“Co production values and principles in liaison person centred assessment and beyond”

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Your Mission, if you choose to accept it …………?

Accept it ……………?

is to…Collaborate & Co Produce!

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Radical Roots of Co-production

Phrased and discussed during the 1960’s and 70’s

Elinor Ostrom used the term at Indiana University on receipt of the Nobel Prize, which came as a surprise to many. (2009)

Co-production was taken further by Professor Edgar Cahn, a US civil rights lawyer and speechwriter for Robert Kennedy (2000)

The key words are “equal” “reciprocal” and “agents of change”. It is not a synonym for public engagement, service user involvement or consultation

Alison Cameron
The “Power” continuum

**FULL CONTROL:**
- Service users control decision making at the highest level.

**SHARING POWER:**
- Service users share decisions and responsibility, influencing and determining outcomes.

**PARTICIPATION:**
- Service users can make suggestions and influence outcomes.

**CONSULTATION:**
- Service users are asked what they think but have limited influence.

**INFORMATION:**
- Services users are told what is happening but have no influence.

**NO CONTROL:**
- Service users are passive consumers.

Defining co-production

‘Co-production is a relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities’.

Co-production critical friends group, 2012
‘No More Throwaway People’: ‘The transformation of power and control’

- Co-production has the potential to alter ‘the conventional distinctions between producers and consumers, professionals and clients, providers and recipients, givers and takers’
- ‘hell-raising is a critical part of co-production’
  (Cahn 2008)
D. Mello’s Co-production equation

E + P = C

Bring what we know and the best we have to offer
Working together as equals, celebrating each other’s expertise
With the objective of producing something

Expertise    Partnership    Creation

Augusto D. Mello in partnership with Look Ahead Housing and Care
Co-production challenge
The power of the psychiatric paradigm

• ‘They couldn’t see how their well-funded services run by experts squeezed the resourcefulness out of mad people, their families and their communities’
  (O’Hagan, 2014)

• ‘Their processing in the psychiatric system is related not only to them being seen as defective, but also frequently dissident, non-conformist and different in their values’
  (Beresford, 2009)

Slide nicked from Dr Sarah Carr!
Co-Production Core Values

• **Power & Control:** Ensuring that key organisations such as mental health services share decision-making and resource allocation at every level with people who use services

• **Reciprocity:** Building mutually rewarding and relationships between individuals, groups, services and organisations to mutual benefit

• **An asset perspective:** Building on the strengths, resources, achievements, hopes and aspirations of individual people who use services
Values

- Respect
- Equality
- Understanding
- Honesty
- Being genuine
- Commitment
- Courage
- Sharing experiences
- Reciprocity – people give something and get something back
- Partnership
- Openness (and ability to accommodate emotions and negative feedback)
- Supported
- Fairness
- Compassion towards others
- Competence
- Recognition and utilisation of everyone’s expertise
- Recognition of contributions and time

(NCCMH co production team)
Components of an initial crisis assessment

1. What are the immediate concerns of the person in crisis or the referrer? (These need to be mutually agreed and addressed in the plan of care)
2. What is already known from:
   • Electronic records
   • Discussion with care coordinator or other colleagues
   • Reference to any existing plan
   • Discussion with the carer or family members about past scenarios, if available and applicable

These tasks are more manageable during office hours, but may be difficult out of hours when access to information is limited.
1. Face-to-face assessment to include:
   • History (what is possible and proportionate when a person is very unwell; it is probably not necessary to take a detailed family history)
   • Examination – of mental state and physical state, if needed
   • Ability to engage and capacity to consent to the plan
   • Risk to self and/or others
1. Corroborative history or information (as appropriate) from:
   • Carer
   • Relative or significant other
   • GP
   • Existing care team

   • Formulation to include:
     • Plan – mutual agreement or negotiation, including mitigating steps to take in the short-term (based on available data)
     • Rationale – clear evidence of clinical decision-making
     • Contingency plan – what to do if engagement is a challenge.
Dissensus

- Dissensus, is a values-based form of co-produced decision making where every voice is heard

- Where disagreements as well as agreements are ‘held in play’ and a balanced solution reached
Co-Production 6 years on!

S0 what does the future look like?

- More Conference abstracts
- Research proposal
- Mental Health Act Review 2018 - advocacy topic group
- AMHP CPD @ UCLan

Peers Co produce bid to DH

Peers Co produce with SCIE

Launch HoL

IMHA Book

Peers Co produce research & publish
Tools which can be used

- Peer led research
- ReTHINK-Co production tool kit
- Co-production audit and self reflection tools
- SCIE [https://www.scie.org.uk](https://www.scie.org.uk)

Co-production practitioners’ website
[www.coproductionnetwork.com](http://www.coproductionnetwork.com)
Where are we now-and the future?
References

Department of Health (2010) Policy development available: [link]
National Survivors User Network [link]
World Health Organisation on policy [link]

https://www.ndti.org.uk/our-work/our-projects/coproduction