skillsforcare

Co-production in mental health

Not just another guide

In partnership with:

NDTi

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Foreword

Barely a week goes by without a discussion about changing health and care 'systems'.

A lot of the right language is used - 'building services around the person' and 'promoting independence' – but some of it isn't so appealing – such as 'self-actualisation' or 'patient activation'.

However many services overlook a key agent of change in these transformations – the skills, knowledge and experience that people who need care and support can bring.

When I promote this approach, I often detect some fear and reluctance. These feelings come from many places - people fear it might raise expectations of things the service can't afford, that 'lay' people don't have a 'professional' understanding of what needs to be, or can be, done, and that it's a complex and difficult task including people with lived experience in planning and delivering services.

But across the sector, there's lots of talk and expectation around co-production. For example, the Five Year Forward View for Mental Health says:

Co-production with clinicians and experts-by-experience should also be at the heart of commissioning and service design, and involve working in partnership with voluntary and community sector organisations.

When we commissioned this guide with the National Development Team for Inclusion, we wanted to provide a stepping stone to co-production for those who feel challenged by it, want to do more of it or are wondering where to start.

The good news is that there's no complex process to go through, no 'one size fits all' approach and no single solution. A good heart, a commitment to services that work better for people, and a firm intention to work with and value people with lived experience are all that's required.

This guide provides you with some essential information, a bit of encouragement, and a lot of wisdom from people who've been successful in developing co-production.

I'd like to thank the organisations that have generously contributed their time and expertise to this guide, including:

- Dorset HealthCare University NHS Foundation Trust and Dorset CCG
- Gloucestershire Young Carers

- London Borough of Newham's Co-production Team and ASK Mental Health Group
- Sandwell Mental Health People's Parliament, with Sandwell Borough Council and Changing Our Lives
- Sheffield Flourish
- 2gether NHS Foundation Trust, with Mental Health Experience-Led Opportunities (MHELO) and Gloucestershire County Council Adult Education Service

I'd also like to thank the National Development Team for Inclusion, especially Kate Linsky and Edana Minghella, for undertaking the ground work with those organisations and writing this guide so clearly.

Karen Morse, Skills for Care

Introduction

The term co-production is used widely and with much currency in contemporary policy and practice in mental health. Despite existing guides and toolkits to support organisations to work co-productively, many organisations, providers and commissioners still don't feel equipped to approach co-production with people with lived experience of mental health conditions.

This guide is different - it explores what's stopping people from attempting co-production and what can help, using the experience of people trying to do it in different settings across England.

It's for people who commission, design or deliver mental health services to help you understand co-production better, reflect on your own practice and implement changes in your organisation.

We commissioned the National Development Team for Inclusion (NDTi) to work with a range of people who need care and support, practitioners, employers and commissioners to produce this guide.

The learning is based on evidence from mental health services – however some of the findings and recommendations might be useful in other areas, for example Transforming Care Partnership work.

Our approach

This guide shares learning about:

- where and how things are working well
- features of different models of co-production
- how co-production contributes to delivering better experiences and outcomes for people with mental health conditions
- others' views of hurdles and how to overcome them.

We took a three pronged approach to gather information for the guide.

1. We conducted a review of the existing co-production knowledge base, including theory, guides, frameworks and examples from mental health services.

2. We spoke to a range of people who are using co-production in mental health services in England, including people with lived experience, practitioners, managers and commissioners from the NHS, local authorities and non-statutory organisations. You can see a list of these organisations in the acknowledgements section.

3. We used the findings from our review of the existing knowledge base and meetings with relevant people to:

    - **identify the issues** that both hinder and support co-production – what's stopping you and what makes it happen?

    - **produce examples and case studies** that show how others are working co-productively in a variety of settings and with transferable learning

    - **develop a set of top tips** that will support progress towards co-production in mental health services.

A note on what this isn't

This is not a step by step manual about how to 'do' co-production in mental health services. There are already several guides, frameworks and toolkits available.

For example, you might want to visit these organisation's websites.

- Coalition for Collaborative Care (www.coalitionforcollaborativecare.org.uk)
- The Institute for Research and Innovation in Social Services (IRISS) (www.iriss.org.uk)
- The New Economics Foundation (NEF) (www.neweconomics.org)
- The National Survivor User Network (NSUN) (www.nsun.org.uk)
- Think Local Act Personal (TLAP) (www.thinklocalactpersonal.org.uk)
- Rethink (www.rethink.org)
- National Development Team for Inclusion (NDTi) (www.ndti.org.uk)

Whilst we do review some of the existing theory and frameworks, this isn't a comprehensive review of the literature and research evidence for co-production. This has already been covered by others, for example NEF and Mind's work.

Quotations

The quotations throughout this guide are direct quotes from people we interviewed, unless otherwise stated.

Section one: Key issues - What's stopping you and what helps?

Introduction

We found that the **key barriers** to people trying co-production included:

- uncertainty about and discomfort with co-production, its meaning and how to implement it
- practical issues such as perceptions around the cost and time involved and implications on people's welfare benefits
- conflict and reluctance within organisations around change and not wanting to 'rock the boat'
- service pressures and culture.

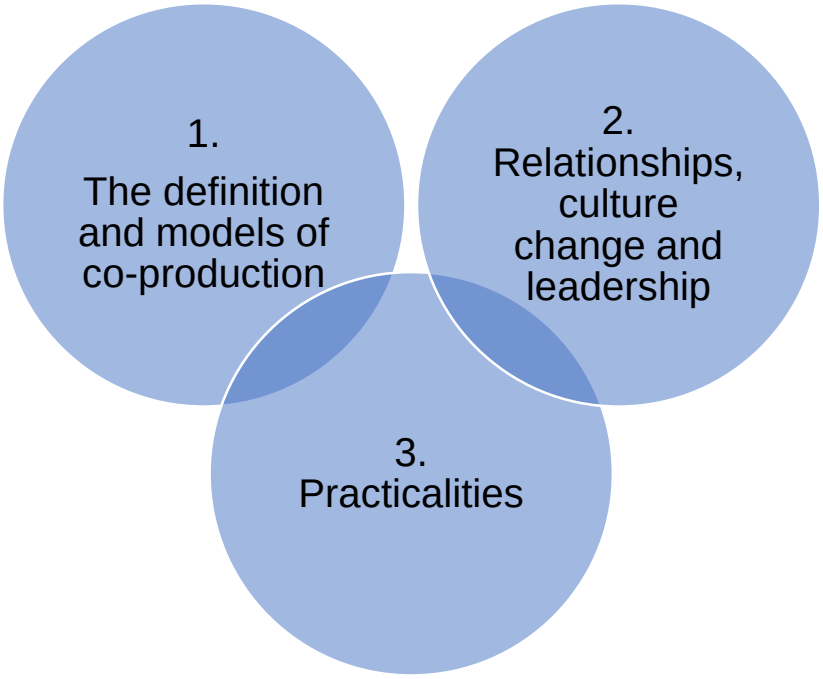
At the same time, there were several factors that helped co-production **get off the ground**, such as:

- 'fertile ground' - an existing culture of involvement and respect for the views of people with lived experience
- inspirational leaders and managers that were prepared to try
- an ability to build good relationships and strong partnerships
- a positive culture and being prepared to 'give it a go' even if they weren't able to pursue deepest levels of co-production at first
- having commissioners and other strategic colleagues on board.

There were also factors that helped co-production **grow and develop**, including:

- having structures and processes in place to sustain co-production, such as training and support
- good preparation, including preparing partners
- recognising that people with lived experience involved in co-production might need extra support or reasonable adjustments at times, and putting systems in place to ensure that happens
- a feedback loop, including responding to feedback
- a culture of honesty and transparency
- being able to demonstrate the benefits of co-production
- a recognition that conflict is part of the process.

These factors can be grouped into three broad areas.



We’re going to look at each of these factors in turn and explain some of the common barriers to co-production and how you can overcome them, including case studies and examples.

1. The definition and models of co-production

This section answers some of the most common questions and concerns facing those who are keen to try co-production, including:

- what is it?
- what are the principles of co-production?
- implementing it – how have others gone about it?

1.1 What is co-production?

The term 'co-production' is commonly used in public policy and practice, particularly in mental health services.

In 2016 the Government's mental health policy strategy - the Five Year Forward View for Mental Health - called for co-production to be adopted at every stage of the commissioning cycle.

It contains an explicit statement that every person with a mental health condition should be able to be confident that services have been designed in partnership with people with relevant lived experience, and recommends that standards for care and support should be co-produced[1].

However we found that many people were either unsure about the meaning of co-production or worried that it had become meaningless. Staff told us:

> "Co-production has become a catch-all phrase."

> "What do you mean by co-production?"

The problem is there are lots of different opinions on what co-production is.

Commissioner

In their comprehensive literature review, The New Economics Foundation (NEF) only found 15 articles with robust examples of actual co-production that included an evaluative component, despite several more claiming to be about co-production[2].

Jane McGrath, CEO of the West London Collaborative, has also written about the challenges and conflicts that arise when, in her phrase, trying "to do co-production properly"[3].

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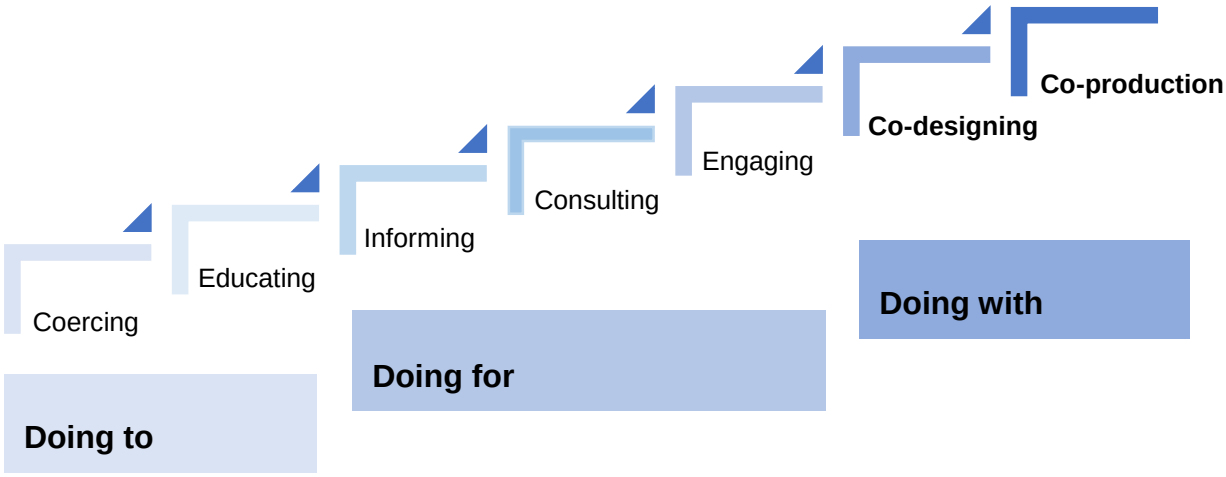
[1] Department of Health (2016) The Five Year Forward View for Mental Health: A report from the mental health taskforce in England.
[2] New Economics Foundation (2013) Co-production in mental health: A literature review.
[3] Jane McGrath (2016) King's Fund blog: Co-production: An inconvenient truth (Accessed online: www.kingsfund.org.uk/blog/2016/10/co-production-inconvenient-truth).

She said:

> "[Problems]…usually revolve around denial of one consistent and very inconvenient truth: patient involvement is not co-production."

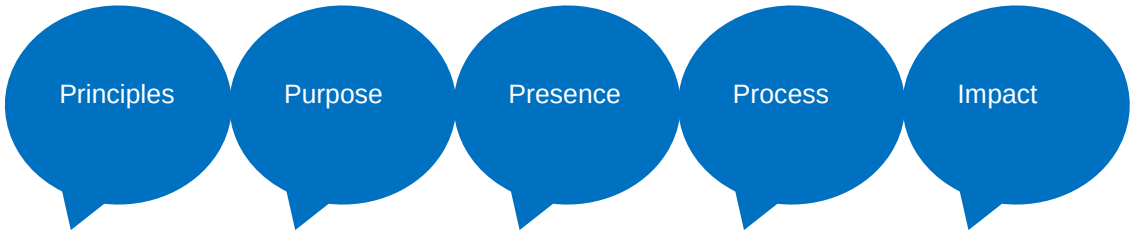
Influenced by Sherry Arnstein's 'ladder of participation[4] (derived from her work on citizen participation), New Economics Foundation (NEF) have used the image of a co-production 'ladder' to illustrate different levels of involvement and participation.



The ladder articulates a model in which the lowest rungs are about 'doing *to*' people in touch with mental health services, the middle rungs are about 'doing *for*' and the top rungs are about 'doing *with*' people, in an equal and reciprocal partnership – these top rungs represent a shift in power, shared decision making and acting on people's voices.

Others have used slightly different versions of the ladder but with a similar message.

For example, National Survivor User Network (NSUN) developed the 4PI 'Standards for Involvement' with people with lived experience. It gives five areas to consider when thinking about meaningful involvement[5].



[4] Arnstein, Sherry R (1969). "A Ladder of Citizen Participation," Journal of the American Planning, Vol. 35, No. 4, pp. 216-224.
[5] Faulkner A et al (2014) Involvement for Influence: the 4Pi Standards for Involvement (NSUN).

Evidence suggests that most organisations attempting co-production in mental health services work in the middle rungs of the ladder.

We found that people felt that if they couldn't do co-production well enough, or they couldn't reach the top of the ladder straight away, they couldn't do it at all and this prevented them from trying.

We also found that people feared they'd be found 'wanting' if they claimed they were doing co-production.

> "The council says they can't do co-production."
> (Staff member)

> "We didn't use the language of co-production until we'd been doing it for a long time."
> (Manager)

> "It would be good if everyone meant the same thing when they say co-production. A shared understanding of what co-production means is important, it's part of practice. We might think we're doing it, but we have a different understanding and realise we are on a different page."
> (Staff member)

However, when we spoke to people who had tried it, even if they felt they hadn't fully succeeded yet, they felt positive and encouraged about co-production in general.

While at the top is where real change takes place and the best outcomes can be achieved, a ladder does nonetheless suggest a sense of a journey that progresses.

> "It gives me hope that this is the right direction we are going in. We've still got a long way to go, but I think people's lives have changed."
> (Staff member)

> "Keep plugging away! It's inspiring and hopeful."
> (Staff member)

> "Just do it! Take small steps. Get a taste for it."
> (Manager)

> "Co-production and co-working are as varied as any job. Learn the lessons, but don't be afraid to do things differently."
> (Staff member)

> "Don't be scared to let's just see, let's just try it. Take a risk. If it doesn't work, that's okay, look at what you've learnt."
> (Staff member)

You've got to go for it. I've attempted approaches and not got it right. But it's better to try and fail, than not to try it at all.

Staff member

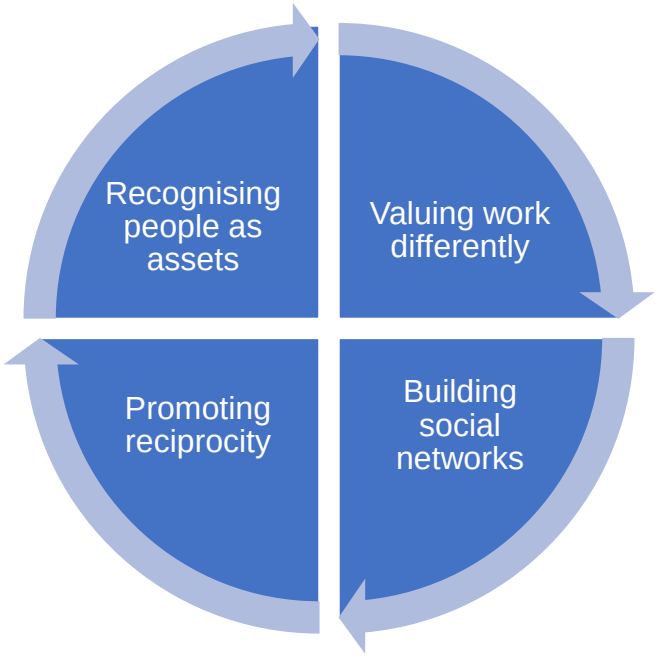
Our key message

Start on the ladder of co-production. Don't be put off by not getting it right straight away.

1.2 Principles of co-production

The people we talked to didn't always use the term co-production in the same way, and had different models of co-production. However, they all aimed to work as closely as possible to some of the principles of co-production as they understood them, and these were critical drivers in their work.

One of the early proponents of co-production, Edgar Cahn, presented four core values of co-production[6].



These values highlight the importance of recognising the strengths people bring to the table, whichever part of the system they come from.

They challenge some of the myths that prevent professionals from seeing people who use services as able to contribute fully. The Department of Health (in their 'Guide to Personal Budgets and Co-production') describe some of these myths as:

- denoting people as 'problems'
- defining the person by their diagnosis
- worrying that people are 'too vulnerable' to be involved
- seeing contributions as not valid if not counted as 'employment'.

This is a particular challenge for mental health planners, providers and professionals, in a context where people with mental health conditions have long been characterised as 'having needs' and 'inherent deficits' rather than talents, strengths, abilities and ideas[7].

[6] Edgar Cahn (2000) No More Throwaway People.
[7] For a fuller discussion, see NDTi (2016) Are mainstream mental health services ready to progress transformative co-production?

Nesta and NEF took Cahn's four principles and applied them to public service development. They suggested six key principles of co-production which stress the importance of people's contributions from all parts of the system, and recognise the responsibilities of all those involved, the shifting of roles and boundaries, and active changes in what people actually do to enable service redesign and redelivery.

1. Assets

Working with people with lived experience as equal partners.

2. Capacity

Recognising and growing people's capabilities and actively support them to put them to use.

3. Mutuality

Working in reciprocal relationships where there are mutual responsibilities and expectations.

4. Networks

Engaging peer and personal networks alongside professionals as the best way to share knowledge.

5. Blurred roles

Removing tightly defined boundaries between professionals and people with lived experience, changing the way in which services are designed and delivered.

6. Catalysts

Engaging public service agencies to become facilitators rather than central providers.

Whether working fully co-productively or not, people we spoke to were very clear that the values and principles of co-production were critical drivers in their work.

> "The six core principles are essential – you have to understand them and revisit them, especially the assets bit, and the roles."
> (Manager)

> "We use co-production principles: access, empowerment, recognition and reward."
> (Manager)

> "People have different views, they don't have to do everything in a co-production way, but there's a framework and principles within our practice."
> (Manager)

Our key message

The principles of co-production form a useful guide for implementation.

1.3 Implementing co-production in mental health services – models and approaches

There are lots of examples of co-production in practice to inspire and encourage others to try it. Here are some websites you might want to look at.

- Think Local, Act Personal (www.thinklocalactpersonal.org.uk)
- Social Care Institute for Excellence (www.scie.org.uk)
- Co-production Scotland (http://www.co-productionscotland.org.uk/resources/resource-case-studies/)

In this guide we've looked at a range of co-production models with different scales, content, structures, settings (urban and rural) and stakeholders. Here are some of the distinctive or novel approaches to co-production to show how different models can be adapted for local use.

Case study: Rural Recovery College and Beyond Recovery - Gloucestershire

The concept of a 'Recovery College' is to provide education and courses – rather than therapies – to support mental health recovery. They focus on rebuilding lives through reinforcing and developing people's strengths, rather than reducing their symptoms.

The courses support people to manage their own mental health, develop their wellbeing, self-manage, build relationships, develop their life skills and get peer support. They're co-produced locally, from planning, to developing curriculum content, delivering training and quality assurance.

Typically a college will take place in one building, with a library, and have a team of peer and mental health practitioners.

You can read more about the Recovery Model here.

Gloucestershire Recovery College

There are Recovery Colleges across the country, but Gloucestershire is implementing theirs in a distinctive way.

Gloucestershire is a largely rural county so the Recovery College has developed a "pop-up" approach. They offer college courses across the county rather than having a central building.

All but one of the tutors have lived experience of mental health conditions and the college is developing its own pool of trainers with a bespoke BTEC training course, in the hope that graduates will come back and work within the College.

> **The Recovery College is unique, because the people at the front of the room have been the people at the back of the room.**

There's a co-production group that support and co-design the ongoing development of the college and their courses. And a steering group that includes experts by experience.

For example, people with lived experience identified the need for further courses for those who've completed Recovery College courses. They've worked with the Adult Education Team to co-produce 'Beyond Recovery' courses, which include subjects such as social media, art and mindfulness walks.

These courses have been very successful. For example, Beyond Recovery art students are now working and selling their artwork in the local community, including at Gloucester Cathedral. This has developed a relationship between the Adult

Education Team and the Cathedral, who will now exhibit Beyond Recovery art students' work each year.

When the course had finished the students took over running it, with support from the Adult Education Team who delivered sessions on safeguarding, marketing and working as a group to help them progress.

> "I went in and said 'I can see you're struggling. What can we do to help?' And we were able to respond."
> (Adult Education Lead)

> "To my surprise, art has become a massive focus in my life."
> (Beyond Recovery student)

Despite the success, Gloucestershire did face some challenges along the way.

They found that some adult education staff didn't have the right skills and knowledge to work with people with severe mental health conditions.

They also found that mainstream lecturers didn't always understand or have the right skills to work in a co-productive way – they found that education still has a culture of 'leading' rather than co-producing.

They found it difficult to demonstrate the effectiveness of the college because they didn't collect data and there was no clear understanding of how to use qualitative and quantitative evidence.

Recovery college challenges: Skills development implications

- Non mental health specialists may need to develop skills and knowledge in mental health to work more effectively with people with lived experience.
- Educators should develop their skills to share roles and responsibilities with students.
- Need skills to use quantitative and qualitative methods to demonstrate effectiveness.

Case study: Co-production or inclusion teams – London Borough of Newham and 2Gether NHS Foundation Trust

More and more specialist teams are working alongside mainstream services to deliver and support co-production. Here are two examples from mental health services.

One describes a co-production team who are part of the London Borough of Newham local authority. And the other describes a social inclusion team in 2gether NHS Foundation Trust serving Gloucestershire and Herefordshire.

The teams worked in different ways and with different structures.

London Borough of Newham local authority

The London Borough of Newham has a co-production team that supports customers to get involved in co-produced activities. The council has a co-production forum and a number of groups, such as an older people's group and a mental health group called 'ASK'.

ASK is led by people with lived experience. They provide information and support to family carers and people who currently, or in the future may, access local mental health services. The group has a constitution, management committee and co-chairs.

The co-production forum supports ASK with room bookings, providing refreshments, sending out minutes and reminders, training and capacity building. For example, the chair of ASK completed a Level 2 Counselling Course to enable her to support colleagues. The support of the co-production team is valued by members – one of them said "I wouldn't be here today if it wasn't for them." They also provide financial support to ASK.

Having this infrastructure and support is one of the strengths of this approach. It puts mental health into mainstream co-production work in the council – one commissioner said: "They are part of the co-production family."

This approach is supported throughout the council - elected council members, the director of adult social care and mental health commissioner are supportive of the co-production model.

> "I thought I was doing the right thing [organising an event], but once the group took the lead, we ended up with a different format, structure and timings. They took on developing the agenda and delivering testimony. It was very powerful. I had an awakening."
> (Commissioner)

Getting support from leaders in the council is vital - the co-production manager told us:

> "You must sell it to the people who make the decisions with practical examples."
> (Manager)

Members of the group were positive about co-production and some of the activities they've been involved in, for example staff recruitment and influencing elected council members. They said:

> "Co-production has allowed me to flourish."
> (Person with lived experience).

> "I pushed myself to be part of this group and it's given me confidence."
> (Person with lived experience.)

I feel we have a voice. I feel more valued, and I know other members do too.

Person with lived experience

However there were some challenges with this model.

- There's concerns about sustainability and capacity. Unlike a mental health NHS Trust, there isn't a large pool of people accessing mental health services who are ready to become involved. The group has a small membership and find it challenging to increase or diversify it, particularly finding younger members. They felt that this puts pressure on the co-chairs.

- As a small group that's supported by the local authority, their ability to influence policy, practice and service developments within the biggest mental health provider – the local NHS Trust – is limited.

  > "It's very hard to get [health] practitioners to meet us."
  > (Person with lived experience)

- Because the co-production team is generic, they don't have specific knowledge, skills and experience in mental health, and there's no intrinsic knowledge about how to support people with mental health conditions to deliver co-production. The team has sought training to address this.

2gether NHS Foundation Trust

The Social Inclusion Team (SIT) at 2gether NHS Foundation Trust facilitates co-production by supporting almost 100 experts by experience to be involved in a range of activities, including staff recruitment to all levels of role, quality checking, co-design (ranging from new spaces to letter templates) and general consultation and feedback. This is funded through the Better Care Fund.

The range of activities that are co-produced within the Trust is an important strength of this model, and people feel empowered and positive about their involvement:

> "I am a critical friend…I have seen that they've taken my comments on board."
> (Person with lived experience).

> "There is so much value in it."
> (Person with lived experience).

The team also has high level support from within the Trust, who are strongly committed to engagement, and have a Trust Director with specific responsibility for social inclusion, to whom SIT reports. The Gloucestershire Mental Health Commissioner is also significantly involved and a strong advocate of co-production.

> "We have a good commissioner who listens."
> (Staff member)

There are also solid links with community mental health inclusion through the Mental Health Experience-Led Opportunities Group (MHELO) and Inclusion Gloucestershire. The group has found that having an in house team who have senior leaders' commitment, means that co-production can become embedded in the work of the Trust. For example, there are experts by experience on various boards and groups in the Trust and new policies and service designs are co-produced.

Co-production in action: recruiting Trust staff in Gloucestershire

- People with lived experience are involved in recruiting staff to the local mental health trust.
- They may be involved in discussion groups with applications or on the interview panel.
- They're trained and supported, and as people become more experienced they're now leading the training themselves.
- People are paid a fee plus expenses for their contribution.

However there were some challenges to this model including:

- as the Social Inclusion Team is part of the Trust, some people who've not had positive experiences of Trust services may not wish to be part of the group. However, the group felt that the non-clinical nature of SIT means there's a helpful separation between it and the mental health practitioners with whom people may have day to day contact with

- there are differences between the two counties served by the Trust, and people in one county have many more co-production and involvement opportunities compared with the other. This can create tensions for the team and people with lived experience

- involvement with the SIT tends to be focused on people who've used Trust services, and it's difficult to engage people who haven't had any, or recent, contact with a service.

My voice has been well received, including in recruiting a senior psychiatrist. We come at it from a different angle and yet our scores often match.

Person with lived experience

Comparing and learning from local authority and Trust co-production and inclusion teams

Elements	Local authority (Newham)	Trust (2gether)
Strong support from leaders	Yes	Yes
Backing from the commissioner	Yes	Yes
Funding to support people with lived experience	Yes – commissioned with funding	Yes
People paid for their contributions	Yes	Yes
Training for people with lived experience	Yes	Yes
Range of co-production activities including staff recruitment and influencing policy and practice	Yes – however the group feels it's not able to influence NHS mental health policy and practice	Yes
Is it sustainable?	Concerns due to small numbers	Large group and pathway for recruitment to experts by experience group
Mental health and knowledge and support provided	Not within the generic team so training sought	Yes
People feel positive and empowered	Yes, though would like more support	Yes
Group is independent	Moving towards independence	In house experts by experience but close links with independent group
Co-production becoming embedded in the organisation	Yes, for example people with lived experience work with elected members	Yes, for example people with lived experience are on the Governance and Delivery Committee

Case study: Commissioning a discrete co-produced service – Sheffield Flourish

There are many examples of discrete, co-produced mental health services across the country. If you're a small local service, these examples might provide useful pointers for how you can get started with co-production locally - the boundaries are defined, the service is often small and distinct and it feels possible to try it, be creative and take risks.

Here's one example from Sheffield Flourish, who are a non-statutory sector mental health organisation.

The Mental Health Commissioner in Sheffield wanted to develop a web-based, mental health guide with additional phone support (not a crisis line) containing information, support and advice about mental health services in Sheffield.

The commissioner was already an advocate of co-production and saw this as an opportunity to co-produce the guide, to ensure it was user friendly, easy to navigate and would reach and appeal to a range of people. But he realised that the pre-existing tender wouldn't deliver these outcomes.

The existing tender was rewritten to include a requirement that the provider would need to work alongside people with lived experience:

> "I'm a pragmatist. I wanted it to be good. Without involvement, we're just guessing."
> (Commissioner)

Our key message

Commissioning tenders that contain co-production as an expectation will spark change.

Sheffield Flourish was commissioned to produce the guide for a range of reasons but one critical reason was that co-production is at its heart. One of the interviewees said:

> [Sheffield Flourish] lives and breathes co-production. All they care about is people's views, experiences and involvement. It's not just road-testing."

The organisation's also outside of the statutory sector which enables them to remain values-driven and to take risks:

> "Sheffield Flourish can work like this because it's outside of the NHS."
> (Staff member)

Their model included:

- starting with a public meeting to harness views and ideas
- running the project through a steering group of people with lived experience and partners from other organisations including the local Trust and the commissioner
- people with lived experience contribute their mental health expertise and bring lots of other assets such as knowledge of web development
- people with lived experience been seen as equal partners who come up with solutions to problems
- an information coordinator who manages the content of the website and provides support and information
- getting other people's views and feedback through a variety of methods including social media, and changing or making decisions in response
- testing the guide with people with lived experience.

The project worked well, and the web-based guide and support line are up and running and have been well received. People with lived experience are central to the success of the project. This has prompted the commissioner to look at other opportunities to build in co-production to mental health service and strategy development.

The knowledge that we value and involve people in our work speaks to people. They come alive. They know they will be listened to.

Commissioner

Skills in demonstrating and supporting the value of others

- Asset-based thinking
- Listening skills
- Facilitation skills

Case study: Commissioning and delivering co-produced system-wide change

In Dorset, a new, acute mental health care pathway was co-produced across the CCG area, which includes Bournemouth and Poole. The pathway includes co-developed crisis plans, recovery plans and team approaches, a crisis retreat and support for staff to help them provide a recovery approach in mental health practice.

This was a complex whole system change over a number of years, so we've only included some of the elements of co-production here that are regarded as critical to the process.

- **Readiness for change**: the CCG commissioning team had already reviewed existing service and pathways using a thorough needs analysis and multi-channel survey of views and experiences, including paid and supported peer specialists visiting mental health inpatient wards to seek views of inpatients.

- **Co-production principles**: there was a firm commitment to the principles of co-production throughout the process of development, including co-developing the business case for change.

- **Wide partnership approach**: both to understanding the existing situation's strengths, challenges and gaps, as well as to the co-production and delivery of the new acute pathway. This included people with lived experience, family members, community groups, the police, ambulance service, social care and public health colleagues, clinicians from the local NHS Trust as well as CCG business and finance staff – resulting in a large and broad co-production group.

- **External expertise and support**: in this case, Implementing Recovery for Organisational Change (IMROC) for practice change and development, the NDTi for co-production support and facilitation, and Folio for strategic change and NHS assurance.

- **Evidence from elsewhere**: a visioning event looked at what was happening in other parts of the UK and beyond, to showcase different ways of doing things.

- **Cross checking**: having a small group led by people with lived experience, meeting more frequently than the co-production group, to 'sense-check' and review progress.

- **Learning sets:** to support team and staff development.

- **Co-delivery partners**: included Dorset HealthCare University NHS Foundation Trust, the local peer led charity Dorset Mental Health Forum and the Wellbeing and Recovery Partnership team.

This co-production process has led to a new model of care in Dorset at no extra cost (apart from the costs of additional services to rural areas).

Co-delivery partners include Dorset Mental Health Forum, the local peer led organisation and Dorset HealthCare University NHS Foundation Trust who have a long-standing partnership that brings together lived experience and professional expertise. Together they run the new Retreat, which provides a safe and welcoming environment for people who have self-identified a crisis and need out of hours support. The Retreat was a key outcome of the co-production process.

Staff said they feel excited by the changes and people with lived experience feel they've been part of leading the change.

There have been some major changes within the local mental health service and co-production has supported this process. For example, when the service decided to close a ward this could have been unpopular, but due to co-production and the involvement of people who this decision affects, it has been understood and ultimately accepted. There have also been tangible improvements to existing services thanks to co-production and co-delivery.

This whole new service model is currently being evaluated by Bournemouth University.

2. Relationships, culture change and leadership

In his work on co-production, Edgar Cahn talks about the centrality of relationships in which social networks and reciprocity – the importance of supporting and appreciating each other's contributions – are prized. Relationships in general are, and must be, affected by co-production.

The Social Care Institute for Excellence[8] says:

*"The term 'co-production' dates from the 1970s and has more recently become a new way of describing **working in partnership** by **sharing power** with people using services, carers, families and citizens."*

This approach represents a big shift in power between different groups, such as from the statutory sector to the voluntary sector, from providers to people with lived experience, from services to communities.

Making this work is a big cultural challenge[9]; something many of the people we spoke to recognised. For example in one area they decided to co-create a strategy with people with lived experience, but the local NHS trust wouldn't participate, and there was national resistance.

Bringing together providers, commissioners, practitioners and people with lived experience as a team to redesign and deliver services means not only recognising and valuing everyone's contributions, but realising that there will be disagreements and disputes.

> **Working in partnership we have learnt that we need to be able to disagree well, to disagree constructively and without risk of offence, censure or closing down.**
>
> Jane McGrath, CEO West London Collaborative

Some of the conflict arises from people working in cultures that aren't traditionally open to the principles of co-production or where there are competing pressures that prioritise targets or resources over people. People told us:

> "There's a power imbalance. This can threaten the professionals."
> (Co-production lead)

> "I'm a bit of a rebel in my workplace. My managers do encourage me but there's constant pressure: how many people are you seeing, and so on. It's the culture of the NHS. Something's got to shift."
> (Staff member)

[8] SCIE (2013) What is co-production and how to use it?
[9] NDTi (2016) Are mainstream mental health services ready for transformative co-production?

> "Commissioners put in the criteria, the money; they dictate. Some get it and some don't."
> (Team leader)

Dealing with conflict and cultural resistance is a critical part of co-production. The key is not to see conflict as a problem, but as part of the process. It could be argued that successful co-production *depends* on being committed to working through conflict and investing time and resource to do so[10]. One of our interviewees said:

> "You have to engage with it being difficult. Recognise that the difficult bit, the bit that hurts **is** the work, and not something that is in the way."
> (Team manager)

Building relationships and partnerships is key to co-production. We found that where co-produced activities were carried out within strong partnership arrangements and contexts – including partnerships between agencies, between providers and commissioners, and between different stakeholders - there was a focus on solutions and a sense of security and sustainability. People told us:

> "Working in partnership and getting others' perspectives. In the past it was us and them. Now we have all these people with a wealth of experience and creative ideas. We are solving problems a lot more effectively. Instead of 'we can't do that', we can find a solution."
> (Staff member)

> "You have to spend time with commissioners, take them through it."
> (Team leader)

Whereas, where co-production seemed more isolated, there were concerns about impact and sustainability.

We found that co-production is easier, more likely to become established and succeed if done in partnership with others and takes a strengths-based approach that recognises the value of everyone who participates.

Our key message

Co-production works better when carried out in partnership with others.

[10] NDTi (2016) Progressing transformative co-production in mental health.

To overcome any of these challenges, you need strong leadership. In the co-production examples we reviewed, we found some common characteristics of their leaders.

Charisma	"[She] was a leader who managed to weave herself into the system and communicate with influence at the top. She personally inspired others to realise we don't need to work in the same old way. She helped me see things more clearly." (Staff member)
Ambition and recognising the need for improvement	"I thought, we can do better." (Commissioner) "We can't afford to keep doing the same things." (Commissioner) "I had a lot more ambition for what we could achieve than I could see in the current service." (Commissioner)
Valuing others	"I realised quickly that this [group of people with lived experience] was a great bunch of people. They totally get what we're trying to do here. And at every meeting: here's an idea and a challenge." (Commissioner) "If people came with ideas that were a bit too late, we showed we valued them by taking the idea and putting it in our 'ideas box' for the future. (Staff member) "People with lived experience have informed what we do and made it better." (Commissioner)
Being values driven, even when challenged	"We felt squashed. But we worked it through." (Team leader) "We said no. This is for people who use the service. We need to hold the line." (Commissioner)
Being honest and transparent	"We were clear about what we wouldn't or couldn't change, what external requirements we would have to meet. The rest was up for grabs." (Commissioner)

	"[She] was open and respectful. Explained to the group what could be changed and what couldn't." (Staff member) "Initially, things weren't managed tightly, so people's expectations couldn't be met." (Staff member) "It is about being honest and having difficult conversations." Commissioner "Be conscious and transparent about where you are on the ladder." (Team leader)
Humility	"I messed up!" (Team leader) "We researched and did the design and then consulted. There wasn't enough time to do all the involvement. But the [people with lived experience] shredded it! So we had to go back to square one." (Team leader) "If we [professionals] led it, we knew it wouldn't be as good." (Commissioner) "There's a level of humility to be had. Get over yourself!" (Commissioner)

The examples we looked at took an open and creative approach to co-production, and shared a sense that co-production was more than creating a better team or a better service; rather, at its best, it's about community development. People told us:

> "The steering group is more than a team. It's not just creating a digital hub. It's creating community."
> (Staff member)
>
> "[The service] had to be about mental health, but it also had to be rooted in the community."
> (Commissioner)
>
> "We're working to create pathways together outside services, such as with sports and leisure."
> (Team leader)

The leadership skills you need for successful co-production

- Values-based leadership skills such as openness and honesty
- Partnership working and collaboration
- Working with and managing conflict
- Creating safe and creative environments

Case study: Sandwell Mental Health People's Parliament

Why we were interested

Sandwell Mental Health People's Parliament takes a unique approach to co-production, holding local services to account.

It's a partnership between Sandwell Borough Council, Changing Our Lives (a user and carer-led, rights-based organisation) and people with lived experience of mental health conditions. Members of the Parliament (MPs) are people with lived experience, who are recruited and supported by COL.

Co-production

Co-production within Sandwell Mental Health Parliament works in a variety of ways, to hold services to account, to embed Quality of Life Mental Health Standards (developed by local people with current/lived experience of mental health conditions) and use them to co-design services and measure how effective they are at enabling ordinary life outcomes, and to co-design services. The partners working together on Sandwell Mental Health Partnership take their lead from people with lived experience.

"Rather than professionals sitting in a darkened room, we start with people who use services. With the crisis concordat work, we said what does crisis mean for you?"

The Parliament sends out written questions regarding progress against a set of priorities agreed with partners. MPs expect colleagues from the relevant organisations, including the local mental health trust, to address progress at regular meetings. COL publish minutes of these meetings on their website so there's transparency about who's attended, how questions have been answered and how priorities are progressing.

People with lived experience have also been recruited and trained as Quality of Life reviewers. They visit services to monitor standards, co-develop mental health strategy, and design and co-develop local services and service specifications. They work imaginatively and use approaches such as 'Dragons Den' to encourage ideas.

Relationships, culture change and leadership

Building relationships has been critical, and values-based action is closely linked with that.

"It's not just about values. It's a starting point but it's not enough. It's about the way we behave. And it's about relationships."

The Parliament builds relationships and partnerships to ensure it influences services that are most used by people with mental health conditions. As a result of their work, the standards they developed are now built into local authority contracts, and the local trust has also made a commitment to embedding the standards into new

services. Mental health is a significant priority for the Health and Wellbeing Board, and the Parliament liaises with them.

The Parliament ensures it's informed by what matters to people and part of this is community involvement. For example, the Parliament held an 'ideas festival' where they invited local community organisations to discuss and share ideas about developing a community-based, out of hours place of safety for people with mental health conditions.

Those involved describe a triangle of activity; Parliament, Health and Wellbeing board and operational providers working differently.

Leadership has been crucial to setting up, progressing and the success of the Parliament. It includes a committed, enthusiastic commissioner who's very clear about the strengths and benefits of co-production, and the values-driven strength of COL (an organisation built on, and committed to, co-production). MPs themselves are also regarded as leaders and they're offered training around 'leadership development'.

Practicalities

COL takes the lead in recruiting, training and supporting people with lived experience of mental health conditions in the last two year, to co-produce. This time requirement was set to ensure people had recent experience and to reach younger people. This means that some mental health conditions may be current, so there's a system of ongoing support and reasonable adjustments.

They also recognise that not everyone will want to take the same kind of role.

"It's about people's skill set…. Using people's skills in the right way at the right time."

Top tips

- Make it exciting. Don't have yet another meeting. Ask 'what would be fun?' and try that.
- Co-production seldom looks the same everywhere; it's only the principles that stay the same.
- Don't just talk about stuff – do it!
- Recognise that people with lived experience are individuals. Not everyone wants or has the skills to take on a strategic role.

3. Practicalities

Practical issues are often a concern for people who want to start co-production in mental health services, and can act as barriers to people attempting it. We've heard people query:

- how to involve a range of people with lived experience ("It's always the same people who get involved")
- what's the best way to ensure sustainable, good quality co-production
- how best to compensate people for their involvement, especially in the context of people who are financially dependent on welfare benefits.

Nearly everyone we talked to was concerned that the group of people contributing to co-production was either not big enough, not diverse enough, or both.

Where there was effective involvement of a wide range of people, there were a number of factors that contributed to success - here are some of their top tips.

- Work in partnership with existing peer led organisations to build the co-production community.
- Use a variety of methods to involve people, including social media, face to face contact and advertising.
- Remove barriers to participation, such as a person's lack of confidence, by finding alternative roles for the person.
- Recognise that people can contribute in different ways, at different times and at different levels.
- In some cases, select people according to their skills and capabilities to support co-production work.

  "Experience of mental health issues doesn't always mean you are the right person."
  (Person with lived experience)

- Provide relevant training and mentoring opportunities.
- Recognise that people will need support at times and make reasonable adjustments.
- Don't expect people to come to you to get involved, but find different ways of engaging people, including those who don't access services.

  "You have to get to the grass roots."
  (Team leader)

In the examples we reviewed, training was a critical part of much of the co-production work. This included peer support training, leadership training, counselling courses and training for recruitment activities. There were many benefits of training - people with lived experience felt empowered by it, and they felt that it showed they were valued and that their contribution could be seen as equal to that of professional

colleagues. People who hadn't been in paid work for some time felt that their experience in co-production, along with the training provided, gave them a sense of self-worth.

The issue of remuneration was challenging. Nearly everyone felt that people with lived experience should be paid for the involvement, and payment or reward and recognition schemes were in place in many areas.

However, there was concern that remuneration might be a problem for people receiving welfare benefits. Some people said that people with lived experience were nervous about getting involved with co-production in case their benefits were affected.

To resolve this, one site we visited was starting to build a relationship with local Department of Work and Pensions and Jobcentre Plus colleagues to support a way forward. This may be a worthwhile option for others interested in developing co-production locally to ensure that people with lived experience are properly and fairly compensated.

SCIE has developed guidance on payment in co-production, which you can download from their website here.

The skills you need to prepare and forward thinking

- Getting prepared and taking time
- Managing expectations
- Exploring the implications for practical and financial support and remuneration
- Building broad partnerships for stability and sustainability

Case Study: Gloucestershire Young Carers

Why we were interested

Gloucestershire Young Carers (GYC) works with children and young people who care for, or are responsible for, an ill or disabled person. They're in contact with lots of young people, where the person they're caring for has a mental health condition. Recognising the increased risk of mental health problems for those children and young people, GYC provides specific input for this group. It was this focus on co-producing services and service improvement with young people that drew our attention.

Co-production

Co-production is at the heart of GYC's work.

"Co-production is our starting point. From the day we started it's been in our culture."

Children and young people have been involved in co-production in a number of ways.

- They co-produced three successful booklets about living with someone with a mental health condition and/or a history of substance misuse; 'Minds, Myths and Me' (taken on by the Royal College of Psychiatrists and adapted for use is Australia), 'Safe, Sorted and Supported', and 'Parents, Pints and Pills.'
- They designed and led a project on parental substance misuse and mental health. They co-wrote the tender bid and were part of the interviewed team.
- They develop and deliver presentations to the local mental health trust and at conferences, including an annual co-produced conference.
- They co-produce evaluation surveys and monitor the progress of various programmes including the family mental health programme.
- They're involved in recruiting staff to GYC.
- Some young people are on the board of Trustees.
- They co-produce training materials including videos and films.

Relationships, culture change and leadership

It's been critical to build strong relationships and support culture change in partner organisations. While work with the local mental health trust is most obvious, other agencies such as the police are very important. Police can often be in contact with a family where there are mental health or substance misuse problems, and the impact of this on children may be forgotten.

As part of one of their projects, young people and GYC will be co-producing work with the police. It aims to make every police contact with a family where there's a mental health condition, a good experience for the young person. Children and young people have led this thinking and there's a humility among those working at GYC.

"They've brought things none of us would have thought of."

Practicalities

Working with children and young people brings some practical and emotional challenges.

One specific challenge for GYC is the relationship between young people and their parents. The child may or may not be comfortable with their parents, especially where they deal with the impact of a parent's issues on their own lives. GYC are clear that managing this is dependent on what the young person wants. But there also needs to be time to build trust with families and with the young person themselves, to consider the impact on the parent.

Linked to this is the issue of anonymity. A young person may share their experience in a way that compromises the confidentiality of the parent. Consent is always sought, but sometimes very powerful pieces cannot be shared for this reason. One practical solution is to think carefully about the type of media used, for example written articles are easier to anonymise than videos or film.

Another practical challenge is managing timings. Children and young people need to be at school and professionals work during school hours, so holding co-produced events with professionals and young people can be difficult. One successful approach has been to hold 'twilight' events which are just after school and towards the end of the working day.

Top tips

- Tune in to where the young people are. What are the real priorities they bring, that they want to do something about?
- Engage young people differently. Don't try and set up a formal meeting - use social media.
- It takes time and is resource intensive. Young people need preparation and support for co-production. "I wish I'd known how much time things would take."
- Not all young people want to be involved in the same way, such as giving presentations. Find a range of roles and value what everyone brings.
- Find influential allies to help support the work.

Section 2: Top tips for co-production in mental health

Here are some top tips for co-production in mental health services. Some of them might be relevant to other services too.

1. You've got to start somewhere: find a working definition of co-production and jump in

There's general agreement around some core co-production principles. The most important being that people with lived experience are regarded as assets, who bring important and valuable contributions, not only because of their experience but also other skills, talents and knowledge.

Co-production means sharing power. In mental health services, this means sharing power between mental health commissioners, statutory providers, non-statutory providers, health and social care practitioners, people with lived experience – and in many cases, universal services, citizens and communities.

Various versions of the 'ladder of participation' explain the level of involvement and engagement needed for co-production. Consultation and involvement are not, in themselves, co-production. Full co-production involves working with people with lived experience as equal partners.

Co-production changes relationships between groups of people, often radically, which can sometimes lead to conflict. Conflict needs to be expected and managed, and not avoided.

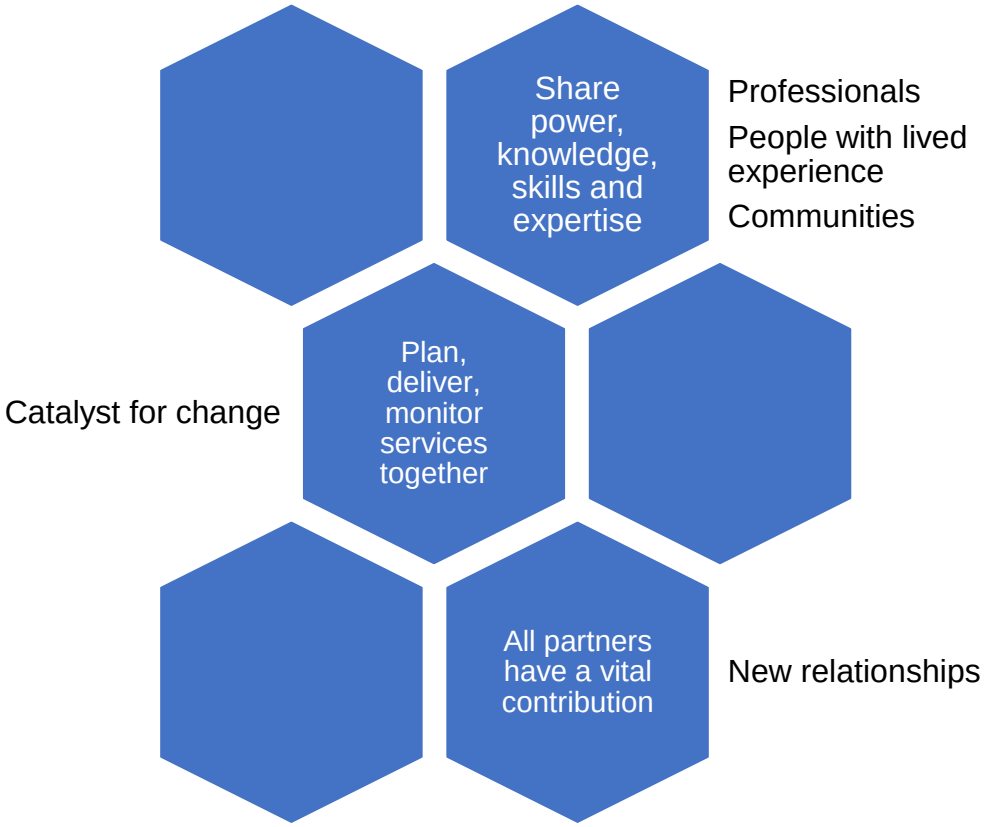
There are different models of co-production. Think about what's likely to work for you and where the 'fertile ground' is in your area.

Action is central to co-production. It's not a talking shop. Co-production is a catalyst for changing services and lives.

Taking the above points into account, this could lead to a working definition of co-production (adapted from NEF):

> **"professionals and citizens share power, knowledge, skills and experience…**
>
> **…to plan, deliver and monitor services together,**
>
> **…recognising that all partners have a vital contribution to make."**

A working definition of co-production



2. Always keep the principles of co-production at the forefront

- Revisit the principles frequently and reflect on whether you're following them, how you can do better, and how you can move further towards them.
- Prepare partners by sharing the principles of co-production with them.

3. Recognise that co-production is hard work

- Co-production needs the same structures, processes and support systems in place as other work situations. But it can take more time so start early and allow more time than you'd normally allow.

4. Share responsibility

- Trust people with lived experience to come up with solutions rather than always trying to find solutions yourself.
- Listen to others, including partners and change if necessary.
- Encourage ownership by letting go!

5. Be honest about what can and can't be co-produced

- Be realistic and don't make promises you can't keep.
- Co-produced decision making needs to be real. Co-production is action, and failure to act on co-produced decisions will hit hard.

6. Demonstrate the benefits of co-production through stories, data or a business model

- Evidence of effectiveness is important for persuading others to get involved and for spreading the use of co-production.
- Give people involved in co-production positive feedback about what their involvement has achieved – it's encouraging and shows that you value others.
- Reflect, learn, and change as a result of co-production.

The skills you need to work with people with lived experience

- Co-chairing
- Negotiation
- Considering boundaries
- Clarity and honesty
- Recognising reasonable adjustments
- Supporting others to develop their skills

Acknowledgements

This guide was written by Edana Minghella with Kate Linsky.

The final views remain our own.

We'd like to thank everyone from the sites who willingly gave up time to meet and discuss their experience of co-production in mental health services.

Here's a list of all the organisations who were involved in developing this guide.

- Dorset HealthCare University NHS Foundation Trust and Dorset CCG
- Gloucestershire Young Carers
- London Borough of Newham's Co-production Team and ASK Mental Health Group
- Sandwell Mental Health People's Parliament, with Sandwell Borough Council and Changing Our Lives
- Sheffield Flourish
- 2gether NHS Foundation Trust, with Mental Health Experience-Led Opportunities (MHELO) and Gloucestershire County Council Adult Education Service

We're very grateful for their insight and contribution; without it our guide would be nowhere near as grounded, practical or helpful.

We'd also like to thank the Skills for Care staff who helped identify the sites and made the connections for us.

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