



Co-production in Commissioning

Getting started



Contents

1. Co-production in mental health commissioning introduction and overview	3
What do we mean by co-production?	3
Why should we work co-productively?	3
The core values of co-production	4
The Rethink Mental Illness co-production project	5
The toolkit	5
2. The Rethink Mental Illness model of co-production	7
a. Our model	10
b. Delivering co-production in a few simple steps	11
c. How we made our project work – our top tips	14
d. Voices of co-production – some case studies	16
e. Our evaluation – key findings	22
3. Developing co-production within your organisation	24
a. Getting started	24
b. Working co-productively – an internal audit tool	25
c. Organisational action plan	28
d. Talking about co-production	29
4. Further information	30
5. What makes co-production work?	31
6. Appendix – the tools	32

1: Co-production in mental health commissioning – introduction and overview

This toolkit provides an introduction to co-production in commissioning, and a range of materials and ideas which you could use to develop co-productive ways of working within your own organisation. Whilst our work is specific to mental health, the principles can be more generally applied.

Co-production has a history going back to the 1970s, when it was first used by Professor Elinor Ostrom from the University of Indiana, and then developed by Edgar Cahn, the Washington civil rights activist and speech writer for Bobby Kennedy. Co-production aims to create a fundamental partnership between the monetary economy (public, private and charity sectors) and the core economy (home, family, neighbourhood, community and civil society – the value of the core economy's productive labour is calculated as at least 40% of the GDP).

We have based much of our thinking and work on the original models and ideas of Nesta and New Economics Foundation (nef), who are key leaders in the development of co-production in health settings in the UK.

What do we mean by co-production?

Co-production, in this context, provides a meaningful way of involving communities, often those who would not normally engage in decision making, in the commissioning process. It is about developing equal, respectful, trusting and productive relationships between decision makers and those affected by decisions. It is not just about asking people what they think, or regarding them as passive recipients of the services available. It recognises that all participants are experts in their particular field and are assets to the decision making process.

Why should we work co-productively?

Co-production empowers those who use services and makes the most of their expertise and assets. It helps improve outcomes and services, and it can save money by reducing the burden on services through, for example, reducing emergency and unplanned admissions (an estimated 7%) without the need to cut services (<http://www.nesta.org.uk/project/people-powered-health>).

There is a legal obligation for local authorities and CCGs to involve local communities in health and social care service plans or changes. (See: <http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf>). Traditional mechanisms, such as patient involvement, focus groups and community feedback can lack equality and leave participants listened to but not heard and no actions resulting. This process can leave people feeling devalued and less empowered than before. Co-production provides an

opportunity for genuine involvement in decision making, leaving participants empowered and enabled, and plans and services more likely to succeed.

The core values of co-production

There is no set way of 'doing' co-production, and it will work for design or decision making projects lasting a few days or a few years. We've developed this toolkit so as you can utilise parts of it or all of it, depending on the particular needs of your organisation. There are also tools you can use to pilot the idea and then go on to develop the work more fully over time.

A co-production project has core values which are key to ensuring that the work done is actually co-productive and meaningful, and all participants feel that their voices are equally important. These are the core values defined by Nesta in 'Right Here Right Now'. We have based our work on these principles.

- **Recognising people as assets** – transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.
- **Building on people's existing capabilities** – altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put these to use with individuals and communities.
- **Mutuality and reciprocity** – offering people a range of incentives to engage, which enable them to work in reciprocal relationships with professionals and with each other where there are mutual responsibilities and expectations.
- **Peer support networks** – engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change.
- **Blurring distinctions** – blurring the distinction between professionals and recipients, and between producers and consumers of services by reconfiguring the way services are developed and delivered.
- **Facilitating rather than delivering** – enabling public service agencies to become catalysts and facilitators of change rather than central providers of services themselves.

“Co-production is the way to do things; it costs in the short term, but will lead to savings and efficiencies – and, most importantly, services which respond to real need... it just makes sense.”

Kirstin – Project Manager, Rethink Mental Illness



The Rethink Mental Illness co-production project

The national charity Rethink Mental Illness has been delivering co-production projects in the London boroughs of Hammersmith and Fulham, Kensington and Chelsea, Kingston-upon-Thames and Westminster since 2012. This has given us a chance to pilot a range of projects and delivery methods which have all been evaluated, and to develop a model for effectively embedding co-production in commissioning processes.

Our model, outlined in the next section, has enabled us to work with groups who have not normally had their voice heard – including people with chronic long term mental illnesses and diverse groups of young people.

The toolkit

This co-production in commissioning toolkit is part of the sustainability and legacy of our project. We hope that commissioners of mental health services will use it, and benefit from the learning of our pilot projects. We've included some of our learning, as well as the experiences of some of our volunteer champions, and some of the tools we used are available as appendices. Please feel free to use the tools.

“Why would commissioners not want to work co-productively?”

If you’re developing a million pound service you’d be stupid not to involve those people from the demographic it’s for... that way, people use it – you only get value for money by involving those who’ll use the service.”

Harry – Volunteer Champion, Out of Hours Project



2: The Rethink Mental Illness model of co-production

Where did our model come from?

We were inspired by the impact demonstrated by Nesta in their People Powered Health work. We believed that it demonstrated that working co-productively could bring changes for people affected by chronic and long term conditions and for the wider NHS and that these changes could be limitless, as long as the right support and conditions were established.

What did we want to do?

We wanted to:

- Work in commissioning –an environment that is not the traditional stomping ground of most service users and where things can move slowly and be complex.
- Achieve co-production in complex decision making processes between strategic decision makers/budget holders and those who could be seen as hard to engage (people with severe mental illness, young people, looked after young people, people involved with the criminal justice system).
- Create and test a model of co-production where decision makers, and those affected by the decisions being made, feel they are empowered to work together, on an equal footing, to make choices and key decisions throughout the commissioning cycle.

Our idea and how it worked

We developed and tested models that we felt would achieve our aim of hearing from those who can be seen as hard to engage. We decided on a model that empowered a core group of well networked community representatives (we called them champions) to work together with both their local community groups (whoever they may be) and directly with the commissioners to design services. This model aimed to ensure that all community members could have their voice heard through their champion.

For example: in our model we had champions from Korean and Somali communities who worked with their local community through focus groups to seek a much wider voice and input. Our champions provided translation services and reached groups that we and our local authority and public health partners never would have.

We also engaged champions in looked after care who ran focus groups in their residential settings, gathered ideas and feedback in the reception of social services, and talked to friends at projects they attend – again this gave us feedback and insight we would never had gleaned had Rethink Mental Illness and the CCG arranged a focus group.

Making co-production work in commissioning

We developed a clear approach that was designed to empower both the decision makers and champions to work together on an equal footing.

Commissioners

We provided brief training for commissioners and professionals, as well as providing key messages on what co-production is and how it works. This helped make sure that professionals in the room understood the principles we were working by and were signed up to these before we started.

Champions

We provided training and information for champions to empower them to work with commissioners and to engage their local communities – this included accessible training on commissioning, communications and marketing and community engagement. More information on the training we provided can be found in section 6.

We arranged regular meetings for the champions (every 2-3 weeks) where they could work as a group and support each other. This helped them progress tasks outside of their work in the co-production meetings. Our champions liked this and found it helped keep things on track, so we'd recommend this as an approach. Whilst not vital for co-production, we also provided one to one supervision for champions and personal development plans – this helped improve skills, support and empower our champions.

Community members (experts by experience)

We supported the champions to think about who they wanted to engage and how they would do this and sometimes worked with them to undertake these engagement activities. Whilst not vital for co-production, we provided training for experts by experience, to thank them for their time, provide them with new skills and information and help them to engage in future events.

Environment

Establishing a safe environment that all parties felt was comfortable was key to the success of our model. We booked neutral venues (hotels, board rooms, church halls etc.). A key part of the success of our co-production was getting the group to set ground rules for working and agreeing how they would work together at the start of the project. This was made easier by our external facilitation.

Managing expectations

We all know commissioning processes can be slow, complex and sometimes take time to see results. We decided that we would ask the commissioner to define the scope of the project and the expected times scales/deadline from day one. Co-producing the project plan is also key to our model – it helps everyone understand what is on the agenda – we have developed some tools to make this process more accessible. We would suggest you do this even on really short projects.

Everyone empowered to work together on an equal footing

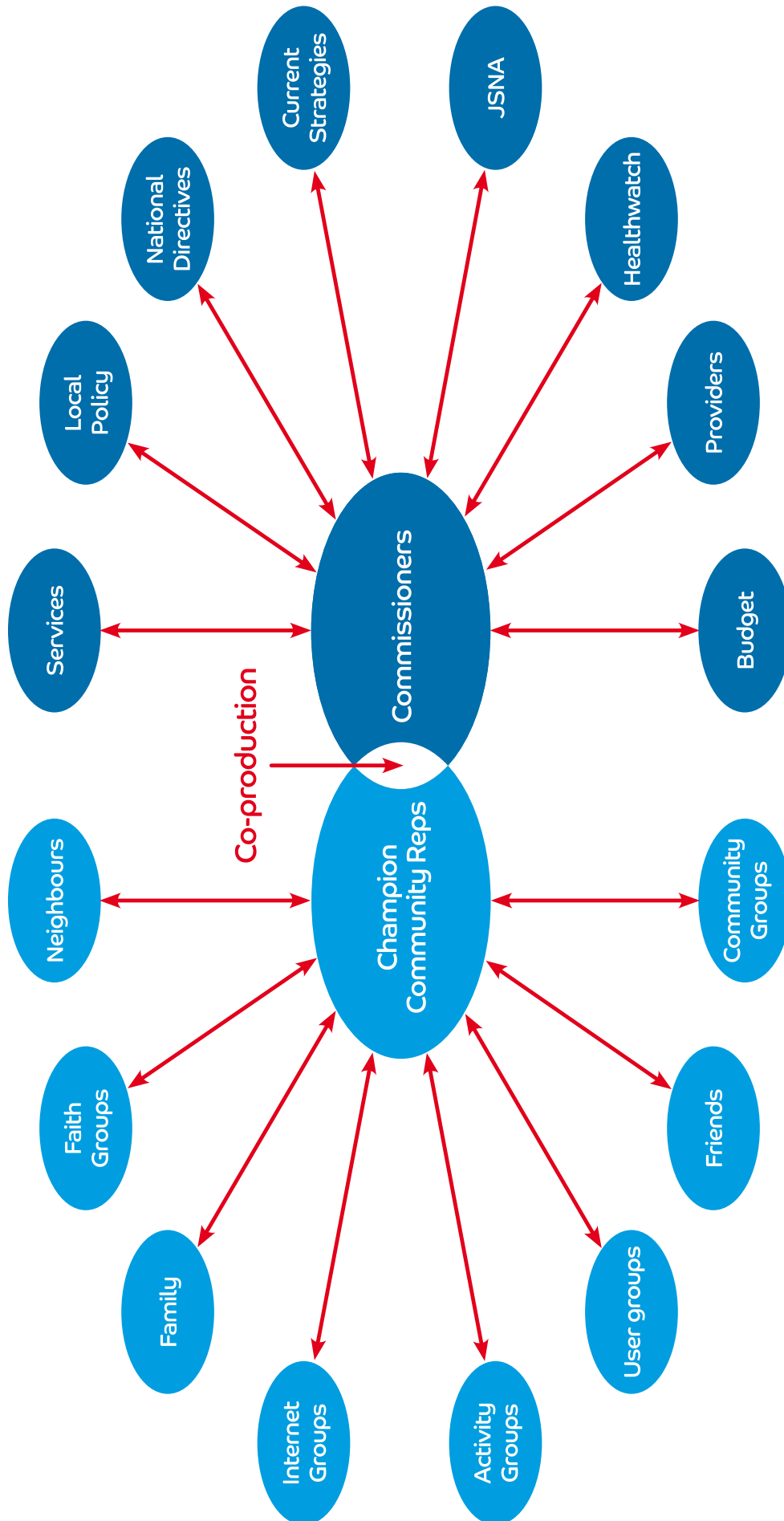
The implementation of the model above was vital to this. We also ensured we had a strong external chair and facilitator for all co-production meetings. This was agreed by the group at the start of the project. These two people had to be skilled at managing groups and had to ensure we stayed on topic and followed the agreed agenda and ways of working, while giving all parties an opportunity to engage. This approach enabled us to work through some complex and challenging issues to reach a solution that all parties were happy with.

Testing our model

We have tested our model in four pilots and have evaluated it to see if commissioners and people affected by mental health problems felt empowered by the approach and what impact the approach had on future local tender specifications.



2a: Our model



2b: Delivering co-production in a few simple steps – our method for making co-production real

Core value of co-production (as defined by Nesta)	Our method
<p>Recognising people as assets</p>	<ul style="list-style-type: none"> • Training for professionals to help develop attitudinal change around seeing service users as assets and to see what assets they bring to a co-productive project • Training for service users to develop attitudinal change and learning about their own assets
<p>Building on people’s existing capabilities</p>	<ul style="list-style-type: none"> • Providing training and personal development planning for our champions • Training opportunities for our experts by experience • Enabling decision makers to share their skills and knowledge with the co-productive team
<p>Mutuality and reciprocity</p>	<ul style="list-style-type: none"> • Being very clear about our expectations of what people put into the project and what they get from being involved.

<p>Mutuality and reciprocity (<i>continued</i>)</p>	<ul style="list-style-type: none"> • Agreeing aims, objectives and timelines using project planning tools that decision makers and service users can work through together • Ensuring there is a very clear ‘offer’ for all parties to know what they will get out of taking part
<p>Peer support networks</p>	<ul style="list-style-type: none"> • The champion group support each other • Champions receive one to one support and personal development • Champions support the experts by experience in their wider networks • Lessons learned and planning sessions held for professionals • Local professional support groups
<p>Blurring distinctions</p>	<ul style="list-style-type: none"> • Agreeing joint work plans • Agreeing project roles e.g. chairing meetings • Agreeing ground rules and project/meeting governance • External facilitation • Neutral venues that both decision makers and champions feel comfortable and empowered to work in
<p>Facilitating rather than delivering</p>	<ul style="list-style-type: none"> • All working groups are externally facilitated rather than any one person or group leading agenda or work plan



“We’re trying to design services for children and young people. None of us are children and young people.

What we needed to understand was the service users’ experience, but, wider than that, we wanted to find out what people need from services, what will make them use them, and what will ensure that they’ve got the help they need when they want it – at the right place, at the right time.”

Jacqui – Commissioning Manager, London Borough of Hammersmith and Fulham

2c: How we made our project work – our top tips

- Use ice-breakers at each meeting to break down barriers and help make everyone equal.
- If your volunteers will engage with young people or vulnerable adults, and you need to do a DBS (Disclosure and Barring Service) check, do this right at the beginning of the process.
- Be clear about what you expect of your volunteers before they get involved – some of the people we engaged in phase 1 were a little overwhelmed, and if we could have been clearer about the roles, they may have chosen to get involved in a different way. We have an outline example role description in this toolkit.
- Provide a brief information or training session for professionals and commissioners who will join your co-production project – people do need to understand and buy into the concept and principles of co-production to make it work.
- Provide support for your volunteers – recognise that they often have their own lived experience of mental illness. We did this through one-to-one and group supervision and telephone catch ups.
- We booked the travel for volunteer champions in advance and sent tickets to their door, paid before they travelled, or when necessary, booked taxis.
- We provided food during meetings which is recognition of the time that is being donated to the project.
- We sent text reminders to participants one week before, and followed up the day before. If we didn't hear from our champions, we phoned them the day of the co-production meeting.
- We didn't have a formal chair at co-production meetings.
- We had one member of staff who provided an on-going link to our champions, so as a trusting relationship was built.
- We tried to use the same venues so as people became comfortable going there – we made sure they were neutral venues such as hotels, community centres and theatres.
- The commissioner was honest and open about problems she faced, and limitations on what she could change.
- Everyone recognised the champions were sharing very personal experiences, and respected this.
- We encouraged champions not to over-share, or say anything at all if they weren't comfortable to do so.
- We ensured meetings had sufficient time for lots of conversations.
- We met with the champions in between full co-production meetings to develop their ideas, provide training opportunities for them, and work to briefs provided in co-production with the commissioners (for example, developing an online survey to collect ideas from peer networks).
- Be prepared to go back to the drawing board – co-production is all about trial and error.
- Do a feasibility study at the beginning to find out if you and your volunteers have the right peer networks – if not, involve other organisations who do at a very early stage.
- Don't try to insulate the champions/ volunteers from things going wrong – share it with them – that is empowering, and means you are living the principle of blurring roles. Find solutions with your volunteers – that's true co-production.



Involving providers in your co-production project

There are positives and negatives of involving providers in your co-production project – it's worth remembering that they often have more to lose, and are more financially invested in what change might mean – this can challenge them to adhere to the full principles of co-production.

Young people may also be aware that providers might lose funding, and people's jobs might be affected – they might also feel less confident about expressing openly the problems they've experienced themselves from services if some of them are in the room.

It's been our experience that providers sometimes pushed against change, once the co-production project decided on a new delivery specification for out of hours' services.

Recommendation

Look at the pros and cons of providers being a full part of the co-production project, considering the issues above. We'd recommend not having providers as a full co-productive member, but involve them at different stages of the project, keeping them informed, and providing training for them to understand co-production. At some point, ask your co-production champions to meet with your providers to share thoughts and experiences.

We found it useful for some of our champions to attend providers' meetings with the commissioners – this helped break down some barriers and improve understanding.

2d: Voices of co-production – some case studies

Harry – a volunteer champion's story (Out of Hours Project)

Harry has been involved in the co-production projects at Rethink Mental Illness since 2013. Harry has been in care himself, and his social worker suggested he get involved. Before that, he'd never heard of co-production – now he's passionate about it.

Harry has worked with commissioners and other young people to develop training for social workers and professionals who engage with young people in care. It went really well – the social workers wanted more training, and Harry says the team got more funding to do more training.

He says for him, co-production is everyone working together towards a common goal. At the start, he liked the fact that Rethink Mental Illness facilitated the meetings, but as time went on, the team did it themselves. Harry says that at the very first meetings, two of the senior commissioners were present – he felt they believed in co-production and wanted to listen. Harry points out that he worried that some of the young people might want the world, but 'we're the most realistic people of all, because we've lived it... we have experience of the world. We said what we wanted, but we understood it had to be small steps at first. We can be trusted to work with professionals'.

'Why would commissioners not want to work co-productively? If you're developing a million pound service you'd be stupid not to involve those people from the demographic it's for... that way, people use it – you only get value for money by involving those who'll use the service'.

Harry has done a range of things he'd never have got involved in before – he's sat in on meetings at Westminster City Hall, attending Task Force meetings every month – he's learned about working with people at all levels, that commissioners are human beings, and he's learned about the decision making process, and commissioning. He's presented to a group of commissioners in the North West, and one to a group of doctors. Harry now co-chairs corporate parenting meetings every three months – he says he'd never have done this before the project.

For Harry, co-production just makes sense. He says other volunteering he'd done before was tokenistic – 'let's get a young person to come along and then you'd never hear anything again. I worried that Rethink would be the same, but they weren't. It was real'. Being involved has opened up ideas about his career, and now he's thinking about being a social worker. He'd begun a degree in web media, but is now sure he wants to work with other young people in care, or who've been excluded from school. Harry was in care for over five years, and wants to help. He says that opportunities are there for young people in care, but they don't always know how to access them.

Jacqui – the commissioning manager’s story (London Borough of Hammersmith and Fulham)

“We’re trying to design services for children and young people. None of us are children and young people. What we needed to understand was the service users’ experience, but, wider than that, we wanted to find out what people need from services, what will make them use them, and what will ensure that they’ve got the help they need when they want it – at the right place, at the right time”.

Jacqui has worked with our mental health in co-production project since the beginning, and the genuine buy-in from her, as a commissioning manager, has been vital to the project’s success.

We asked Jacqui what she thinks the impact of co-production has been. She said that by professionals hearing young people speak directly has made them realise they weren’t getting it right, and that they need to change the ways of thinking and talking to young people, and to learn that young people can tell them how to do it better. She said whenever young people spoke directly to them, there was a bigger impact on commissioners and stakeholders.

Jacqui says that in times of money being tight, it’s important that CCGs can feel confident that they’ll get engagement and that people will use the services being provided – she says that using co-production makes this possible.

At the start, Jacqui acknowledges that she had concerns and was sceptical about how things would work. She said she thought that the types of service users who would join in with co-production would be unhappy ones, who wanted to complain, and that if a project had to be scaled back, it would be really difficult, but, she describes what happened: ‘they [the young champions] accepted that things change very quickly in the health economy... and it was a barrier, it came as a shock, but they were very pragmatic, they accepted that we had a limited financial situation... we had difficult conversations, but we’d been able to talk right at the beginning about there are limits... we can’t change the world... it was very helpful’.

Jacqui says that team building exercises facilitated by Rethink Mental Illness during the co-production process really helped ‘they broke down barriers between me and the young people’.

She’d recommend co-production to other commissioners, because, she says: ‘I believe if we co-commission we get the right service, we get services people will use, and it challenges us to make sure we know what is needed’.

“Volunteering in a co-production project is great because you get a buzz out of it and you get something out of it at the end. You have an equal voice. No one is inferior or superior... I started off nervous of NHS commissioners, but they need to learn from young people, and they do learn. It is important to be vocal and get your voice heard, because your voice is valuable.”

Rema – Volunteer Champion, Youth Offending Team Project



Rema – a volunteer champion’s story (Youth Offending Team Project)

Working on the co-production project gave Rema a lot – she’s grown in confidence. She’s passionate about mental health, because she’s been let down so often herself, and she wants to see genuine change. Rema believes co-production provides that chance – if commissioners listen to young people they’re hearing a different perspective – and it’s good for both sides. Rema says that, for her, ‘co-production means everyone pulling together in an equal partnership – everyone is an asset to the process, and there is no hierarchy’.

For Rema, being a volunteer champion on the Mental Health in Co-production project at Rethink Mental Illness means she’s had the opportunity to have training in public speaking and facilitation, and these have made a real difference to her.

Rema says ‘I feel more confident. I never used to talk about mental health before, but now I’m open about it, including to family and friends.’

Rema is beginning a degree in Psychology and Counselling – she says she’d never have done it before the co-production project. She’s also staying as a volunteer at Rethink Mental Illness on a co-production project which will train teachers to support young people’s mental health.

‘Volunteering in a co-production project is great because you get a buzz out of it and you get something out of it at the end. You have an equal voice. No one is inferior or superior...’

I started off nervous of NHS commissioners, but they need to learn from young people, and they do learn. It is important to be vocal and get your voice heard, because your voice is valuable’.

Kirstin – a Rethink Mental Illness’ project manager’s story

Kirstin was one of the project managers on the Mental Health in Co-production project – her role involved being the key contact with the volunteer champions – supporting them to engage with commissioners and their peer networks, and ensuring they were regularly supervised and had somewhere to sound off. Kirstin saw an invaluable part of her role as empowering the young people – through providing training on things like public speaking. She says the Rethink Mental Illness’ model developed personal development plans for each young person, and each had a personalised budget to spend on training – part of the reciprocity and mutuality principle of co-production.

Kirstin is passionate about co-production. She believes in the principles of it and its roots – and the fact it is meaningful. She says for her, communication is key to its success – between the team at Rethink Mental Illness, with the young people, and with the commissioners and the whole co-production group. For her, being open and honest was vital – she says the fact that the main commissioner we worked with understood co-production so well, and believed in it, was what made the project succeed. She says it can’t be done half-heartedly – young people spot inauthenticity a mile away.

For Kirstin, what really sticks in her mind was seeing the specification for delivery of Out of Hours Mental Health support for young people genuinely change, through extensive participation from young people – over 320 responded to an online survey. She says it worked because everyone used their networks – ‘we did as well as the young people’. She thinks it got such a big response because it was online – vulnerable young people could speak honestly.

Kirstin says it was good to see the young people so realistic about what could be achieved. The commissioner suggested developing ideas for a ‘bronze, silver and gold’ specification, and this worked really well – bronze was about the commissioner saying ‘I commit to this now and have the budget’, silver was ‘I hope to get this done and achieve it’, and gold was ‘what would your dream service look like? – we probably can’t hope to do it all, but we’ll work towards it’ – the young people appreciated the honesty of this approach. For Kirstin, one thing that makes co-production different is a willingness to try things out as a team – her role was less about traditional project management, and more about trial and error – ‘we kept going back to the drawing board’.

She learned lots about engaging young people – she says ‘don’t send them long emails, send them quick texts or phone them up, keep them engaged, use social media’ – she says it’s not always easy to keep young people engaged over the length of a project, but points out that it’s commissioners that have to have flexible diaries, not the young people who are bound by school or college timetables or inflexible job hours.

Kirstin says: ‘co-production is the way to do things; it costs in the short term, but will lead to savings and efficiencies – and, most importantly, services which respond to real need... it just makes sense’.

CJ – a volunteer champion’s story (Out of Hours Project)

CJ had only recently got out of hospital when he was asked to get involved in the Mental Health in Co-production project. He says that he found it therapeutic, and it helped him gain confidence to get back into the work place, which happened soon after he became a co-production champion.

At the start, he was a little bit cynical about the project – he says ‘I thought that they wanted to hear our voice, but I wasn’t expecting Local Authority commissioners and NHS commissioners to be as involved in the process as they were... I thought the engagement would be tokenistic, but the co-production was far from tokenistic – it really did make changes in services’.

CJ describes co-production as being about genuine change through being able to sit at a table and negotiate with commissioners. He says it was challenging – ‘commissioners were coming from a different place... they had different expectations placed on them, and they had to be realistic... but commissioners listened to what I had to say and I had a real part in how services are delivered... not a tick box saying they’ve listened to the service user’.

CJ says co-production benefits commissioners because they can find out where services are going wrong. Sometimes all they have to go on is complaints, or stats like how long people stay in hospital. Through the co-production process, commissioners get a new perspective. They can see the difference in services when you make changes informed by service users. He also says that the commissioners he worked with had fun – they enjoyed engaging with the champions – and says ‘we saw that commissioners are human... just like us – they just happen to make big decisions... we got an insight into how difficult their job is – holding the purse strings, deciding what services get funded or don’t’.

CJ believes co-production makes a real difference. He found the project rewarding and empowering, and believes it really changed things – for the services, and for him. He’s been offered places at University to study social work, saying ‘Rethink Mental Illness and co-production are all over my CV’. He believes he’s less likely to need to go back into hospital because of his involvement with co-production.

2e: Our evaluation – key findings

Since 2013, Kingston University have been evaluating our Mental Health in Co-production Project, and have prepared two evaluation reports with a final report due in September 2015. Rethink Mental Illness has prepared this short document to give an overview of some of the evaluation findings. The full evaluation can be downloaded from: www.rethink.org/coproduction

Introduction:

Between June 2013 and April 2015, Rethink Mental Illness commissioned Kingston University to evaluate its Mental Health in Co-production Project (MiC). The project is funded by the Department for Health's Health and Social Care Volunteering Fund, and runs until September 2015. The operational phase of the project is now complete. It worked across a number of London boroughs, focusing on the Tri-borough area of Hammersmith and Fulham, Kensington and Chelsea and Westminster; as well as Kingston –upon-Thames.

The key objective of the project is to create a tested and evidence-based best practice model for using co-production in the commissioning of mental health services. Co-production brings together community members (often service-users) and professionals (in this case, commissioners) to work together as equal partners in decision making around planning, design and review of public services. Our co-production community members were called 'champions'.

Findings

- Champions understood the difference between working in co-production and other service-user involvement projects, seeing that it placed them on an equal level with decision makers with regard to affecting service changes.
- Commissioners and other professionals reported a major benefit of the project was seeing the confidence and voice of the champions grow as the project developed.
- Professionals involved in co-production recommend that consideration should be given to the breadth of the co-production project at the start, considering that a narrow focus may achieve more within the agreed time-frame – although they did recognise the importance of the champions setting the agenda.
- Co-production projects work best where the champions have direct experience of the service they are asked to comment upon.
- Commissioners felt that the input from an external agency (in this case, Rethink Mental Illness) to facilitate the process and support the champions was vital to the success of the project.
- Both commissioners and champions felt that the input from Rethink Mental Illness helped build and maintain necessary momentum, and ensured all involved were kept accountable.
- Online methods of gathering views of wider groups of people were very successful (such as online surveys on social media)

- Commissioners said that working co-productively has given real validity to the service specifications for new Out Of Hours Mental Health Services, and they feel more confident that the services will be utilised as they meet the known needs of the young people.
- Generally, the co-production project showed Clinical Commissioning Groups the value of involving children and young service users in the process, and that they have a lot to say, and can contribute a great deal.
- When involving other partners or providers, it is vital to ensure that they understand and buy into the co-production process. It can be worth revisiting the model and the principles at the beginning of every meeting with new members.
- Engagement and buy in from agencies involved is essential to the success of the co-production process.
- Recruiting more champions than required for the success of the project is recommended to ensure that, even with drop-out, numbers are sufficient for effective working.

Comments from Project Participants:

A champion said:

“I think that when we’re having our discussions, there’s no such thing as a silly answer or a silly question when you’re there together and everybody accepts what everybody says. So you don’t feel uncomfortable about saying things and people help you engage into the conversations, and, yes, basically also knowing that if I do have the confidence to say something, that’s actually going to be affecting where the conversation’s going and how that’s going to affect the services”.

A commissioner said:

“It’s so difficult organisationally to move stuff through, but actually, the young people are knowing that you’re going to have to face them, and say it’s not working out, it really, really keeps you motivated, and actually just spending time with them keeps you motivated because you see how they have changed through the co-production process and they’ve gone on to do education, they’ve got jobs and you’ve seen their confidence rise. So that’s the other thing. I think sometimes it helps you keep going when things are quite difficult”.

A MiC project manager said:

“I think co-production enables a very proactive discussion where people can see change. So, actually, at no point have we had anyone make any inappropriate comment or it really delve deep. It’s always been that, they get it. Essentially, that’s what I’m saying, is that people really get the process quite early on. And because they feel vested in that, they understand where the information’s going, how that’s going to be used, and that it will be used, fundamentally”.

3a: Getting started

This toolkit provides many resources which you can use or adapt to the needs of your own organisation. Working co-productively does not have to mean a complete overhaul of ways of working, or establishing brand new projects. It does not have to be costly, but it is unlikely to be budget neutral in the short term. It can be as simple as shifting the focus of your existing work around participation and involvement to ensure that it is done using co-productive principles and practices.

Key Considerations:

1. Is the project you are considering going to benefit from being co-produced?
2. Does the project have a clear brief and defined objectives and timescales?
3. Are you clear what your volunteers will get from being involved in this project and offering their time and experience?
4. If you are offering expenses/financial rewards, do you have mechanisms set up for making payments?
5. Do you have the capacity to support the volunteers yourselves?
6. How will you facilitate peer support amongst your volunteers and enable them to learn from each other?
7. How are you going to ensure impartial facilitation of your co-production meetings?
8. Do all of your key stakeholders understand and engage with co-production principles? If not, what do you need to do to achieve this?
9. Have you defined a way of working which ensures that everyone's assets and experiences are valued?
10. Have you considered how you will ensure the involvement of those who may not normally engage with your projects or whose voices are rarely heard?

3b – Working co-productively – an internal audit tool

Co-production Audit for: _____

Date: _____ Completed by: _____

Recognising people as assets Transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.	Where are we now?	Not there	We're getting there	We're where we want to be
		What do we need to do to?		

Building on people's existing capabilities Altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put these to use with individuals and communities.	Where are we now?	Not there	We're getting there	We're where we want to be
		What do we need to do to?		

<p>Mutuality and reciprocity – (changing how you work together)</p> <p>Offering people a range of incentives to engage, which enable us to work in reciprocal relationships with professionals and with each other where there are mutual responsibilities and expectations.</p>	Where are we now?	Not there	We're getting there	We're where we want to be
	<p>What do we need to do to?</p>			

<p>Peer support networks</p> <p>Engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change.</p>	Where are we now?	Not there	We're getting there	We're where we want to be
	<p>What do we need to do to?</p>			

<p>Blurring distinctions</p> <p>Blurring the distinction between professionals and recipients, and between producers and consumers of services by reconfiguring the way services are developed and delivered.</p>	Where are we now?	Not there	We're getting there	We're where we want to be
	<p>What do we need to do to?</p>			

<p>Facilitating rather than delivering</p> <p>Enabling public service agencies to become catalysts and facilitators of change rather than central providers of services themselves.</p>	Where are we now?	Not there	We're getting there	We're where we want to be
	<p>What do we need to do to?</p>			

3c: Organisational action plan

Activity What are we going to do?	Owner Who will lead this action?	Team Who else will be involved?	Start Date	Completion Date

3d: Talking about co-production

You'll need to involve other people in making your co-production project work, and potentially 'sell' the idea within your organisation. It is a fairly new concept, and moves things a long way forward from service user involvement and patient participation. Here are some ways you could promote the idea of co-production:

"Rethink Mental Illness have provided us with a toolkit to get the project off the ground."

"There are a lot of different ways we can work co-productively. We can start by piloting something small."

"Estimates suggest that working in co-production can reduce our budget by 7%."

"We could co-produce our next Joint Strategic Needs Assessment."

"It's the right thing to do. It means we recognise our communities as assets and involve them in decision making processes in a genuine way."

"Working co-productively will help us identify the assets in our communities and enable people to use their skills and experiences to the full."

"Boroughs that have piloted co-production have found it really beneficial and believe that services become more in tune with local need and will have higher levels of use."

"Co-production enables us to meet government requirements for involvement: "authorities will need to consider carefully who might be affected by, or interested in, a particular function and ensure any information provision, consultation or involvement opportunity effectively reaches the relevant parts of the community – including those who can often be marginalised or vulnerable people (sometimes referred to as hard to reach). It is important that information provision, consultation and involvement opportunities are not limited to those with the 'loudest voice'." *No Decision About Me Without Me Report, October 2012*

4: Further information

Nesta and nef are two of the key players in the development of co-production in the UK, and their websites have many resources on working co-productively.

<http://www.nesta.org.uk>

<http://www.neweconomics.org>

Key papers are:

- <http://www.nesta.org.uk/publications/public-services-inside-out>
- http://www.nesta.org.uk/sites/default/files/right_here_right_now.pdf
- <http://www.nesta.org.uk/publications/challenge-co-production>
- http://b.3cdn.net/nefoundation/5abec531b2a775dc8d_qjm6bqzpt.pdf – Co-production Manifesto by nef in 2008

<http://coproductionnetwork.com/> – Blogs and discussion from co-production practitioners led by nef and Nesta.

http://b.3cdn.net/nefoundation/ca0975b7cd88125c3e_ywm6bp3l1.pdf – Co-production in Mental Health – A Literature Review, nef, 2013, commissioned by Mind.

<http://www.birmingham.ac.uk/Documents/college-social-sciences/government-society/inlogov/briefing-papers/beyond-the-state.pdf> – Beyond the State: Mobilising and Co-producing with Communities – Insights for Policy and Practice.

“We saw that commissioners are human... just like us – they just happen to make big decisions... we got an insight into how difficult their job is – holding the purse strings, deciding what services get funded or don't.”

CJ – Volunteer Champion, Out of Hours Project

5: What makes co-production work?

During our three years of the co-production project, we have worked with a number of different communities. Most of our work has been with young people, as is reflected in our toolkit. However, we believe that the resources and information we've provided are relevant across different communities, and we hope you find this toolkit useful. You will find some of the tools we used in the appendices that follow.

Our team discussed what we think the essentials of a successful co-production in commissioning project are, and our thoughts are below:

- Everyone sharing an understanding of why they are there.
- The commissioner involved should have direct influence over the project outcomes.
- Acknowledging and understanding why service users might be quite cynical about the process at the start (they will often have been involved in other types of service user involvement before).
- The scope for change, and limitations, must be agreed at the start.
- Genuine change being possible.
- If the project is time-limited, knowing and sharing who is responsible for continuing with the actions.
- Building the confidence of the participants is essential.
- Commissioners remembering what people have said – them genuinely listening and building relationships.
- Commissioners being an ambassador for co-production and demonstrating that commitment by prioritising the co-production project and being in attendance.
- Other professionals such as providers being trained in co-production but not part of the full co-production process.
- Having a clear cut off point for activities – we had 'task and finish' groups.
- Making the process fun.

6: Appendix – the tools

Tool 1: Initial advert and example role description template

We developed a short advert which we put on our website, facebook page and then abbreviated for twitter.

Tell us how you feel about Mental Health Services in your area – we want to know what you really think.

Do you have views about local Mental Health Services? Have you used them? Avoided them but needed them? You are the experts in what works and what needs to change. We'd really like to hear from you, and involve you in improving these services. This could mean filling in surveys or meeting with other people to share your views, but there's no pressure to do or say anything you don't want to.

We'd really like to hear from you if you:

- have experience of local Children and Adolescent Mental Health Services (CAMHS) or Adult Mental Health Services (AMHS), or are close to someone who has used these services e.g. a family member.
- have not been in touch with mental health services but wanted to be.
- are passionate about helping other people to feed in their views and experiences, but do not necessarily have personal experience of mental health difficulties.
- have good communication skills.
- have strong problem-solving skills.
- show leadership skills.
- have good time management and planning skills.
- are able to work well as part of a team.
- are able to work independently on projects as well as working co-operatively with colleges to deliver a task over a number of weeks.
- are able to take part in regular meetings and training sessions.
- are able to travel independently (please note that support will be provided for travel costs).

Tool 2: What is co-production?

An introductory handout

Co-production is about changing the way that decisions about services and support are made. This is done by bringing together those people who have the experience to work out what needs to be done and who can make things happen. This means people who use services, their families, community members and professionals. Everyone's insights and input are needed, respected and valued, and the group works together as equal partners.

There's no set way of 'doing' co-production, instead there are values that can be followed to make co-production happen:

See what people have to offer

People have their own strengths and skills, and have a role to play in how services are designed and run. They are equal partners, and should not be viewed as passively receiving a service or a burden on the wider system.

See what people can do

Services should recognise the things that people CAN do, and actively support them to do these things. It avoids looking at people just in terms of their needs or problems.

Change how you work together

Where local people and professionals work together, there needs to be mutual or shared responsibilities and expectations for everyone. If you are giving your time, you should expect to get something from doing so.

Get lots of people involved

Co-production uses the knowledge and insights of as many people as possible, by using existing networks or building new networks. Think about who you know and how can you link-up with them.

Blur the roles

Move away from traditional views of what 'professionals' do or what 'people who use services' and 'community members' do.

There are lots of definitions out there about co-production. Our project is following the work of organisations called the New Economics Foundation and Nesta.

You may find their definitions below helpful:

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”

Assets: transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.

Capacity: altering the delivery model of public services from a deficit approach to one that recognises and grows people’s capabilities and actively supports them to put them to use at an individual and community level.

Mutuality: offering people a range of incentives to engage which enable them to work in reciprocal relationships with professionals, and with each other, where there are mutual responsibilities and expectations of each other.

Networks: engaging peer and personal networks alongside professionals as the best way of transferring knowledge.

Blur roles: removing tightly defined boundaries between professionals and recipients, and between producers and consumers of services, by reconfiguring the ways in which services are developed and delivered.

Catalysts: enabling public service agencies to become facilitators rather than central providers themselves.



Tool 3: Assets

Facilitator's notes and an exercise helping to introduce the principles of co-production and asset based approaches

Purpose:

For the facilitators to introduce the principles of co-production and asset based approach.

Time: 30 minutes

1. **10 minutes** – facilitator refers group to co-production principles and whole group discussion takes place.
2. **15 minutes** – We used a game developed by the Assets Based Community Development Institute: <http://www.abcdinstitute.org/>. 4 categories are laid out and the group each get a stack of skills.

The group then take it turns to read out the skill on their cards and decide whether:

- that is a skill at least one member of the group has.
 - that at least one member of the group knows someone directly that has that skill.
 - that the group know where to find someone with that skill.
 - that they do not know where to find someone with that skill.
3. **5 minutes** – When all the skills have been read out the facilitator discusses with the group how many skills (assets) the group have combined and how their wider networks will have such a wide variety of assets too.

Numbers:

Whole group.

Equipment:

Champion Pack, Skills cards, category cards.

The equipment needed for this game can be downloaded from <http://www.abcdinstitute.org/toolkit/>

Task:

- Facilitator talks through the 6 key principles of co-production.
- In a large group the skills cards are divided in to one of 4 categories.
- The group is reminded about an assets based approach and the wide variety of skills within the group.

Tool 4: Skills and assets in the group

Facilitator's notes and group exercises to enable the project members to identify the skills and assets within the group and their wider networks

Purpose:

Building on the earlier session introducing assets, this session gives the group an opportunity to look at what skills and assets are available within the group and members' wider networks.

Time: 65 minutes

1. **20 minutes** – In groups of 3 or 4, complete the exercise 'Groups and Networks'.
2. **20 minutes** – 'Our Assets' Questionnaire – 2 minutes individually, then 18 minutes, same small groups.
3. **20 minutes** – feedback to main group on learning.
4. **5 minutes** – reflection completion.

Numbers:

Groups of 3 or 4 and whole group feedback.

Equipment:

Groups and Networks Exercise (x 1 per person); Our Assets Questionnaire (x 1 per person); flip chart paper and pens for group feedback; 5 minute reflections(x 1 per person).

Task:

- Ask people to get into groups of 3 or 4, encouraging them to work with people they haven't already worked with. Remind the group about the concept of wider networks. Hand out individual copies of the exercise 'Groups and Networks' – ask the groups to discuss it and complete a 'group' one, and note down any individual people they can think of on their own one as well.
- When they have finished the first exercise, hand out the 'Our Assets' questionnaire, and ask them to spend two minutes completing the first question individually, then, in the same small groups, answer the rest of the questions.
- Bring the group back together to review their main learning – who are the key people? Who else might we need to involve? What assets do they have? What assets are unique to the champions?
- Ask people to complete the 5 minute reflection form.

Collect in papers, as a useful write up for the group to use as a discussion tool in meetings.

Groups and networks

Who are the different groups involved in the project? What are their roles?

GROUP	ROLE

Who do we have in our wider networks that we could involve in the project to make it a success?

NETWORKS	ROLE / PURPOSE

Our assets questionnaire

What do we bring to the group?

Individually, what skills do you bring to working on the co-production project?

As a group of champions, what skills do we share?

Are there any skills that are unique to one person in our group?

Are there any skills that we need that none of us have? If so, how can we overcome this?

What skills will the professionals from the local authority/NHS have?

What skills do we think we have that they might not have?

Tool 5: Creating a group agreement and setting ground rules

Facilitator's notes and exercises around creating successful groups and rule setting

Purpose:

To allow everyone to think about what makes a group successful and develop the ground rules.

Time: 30 minutes

1. **10 minutes** – quick exercise – what makes a successful group (in pairs).
2. **15 minutes** – ground rules (whole group).
3. **5 minutes** – complete the 5 minute reflection form.

Numbers:

Pairs and whole group (if a very large group, do first exercise in threes to save time).

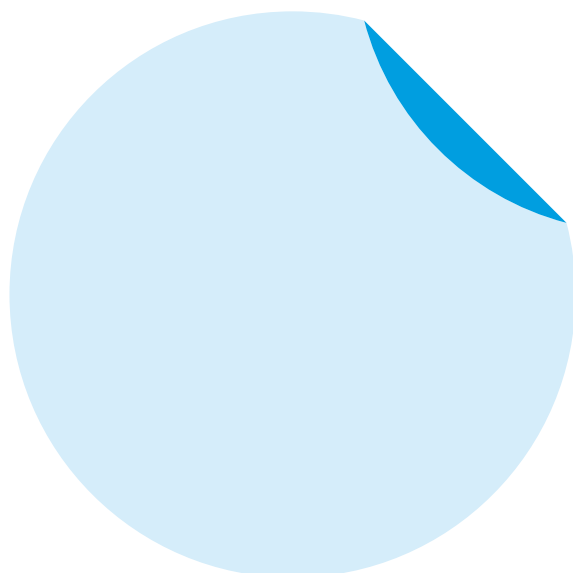
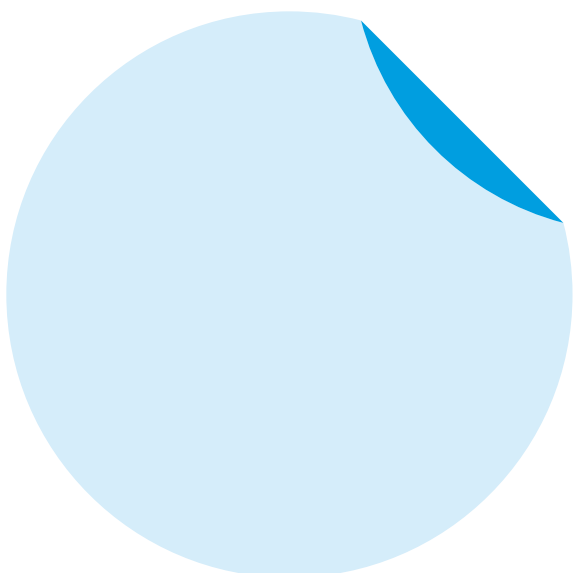
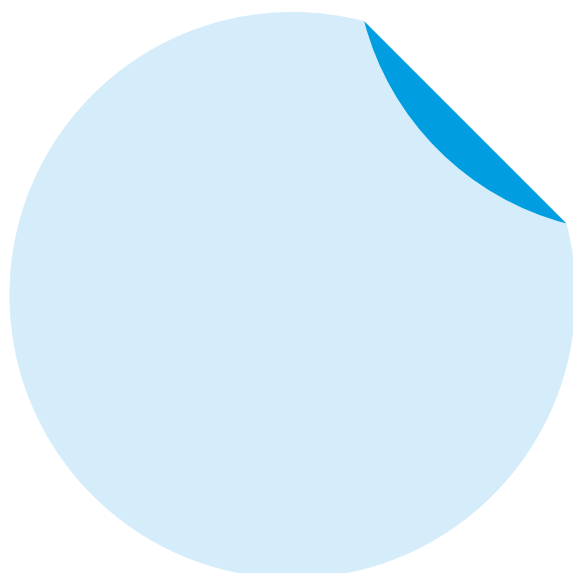
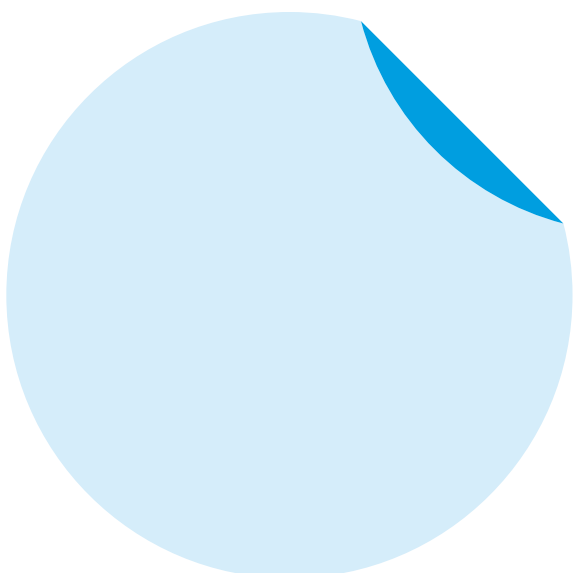
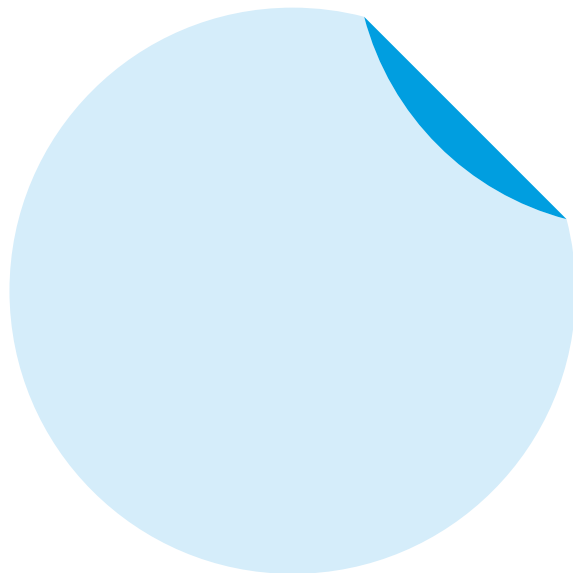
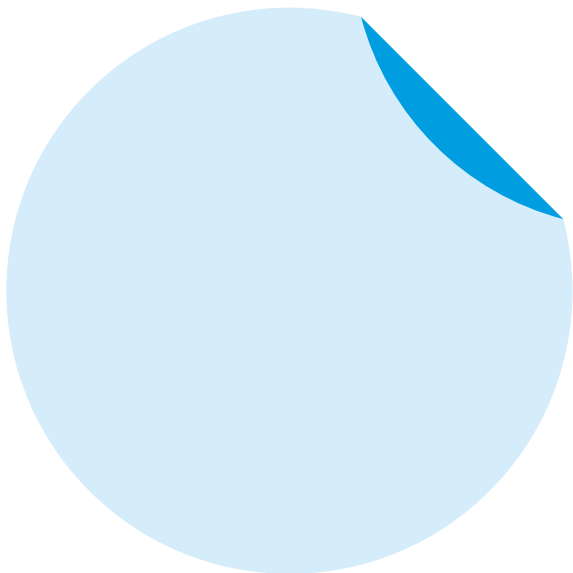
Equipment:

The Bubble Diagram 'What makes a successful group?' (x 1 per person), flip chart and pens for facilitator, 5 minute reflection forms x 1 per person.

Task:

- Explain to the participants that the co-production project involves a number of different groups who will all have to work together effectively, and that they come from different backgrounds and knowledge bases. Tell them that other exercises later on in the day will also give them a chance to discuss how we will make the group and the joint meetings work well, and meet their objectives. Ask them to divide into pairs, and give them the bubble diagram, asking them to spend 5 minutes completing it, (tell them to put down the first things that come in to their heads) and agreeing their top 3 things which make groups successful (ask them to star these ones, or make them a different colour, or highlight them). If there is time, the top 3 can be shared with the whole group.
- Introduce the idea of ground rules to the whole group – ask someone to explain what they think ground rules are, and then get the group to shout out the ones they can think of. If there is time, ask the group to put them into priority order, or agree their top 5 rules. Ask if people are happy with the final list, and explain that it will be shared with the co-production project group at the first meeting, so can be reviewed there.
- Ask people to complete the five minute reflection form.

What makes a successful group?



Tool 6: Developing a work plan and agenda

Facilitator's notes

Purpose:

For the facilitators to re-introduce the co-production project to the group, and the overall objectives for the project, and then give the group the chance to begin to agree a work plan and draft agenda for the first meeting.

Time: 30 minutes

1. **5 minutes** – facilitator gives overview of project aims and objectives.
2. **10 minutes** – the group begins to agree what work they want to achieve during the lifetime of the project, with timescales.
3. **10 minutes** – What are the top 3 agenda items they can think of for the first meeting?
4. **5 minutes** – as a whole group, agree 3 agenda items to be included at the first meeting.

Numbers:

Whole group or groups of three (time permitting).

Equipment:

Flip chart paper and pens.

Task:

- Facilitator reminds the group of the purpose and aims and objectives of the co-production project over its lifetime, and then asks either the whole group, or if time permits, smaller groups to discuss what their key tasks are to be achieved within the lifetime of the project, with timescales. Remind them this is just a starting point, and can be used for discussion at the first meeting.
- In small groups, ask the champions to write down the top 3 items they would like to be on the agenda for the first joint co-production meeting.
- Bring the group back together, and agree the top 3 items which will be included on the first meeting agenda.

Tool 7: Wellbeing Tool

Wellbeing tools are becoming more widely used as people realise how useful they can be. They give you the power to identify what makes you feel happy and safe, and also what makes you angry, scared or unwell. For many people they are a way of understanding how to spot the start of becoming ill or of not feeling able to cope.

Your wellbeing tool can be used to give you strength as you can use it to tell the people close to you how you want to be treated and what they should be looking out for so they can help you. People often feel that creating a wellbeing tool gives them a greater self awareness. It's for your personal use, but you can share it with us at any time you want to, and it would be good to reflect on it in your 1 to 1s.

You can write as much or as little in each box. You may also have other categories you want to add.

When I'm well: *What do you feel reasonable demands on you are and how would others know that you are feeling well?*

EXAMPLE: I feel happy, think clearly, enjoy reading and take the dog for a walk every day.

Things that keep me well: *What things do you do to look after your wellbeing?*

EXAMPLE: Getting fresh air and exercise, having a daily routine, seeing friends and listening to music.

Triggers that often make me unwell: *Here you can identify events or situations which if they occur might cause uncomfortable triggers for you, or cause you to feel stressed.*

EXAMPLE: Arguing with people, doing too much every day for a few days, family giving conflicting advice.

Signs that things are breaking down: *Here you can detail how other people can spot you are feeling stressed.*

EXAMPLE: I stop answering phone calls and just use texts, I forget to walk the dog, stop using public transport and miss appointments.

My support circle: *Who are the people you trust and rely on when you need extra help?*

EXAMPLE: Best friend Jo, Key worker Sam, Alex from my book group.

Action plan: *What can you do to stop getting more stressed or becoming unwell?*

EXAMPLE: I find it helpful to talk to people I trust about my fears. This way we can create ways for me to be practical and look after myself if a trigger happens. If I haven't been outside for a while, I find it helps for someone to offer to come with me. Tell someone I trust about hurtful comments so they can help me put them in perspective or find a way to overcome them.



September 2015



Leading the way to a better quality of life for everyone affected by severe mental illness.

For further information on Rethink Mental Illness
Phone: 020 7840 3013
Email: coproduction@rethink.org
www.rethink.org/coproduction

-  facebook.com/rethinkcharity
-  twitter.com/rethink_
-  www.rethink.org



Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 89 Albert Embankment, London, SE1 7TP. Rethink Mental Illness is the operating name of National Schizophrenia Fellowship, a company limited by guarantee. © Rethink Mental Illness 2015.



Rethink Mental Illness is a partner in:

