

The case for co-producing health and social services with the people they serve: *No Decision About Me Without Me*

Introduction

In April 2013 service provision in England will change radically. The NHS Commissioning Board and clinical commissioning groups will assume their full responsibilities and local authorities will begin hosting health and wellbeing boards and public health functions.

The Health and Social Care Act that these changes stem from takes its cue from the patients' rights slogan 'nothing about me without me.' If this ambition is to be meaningful then it is vital that people at the receiving end of services are involved in the design and delivery of these services. Co-production is much more than consultation. For it to work, patients, service users, carers and their communities have to be able to take a full and properly resourced part in designing and delivering the services they use.

We believe that co-production helps to address a series of challenges facing public services at this time, namely: rising demand and expectations, falling investment and disaffection with the political decision-making that decides priorities. Furthermore, there is a significant and growing body of research literature (Bate and Robert, 2007, Barnes and Cotterell, 2011) evidencing the democratic and ecological validity of co-production, seeing it as a participatory process that generates fresh insights and new strategies to overcome challenges of change. This is achieved by renewing relationships and personal connections, whilst also refining leadership skills. One example of this is 'accelerated experience based co-design,' (Kings College, London, 2012) where edited films of patient and staff interviews are used to stimulate joint work to redesign the service. These creative approaches are proving effective in improving the quality, capacity and accessibility of care services.

What follows are some case studies of co-produced services which demonstrate that when this approach is adopted better outcomes are generated and economic savings made.

Mental health

Hackney mental health service user commissioning network

In 2011 Hackney's council and primary care trust joint commissioner of care Stephen Hardisty asked charity NSUN to facilitate the development of a network of mental health service users within the borough to advise, and eventually lead, on the commissioning of the NHS and council services they used.

Having mapped and contacted existing service-user-led organisations in Hackney, NSUN asked them to take part a series of workshops encouraging commissioners and interested parties to get to know one another and express what they wanted from services and decide how a service-user led network would operate. From high-level ambitions the workshops progressed to detailed

discussions about practicalities such as staffing, support and administration. As relationships developed and confidence grew, the potential for the network became clearer.

Stephen Hardisty says that when service users are supported in this way they: *'add value because they are creative problem solvers; form their own networks; provide peer support; provide local leadership and learning; are experts about mental health and what works for them; [they] advocate and champion high quality services; challenge stigma and discrimination and act as ambassadors for their local communities.'*

One of the service user participants said: *'Apart from helping to create better services, being involved in this project has been great for my confidence and recovery.'*

The success of this work formed the basis of an [article](#) on the Guardian's Healthcare Network and was mentioned as best practice on a public health [debate](#) on the same newspaper's Local Government Network.

In early 2012 Hardisty asked NSUN, who he describes as *'the go-to organisation for co-producing mental health services'*, to continue the work. The GP mental health lead Dr Rhiannon England of the City and Hackney clinical commissioning group has indicated her interest in continuing the work when they take over responsibility in April 2013.

Dr England said: *'NSUN are doing great work co-producing efficient mental health services in our area by making the best of service user expertise.'* This example of best practice is set to appear in the national Joint Commissioning Panel (of which NSUN is a member) guidance.

Lambeth Living Well Collaborative

The Lambeth Living Well collaborative gives mental health service users an equal voice with voluntary groups, GPs, and the South London & The Maudsley NHS Foundation Trust and is supported by commissioners in NHS Lambeth and Lambeth borough council. The collaborative brings together mental health (NHS and social care) service users, carers, practitioners and commissioners at monthly breakfast meetings. This provides participants with opportunities to share experience and design new systems based on what works for those on the receiving end. This has been a success in terms of achieving better outcomes, more integration? of NHS and council services like social care and housing and reduced costs. It assumes that service users are experts on their own lives and conditions, that they are part of the solution - not passive recipients of services. For example the collaborative developed a support plan with service users stuck as hospital in-patient aimed at supporting them to achieve their ambitions and goals. The service was developed through varying existing contracts with five voluntary sector providers within existing resources and has so far worked with 210 people discharging them into the community to live more independent, but supported, lives at a considerably saving to the NHS.

Lambeth council's cabinet member for wellbeing Cllr Jim Dickson said: *'The Lambeth Living Well Collaborative demonstrates that co-producing with mental health service users and carers produces excellent results and efficiencies.'*

Changing Minds

Changing Minds is a six month service user leadership programme that recruits and trains local people with direct experience of mental ill health to challenge stigma and discrimination. It has

already been piloted successfully by South London and Maudsley Mental Health Foundation Trust over the last five years. Recently the programme has been successfully replicated by 20 boroughs over the last three years with a social return on investment evaluation assessment from the University of East London showing for every £1 spent in the programme as a whole - £9 was saved. Of over 100 participants 77% were involved in challenging stigma and discrimination; 44% are now in full or part time work; 27% are accessing further education and 48% are involved in other service user activities like attending meetings, consultations, and volunteering.

Social care

Turning Point – Connected Care

Connected Care is run by health and social care charity Turning Point; it involves the community in the design and delivery of integrated health and wellbeing services. Local people are trained and paid to carry out a detailed audit, and with the assistance of frontline staff and commissioners, they conduct a service re-design and cost-benefit analysis in order to make the business case for change. This leads to bespoke services which are inherently more efficient because the service is closely tailored to local need and the community is automatically engaged. Prospective modelling of a Connected Care service redesign [This sentence was written by LSE who are VE RY picky about the way their research is described] proposals in Basildon undertaken by the London School of Economics, suggests that for every £1 spent, £4.44 could be saved through reduced demand on public services, rising to £14.07 when the value of quality of life improvements are included.

Public health

Well London – Health Champions

The Community Health Champion programme is part of the Well London scheme. It has been found to improve the health, sense of community, employability and confidence of many people living in the deprived White City ward of Hammersmith and Fulham.

The programme began with people from the area being consulted about their needs at a public meeting, arranged in partnership with the tenants association and other local groups.. Then, in conjunction with the Primary Care Trust and other agencies, 40 volunteers were trained as health champions, achieving NVQ level 2 in public health. The assessment they undertook resulted in exercise classes, smoking cessation sessions, healthy eating workshops and a range of other resident-led initiatives. The University of East London evaluation called this White City Health Champions project the 'jewel in the crown' of the Well London programme.

The project has involved over 2,000 people with the result that 82% now make healthier eating choices, 85% take more exercise, 79% feel more positive about their life and the same number have a better understanding of their mental wellbeing. In addition many of the volunteers have got qualifications for the first time, found jobs and started related businesses like exercise classes.

Primary care

Cullompton Practice

Dr Michael Dixon's GP surgery in Cullompton, Devon takes a unique approach to patient involvement and self-care. As well as receiving a normal GP consultation, patients can be referred to a range of patient-led support groups ranging from diabetes to depression. These are supported by a full-time administrator who also oversees an in-surgery library of self-help books and other

guides to healthy living. There is also a co-operative patient-run café on site that serves healthy food and drinks. Dr Dixon says he believes the approach has reduced prescription bills and admissions by preventing and ameliorating mental and physical conditions.

Conclusions

These innovative examples show the difference that can be made by fully involving patients, service users and local communities in the design and delivery of services.

The evidence indicates that co-production improves the health, confidence and skills of participants whilst creating more efficient services which best reflect the needs of the population being served. This in turn leads to better outcomes and can potentially reduce prescriptions, hospital admissions and other expensive treatment interventions at a time when funds are scarce.

By learning from these early examples and working with service users, the new commissioners, whether they are Clinical Commissioning Groups, Health and Wellbeing Boards or national NHS Commissioning Board, can ensure that their services are efficient, effective and tailored to local needs.

Good co-production requires the right approach and proper resourcing for it to be a success. Some useful guides for co-production in mental health can be found on the NSUN website including:

- [documents and guidance on involvement](#),
- [PPPI baseline standards](#) for involvement,
- [Dancing To Our Own Tunes](#) (the black and ethnic minority involvement charter) and forensic mental health service involvement [recommendations](#).

Do not hesitate to contact NSUN if you require more information about service user, patient and community involvement. NSUN network for mental health is an independent, service-user-led charity that connects people with experience of mental health issues to give us a stronger voice in shaping policy and services.

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References & Resources

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