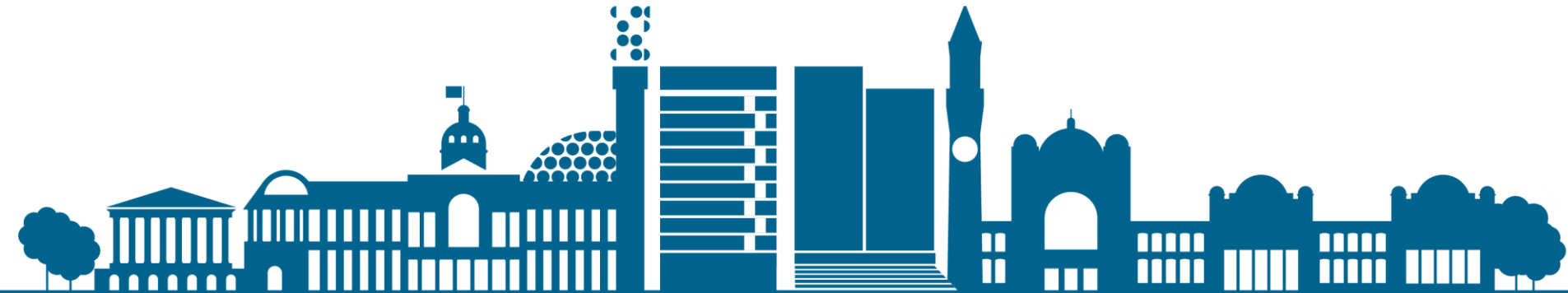# Co-production in commissioning for mental health:

Are we there yet?

Dr Karen Newbigging

Reimagining professionalism,

York, 28th October 2016

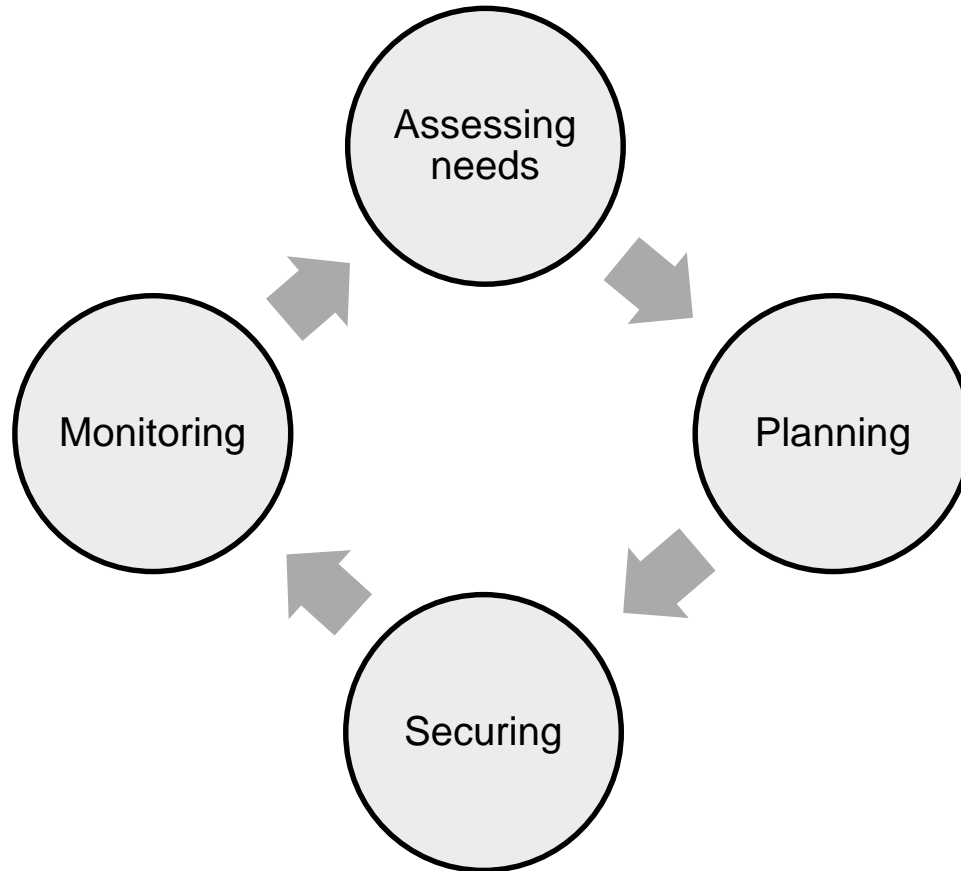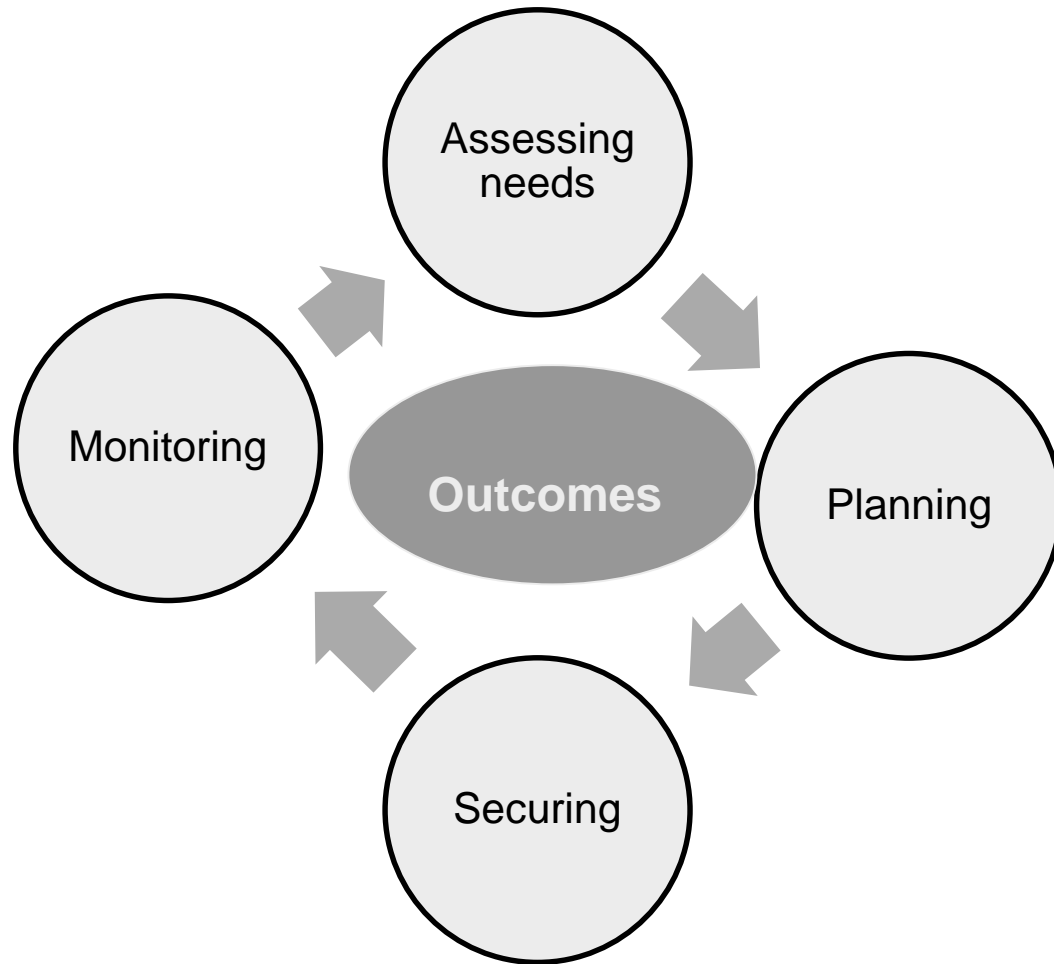# Co-production in commissioning: Are we there yet?

- ☐ What is commissioning?
- ☐ Co-production in commissioning
- ☐ Are we there yet?
- ☐ What evidence do we have?
- ☐ Facilitators and barriers
- ☐ What do we need to make coproduction in commissioning in mental health more of a reality?

The commissioning cycle

The commissioning cycle

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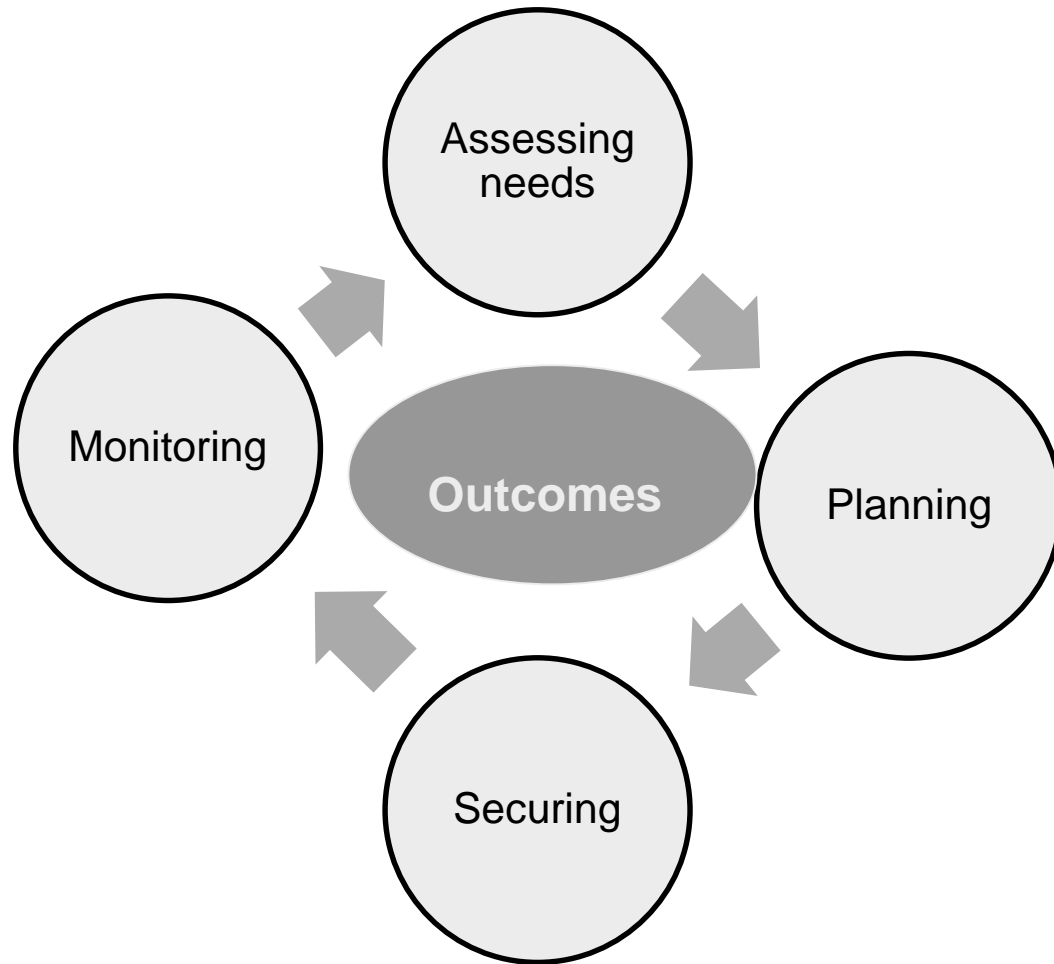
Who is commissioning for mental health?

- 209 Clinical Commissioning Groups - GPs and managers
- 152 Local Authorities – services and at an individual level (personal budgets/direct payments)
- Individuals with health and social care needs
- NHS England –specialised services

(56 NHS Trusts?)

....…..And the rest?

Commissioning as service transformation

"Good commissioning starts from an understanding that people using services and their carers and communities are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and shape of services locally".

Source: University of Birmingham (2014): Commissioning for Better Outcomes

'Strong and effective participation and co-production as central to service transformation'
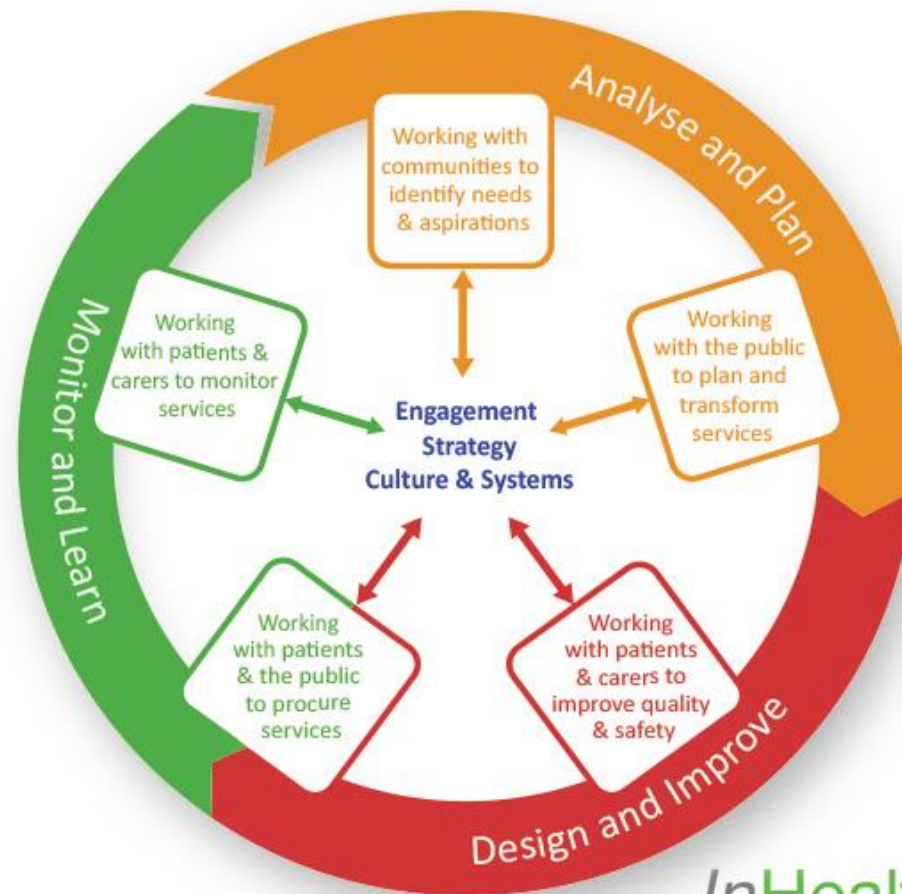
Social movements, activism and collective advocacy

Co-production means shifting the balance of power and expertise from public services and professionals towards local people and service users and carers so issues and solutions are jointly considered and solutions co-designed, and may be co-delivered

Needham, C and Carr, S. (2009). SCIE research briefing 31: co-production: an emerging evidence base for adult social care transformation.

Co-production in commissioning

- ☐ Equal partnership throughout the commissioning cycle
- ☐ A form of deliberative democracy
- ☐ Values-driven – reciprocity, power-sharing,
- ☐ Shift to asset based approaches
- ☐ Shift to a social model – importance of social context, individual values and preferences
- ☐ Transparency and accountability for decisions

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In practice

1. Getting the foundations in place - proper resourcing and support

2. Framing the questions differently

3. Defining outcomes to commission against (I statements)

4. Using a range of methods to co-design and co-assess services

5. Working with voluntary and community groups to engage seldom-heard groups

6. Confronting the 'D' (decommissioning) question

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Are we there yet?

Source: Loeffler et al., (eds). (2013). Co-production of health and wellbeing in Scotland. Governance International.

"A token commitment to co-production will perpetuate services that have little efficacy and are perceived as unhelpful, controlling or profoundly damaging"

Needham and Carr (2009)

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The co-production journey in commissioning: Where are you?

Co-producing

Co-designing

Involving

Consulting

Informing

Educating

Coercing
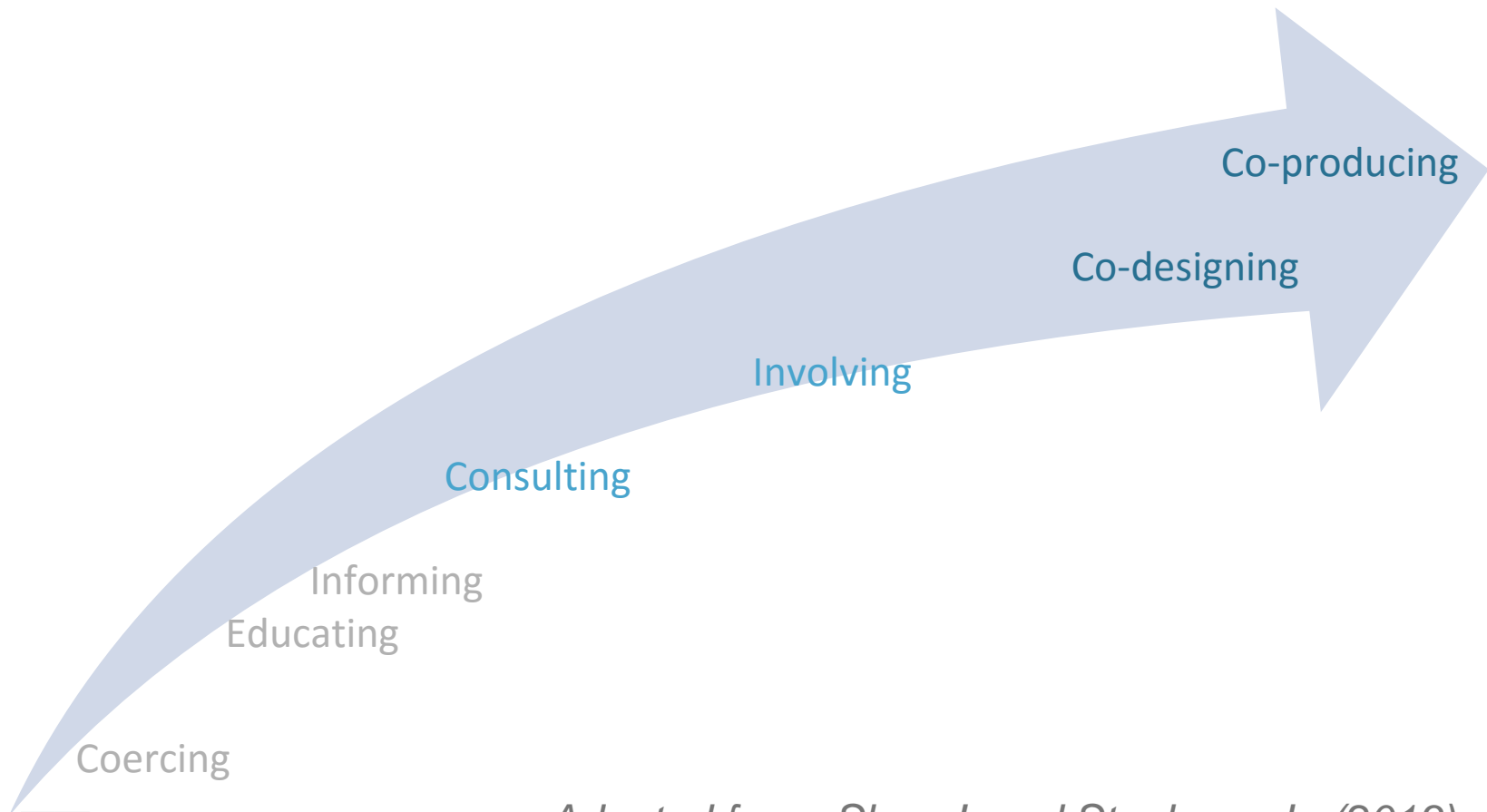
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Adapted from: Slay, J. and Stephens, L. (2013) Co-production in mental health. London: nef health.

Are we there yet?

Different views of involvement in commissioning

- ☐ Commissioners: a rational process. Emphasis on getting the right structures and processes

- ☐ Providers: a 'fine-tuning' process to get their services right or a way of exerting leverage on commissioners. Predominantly a self-interested activity.

- ☐ Service users/patients and the public: a wide spectrum of activities ranging from involvement in care to more strategic purposes.

*See: Peckham et al. (2014): **Commissioning for long-term conditions: hearing the voice of and engaging users – a qualitative multiple case study***

Examples of positive practice of co-production in commissioning

- Lambeth Collaborative

- The UK's first Mental Health Parliament in Sandwell

- Making a Difference (Mad) Alliance in North West London

- Newcastle: social prescribing for long-term conditions

Lambeth Collaborative

Our collaborative journey

June 2010:
Lambeth Living Well Collaborative established

March 2011:
Range of new initiatives commence

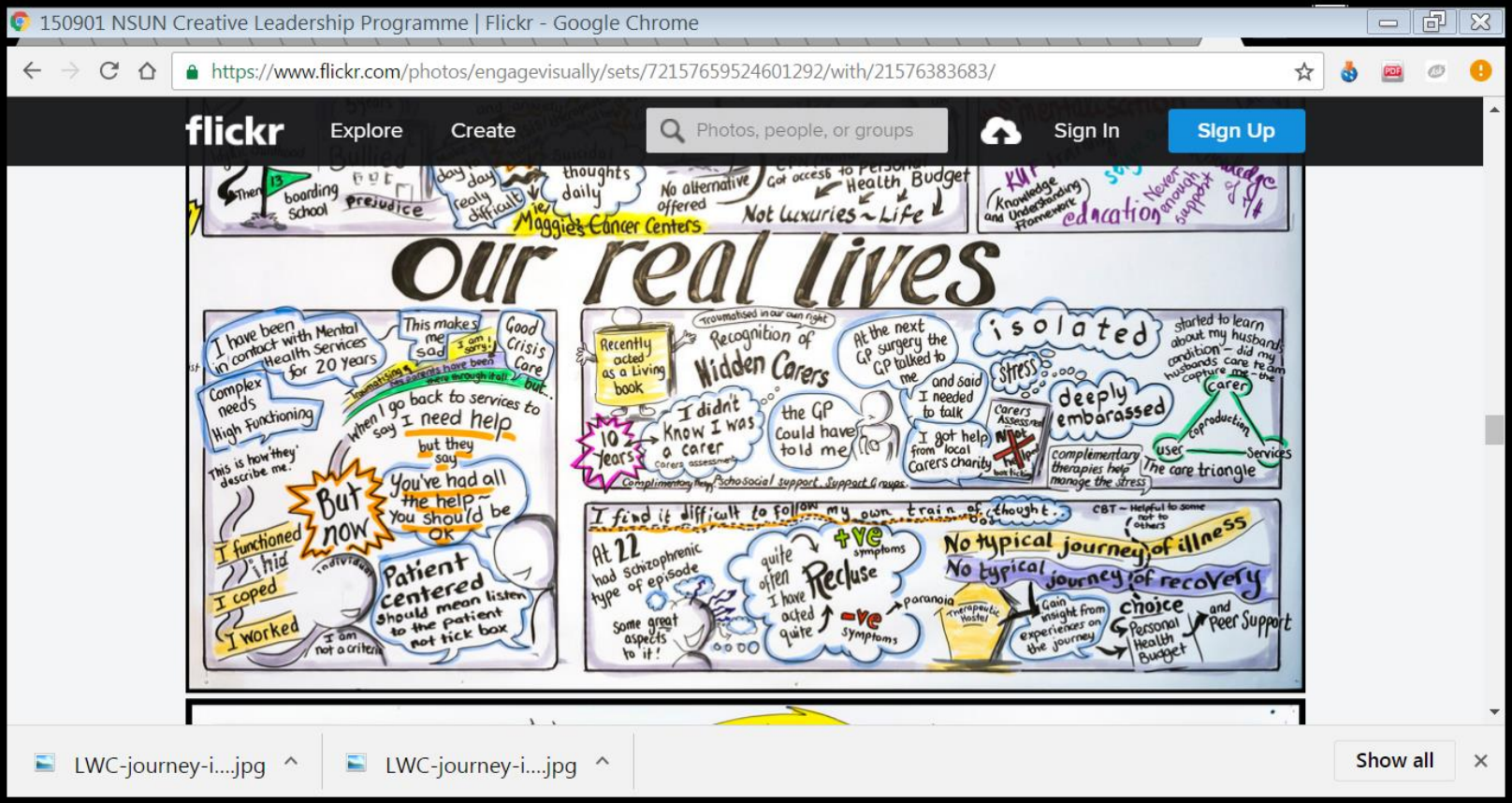**Innovations already in place :**
- Community options service and Primary care support team – 500+ people supported
- SWOT team and VCS supporting people to move to independent living – better outcomes, reduced cost
- Range of peer support initiatives – 700+ people contacts
- "Connect and Do" initiative supporting people to get connected.
- Living well partnership resource centre
- Personal health budgets – 110 in place
- Living well network hub – 790 people "introduced" since November 2013
- Multi agency "co-production" workforce development via the LWN
- Development of Buddy pack and Living Well Live

September 2011:
Provider Alliance Group established

November 2013:
LWN commenced

April 2014:
System change

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NSUN: Making a Difference (Mad) Alliance in North West London

Evidence

❑ Positive practice in social care but limited in CCGs

❑ Peckham et al (2014):

- Fragile and peripheral to main commissioning activities of the CCG

- Distinction between legitimate and legitimate voices

- Stronger voice when voluntary and community organisations involved

❑ Depowering and disinvestment in PPI structures

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Facilitators and barriers to co-production in commissioning

External factors

Organisational culture

Power

Capacity and resources

Values and commitment to co-production

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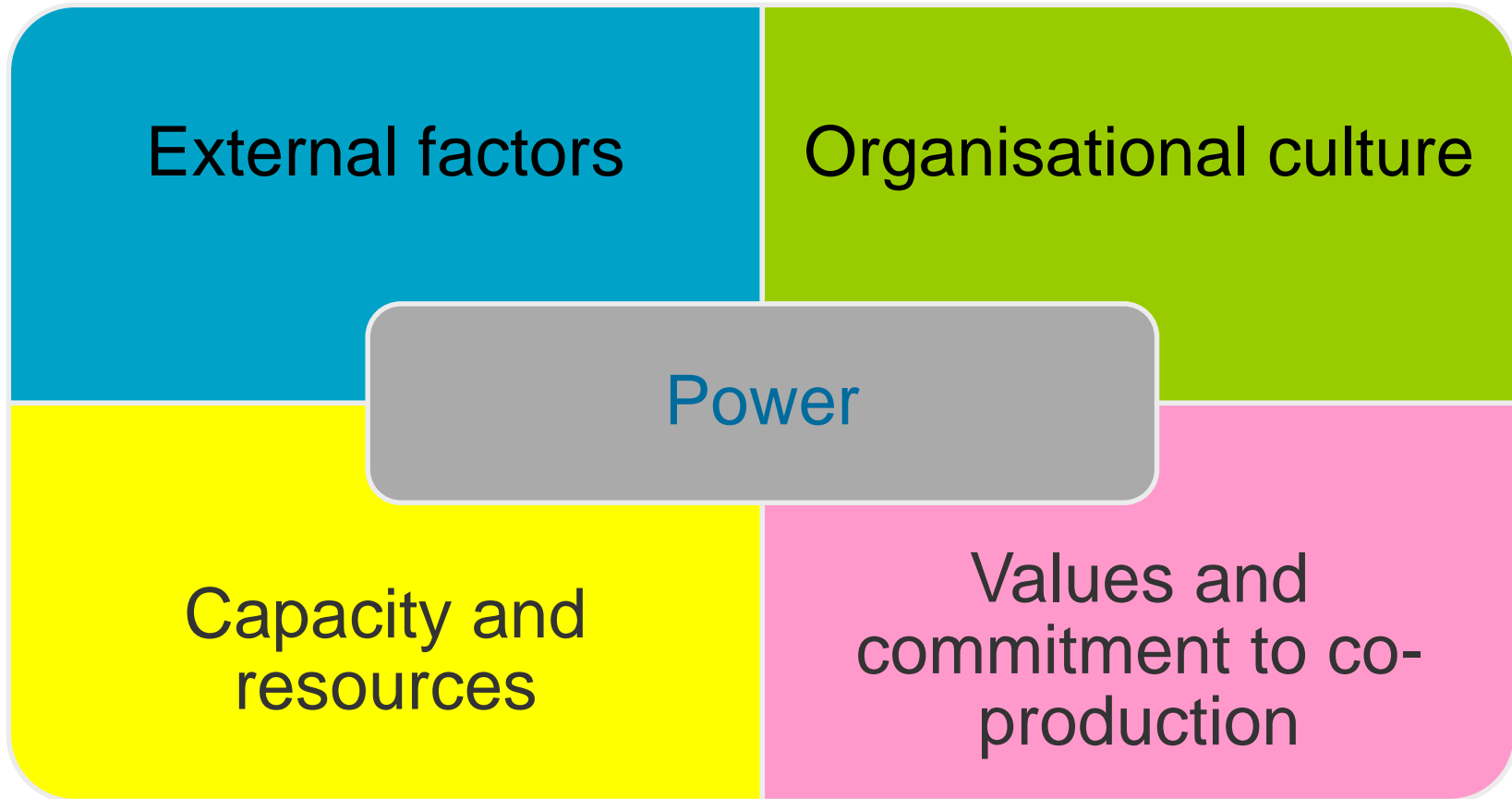
And finally, the 'D' question

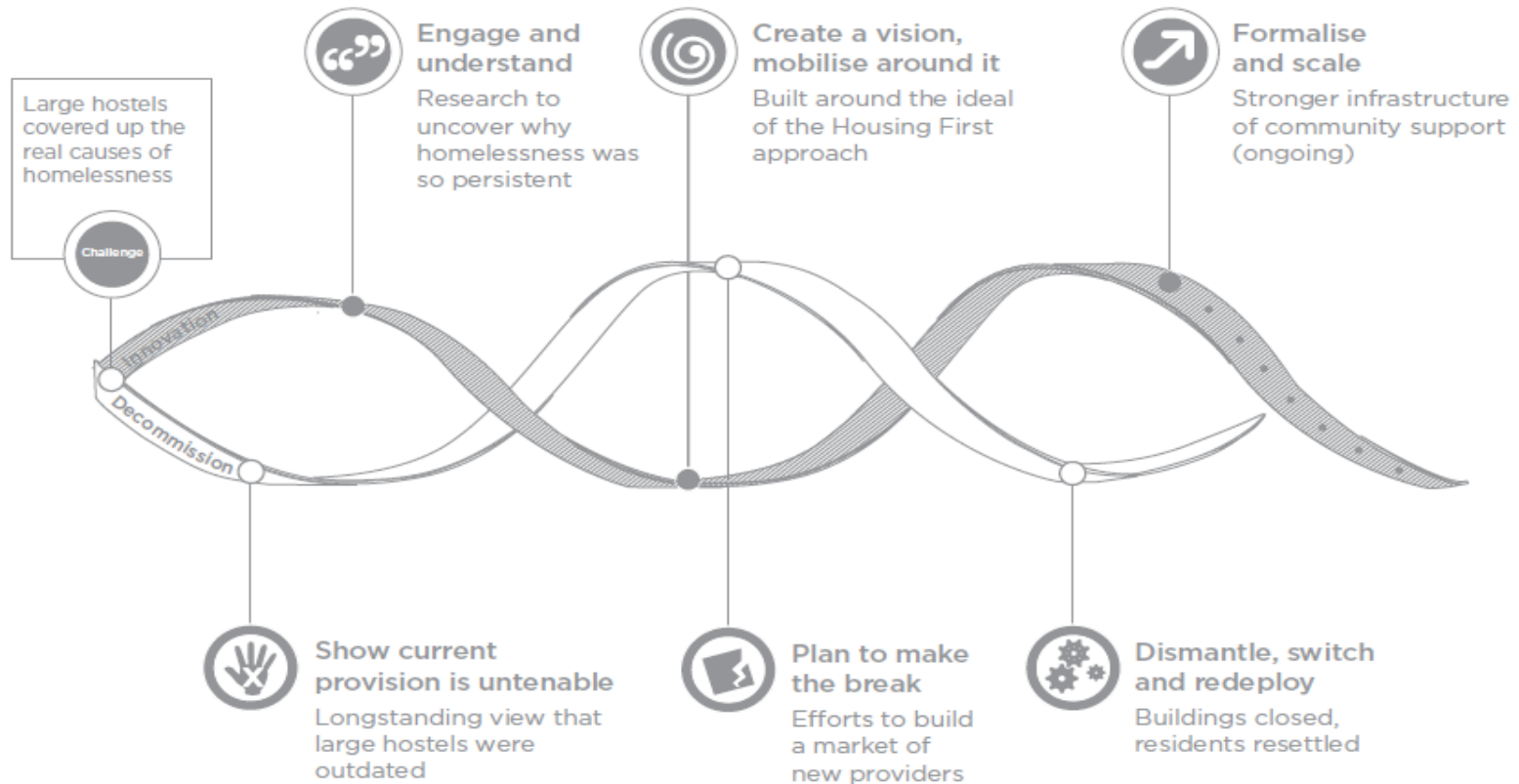**Figure 8:** Rethinking homelessness in Glasgow

Large hostels covered up the real causes of homelessness

Challenge

Innovation

Decommission

Engage and understand
Research to uncover why homelessness was so persistent

Create a vision, mobilise around it
Built around the ideal of the Housing First approach

Formalise and scale
Stronger infrastructure of community support (ongoing)

Show current provision is untenable
Longstanding view that large hostels were outdated

Plan to make the break
Efforts to build a market of new providers

Dismantle, switch and redeploy
Buildings closed, residents resettled

Bunt and Leadbetter (2012). The Art of Exit. In search of creative decommissioning. London: NESTA.

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So what do commissioners need to do to support co-production?

- ☐ Do it together – deliberate purpose and methods
- ☐ Attend to organisational culture and build capacity for co-production
- ☐ Invest in and support user groups/ patient forums/ voluntary sector to build capacity
- ☐ Tolerance of ambiguity and understand and use a plurality of methods and approaches to engage all sections of the population
- ☐ Deliberate the limits – are there any? Value activism
- ☐ Build co-production into contracts
- ☐ Share and learn from success and challenges

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Thank you
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