the space that configure relationships, communities, and the activities of others. The telephone company makes an offering that is a set of machines and wires which allow all kinds of people to get together to have conversations with each other. Apple

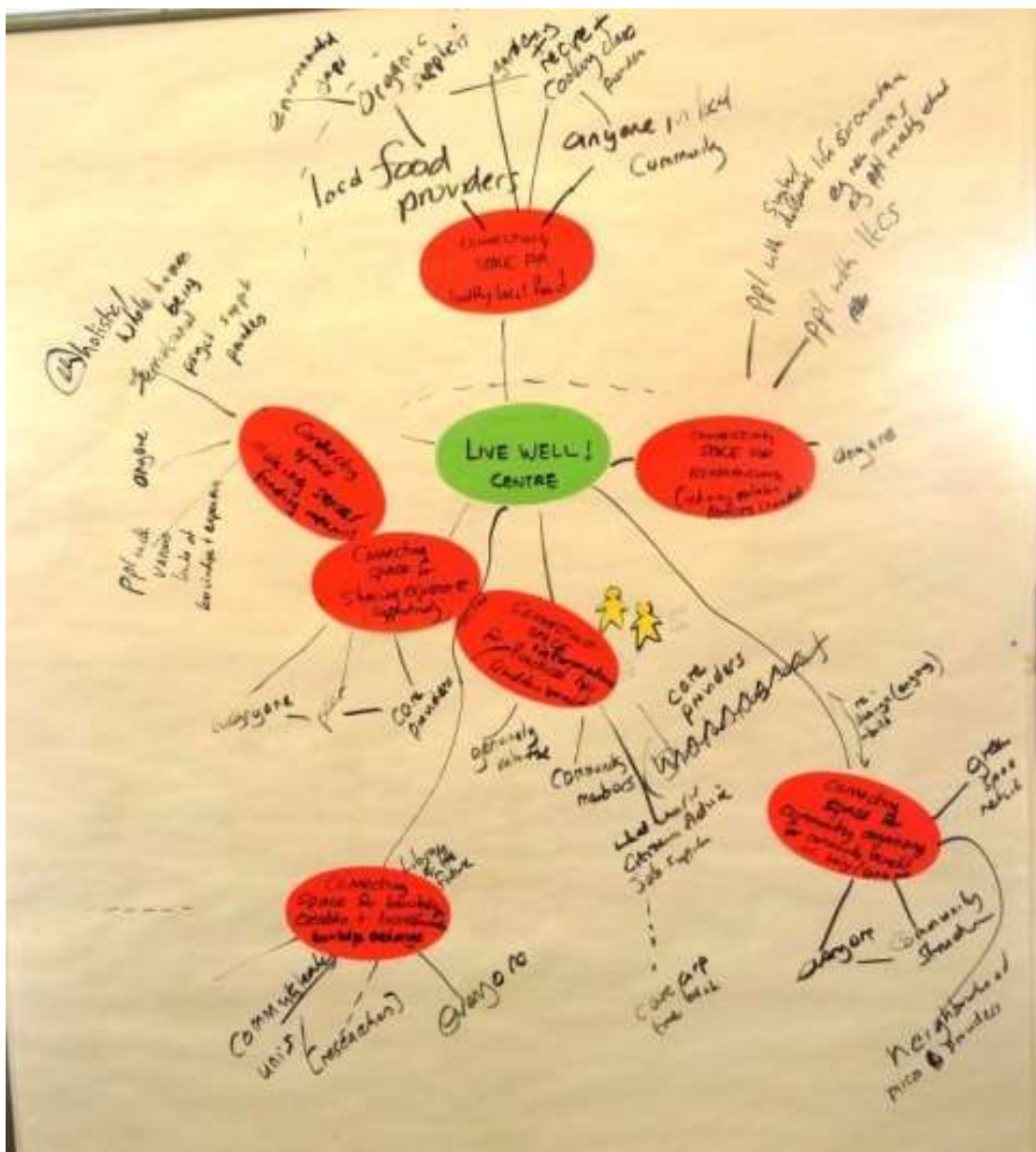


produces iPads that can then be used for gaming, or for education, or for publishing books. They offer iTunes that enable digital music, sharing and so on.

So the challenge now is to take the four organisations we invented yesterday and consider in more detail the offerings that they might make to configure relationships, communities and activities in the wider landscape? What will those entities offer that will help to establish the pattern of the third horizon we desire? What will be the main players that these entities interact with? And will that enable second order interactions with others? How will the offerings of our set of organisations configure the third horizon?

Third Horizon Organisations and Their Offerings

The groups from the previous evening session then spent some time fleshing out the design of their chosen organisations and identifying the offerings that they might make to configure the wider landscape. Four reports followed.



The Live Well Centre (see diagram on previous page)

The Live Well Centre (arising out of the Maggie's Centre conversation) offers a series of connecting spaces for people living through difficult times and those supporting them. Connecting spaces for sharing experiences supportively; for helping people to make sense and find meaning; for accessing information that might be practical for them. Around each offering the people being connected are 'everyone' plus some people with specialist functions. It is a space in which knowledge can be created as well as exchanged, knowledge about living well with long term conditions. Researchers do not need to live in Universities anymore – they can live in the Live Well Centre.

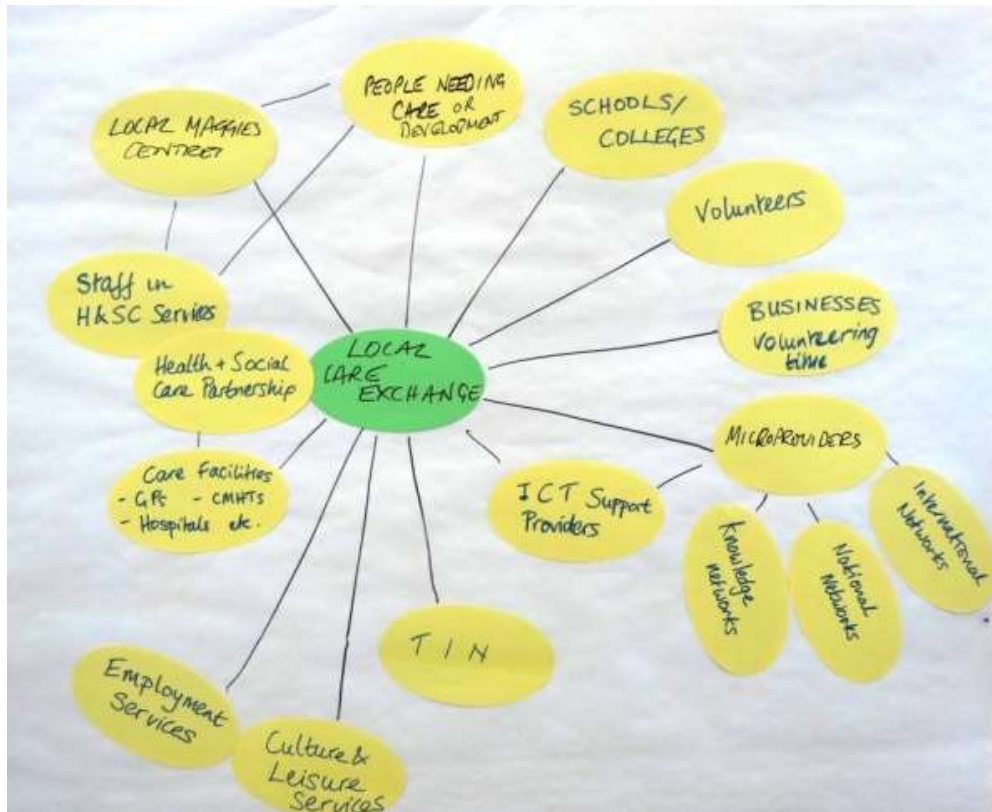
There are connected spaces for community to meet and organise for community benefit. The planning for the Live Well Centre goes on in that space. The local community governance structures – eg the Council (if there is one in 2030), the local microproviders, the green space network and so on use this space. It is a space where the community organises for community benefit. There is a space for befriending and meeting, reducing isolation. There you will encounter people with similar experiences and people with different experiences, people with particular knowledge and expertise and people who may not know what they have to offer.

It is a connecting space for the provision and support for access to healthy local food. It includes a really yummy café. It connects local food providers with the local community. Others you can meet there are people who can help with gardening tips, recipe books, cooking classes etc. So it is an information hub, the library of the future.

Overall this is a multi-purpose connecting space oriented to helping local people support each other to live well, through whatever they have to cope with.

The Local Care Exchange (diagram on next page)

The Local Care Exchange (relating to yesterday's conversation about neighbourhood microproviders) configures a pattern of relationships between people who need care or development and microproviders or volunteers who can provide that care and support. Some of this is mediated through good ICT systems. There is a central care exchange that matches what eg schools, colleges, businesses etc can offer with the needs of those who are looking for help. Social care is still in the mix, via the health and social care partnership. Perhaps the partnership will become the care exchange in the future. There are care facilities. There are connections with other existing parts of the local infrastructure offering green space, cultural and leisure opportunities, and also employability and skills development. There are local Maggie's Centres (live well centres). There is a link to the Transformative Innovation Network (that is the community meeting for this workshop): providing intellectual support to the whole pattern, eg helping to develop timebanking methodologies, alternative currencies, self-care, management and so on, all of which are needed to keep the system developing. Microproviders also have their own networks, eg around gardening, cooking, or whatever they are providing. This can also be a visiting centre not just local, so that others can come to visit us to learn from all of this.



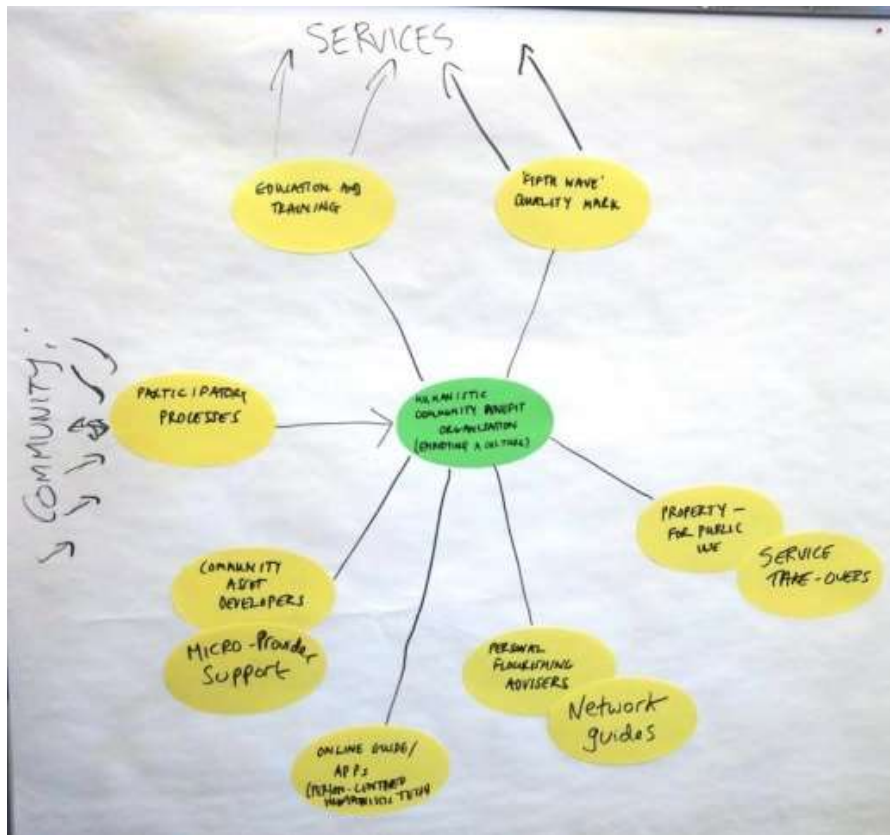
Humanistic Community Benefit Organisation (diagram on next page)

This organisation (growing out of yesterday’s holistic public sector conversation) is deeply rooted in local democracy and participatory processes. There are tremendous opportunities with new technologies to get much more fully participative processes with the community. This organisation is a way of doing that, but also embodying the culture of fifth wave thinking in everything that it does.

You can think of this as like a Community Council on steroids, or a community buy out - because we want it to have the opportunity to acquire property, eg green spaces for the local community, purchasing and repurposing disused buildings in urban spaces. It will potentially move in to service take overs, eg the local school, the local health centre, and can deliver and manage services directly with proper participatory processes. It will be a configuring force to embed fifth wave thinking in local services of all kinds – through education and training, through offering a fifth wave quality mark, through influencing other organisations like schools, police services, courts, social care. These organisations are still going to exist in some form (at least in the transition phase). There may still be a reason to have a large acute hospital, for example.

The organisation will develop community assets and support microproviders. It will have carefully designed person centred and humanistic technologies and apps to provide online guidance and information support. It will employ and support personal flourishing advisers and network guides – people who can both help members of the community navigate their way through existing services, and have the right conversations with them that might lead them to realise they don’t need them – “I will get a cat rather than go to hospital”. The personal flourishing advisers are linked in

to the community asset developers. They are not focused on illness but on wellbeing and wellness.



Fifth Wave Practice Academy

The design of the Fifth Wave Practice Academy ran into some difficulty. What is this? It is about human-focussed 'learning to be' rather than to do. It is not providing training or skills, but experiential learning. What does that actually look like? Facilitating programmes and conversations, including with people from the community – topic focussed and so on. We could tap into micro-hubs: there are already learning programmes trying to do this kind of thing. But then we are all already involved in these kinds of programmes already, so what's new here? How is this the academy of our third horizon?



On reflection, seeing the other presentations, maybe we were stuck because we were looking at this as a single entity when in reality it needs to be embedded in the landscape and making connections with others.

Bill Sharpe noted: there may be a dilemma here, where you need to respect two things that tend to pull in different directions. Every attempt to nail this down ran into the need to involve everybody in society on the one hand with developing 'fifth wave practitioners' on the other. So what will resolve this tension? It is a new culture, which has to be held by society. There may be some dilemmas in our work that can only be resolved in a cultural shift that involves everybody treating health in a different way.

Others agreed: what really needs to happen is that everybody is embodying this culture – humanistic values and practices. The Humanistic Community Benefit Organisation resolved that by influencing and training and awarding a quality mark. But the culture ideally has to be pervasive.



Jobs in the Third Horizon: Role Play

As a final step into making the third horizon real, Bill invited everyone in the room to look at the entities already generated and the roles and functions they are performing and to decide the best place for them in that future. Where would each of us like to work if this is the landscape of 2030, which part of the landscape has 'got our name on it'?

Bill explained that this is the final piece in the core elements of three horizons thinking. The first is to see things as patterns. The second is to convene the future – bring together the existing pattern and reconstitute creative integrity for a new pattern. The third is to put ourselves in the picture. Now that we have created our picture of the third horizon, where do we each see ourselves?

Everybody therefore placed their name badge on a specific role, a specific offering, for one of the organisations we had created. The task then was for that organisation to convene its staff, identify their job titles and roles, and then to role play a typical day in the life of that organisation – something that would illustrate its day to day operation both for the participants and then for the rest of the group.

The organisations that resulted were as follows:

Live Well Centre

Barbara - Meaning Generator
Sarah - Cross-Pollinator
Jenna - Knowledge Ninja
Sara - Knowledge Ninja
Chris Lim - Cross-Pollinator
Ania - Meaning Creator
Belinda - Café Host
Vikki - Knowledge Ninja
Maria - Learning Links Coordinator

Humanistic Community Benefit Organisation

Alison - Producer
Margaret - Chair (recently re-elected)
Huw – Facilitator of WHIMS (Woods, Hills, Islands, Mountains and Seasides)
Helen – Head of Partnership Development
Heather - Digital Wellbeing and Humanistic Technologies Coordinator
Wilma - Community Coach

Local Care Exchange

Asiya – Joy Cuddle and Thrive Lead (JCT)
Tricia – Resource Connector and Navigator
Bret – TIN Monitor and Evaluator
Graham – Troubleshooting and Renewal

The 'day in the life' presentations are captured in the notes below.

Live Well Centre

The team introduced themselves. They start the day with a cuddle for a minute, to help them thrive. The Knowledge Ninja team provide a listening ear. Knowledge Ninjas operate as a living spatial memory bank. They conduct silent and unobtrusive listening, collecting information, using it, in surprising ninja ways – not just about individual experience but about collective learning. They talk to the wider research community. Cross-Pollinators take the knowledge and share it... also bringing back feedback and new intelligence. Creating a buzz. The Learning Links Coordinator welcomes people from within and outside the community and works with the learning hub. The Meaning Creator helps the creative process using arts and so on to help people find meaning. She works closely with the Meaning Generator. The café is a space for doing and being together: food, art work, creativity. And they finish every day with a cuddle.

Fife Community Benefit Organisation

This is a patterned integrity. The Chair welcomed us to a business meeting, which starts with a minute's silence and a check in, then asked for updates from the team. The Community Coach: I work with our community assets, try to help people and groups to find their potential, connect with others, learn and develop within themselves and influence others and the wider group. Always surprised by the assets we find and what they can contribute. The Digital Wellbeing and Humanistic

Technologies Coordinator: I make sure we use technologies but do not get too robotic. Liaise with community, explore experience and make sure we are using tech to best of our abilities. The Head of Partnership Development: I work with other services that have not yet come into the CBO: police and criminal justice, hospital services, some of the education services. Develop partnership and work with them on the values set. Interesting and challenging work: they are all with us in spirit, but moving at different paces and we need to accommodate that. The Producer – I act like an art producer, not managing but bringing people together to enable creative things to happen. The Facilitator of WHIMS (Woods, Hills, Islands, Mountains and the Seaside) – growing local groups' capacity to take ownership of local land resources, to manage for flourishing by embedding our organisational values. Realise the healing potential of outside space. I work with the community and with developers and planners. Practice your way into new thinking. It is hard to love what you don't know. I bring people into facilitated contact with outdoor spaces and resources, enabling them to contribute to maintaining and developing them.

The Chair reports that there are wonderful stories of impact from the Personal Flourishing Advisers. Crime rates are down thanks to work with police. Addictions have also fallen. Lots of social walking – Heather has developed apps that bring the place to life with local stories and meaning. We need more development work with local hospital – they are asking why half the staff have left to work with us in the community? What do they now need to do to change given that the community is now demanding a different kind of care? They are coming for training with us soon – good conversations and learning journeys to other places that have adopted this approach in the hospital sector.

Local Care Exchange

The Local Care Exchange is meeting to discuss an update on a troubling incident. The head of Troubleshooting and Renewal is responsible for responding to challenges in the system and keeping it at its learning edge – so that it doesn't get stuck in a first horizon pattern. The TIN (Transformative Innovation Network) Monitor and Evaluator is responsible for scanning the environment. He announces an outbreak from a new strain of bacterium resistant to antibiotics. We have taken our eye off the ball - too much cuddling! We still have to focus on H1 issues of communicable disease. We have made great progress – reduced admissions to hospital, improved health of community etc. But outbreaks still happen. What now? Infrastructure for responding to an outbreak has slipped away.

The Joy Cuddle and Thrive Lead (clinician) says we need to partner better, with community, partners, schools, colleges etc. We are being stress tested and need to up our game. Need to understand why this is happening – and respond in ways that are democratic and effective. The Resource Connector and Navigator says that we have been preparing. She knows how to tap into existing networks, eg health services, care providers, businesses, universities. How to connect at a time of crisis? There are contacts too with international experience, eg Ebola. We have been able to learn that we need to deal not only with medical emergency but community crisis. Pull in everyone so people are not living in fear. Communicate through loss and thrive in difficult times. Draw in resources from elsewhere to meet the crisis. Front line services are going to take the brunt of the pressure – so more

intense joy cuddle and thrive in that area. Keep in touch with acute, and maintain the culture of care in the community.

Reflections

Following these role plays, conducted with great enthusiasm and gales of laughter, Graham started to draw the day and the workshop to a close. He first invited reflections on this second day as a whole. What was it like living in our third horizon for a few hours? What have we learned? And what in particular still remains difficult to imagine/ conceive/ name/ make real?

- The ecosystem includes the land, digital technologies, other systems that we use. An ecosystem is a community in a habitat. They configure each other;
- Consciousness of structures and flows is necessary – the culture animates the structures. We still need some structural basis in order to make that culture a reality. Some H1 patterns and structures are still useful in H3, eg ways of conducting meetings, accountability. We don't have to throw everything out;
- H3 starts as a set of values in a landscape configured by the dominant H1 structures. The transition involves H3 building structures that will come to dominate, with H1 still there in the background providing values that are consistent with the new. The shift is difficult imaginatively because the world in H3 gets more complex – it moves to a higher order abundance;
- In H3 we are generating network/facilitative/ configuring organisations that facilitate interchange but leave those interchanges to those involved. Watershed in Bristol is a very good example (written up by IFF). Their producer team speak the same language as this workshop – we should organise a learning journey there;
- We demonstrated a culture of appreciation, respect, listening and coherent shared values. Inevitably there will be tensions and tough choices in H3 just as there are today. And there will be elements of today's structures working in the future. Those tensions need to be handled using the culture of H3 and its shared values and purpose;
- There will continue to be tensions and dilemmas between specialists and others. We may not all agree. If we are respecting everyone we will have to deal with greater complexity, holding all the good things in tension. That will require us as persons to develop new capacities: we will all need to be 'T-shaped' people who combine a broad view and the ability to interact with others with specialist knowledge. We need to think more about the home and role of the specialists in this new world;
- The source of learning is already global – the expertise for local flourishing can be very highly distributed around the world. The configuring organisations are not just configuring local resource;
- Governance is still an under-explored issue. What about the politics, what about power and sociopaths?
- What about reality? How do we navigate in practice to this vision? We have been working on this for a while in practice, but the bigger shift still seems elusive. What might help (based on this workshop) is:
 - o Make the vision, the hope, as concrete as possible;
 - o Look for seed projects and promising contexts for what we are envisioning (eg existing community buy-outs, local community councils

- etc). Then think about how to do pragmatic work re finance, governance, participation and so on based on the concrete reality we have now experienced in order to push incremental change;
- Offer others a concrete vision of the third horizon and how to achieve it (eg Fife Council?). Try it within existing structures as a way of 'practising into a new way of thinking';
 - Finance is critical. How can we finance the future and sustain it using current resources? How can the organisations we have envisaged be funded? In the end, while grant income and other sources can get things started, sustainable finance must come from mainstream resources;
 - It is important to be pragmatic. And we must learn to set aside the 'yes, but' voice long enough to imagine something new, build solidarity around the new vision, and then bring in the critical voices at that stage – to help solve problems rather than suppress imagination;
 - The educating and training the workforce development group was stuck yesterday and its members moved into other settings instead today that felt liberating. The Local Care Exchange and the Live Well Centre are both places where learning occurs. There will always be crises – the infrastructure to address them is located in a different place in H3 in terms of power. Prevention and response to outbreaks are still needed. These are centres for training and education: powerful places to learn;
 - Growing community trust – as both those centres are doing - is itself preventive work, it is part of the public health emergency response. Our messages will be heard and respected (unlike Liberia and Ebola where the government's health messages were not believed);
 - What about the relationship between research and practice? 'Obsessive scientism' is about research as something separate: gather the data, inspect the petri dish, go back to the University and make pronouncements. People are pushed into that mode. We need a more eclectic appreciation for what constitutes research and more diverse methods. Day to day, iterative learning to inform local practice. Stop the obsession with international journals, and articles that take knowledge away from local context to produce invariant 'truths'. We need the same skills, but embedded. Interwoven. Researchers in residence – knowledge ninjas;
 - We still need to be able to share our learning beyond the local. Communicate internationally;
 - We can share 'findings' but how do we take people through a similar experiential learning journey to the one we have been on in order to reach similar insights?
 - We will need a mobility of roles and people between communities to promote sharing. Researchers could spend some time as a knowledge ninja and some time hosting the café or providing care. A way of facilitating more rotation to promote understanding would be good – both for the researcher and between localities. How are the 'locals' going to be connected? This is what tackles the 'structural straitjacket' mentioned earlier. Combine that with the joy, cuddle and thrive: a way for the system to refresh itself;
 - Time and finance are limited: but we do need to find ways to reconnect people in training with resources and experience in the community;
 - Risk aversion and lack of integration of research and practice shows up in ethical approval procedures. Can they be looked at again from the person-

centred perspective? Ethical practice is something you are, not something you deliver by ticking a box. Shift the bureaucracy that underpins how we conduct research today. Try a change in the language: eg local intelligence, evaluation? Otherwise we will inevitably be in the tight pattern of H1 research;

- If the culture shifts that should free up the logjam about how we evaluate this kind of work. We can already demonstrate our H3 achievements, but we struggle to demonstrate success in H1 terms.

Graham observed that the comments reflect that there is still a practical core of work to be done: on governance, on how to realise a vision in practice, how to finance the future and sustain it, how to keep sight of things are bigger than local level – the bigger patterns – and to understand the interaction between the local and the bigger patterns, such that the bigger patterns can contribute to the local pattern coordinated by values.

What's Next?

With the finish of the workshop in sight, Graham drew things to a close. He first explained what the Project Team was committed to do to follow up the workshop:

- Provide a report of this workshop, that will make sense to people not here;
- Share the email list of people at the workshop so that connections can be maintained and developed;
- There will be a follow up meeting on 24 August in Glasgow: everyone is invited;
- The project team will act as a configuring organisation to enable the development of the potential of the people in the room. They will try to learn how to do that.

Graham also invited everyone present to become members of IFF's Transformative Innovation Network which brings access to lots of resources for transformative innovation and a larger community of practitioners.

Having explained what the Project Team would do, he then asked whether there were other requests or offers for follow-up activity:

- There was a request for people present to offer guest blogs for the project website, for suggestions for conferences and other gatherings and other communities where the story of this project might be shared, and for 'resources' that might be posted on the project website.
- There were also the offer of a 'deeper dive' into the third horizon we have imagined and started to inhabit. This was from Bill Sharpe – offering to do a follow up workshop (perhaps with a smaller number of us) to dig deeper into the system dynamics of our third horizon (ie not only what institutions configure it but what dominant norms and drivers keep it in being etc) and how existing first horizon assets and players might find their place in that world;

- Another suggestion was to seek some kind of ‘artistic’ representation of our emerging thinking. The ‘N2PH’ video was mentioned – effectively an animation of a three horizons story for the evolution of public health: <http://www.internationalfuturesforum.com/s/420> We could certainly do something similar with our story;
- A final suggestion was a learning journey to Watershed in Bristol (see <http://www.watershed.co.uk/studio/>) for our evolving ‘knowledge ninjas’ and producers to learn how to play those roles for real.

Closing

This brought the workshop to an end. Margaret thanked everyone for coming and for their creative contribution. She invited everyone to reflect on their experience and jot down their personal thoughts before leaving in response to three questions:

- What have you learned?
- How do you feel?
- What will you do?



The responses are collated in an appendix to this report.

Barbara Hrovatin had left the meeting earlier in the afternoon to return to Slovenia. It seems appropriate to end this report of the workshop with her departing words. She said that she was “shimmering with sparkles of creative integrity” and thanked everyone for this transformative experience before reciting from memory her favourite poem by e e cummings:

*How fortunate are you and I
whose home is timelessness.
We who have wandered down
from fragrant mountains of eternal now
to frolic in such mysteries
as birth and death
a day, or maybe even less*

Graham Leicester
International Futures Forum
July 2016

Participants

Nicola	Allan	Scottish Universities Insight Institute (day 1)
Julie	Anderson	University of Dundee (day 1)
Jenna	Breckenridge	University of Dundee
Maria	Clark	University of Birmingham
Helen	Crisp	Health Foundation
Huw	Davies	University of St Andrews
Belinda	Dewar	University of the West of Scotland
Frances	Elliot	NHS Fife
Vikki	Entwistle	University of Aberdeen
Margaret	Hannah	NHS Fife
Bret	Hart	Hart Solutions
Barbara	Hrovatin	National Institute of Public Health, Slovenia
Thilo	Kroll	University of Dundee (day 1)
Graham	Leicester	International Futures Forum
Chris	Lim	University of Dundee
Alison	Linyard	NHS Fife
Heather	Morgan	University of Aberdeen
Wilma	Reid	NHS Health Scotland (day 1)
Mary	Renfrew	University of Dundee (day 1)
Ted	Schrecker	Durham University (day 1)
Bill	Sharpe	International Futures Forum
Sarah	Taylor	Edinburgh City Council
Tricia	Tooman	University of St Andrews
Sara	Twaddle	Health Improvement Scotland (day 2)
Asiya	Yunus	NHS England
Ania	Zubala	University of Dundee



What have you learned? How do you feel? What will you do?

What I have learned

- A community exists that wants to think and be different; that it helps to question and consider re-construction of how systems are structured – don't be limited – expand my belief in the possible
- The importance of having a concrete, tangible structure to help imagine the 3rd horizon
- How to think in a 3 horizons way. It felt odd yesterday morning, but by the end of day 2, it almost feels like a habit. Needs to transfer and continue after I leave!
- Coming from another discipline I learned about the struggles people working in health & social care are facing but also the motivation and creativity in them to make things better. Although much of the conversation centred around practice and person centeredness, as a technologist and designer, it is useful to learn what it means to possibly humanise a system or product
- There is a larger than I expected community supporting the ethos of person-centeredness, valuing creativity and transformative ideas. Thank you!
- Humbled by what I have learned about myself and human potential for a shared vision/journey
- The power of engaging well-designed processes to bring out the best in people.
- We can imagine a better future
- Computing does better person-centred research than healthcare! Some new ways to facilitate eco-genesis
- Fifth wave, third horizon – what it means for me personally and for the ecosystem. Research, academia are just as important as frontline medicine. Collectively we shall transform, cultivate and create a culture of validity
- To challenge myself
- The third horizon vision is achievable and much closer than I thought
- To think about how we might think in and be in the future adventurously out of the box but in a serious way. This could all be realised and we can not only hope but actually work towards it using our own work and also by inspiring others
- Heaps! How to imagine a better future
- To trust myself & to contribute when I needed to and be silent and reflective when I needed to
- Not alone; and H3 transformation innovation can and is happening
- Feeling relaxed while at the same time inspired and buzzing with ideas
- The importance of the process of describing a detailed, concrete 3rd horizon vision (even if it is on an imaginary island); a whole new set of people who are doing/being really interesting things

How I feel

- Both tired and encouraged
- Inspired, connected and a sense of consolidation
- Relaxed, energised and optimistic and have enjoyed the freedom to think creatively
- I feel positive and inspired by the workshop and by the people who participated in it
- Hopeful, invigorated, energised, confident to take next steps towards promoting further the ideas of holistic wellbeing and creativity enabling health
- Energised, refreshed
- A bit tired but deeply grateful to everyone for participating so fully
- Pure Ninja!
- Energised by the spirit of learning

- Yellow & Bright, full of optimism, energy... thank you for perfect backdrop, for being so welcoming. Thank you for the great work you do
- Inspired
- Supported, excited, full!
- Energised and better educated in H3 and the fifth wave
- Hopeful, invigorated
- That my brain is sparking
- Energised (but tired)
- Learned about lots of current work, approaches and projects. Also, some very fresh ways to get productive group work. Learned about the “value constellation”
- Thoughtful and reflective. Galvanised to continue

What I will do

- Remain true to a holistic belief in people and ways we can know for making a difference. And – yes – finish a product and go out to think in healing and holistic ways for own health & social well-being. Thank you!
- Reflect on implications of the learning for supporting culture change in Edinburgh
- Keep engaged with IFF and try to take on 3 horizons, transformative laws wherever I go
- Keep in contact and contribute to “transformative” innovation in whatever capacity I have
- Continue my quest towards creativity recognised as enabler of health & wellbeing in general. Will think about connecting others in health improvement with the transformative innovation
- Will take forward to co-create “Living Well” in my life/practice at home/work. Thank you
- Take the output and share with colleagues in Fife and start thinking how we move things on here
- Stay actively in this conversation
- Stay connected with this journey of transformation
- I will do a value constellation for my organisation and practice. I will continue to cuddle and thrive!
- Learn more...thanks for having me!
- Dig deeper
- Explain some of these ideas as through my work
- Read more – join the TIN, try to apply within my own organisation; learn to articulate these ideas in my own way; spread.....
- I will use this in strategic ways in my organisation and link with colleagues
- Explore IFF breakfast and further action
- Look into some local initiatives I vaguely know about; will develop ideas for arts approaches to share research and learning
- Continue to take SHINE work forward. Develop some of the contacts and deepen learning with people I have met here