



The National Centre for Creative Health: Huddles

Co-Production in Creative Health

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Introduction to Huddles and co-production

The NCCH's Creative Health Huddles are inter-disciplinary learning activities for small groups to explore co-production with creativity and lived experience at the heart. Bringing together patients, participants, clinicians, artists and managers, huddles can be developed in the workplace, as one day 'awaydays' or in short residential programmes. Huddles are an opportunity to explore and develop new ways of responding to and understanding health and wellbeing through co-production. The learning and relationships developed will lead to new work being tested in health settings.

Learning from the work that takes place in the huddles will be spread more widely through the NCCH's Hubs programme with NHS England.

What is co-production?

Co-production is when service providers and people who use services work together on an equal footing to create interventions and projects that have meaningful impact. Co-production depends fully on a shift in power between public service professionals and public service users. When co-producing a project or an intervention, public service users will not just be consulted, they will be involved in the delivery as well.¹

Research into co-production has shown that it is important to understand the difference between co-production, co-design, consultation and volunteering. In a report commissioned by Nesta, David Boyle and Michael Harris note that "co-design and other forms of asking the advice of users may be helping to create space for co-production, but can lack any continuing involvement in delivery." They state that co-production "occurs in the critical middle ground when user and professional knowledge is combined to design and deliver the services."²

On using the arts more specifically in co-production within healthcare settings, the All-Party Parliamentary Group for Arts, Health and Wellbeing's *Creative Health* report found that "the participatory nature of arts and health activity lends itself well to the co-production agenda."³

Why use co-production?

Co-production as a method has both ethical and practical uses; the Centre for Co-Production in Mental Health notes that by using co-production, we raise our "expectations around working together by moving from a model of 'participation' to one of co-creation."⁴ By building co-production communities, we are able to empower individuals and avoid having those who are removed from an issue attempting to fix it: "when people's diverse

¹ Boyle, David and Michael Harris, 'The Challenge of Co-Production' commissioned by Nesta, 2009, available online: https://neweconomics.org/uploads/files/312ac8ce93a00d5973_3im6i6t0e.pdf

² Ibid.

³ All Party Parliamentary Group for Arts, Health and Wellbeing, 'Creative Health' report, 2017

⁴ Centre for co-production in Mental Health, available online: <https://www.mdx.ac.uk/our-research/centres/centre-for-coproduction-in-mental-health>

lived experience, expertise, time, skills and resources are engaged it increases all our capacity to solve issues.”⁵

A report commissioned by Mind looking at co-production in mental health showed that key themes and outcomes were “improved social networks and social inclusion, addressing stigma, improved skills and employability, prevention, and wellbeing related outcomes including improved mental and physical wellbeing.”⁶

Using co-production in research and evaluation

In 2017, Daykin, Gray, McCree and Willis conducted research into the benefits of co-production when it comes to evaluating arts activity in healthcare settings. Often, evaluation of arts activity in healthcare settings is not welcomed as it can be seen as cumbersome, put people off participating, and often does not fit in with short project timescales.

In this research, co-production was identified as a strategy that can overcome some of these challenges. Daykin et al. also noted that “co-production seems particularly important during evaluation planning in order to fully embed evaluation in service delivery.”⁷ Co-producing evaluations can improve the quality of participants’ experience of the evaluation phase, meaning they are more likely to engage.

⁵ Ibid

⁶ Slay, Julia and Lucie Stephens, ‘Co-production in mental health: a literature review’, commissioned by Mind, 2013, available online: [nef.pdf \(elft.nhs.uk\)](#), p 9

⁷ Daykin, Norma, Karen Gray, Mel McCree and Jane Willis, ‘Creative and credible evaluation for arts, health and well-being: opportunities and challenges of co-production,’ in *Arts and Health: an international journal for research, policy and practice*, 2017, Vol. 9, No. 2, pp 123 – 138, p 132

The principles, strengths and challenges of co-production

The principles of co-production

- People need to be recognised as assets
- People's existing capabilities and areas of knowledge should be utilised (asset-based)
- Strong, reciprocal relationships should be developed
- Peer support should be encouraged
- The power balance between those running the services and those who use the services needs to be equal

Despite the many benefits of working in a co-produced way, there are barriers and challenges that can limit successful co-production:

- 1) Problems can arise when all parties have different understandings of the purpose of the project
- 2) Structural constraints can be limiting; partnerships can be made up of small, independent organisations often competing for scarce resources
- 3) There can be differences in power, status, values and culture amongst commissioners, funders, and other stakeholders; commissioners and funders are often seen as holding all the cards and are able to shift the goalposts
- 4) There can be polarising opinions about what co-production is and what it entails
- 5) There can be a lack of buy-in from senior managers and decision makers.

The following steps can ensure co-production is effective as possible:

- 1) Co-production between commissioners, arts organisations, participants and evaluators is needed at every stage of the journey
- 2) Co-production takes time and resources, therefore requires extended planning timescales
- 3) Co-production requires effective consultation methods which require realistic resources
- 4) Co-production requires a sense of shared values amongst participating people and organisations
- 5) Co-production requires continuous negotiation with all partners
- 6) Co-production requires strong central coordination, and enough capacity amongst partners to engage thoroughly with the process
- 7) Co-production success comes from a shared sense of purpose, a project plan, clear goals, responsibilities and timescales, and a formalised partnership agreement.

There are still questions we need to answer when it comes to co-production:

- Which stages of the co-production process are critical for stakeholder involvement and which are less essential?
- What are the best ways to keep stakeholders engaged with the process?
- Under what circumstances should co-production be used, rather than other consultative approaches?

- What types of infrastructure need to be in place to support productive coproduction?

The NHS and co-production

The Coalition for Personalised Care has collaborated with NHS England to produce a co-production model that is based on five values and seven steps. The resource notes that “done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.”⁸

Co-production within the NHS is based on the following values:

- 1) Ownership, understanding and support of co-production by all
- 2) A culture of openness and honesty
- 3) A commitment to sharing power and decisions with citizens
- 4) Clear communication in plain English
- 5) A culture in which people are valued and respected.

The resource recommends the following steps to achieve successful co-production:

- 1) Get agreement from senior leaders to champion co-production
- 2) Use open and fair approaches to recruit a range of people who use health and care services, carers and communities, taking positive steps to include underrepresented groups
- 3) Put systems in place that reward and recognise the contributions people make
- 4) Identify areas of work where co-production can have a genuine impact, and involve citizens in the very earliest stages of project design
- 5) Build co-production into your work programmes until it becomes ‘how you work’
- 6) Train and develop staff and citizens, so that everyone understands what co-production is and how to make it happen
- 7) Regularly review and report back on progress. Aim to move from ‘You said, we did’ to ‘we said, we did’.

⁸ NHS England and the Coalition for Personalised Care, ‘A Co-Production Model’, available online: [C4CC Steering Group v5 \(coalitionforpersonalisedcare.org.uk\)](https://www.coalitionforpersonalisedcare.org.uk/)

Creative health co-production case studies

East London NHS Foundation Trust have used drama to share challenging stories of discrimination. By partnering with PlayingOn Theatre Company, they have delivered a project entitled 'Mental Health Acts' which concluded in a play created and acted by staff and people using the mental health service. In the play, staff played service users and service users played staff: "The impact of walking in the shoes of others was deeply felt and brought a greater empathic understanding of how care is provided and shared experiences beyond traditional hierarchies." (From: The Baring Foundation's 'Creatively Minded and the NHS' p 15)

ReCoCo (Recovery College Collective) built on an existing relationship with the New Bridge Project Artists Collective during lockdown to co-produce a newspaper 'The Lockdown Gazette.' The newspaper was distributed to community centres and food banks, and it included contributions from people with lived experience of mental health issues and professional artists. (From: The Baring Foundation's 'Creatively Minded and the NHS' p 28)

Artlift has been developing a programme of Arts on Prescription with health co-producers and NHS Gloucestershire Clinical Commissioning Group since 2015. Trained artists work with adults referred by health and social prescribing professionals. The organisation has also created a co-production partnership with Cheltenham General ICU to provide a course for post-Covid ICU patients. Evaluations have shown that 82% of those participating in the programmes report significant improvements in their mental wellbeing and 100% said they will continue making creative work to maintain their wellbeing. (From: [Mental Health | Artlift](#))

i-THRIVE's Arts, Culture and Mental Health Programme focuses on how cultural activities can help young people thrive. They are working with arts partners, children and young people, Greater Manchester localities and agency workforces to offer support on artist programmes and how these can be part of the i-THRIVE offer ([more information here](#)). One of i-THRIVE's concept projects saw Bolton Children and Adolescent Mental Health Service work with Odd Arts and Bolton Lads and Girls Club Wellbeing Theatre Group to explore the idea of wellbeing using games, discussion and role play ([more information here](#))

Challenge 59 saw **Manchester Metropolitan University** work with artists and children through in-school residencies to produce 59 second health campaign films. The young people created films with themes spanning screen time, eating, being active, inequality, lack of open spaces, creativity, community and mental health. The project came from the idea that a fast-food restaurant promises to serve its customers' food within 59 seconds. (From: 'Collaboration, Creativity and Complexity: Developing networks and practices of co-production with children and young people', Manchester Metropolitan University, 2019)

Creativity Works is commissioned by Bath and North East Somerset Council to deliver its Mental Health Creative Support Service, offering people experiencing mental health issues a chance to build confidence, learn skills and make friends. Those involved can join free weekly creative groups. If participants want to continue the group, Creativity Works

supports them to independently run the group, helping with practical issues like budgeting and planning. ([More information here](#)).

Creative Families was a co-produced project delivered in partnership between the South London Gallery and the Parental Mental Health Team. The project is an early-intervention arts programme for parents experiencing mental health difficulties and their children aged under five in Southwark. It aims to support and encourage the involvement of individuals in their own health and to improve the healthy development of children. ([More information here](#)).

The NHS led **Team CaRE Project: Creativity, Resilience and Engagement** provides co-produced creative team approaches to enable healthcare workers to be able to share their experiences of working during the Covid-19 pandemic, and how it has impacted on their own mental health. Workshops are facilitated by Allied Health professionals, using arts and experiential exercises, workshops and away days. ([More information here](#)).

Hospital Rooms have partnered with South West London and St George's Mental Health NHS Trust to deliver a programme of more than 80 art workshops with patients and staff to inform the commissioning of 20 new artworks that will be used to transform how hospital wards are experienced by patients and service users. The project aims to make access to creative participation central to the culture of care. ([More information here](#)).

Dulwich Picture Gallery's 'Together through Art' programme consists of art workshops co-designed and co-delivered by an artist and peer facilitator who has lived experience of coping with mental health issues. The Gallery works closely with South London and Maudsley Mental Health Trust to signpost individuals most at risk of isolation to their creative programmes. ([More information here](#)).

The Let the Dance Begin Again project was a six-week pilot project led by **The Pushkin Trust** and **Arts Care** in Northern Ireland. The project focused on Strabane, with targeted schools, healthcare settings and businesses invited to participate in a wide range of arts and environmental activities. The town was chosen because of its existing arts promotion, support of creative investment and levels of social deprivation. The project was delivered in collaboration between Arts Care and Pushkin Trust Master Artists, Project Artists, Skylarks Performers and Creative Environmentalists in the field of arts in education, healthcare, business and community. ([More information here](#)).

SeaBreeze was delivered by **Dance United** in partnership with the **Institute of Psychiatry at King's College**, and **South London and Maudsley NHS Foundation Trust (SLaM)**. The project saw a group of 16 young adults and 6 peer mentors take part in a four-week course culminating in a dance performance of a professional standard. The performance was a chance for family and friends to witness the participants' achievements and to see them in a new light. Preconceptions of mental health professionals regarding what this client group could achieve was also challenged. The project saw the participant group move from below average wellbeing on the WEMWBS scale to normal wellbeing levels (above average for this population). ([More information here](#)).

Sussex Recovery College aims to encourage self-directed recovery from mental health issues through a programme of educational and creative courses that equip participants with their own set of tools for recovery. The courses are traditionally co-produced by a person with lived expertise alongside a person with professional expertise, or expertise by training. In 2014, the College produced a report on the creation and development of co-produced Recovery College courses, and found the following considerations to be key:

- 1) *Establishing partnerships:*
 - a. Think about the strengths of each partnership – work with a model of two lead organisations and other partners involved in discreet aspects.
 - b. Existing partnerships work well (Sussex Partnership NHS Foundation Trust worked with Activ8 who they had worked with before).
 - c. Memorandum of agreement formalising roles of each organisation, including whose policies and procedures to follow when.
- 2) *Embedding co-production into the project plan and structures:*
 - a. Co-production to be embedded at every level of development – bi-monthly Forum meetings held to ensure this happened.
 - b. A number of task groups developed to dedicate time to specific aspects of the project, e.g. governance, recruitment and training, marketing, etc.
- 3) *Governance and fidelity:*
 - a. Shared set of values amongst partner organisations is key.
 - b. Thinking needed around ways to manage different organisational cultures.
 - c. Capacity and resource needs to be thought about carefully and realistically.
- 4) *Training of peers and other trainers:*
 - a. Peers (those with lived expertise) received PTTLS (Preparing to Teach in the Lifelong Learning Sector) training.
- 5) *Evaluation of outcomes:*
 - a. Evaluation process should also be co-produced.

(From: Meddings, Byrne, Barnicoat and Locks, 'Co-Delivered and Co-Produced: Creating a Recovery College in Partnership' in *Journal of Mental Health, Training, Education and Practice*, Vol. 9 (1), 2014, pp 16-25).

Draft process for creating a Huddle

The NCCH is now looking to develop huddles that bring together healthcare services, the people who use their services and arts organisations or artist facilitators. The idea of the huddles is to problem-solve by exploring the benefits of co-production in healthcare settings.

- **Identify an area of need**
Healthcare organisations work with patients and the NCCH to identify a particular area of need within their services. What can the NCCH help with in particular – This could be commissioning an artist facilitator, providing training on the key elements of co-production, or providing extra capacity for the coordination of the project.
- **Utilise existing partnerships**
The co-production model works best by building on existing relationships; what partnerships already exist that could be built on? Are there artists or arts organisations who already regularly work with the service?
- **Identify shared values and key outcomes**
What needs to happen as a result of this exploration of co-production? Are the partners involved (e.g. commissioners, partner organisations, healthcare service) working to the same set of shared values?
- **Clarify capacity, roles and responsibilities**
Work together to ensure there is strong central coordination and capacity amongst partner organisations, and that roles and responsibilities are clearly clarified at the outset.
- **Ensure training is available for those who need it**
For those new to co-production, training might be needed.
- **Continued negotiation amongst involved parties**
Regular check ins might be needed to ensure everything is on track, and to ensure the power balance remains equal amongst service professionals and people using the services.
- **Evaluation and sharing of learning**
Where possible, the evaluation process should be co-produced as well. The NCCH can help share learning with a wider network.

Useful organisations and links

- [Ideas Alliance](#)
- [Coalition for Personalised Care](#)
- [Think Local Act Personal](#)
- [The NIHR map of resources for co-producing research](#)
- [Social Care Institute for Excellence](#)
- [The Co-Production Collective](#)
- [The Centre for Co-Production in Mental Health and Social Care](#)

References and further reading

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