



# CO-PRODUCTION

## IN HEALTH

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The demands upon health services when trying to tackle chronic health problems, rather than simply treating symptoms, have become important economic issues. The enormous burden of people who are on Incapacity Benefit - many of whom would like to work and be more active in their communities - has become a dead weight on the economy and on those communities, where enforced leisure hangs heavy.

**CO-PRODUCTION: together; joint or jointly; mutual or mutually**  
Co-production approaches recognise the role played by patients in their own health, their recovery and their need to feel they are playing a useful role - as well as the critical importance of active involvement by family, friends and neighbours. Co-production, in the form of reciprocal or mutual support, allows patients to provide vital support to other patients - sometimes just a friendly visit or telephone call once a week. Such services are better provided by family, friends and neighbours than by professionals.

### HOW DOES THIS WORK?

Some of the first co-production projects in health did not involve Time Banks at all. Partners in Health, the Boston-based charity, found that the only way of tackling multi-drug resistant people in poor communities in Latin America - a task the World Health Organisation had dismissed as impossible - was to involve neighbours and friends in administering the powerful combination of antibiotics. Their approach has been so successful it has been taken back to Boston and extended to other parts of the world.

The first Time Bank-based health programme, Member to Member in Brooklyn, was launched by the insurance company Elderplan. It paid credits to clients for befriending, transporting or visiting older clients, or carrying out small repairs. The approach was massively successful, not just for keeping clients healthy and in their own homes, but for the dramatic improvements in health among those carrying out the work.

Similar findings have been shown at the Rushey Green Group Practice in London's Catford neighbourhood, which includes a Time Bank. Feeling useful is a basic human need, but patients also respond to the idea of reciprocity.

Patients discharged from the Lehigh Hospital outside Philadelphia are told that other former patients will visit them at home, check how they are feeling and do basic food shopping for them. In return, they will be asked to do the same for others when they are recovered. The scheme has succeeded in dramatically cutting Readmission rates.

Another Time Bank-based expert patient scheme in the Sentara group of hospitals in Richmond, Virginia, showed that enormous cost reductions in treating asthma could be achieved - by encouraging asthma patients to befriend and support each other, with their efforts measured and rewarded with credits that guaranteed them help and other support.

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The DIY scheme at Rushey Green Time Bank - which also provides work experience for those recovering from chronic health problems - was able, for example, to change the curtains for one elderly lady. The new ones were light enough for her to draw, allowing her to sit in the daylight for the first time for a year.

All these projects have health as well as social benefits.

#### WHERE IS THIS HAPPENING?

**Health:** The Rushey Green Group Practice, in Catford, south London, includes a Time Bank where doctors refer patients they believe will benefit. By using a system of time credits, it can also: check on those being discharged from hospital; support those who also have diabetes or asthma; and offer the friendly neighbourhood face that professionals are unable to provide. Research shows that the more patients are involved with the Time Bank - as givers and receivers - the more likely they are to find real improvement in their physical and mental symptoms.

**Mental health:** The South London and Maudsley NHS Trust has been using Time Banks and co-production as a way of reconnecting patients recovering back into the community.

**Public health:** The Member-Organised Resource Exchange - a large network of Time Banks based in two major health centres in St Louis - includes a neighbourhood college where local people can take courses, such as literacy and dealing with asthma. They can pay for the

accredited courses with credits, which they can earn back by passing on what they have learned to neighbours and friends. The result is a successful cascade of public health know-how - through some of its most impoverished communities.

#### WHAT NEEDS TO CHANGE?

More health centres and hospitals need to experiment with Time Banks and other 'something for something' policies. These can tackle some of the most intractable health problems - long-term depression, readmission rates, isolation - by measuring and rewarding the efforts patients make.

Co-production also means a radical reinterpretation of the way front-line staff work, so that their key role becomes identifying and supporting their clients and users as they support others. That shift requires training and, often, the rearrangement of front-line resources. There can be fears among middle managers and other staff about handing any responsibility to users or working unusual hours. The results can provide an important breakthrough in the urgent drive towards better public health.

Health promotion can also benefit from this approach: people will listen to and act on advice from neighbours, family and friends - in a way they tend not to from the professionals.



Find out more  
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