

My travels (and travails) with the medical model: towards co-production

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Aims of Presentation

- Definitions
- Co-Production as a process
- Co-Production Indicators
- Local experiments



Definitions

- ‘valuing all human capacity, honouring all contributions, generating reciprocity’ (Cahn 2004)
- ‘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’ (Boyle & Harris 2009 p11)



Implications

- ‘a potentially transformative way of thinking about power, resources, partnerships, risks and outcomes, not an off-the-shelf model of service provision or a single magic solution.’ (Needham & Carr 2009 p.1)
- co-productive approaches provide ‘a way in which the professional’s knowledge can be converted into a catalyst that empowers’



The Process

- a framework of participation to support the four core values that is not determined by what the professional wants but supports the equal contribution of the service user/citizen/community
- a process that achieves parity between the professional and the service user/citizen/community. According to context, the process might be collaborative, co-operative or confrontational
- a set of standards – the ‘universal core values’ of an asset perspective, redefining work, reciprocity and social capital



Levels

- **Individual Level**: ‘we all need to be needed regardless of age, formal credentials, marketable skills or barriers’ and that co-production ‘entails the fulfilment of that need [where] one’s contribution is acknowledged, recorded and externally validated’
- **Societal level**: a shift in relationships between professionals and service user/citizens or communities which moves from ‘one of subordination and dependency to parity, mutuality and reciprocity’



Co-Production Indicators

Co-production indicators Level	Indicator
Individual	The service/treatment goals are jointly set by professionals and service users
Operational	Service users deliver training in partnership with professionals
	Service users contribute to a professionally led training session
	Service users contribute to the production of official information
	The service has a regular meeting that service users can attend to get involved
Strategic	New services are jointly designed or co-produced by service users and professionals
	Several service users sit on the governing body

Crepaz-Quay 2014



Local Experiments

- Centre for Co-Production being established by Middlesex University
- Barnet, Enfield and Haringey Enablement programme
- Lee Bojtor & Linda Stannard



Centre for Co-Production: Aims

- Provide an umbrella framework for networks, individuals and organisations committed to developing and advocating for co-production
- Aim to provide a national, regional and local consultancy, research and training resource promoting the application and evaluation of co-production principles and practice
- ‘Provide opportunities for personal growth and development to people, so that they are treated as assets, not burdens on an overstretched system



Centre for Co-Production (cnt'd)

- Invest in strategies that develop the emotional intelligence and capacity of local communities
- Use peer support networks instead of just professionals as the best means of transferring knowledge and capabilities
- Reduce or blur the distinction between producers and consumers of services, by reconfiguring the ways in which services are developed and delivered: services can be most effective when people get to act in both roles – providers as well as recipients
- Allow public service agencies to become catalysts and facilitators rather than simply providers
- Devolve real responsibility, leadership and authority to 'users', and encourage self-organisation rather than direction from above

The Enablement Programme

There are a number of outcomes that are expected to be delivered as a result of this programme including:-

- A decreased bed base
- Less admissions
- More people moving through the pathway to discharge within shorter timeframes.
- An enabling focus to recovery adopted and supported along the clients journey.
- Fewer people on care coordinated caseloads at any one time.
- Enablement is the first point of contact for people accessing the organisation
- The organisation has a good reputation
- There is excellent feedback from both staff and people accessing the organisation

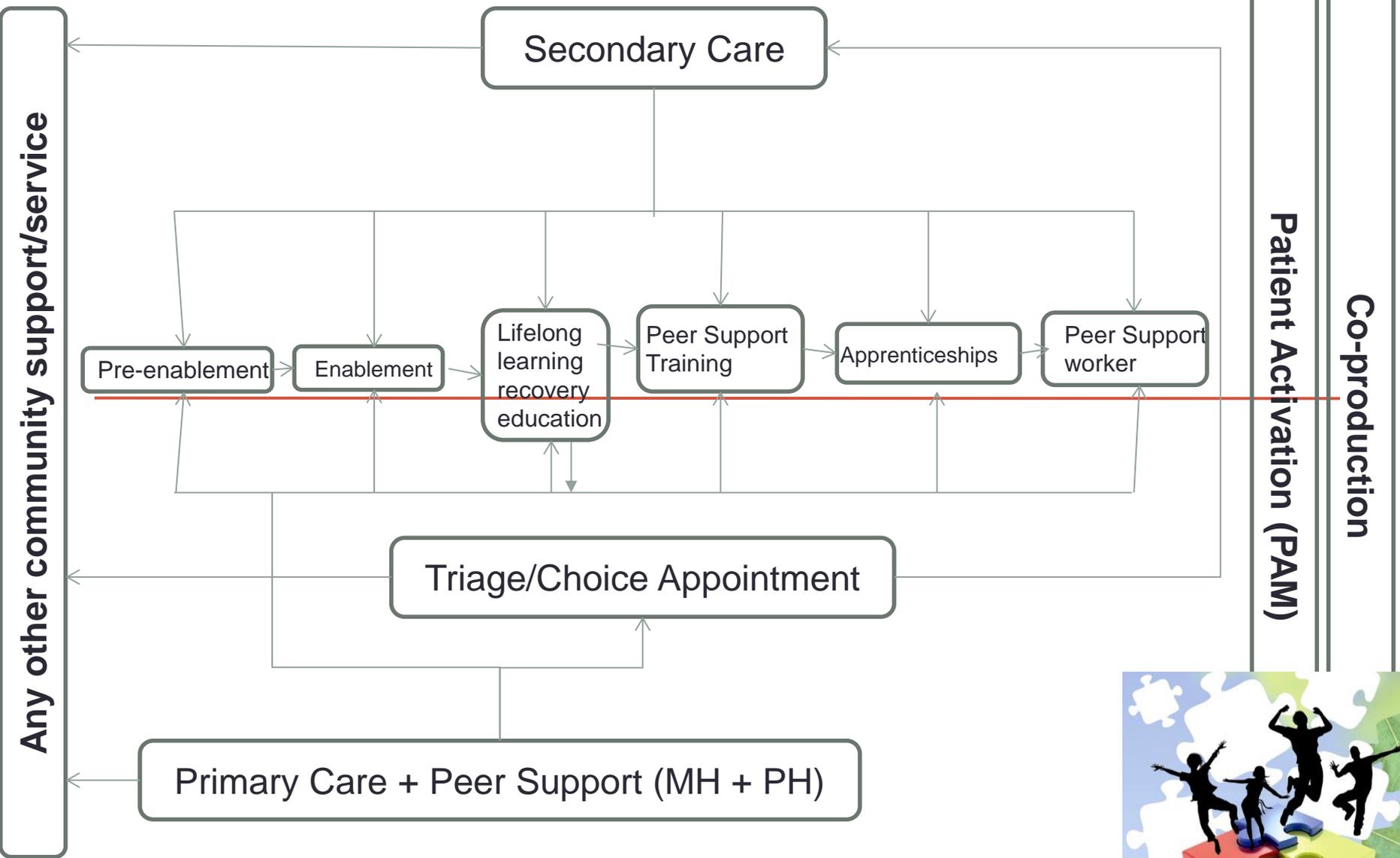


Enablement – the values

Three key principles:

- The continuing presence of hope, that it is possible to pursue one's goals and ambitions
- The need to maintain a sense of control over one's life and one's symptoms
- The importance of having the opportunity to build a life beyond illness







Thank you !