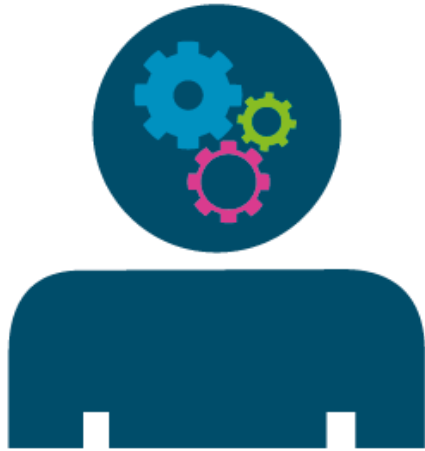


# Co-production leading to real change

1. North Tyneside's experiences
2. Cumbria's experiences
3. Your experiences
4. Opportunities for the future

# Working together to improve mental health support in North Tyneside





- People told us this was important to them
- Opportunities to work with others
- Wanting to make an impact



## Why:

- People told us it was difficult to know where they can get support from
- Local organisations highlighted the need for more info about what was available

## How:

- Talking to people with lived experience to find out what support they found helpful
- Working collaboratively with others to produce a simple guide to self-referral, free support in the borough

## Impact:

- Over 5000 shared so far - Great feedback!
- Used by GPs, mental health workers and public

## Why:

- Service user and survivor forum identified gaps in mental health support

## How:

- Funding a project designed by service users and survivors
- Bringing together people with lived experience and people in positions of influence

## Impact:

- Co-producing creative solutions and holding providers and commissioners to account
- Commissioners improved understanding and awareness of issues people experience

“We all have different knowledge, some about providing services, some about receiving them, we can learn from each other”



## Why:

- Our previous mental health work identified crisis support as a key issue for local service users
- Our CCG decided to carry out a crisis pathway review

## How:

- Co-production approach to research
- Engaged service users, carers, frontline staff, providers and commissioners
- Gathered feedback from 215 people through interviews, focus groups and surveys
- Analysed data and developing themes collaboratively
- Developed recommendations for service providers and commissioners together



## Impact:

- Well received by trusts and commissioners
- Recommendations used to develop action plan for strategic mental health board
- New service commissioned to support people who told us they were falling through the gaps
- Recommendations continue to be addressed and reviewed through action plan
- Health and Wellbeing Board and OSC have asked for an update from the system 12 months after report.



## Why:

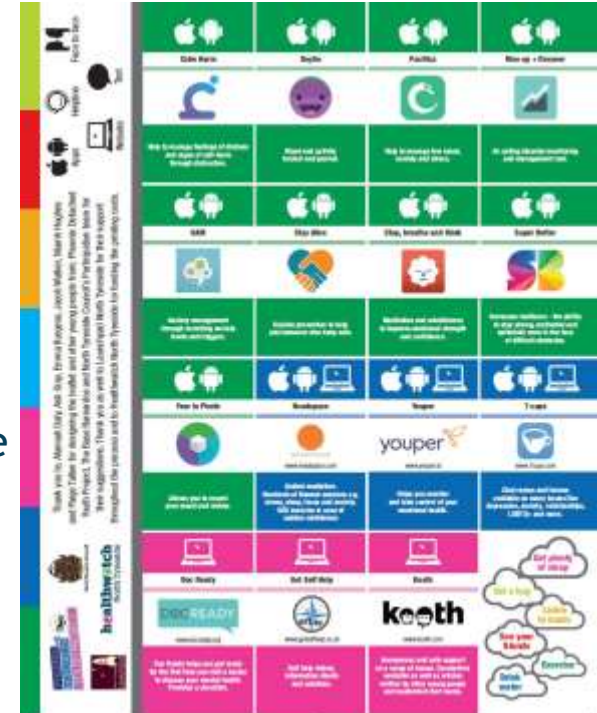
- Young people & organisations identified a gap in information about local mental health services for young people

## How:

- Funding a project designed by young people and coordinated by a local young people's charity
- Young people have identified the sources of support, designed the leaflet and will help promote it

## Impact:

- Getting 10,000 cards printed and launching on Friday



# Key reflections



## Who:

- Fellow travelers - like minded and interested, 'up for it' people
- People with trusted relationships with client group
- Make it easy for decision makers

## When:

- Understand what decision makers are interested in
- Understand timescales about commissioning and decision cycles to maximize impact



## It's a spectrum

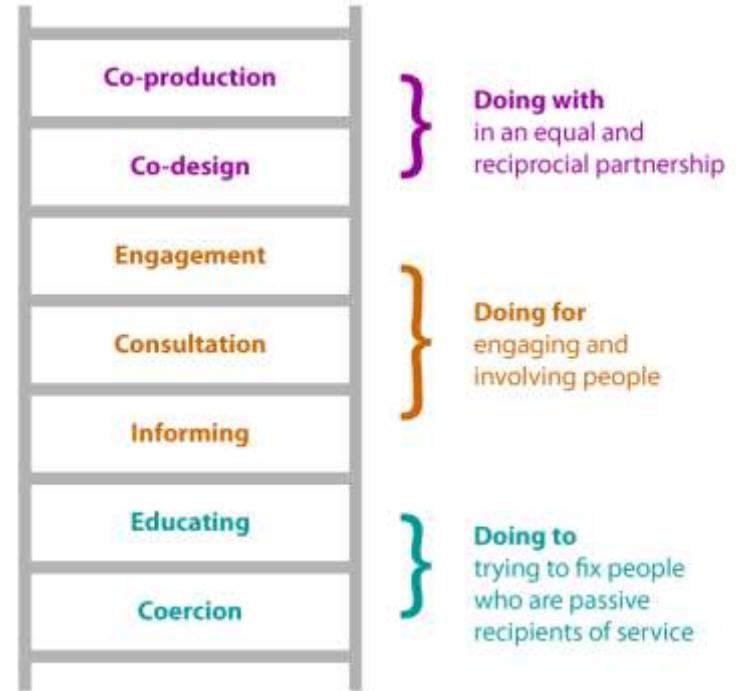
- Different levels of co-production
- Co-production at different points in a process

## Depends on the project/piece of work

- Information gathering
- Doing an activity/producing something
- Research project

## Capacity/resources

## Interest



## Getting people on board and setting up

- Identifying those interested
- 'Encouraging' people to be involved
- Getting people in the right place

## Steps along the way

- How are people involved during the project?
- Preparing co-production sessions

## Getting a response and ownership

- Has been trickier for us



## Bringing people together

- Equal value - “We all have different knowledge, some about providing services, some about receiving them, we can learn from each other”
- Agreeing the rules
- A comfortable space
- Not playing on laptops

## Trust

- Building confidence so everyone feels they can contribute - a lot of time needed
- Commissioners don't always talk to people in this way
- We are all real people

## Who has the £/control?

- Providers vs Commissioners
- Not everything costs £



## Being clear about:

- How people work together
- Who is responsible for what
- Time commitments and expectations
- Time scales of project
- Project updates and progress updates
- Follow up actions and next steps

## What if its not working?



## Ownership and possible issues:

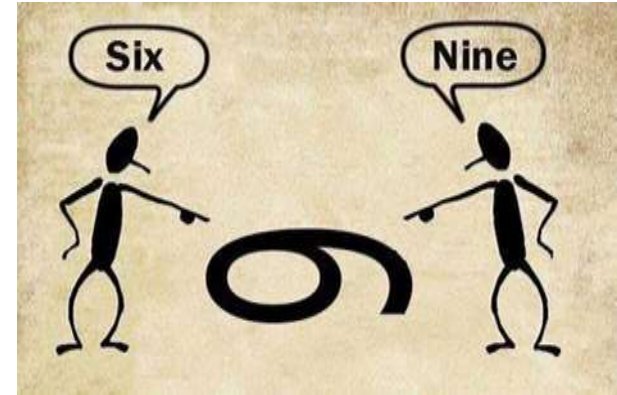
- Everyone thinks this was their piece of work
- People can buy into project to make changes
- 'Its ours so we can do what we want with it'
- Possible risk to our independence?

## Tangible actions:

- Quick wins are great, but they aren't everything
- Difficult to crack difficult issues - do people really want to change?

## Pressures on our time:

- How much of OUR time should we commit to this? Easy to get drawn into action planning etc.





## **Softer outcomes:**

- More holistic understanding of issues
- Commissioners/providers have a better understanding of user experiences
- Stories - when someone uses a story they heard as part of this work; you know you have had some impact.
- Can add to professional's Authenticity and Validity in a decision-making process

## **Building relationships:**

- Stronger relationships for Healthwatch
- Promotes our work



