



HMI<sup>í</sup>

Health Management Institute of Ireland

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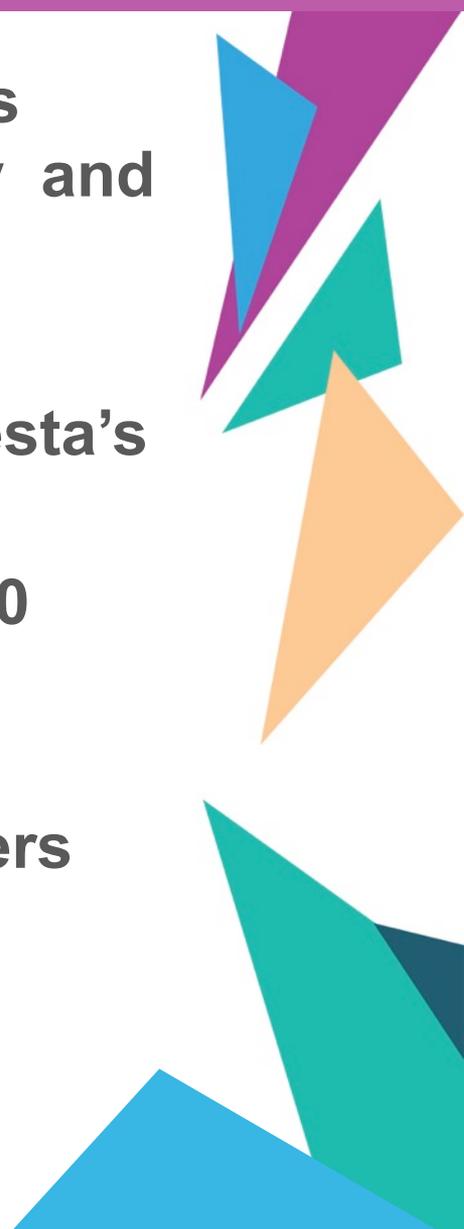
All together we're better

Sue Denmark

*Co-Production Group,  
Coalition for Collaborative Care*

# About C4CC – who are we?

- **A partnership of people and organisations across health and social care, community and voluntary sector**
- **Hosted by NHS England**
- **Our origins are in the Year of Care and Nesta's People Powered Health**
- **Launched in November 2014 with about 20 partners**
- **Now have 47 partners, 1800 members/followers, 28 co-production group members and a 'hub' team of 6 WTE staff**





# About C4CC – our stakeholders



## Members

Stakeholders who support and contribute to the aims of the Coalition, and promote the Coalition among their networks



## Partners

National organisations championing the three 'C's and committed to collaboration, meeting quarterly to build relationships, share information and work collectively on delivery



## Co-production group

A group of people with lived experience who steer and support the activities of the Coalition partners and promote its aims among their networks



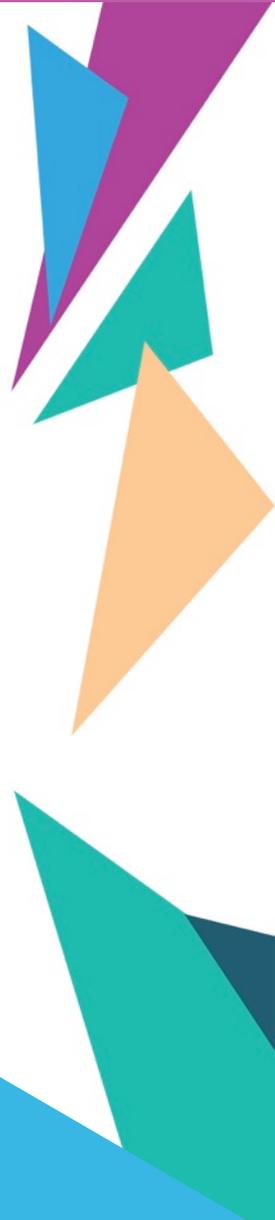
## Sub-groups for discussion and delivery

Action-focussed groups, made up of partners and co-production group members, meeting during and between Partners meetings to deliver activity and achieve change on the ground; includes advisory group



## Hub team

Small coordinating team providing leadership and support to facilitate collaboration, make connections, strengthen the network and help partners achieve the Coalition's collective aims



# Our vision for the future

**Biggest health challenges, and areas of spend, are around managing long-term conditions - around 15m people and 70% of NHS budget**

**So... an opportunity for new ideas and ways of working...**

- A different paradigm and a mindset shift – from improving services to improving lives**
- Doing with and not to - ‘co-creation’**
- Co-production – valuing people, ‘asset-based’ thinking**
- Building community capacity, support for self-management, people taking control.**

# Achieving Our Vision



**We believe that a better deal for people with long-term conditions will be achieved through:**

- Better conversations between people and the professionals who support them
- Support for growing and nurturing strong communities and social support - vital for wellbeing
- Co-production being embedded at every level within the NHS

# Our purpose - to achieve change

- **The way services are organised and joined up**
- **The way professionals are trained**
- **The way the system supports new ways of working**
- **Mindset, attitudes and behaviour of people and families, staff and in local communities.**

**We do this because by acting together we can be more than the sum of our parts.**



# How - supporting the do-ers



To bring about the change, we will support:

- ✓ staff
- ✓ people living with long-term conditions
- ✓ their family carers
- ✓ the wider community

We will do this by providing tools, connections and support for people wanting to make change

We are working in depth in some places; we are building networks, linking people together and raising awareness elsewhere.

# Creating the conditions

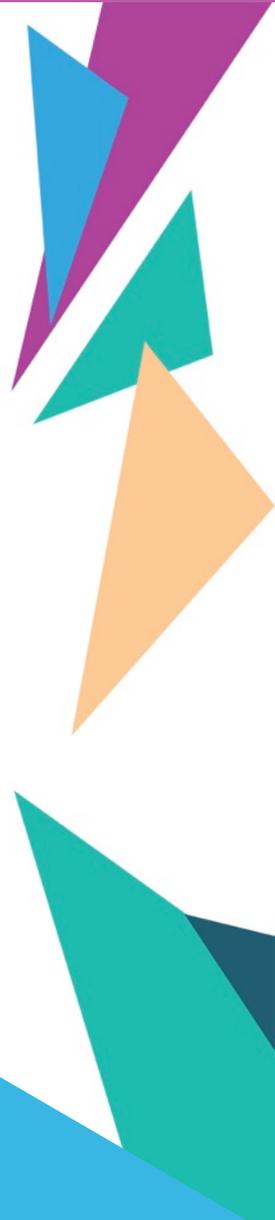
**We want to create the right conditions for this to flourish, through:**

- Workforce development – addressing staff training and promoting collaborative leadership
- Providing powerful evidence – linking things together, particularly around community and co-production
- Working out how to drive change in the system and working to influence positive change (e.g. incentives and metrics)



# Examples of our work

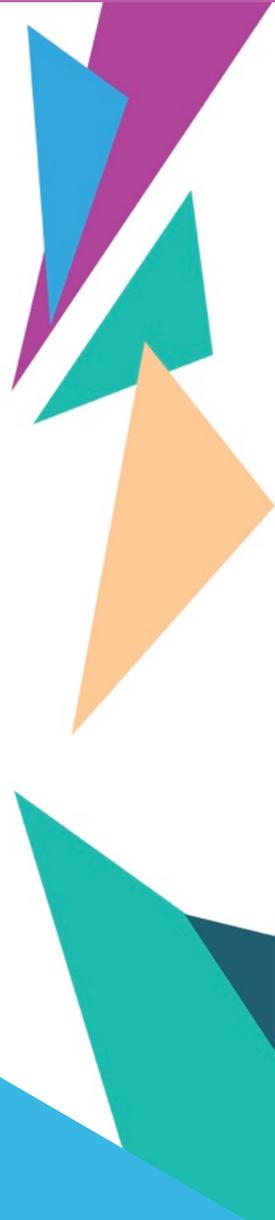
- Co-production group member exploring setting up a timebank linked to GP surgery, with support from Timebanking UK
- Hub team supporting RCGP with clinical network of champions for person-centred care
- NHSE/hub team working with Royal College of Physicians around co-production and person-centred care in hospitals
- Leadership for Empowered Communities programme
- Tools and publications on care and support planning – Alzheimer's Society, RCGP
- Workforce development, multiple partners, now includes community and co-production



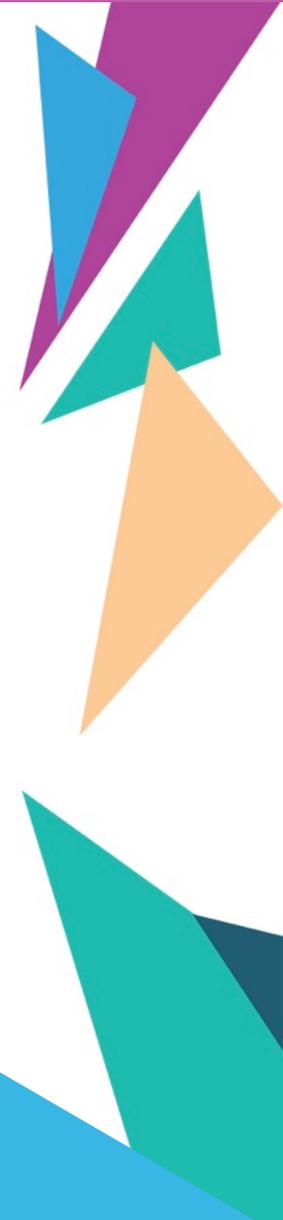
# Co-production

***'No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe...***

***...The only way the world is going to address social problems is by enlisting the very people who are now classified as 'clients'...and converting them into co-workers, partners and rebuilders of the core economy.'*** Edgar Cahn



# People and relationships – it's simple and complex

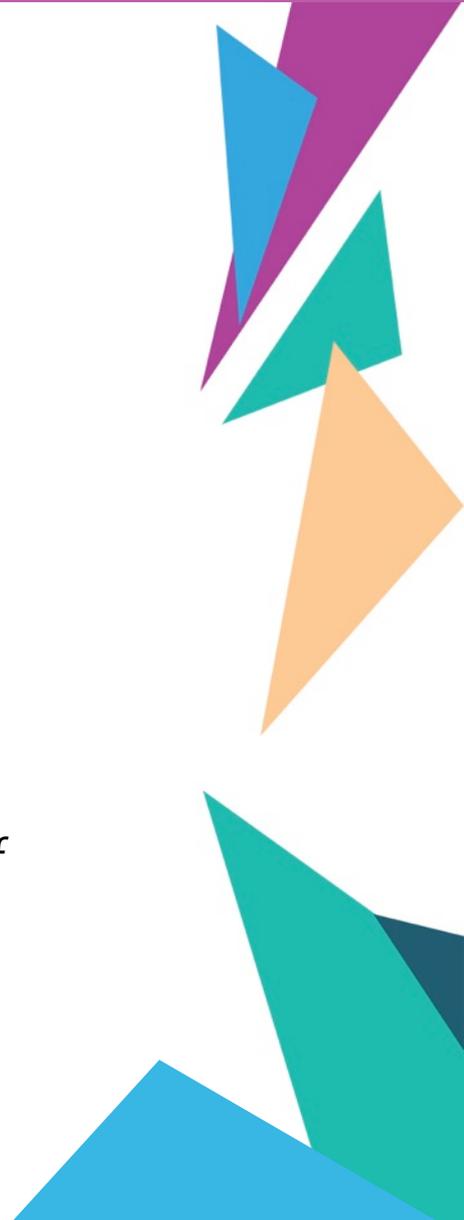


# What is co-production?

## What is Co-production?

*Co-production is a way of working that involves people who use health and care services, carers and communities in an equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.*

*Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality,*



# Three levels of co-production

## Three levels of co-production

*1-2-1* - care and support planning, health coaching, connecting people with community activities

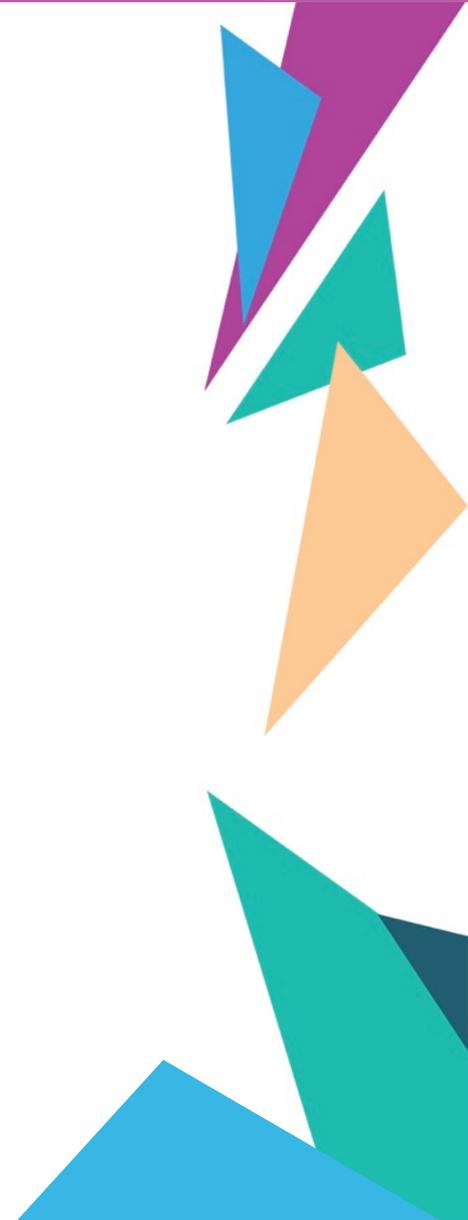
*Community level* - growing new types of services and supports that provide 'more than medicine' and build social capital - includes peer support, timebanks, coaching, mentoring, community connecting

*Strategic level* - involvement of people in co-design, co-commissioning, co-delivery - with a focus on long-term outcomes, recovery and prevention.

# Co-production at Strategic Level

A practical framework to help organisations understand and implement co-production in an authentic way.

- A definition of co-production
- Five values and behaviours that will create a climate where co-production can flourish
- Seven practical steps (will be supported by case studies and tools)

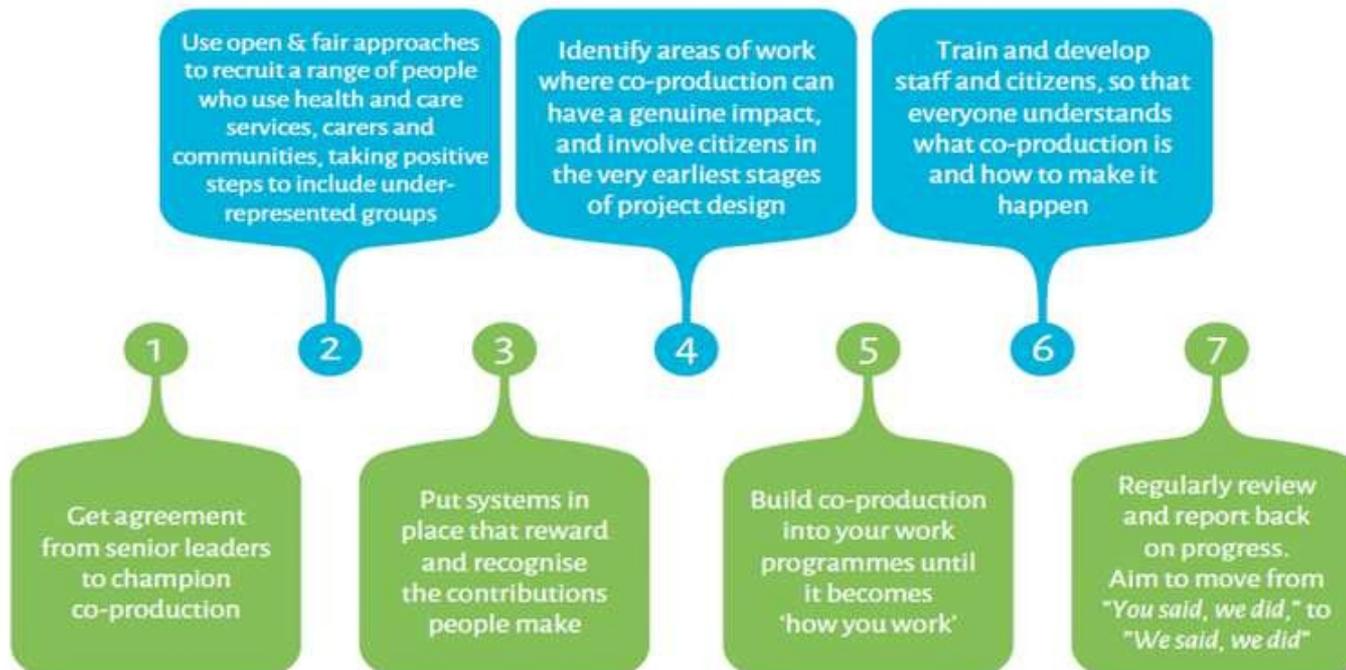


# Co-production - strategic level



## How to do it?

Seven practical steps to make co-production happen in reality:



# Values and behaviours

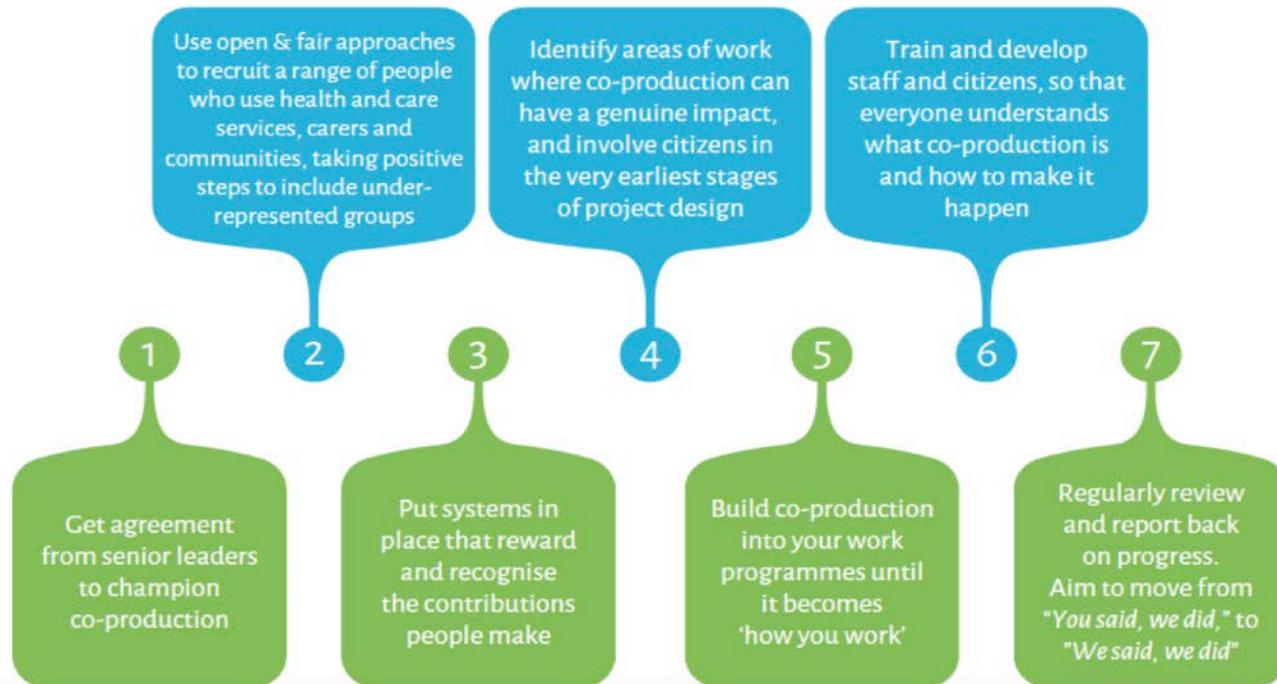
## Values and behaviours

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:

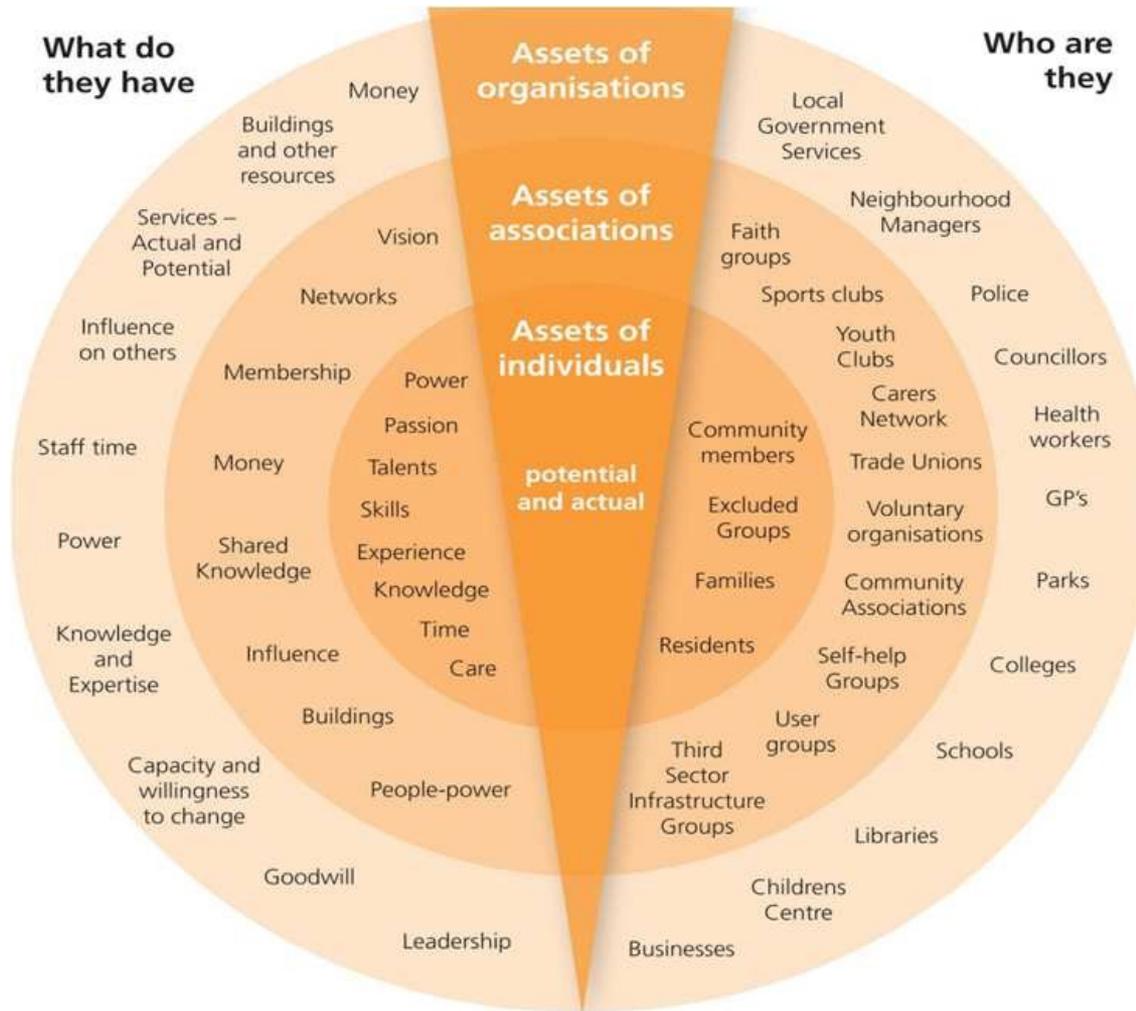


# 7 Practical steps

Seven practical steps to make co-production happen in reality:



# ... and building on our assets



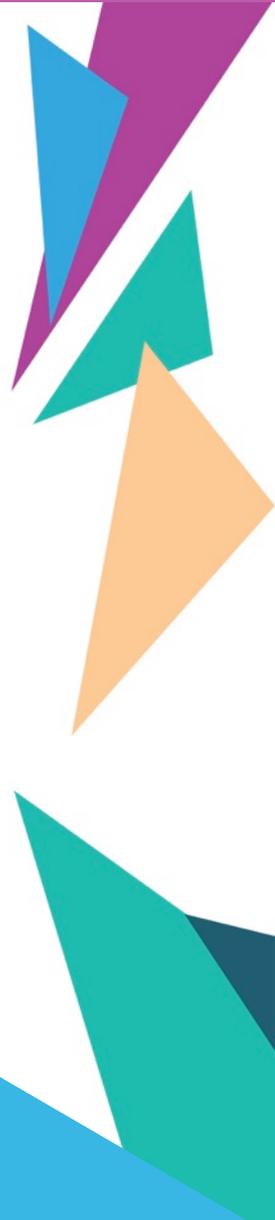
# ASSET MAPPING

Individual Assets	Relational Assets	Collective Assets
Skills, knowledge, leadership capacities, experiences, personalities, what we have, what we can bring to the group.	Networks, relationships, partnerships, friendships, kinships, group ties, associations.	Stories: traditions, cultures, institutions, norms, collective experiences.

Tara O'Leary, Ingrid Burkett and Kate Braithwaite  
(2011) *Appreciating assets: A report by IACD and Carnegie UK Trust*

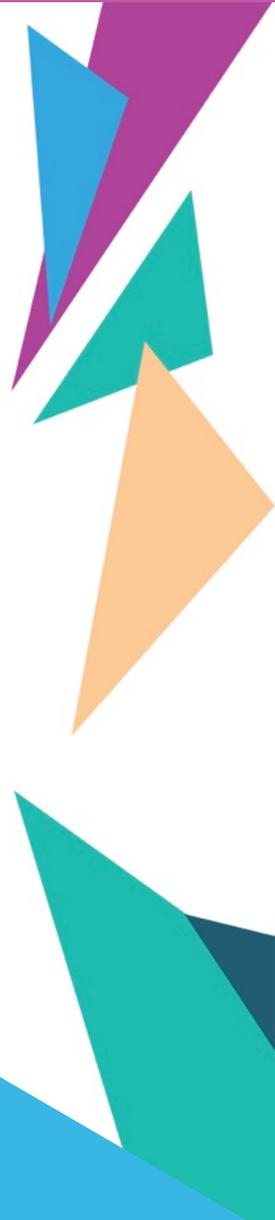
The resources, including the skills, knowledge and networks which people & communities have to offer.

Transforming the perception of people from passive recipients to equal partners.

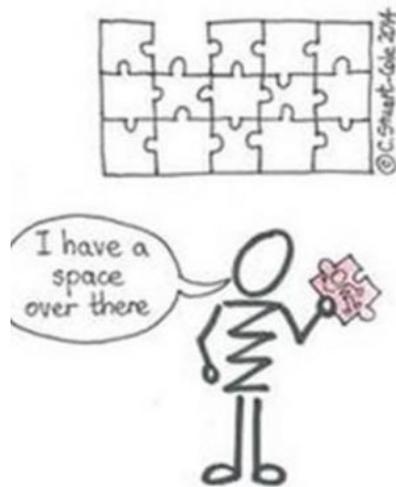




What, who, why, when, how?

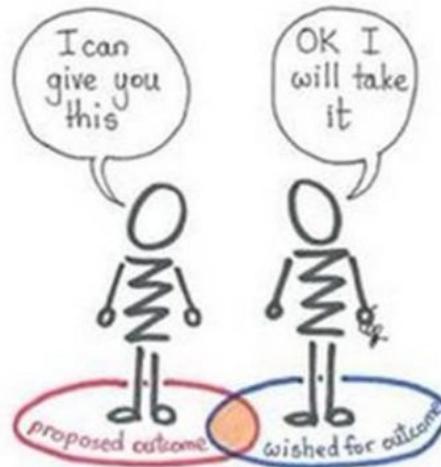


## CO-ORDINATION



making people or things work together by putting them in order to make a predetermined whole

## CO-OPERATION



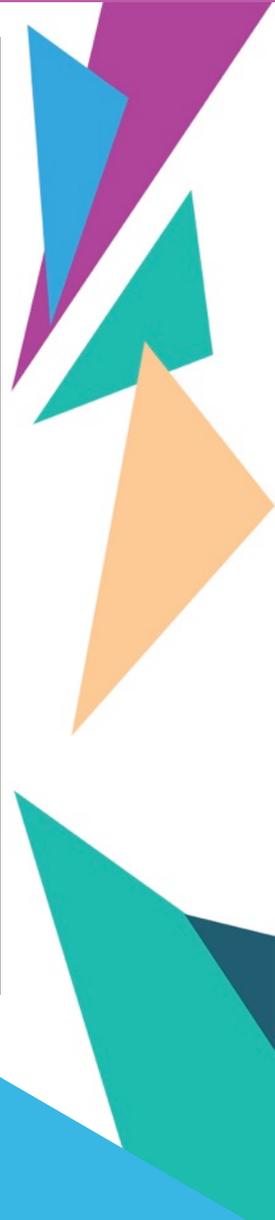
willing to give help  
willing to receive help

## CO-PRODUCTION

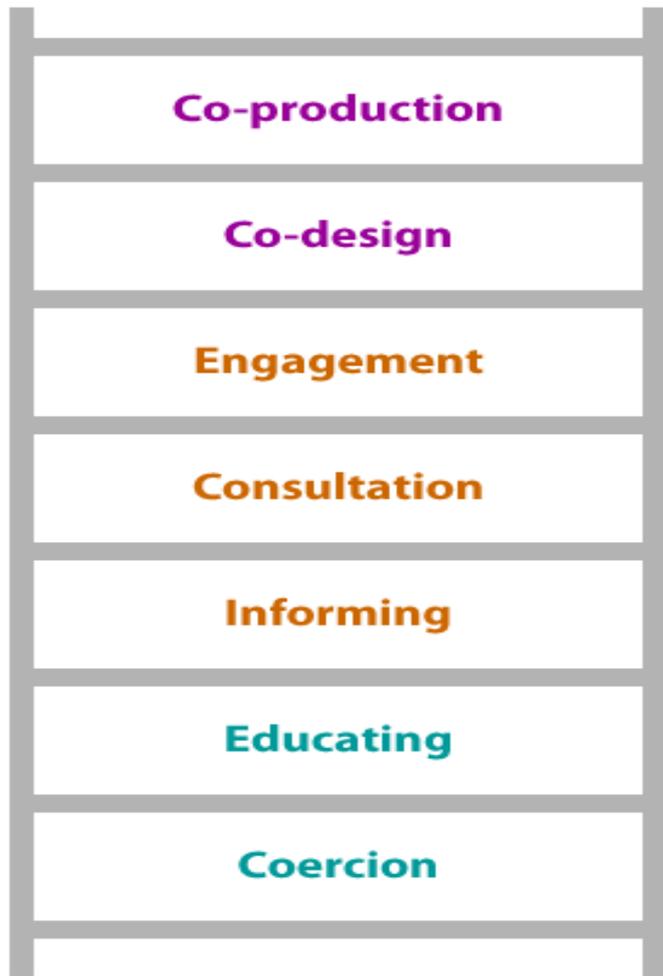


what could we create with what we have to meet... our needs  
a very different conversation

Lived experience  
is equal to other  
forms of  
knowledge,  
evidence and  
expertise.



# Participation Ladder



**Doing with**  
in an equal and  
reciprocal partnership



**Doing for**  
engaging and  
involving people



**Doing to**  
trying to fix people  
who are passive  
recipients of service



# Why co-produce?



**“The typical practice (6,300 people) that is in the best quartile for care planning will typically have 35 fewer emergency admissions, 360 fewer outpatient attendances, and 30 additional elective admissions/day cases compared to those in the lowest quartile. This will be a saving to the practice...of around £43,000/year.”**

Shirley, T. and Melville, S. (2010),  
A New Dialogue with Citizens, London, the Cabinet Office

**“The evidence here suggests savings of up to six times the investment made in new approaches – and of course better outcomes for the public.”**

Nef: Public services inside out

# Think about...

- **Recruitment** in area: using existing community groups, advertising, social media, local organisations;
- **Assistance** such as travel expenses, child care/ carer cover, accessibility of meeting places;
- **Budget** for room hire, refreshments;
- **Feedback** processes & training needs;
- **Nurture** community leaders/connection networks;
- **Reward & recognition**: personal thank you names in reports/newsletters, celebratory events when improvements made.



THANKS

# How you can get involved



For deep, large-scale, sustainable change to happen we need to create a collective, powerful movement.

- Join us by visiting our website at:  
[www.coalitionforcollaborativecare.org.uk](http://www.coalitionforcollaborativecare.org.uk)
- Share your stories with us
- Engage with our partners at a regional and local level
- Help us spread the word



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