

Association of Directors of Adult Social Services - South East Region

A Guide to Co-production in Adult Social Care

December 2022

Last reviewed: 28 February 2023

Association of Directors of Adult Social Services - South East Region

A Guide to Co-production in Adult Social Care

Preface

South East ADASS is very pleased to have worked with the Institute of Public Care on this guide. In pressured times when the stories in the news are focused on beds or packages of care or waiting lists, we need to communicate more than ever the message that adult social care is about people. Incorporating the voice of people with lived experience in our work is essential in adult social care and co-production activity should be a core part of how we work.

There is much good practice in the region and beyond when it comes to co-production. In creating this guide, we have sought to bring together existing tools and learning from across the South East and beyond, sharing materials which were created in partnership with people with lived experience.

This co-production guide is just our starting point, and we hope to continue to share further learning and good practice in the future in a wider variety of formats.

Laura Gaudion

Director of Adult Social Care and Housing Needs, Isle of Wight Council

Rob Persey

Executive Director of Health & Adult Social Care, Brighton and Hove City Council

Acknowledgements

Sincere thanks go to the Local Authorities across the South East of England that supported the creation of this guide. Colleagues from across the region participated in a number of project steering groups and co-production workshops, providing their expert insight, feedback and contributions to the guide.

In addition, a special thanks to the Local Authority areas, colleagues and local people that provided the inspiring case studies that are presented throughout the guide, bringing to life the excellent practice happening across the South East of England in regard to involving local people in local decisions that will affect them. This includes:

East Sussex County Council and the Involvement Matters Team
Hampshire County Council and the Personalisation Expert Panel
Slough Borough Council and the Co-production Network

Brighton and Hove City Council
Isle of Wight Council
Portsmouth City Council
West Berkshire Council
West Sussex County Council

We are also very grateful to Hampshire County Council for permitting us to embed a number of their Co-production template documents into this guide from the [Lets Go with Co-Pro website](#).

Finally, we would like to make specific reference to West Sussex County Council's 'Working Together to Improve Services: Toolkit to support meaningful involvement' which provided helpful contributions and references for this regional guide.

Contents

Preface and Acknowledgements	1
Summary	4
Summary of Top Tips for Successful Co-production	5
Introductions and Context	7
What is Co-production?	7
Principles of Co-production	8
What Co-production is not	9
Why is Co-production important to everything we do?	12
Why Co-Produce?	12
Who is Co-production important for?	13
Approaches to Co-production	17
What can I do to involve people in decision making?	17
How do I decide which activity to do?	18
Co-production Methods	20
When should Co-production be considered	24
Co-production in Commissioning:	24
Co-production Throughout the Commissioning Cycle	24
Co-production in care and health practice	27
Tips for effective Co-production	31
Accessibility of Co-production	35
Templates and Tools	40
Appendix A – Legal responsibilities for Co-production	41
Appendix B – Who is Co-production important for?	43
Appendix C – Barriers to Co-production	45
Appendix D – Literature Review	47

Summary

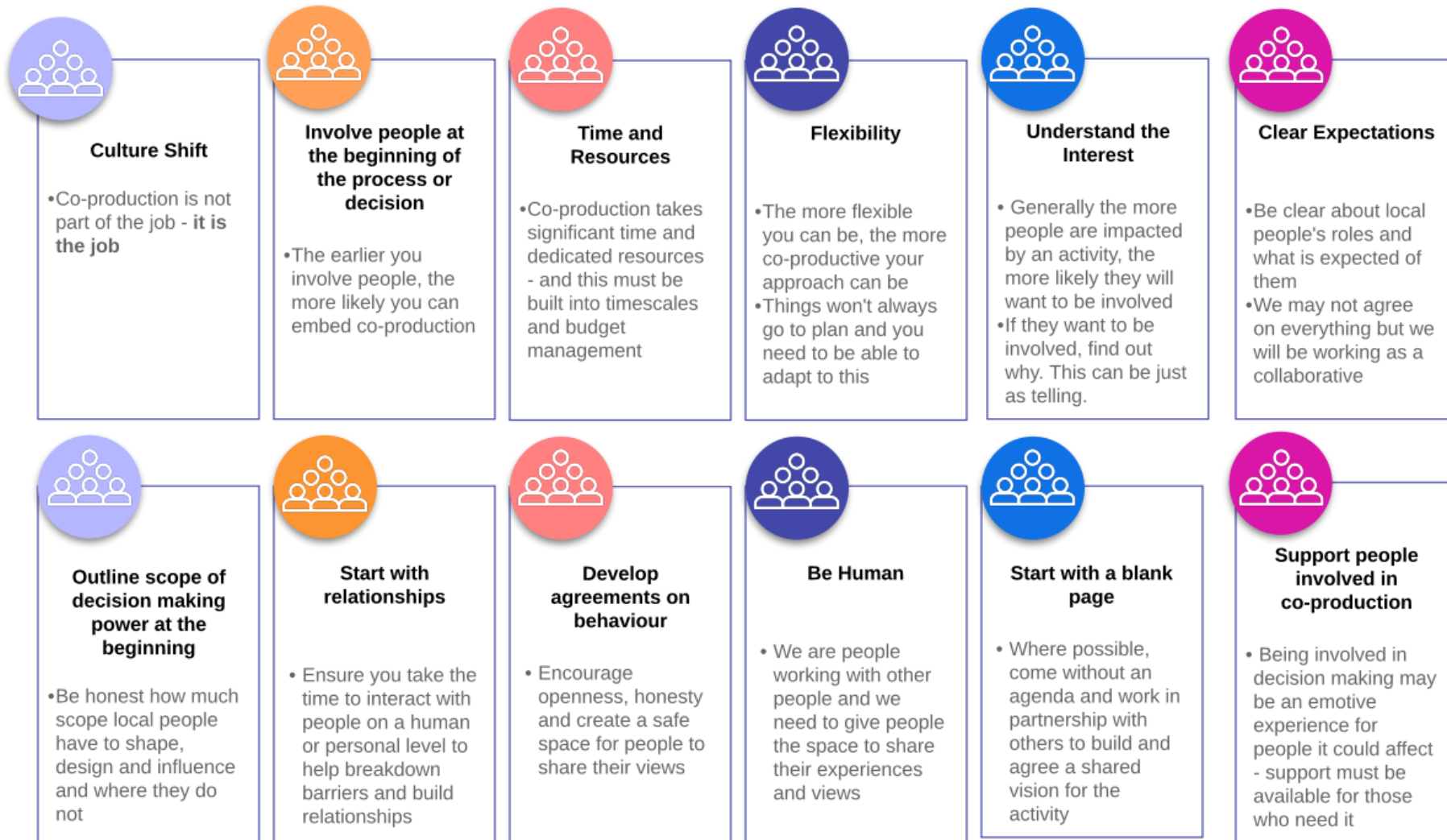
Co-production describes a way of working, behaviours, a culture and process by which we (i.e., public bodies) share power with people who draw upon care and support, their families, carers and the wider, local community.

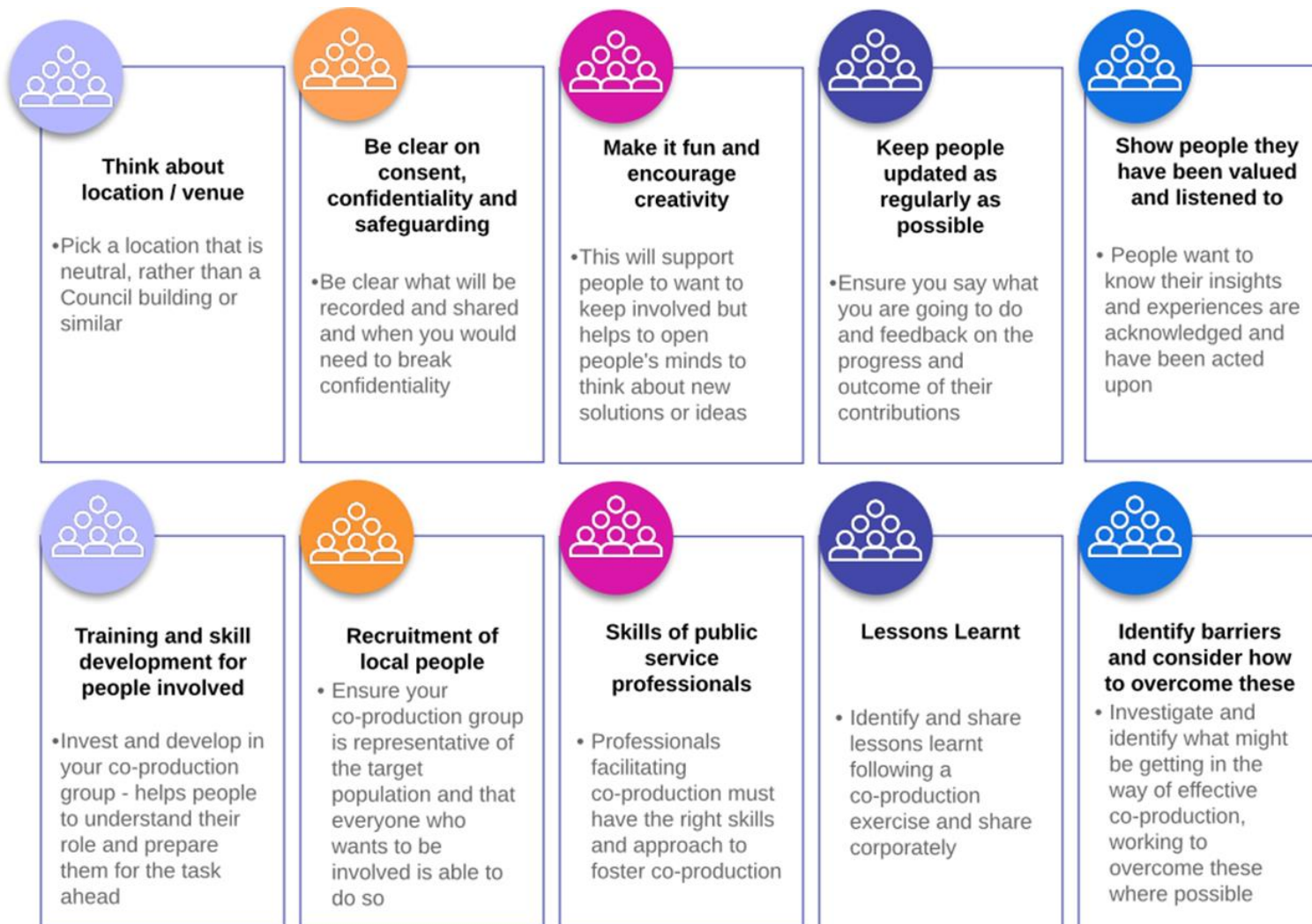
Co-production is not a new concept and as such there is a significant variety of literature, evidence and tools available on this topic. This guide aims to draw together all the key elements of co-production in one place to support health and care colleagues to consider the extent to which their organisations embed true and genuine co-production methods, when and where they are able to.

This guide outlines why co-production is important and the benefits it can bring us, as well as offering colleagues the opportunity to reflect on their local approaches (i.e., are we accurate in our definition of co-production? Are we seeking genuine and true co-production approaches, where possible?).

Alongside case studies which describe excellent co-production and engagement activities happening across the South East region of England, the guide also provides suggested methods for embedding different levels of engagement – including co-production, as well as some top tips and recommendations for ensuring your co-production approach is as successful and meaningful as possible.

Summary of Top Tips for Successful Co-production





Introductions and Context

Co-production describes a way of working, behaviours, a culture and process by which we (i.e., public bodies) share power with people who draw upon care and support, their families, carers and the wider, local community.

This guide, from the Association of Directors of Adult Social Services, South East (ADASS SE), aims to provide the region with an overview of what co-production is, how it can be done and what benefits can be achieved if fully considered when making any decision, under our public duty, to support local people. This includes the development or amendment of policies, strategies, and/or services (both internal and commissioned).

It is hoped this guide will support all health and care colleagues across the South East region to effectively embed co-production, engagement and participation of local people in all that we do, ensuring the people who are going to use or interact with our support offer are seen as a key and essential member of the overall system that decides how public services are delivered and experienced.

As this is a regional document, this guide is not intended to be prescriptive - how co-production is embedded is likely to differ in every project or piece of work, and additionally, there will be local variations to governance, decision making processes and policy. Instead, this document aims to provide the foundations and key elements that should be considered for co-production, as well as providing supportive templates which local areas can adapt to meet their needs. Finally, the document describes a number of local case studies or examples of good practice across the South East, in order to help bring the idea and potential outcomes of co-production to life.

Colleagues across the South East are invited and encouraged to share this guide to all colleagues involved in the delivery of health and social care, and are welcome to add the guide to local policies and governance procedures as appropriate.

What is Co-production?

“Co-production is not just a word, it’s not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.”

(NEF, 2012)

“A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it.”

(TLAP, 2011)

Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families, and their neighbourhoods. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”

(Nesta, 2013)

Despite its ever-growing popularity and use in social care, the term and word ‘co-production’ does not have one simple definition and for that reason can often be misunderstood.

Frequently though, the term ‘co-production’ shares the following themes– it is an embedded approach where decision makers (e.g., public funding bodies) have a culture and environment whereby local people and communities are **valued as equal partners**. **There is a sharing of power and belief that local communities and people who use or require care and/or support are best placed and most informed about what will help them in their needs and wishes.**

Principles of Co-production

To further support the definition of co-production, it is helpful to consider some of the key principles which serve as the foundations for what co-production is.

There are six elements which have been widely agreed to be the main foundations for effective co-production.¹

1. **Recognising people as assets:** Local people and communities are recognised as having something significant and helpful to offer as experts in their own experience, and therefore are given equal power to influence decision making. This requires a shift to seeing people as a resource, rather than people who need our expert help or as passive beneficiaries.
2. **Building on people’s existing capabilities:** The key thing is to provide opportunities to recognise and grow people’s capabilities and actively support them to put them into use at an individual and community level. People will be supported, as needed, to get involved in decision making.
3. **Developing two-ways reciprocal relationships:** Co-production means an ability to build effective relationships, ensuring the mutuality between individuals, carers and public service professionals is achieved
4. **Encouraging peer support networks:** Building personal and peer networks is essential to support a knowledge exchange and effective Co-production. Supporting the creation of such networks also helps to remove any ‘us’ and ‘them’ culture which cannot exist if true co-production is to be achieved.
5. **Blurring boundaries between delivering and receiving services:** Stepping away from services that are both designed and delivered by ‘professionals’, and creating a culture where this is ‘greyer’ with local people involved in both elements.
6. **Facilitating not delivering to:** Considering, where possible, how we as a public body, can enable local people and individuals to help themselves, rather than purely providing or delivering services or interventions to them.

In addition, NHS England describes the following five values to make co-production a reality²:

¹ NEF: Public Services Inside Out

² NHSE & Coalition for collaborative care: A Co-production Model



Contributing to the above values and principles, ADASS SE also encourage the following principles are embedded in co-production practice:

Co-production makes a meaningful difference to people's lives	'Nothing about us without us'	Co-production is not about giving up power, but sharing power and as a result becoming more powerful as a collective
Co-production is embedded as part of the 'day job' and not a 'nice to have' or an afterthought. It requires the right culture, environment, buy in and resource to get it right and be meaningful	Commissioners or public bodies are not 'fixers' of problems but facilitators who work with people to find solutions	Co-production supports sustainability – by enabling people to shape and be responsible for local services better outcomes can be achieved, and public resources can be safeguarded
Co-production may result in the testing of new approaches and innovative thinking, and we must be open and willing to listen and try	A 'role change' is needed – local people are no longer to be seen as 'users', 'patients' or 'clients' but equal partners . A change in attitudes, priorities and training may be required	Co-production is everyone's business and must be embedded at all levels of a system or organisation. It cannot operate in isolation if genuine outcomes are to be met

What Co-production is not

To help with our definition of what co-production is, it is also helpful to consider what co-production is not. This includes elements that co-production is often confused with or examples of when the term co-production is used incorrectly.

The **ladder of participation**³ is a useful tool that defines the different levels of engagement and involvement of local people, citizens and communities. It is important

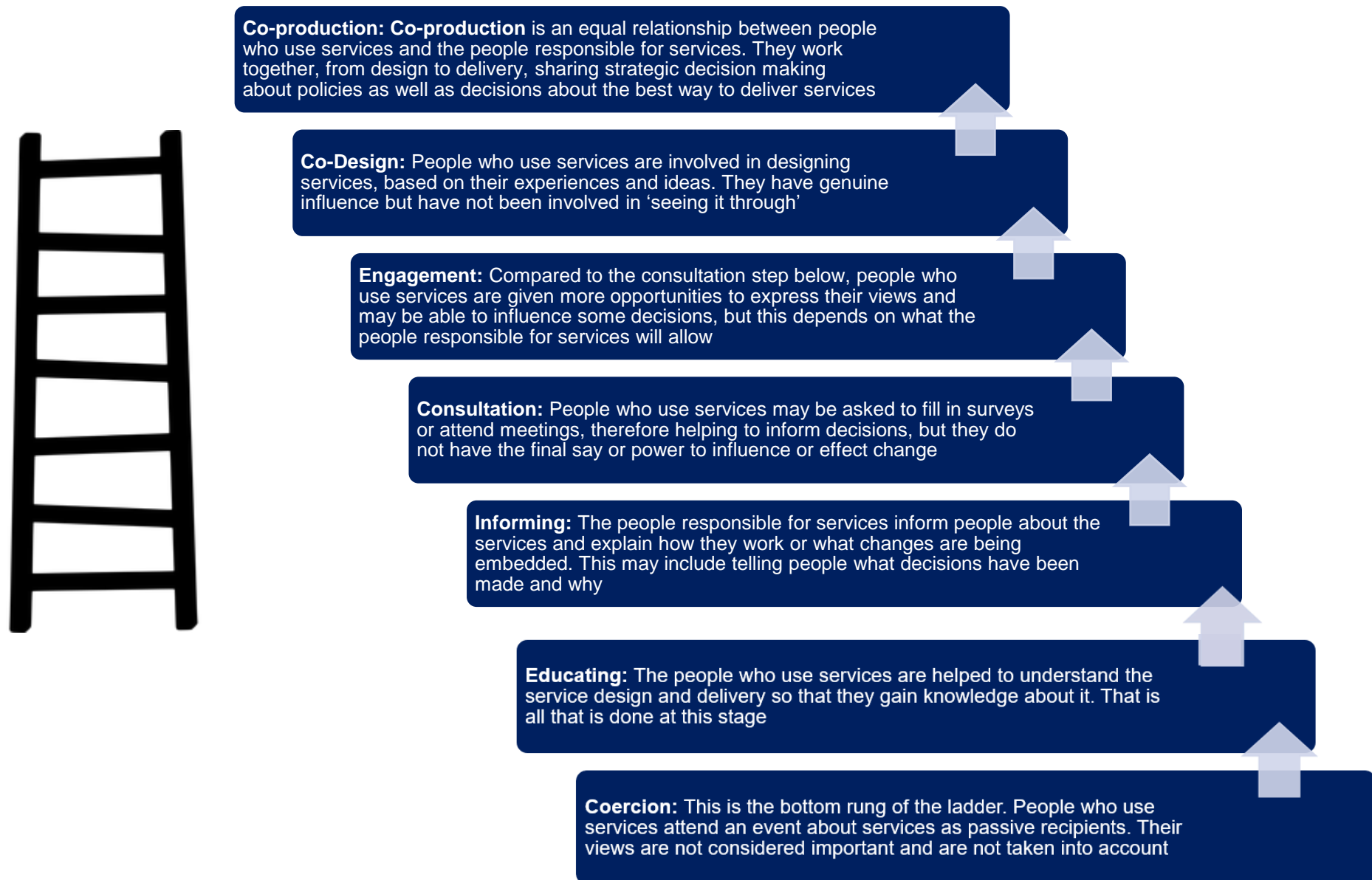
³ S Arnstein 1969

that we recognise what approach we are taking when involving local people in decision making and delivery.

Whilst co-production should be the desired approach, if co-production is not realistic or achievable, it is still important that we **do something** to involve, consult, engage or inform local people in decisions or actions which will (or may in the future) impact them. As such, involving people in a decision or change should not be seen as an **all or nothing response. There will always be something we can do to involve and include people's influence, views and voices in local decisions.**

Think Local Act Personal (TLAP)⁴ created a ladder of co-production, building on the ladder of participation, which describes a series of steps towards full co-production in health and social care. It supports a greater understanding of the various stages of access and inclusion before full co-production is achieved. This ladder also offers other potential activities that we can partake in to involve local people and ensure their voices and views are heard:

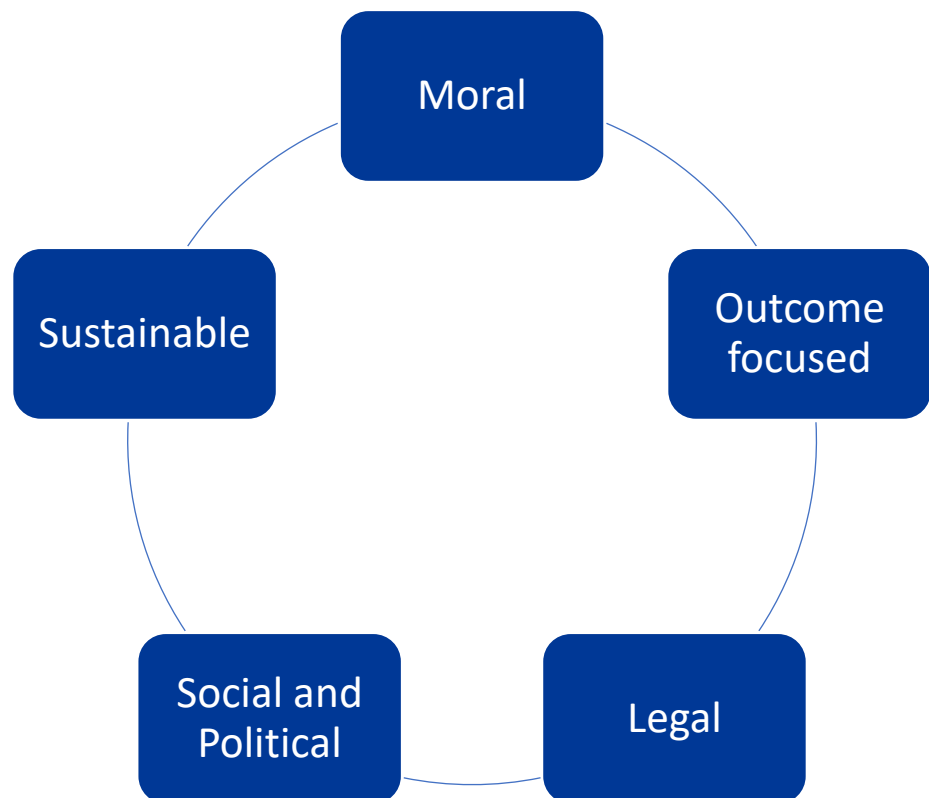
⁴ <https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-Co-production/>



Why is Co-production important to everything we do?

Why Co-Produce?

- Moral:** Co-production and involving people in decisions, actions and services that impact them, simply put, is the **right thing to do**. Some people go so far as to say it is a fundamental right to involve, consult and engage people in any decision about planning, designing and delivering care services that they use or could use in the future.
- Outcome Focused:** Co-production results in more **effective services that better meet people's needs and support them to achieve their aspirations**. There is growing evidence that involving recipients in how public services are designed and delivered results in improved health and better outcomes for them in the long term
- Legal:** There are **statutory responsibilities** on both health and social care professionals, which outline that co-production should be used wherever possible. A new CQC quality assurance framework will be introduced in the near future which will consider the extent to which Adult Social Care delivers in a co-produced way. As such, Local Authorities will need to ensure they are meeting these responsibilities that will be audited as part of statutory inspections. For more information on this, please see Appendix A.
- Social and Political:** Engaging local people in the planning, monitoring, review / evaluation and improvements of health and care services or delivery can lead to **more trusting relationships between the Local Authority and its local community**. It can demonstrate to local people that the Council not only listens to their views but considers their contributions and ideas as invaluable assets to support better outcomes.
- Sustainable:** Co-production can help local authorities **achieve value for money** by bringing new skills, time, resources and expertise into the commissioning and delivery of local services. Using the experience of those who use services **can**



reduce and re-direct wasteful spending which is not having an impact. Co-production can also **increase the reach and impact of public services.**

Who is Co-production important for?

In short, co-production is **everyone's business** and if done correctly, it will benefit everyone.

It is essential that there is a consistent and systematic approach to co-production which means there is a shared methodology that applies to **all levels of activities and organisational roles**. An understanding of the values and implications of effective co-production must therefore be recognised and have buy in from a wide variety of professionals, including Local Leaders and Directors, strategic and operational managers, commissioners, social workers, care workers, occupational therapists and health care professionals, to name a few. In addition, in a whole system approach, it is equally important that providers of care within the health and social care market understand the importance of ongoing co-production in the delivery and review of their services.

Organisational culture is the collection of values, expectations and practices that guide and inform the actions of everyone involved in an organisation, and it is key to determining whether co-production can take root. It may be that a 'culture shift' is required in an organisation to adapt how we think about co-production, and how we therefore embed this in our day-to-day work. We need to be honest about this if this is the case and take the required steps to make a change. People who use our services are assets and have a direct impact on how successful our care offer is. Designing and delivering support without any involvement of local people who have experience of the offer is a flawed approach and will mean our care delivery will never meet its full potential.

For local people and communities, the following benefits can be achieved if a co-production approach is taken:

Assurance that, as far as possible, future services and/or care offers will meet their needs and wishes, and make a **positive difference in their lives**

Increase in **confidence and wellbeing** that results in being listened to and valued

Development of **social networks and peer support** opportunities

Enhanced knowledge and understanding of how public services operate and therefore **less frustration or feelings of powerlessness**

Better **long-term outcomes** and achievement of wishes and desires that are important to local people

A table outlining the benefits of Co-production across an adult social care organisation (e.g., for providers, practitioners, commissioners, directors and strategic leaders) can be seen in Appendix B.

Case Study	
Hampshire – Lets go with Co-Pro Website	
<p>Hampshire County Council's Adults' Health and Care Department, together with Hampshire's Personalisation Expert Panel (PEP), wanted to support further and enable co-production. They ran a survey in summer 2021 seeking views from stakeholders and staff on co-production. Most respondents said that they felt co-production made a positive difference, however some respondents felt that co-production wasn't fully understood, and some reported that they didn't have the tools and resources to do it well. It was agreed that a co-production task and finish group should be created, made up of both experts by experience and County Council officers. The group was established, and after agreeing its priorities and ways of working they began creating the resource together.</p>	
<p>Key Points:</p> <ul style="list-style-type: none"> • The work started by giving everyone plenty of time to share their views and get to know each other. • They decided that a programme of meetings, monthly, with an agenda, would help with clear ground rules. • The group looked at different definitions of Co-production and then adopted their own definition by consensus after discussion. • Further subgroups were set up to take on different aspects of the project - having a reliable well organised structure for the project was very important. • In developing their materials, they decided to use a website for its flexibility and worked hard to develop accessible content, including using animations for example. • The whole project operated co-productively throughout and adjusted to the different needs of the people involved – rest breaks and careful thought over communication, for example. <p>The overall timescale for the project was from Autumn 2021 to the Launch in Coproduction Week in July 2022. The Council Council's marketing team supported the project with the design elements and worked co-productively with the project group.</p>	<p>Enablers:</p> <ul style="list-style-type: none"> • Buy in from senior management from the outset • Sufficient resourcing for the project and for involvement allowances to be paid to experts by experience • Staff were involved through a survey at an early stage - a key finding from this which helped steer the project was that staff wanted to co-produce but felt they did not have the tools, so training was built into the launch • An effective communications plan for the launch with use of social media, existing newsletters and staff blogs <p>See the website here: https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/coproduction</p>

Case Study

West Berkshire – Co-production Framework

West Berkshire Council has co-produced the 'West Berkshire Co-production Framework' with local citizens to set out how they will bring together residents as equal partners with Councillors and council officers in the design, delivery and evaluation of services.

Since March 2022, West Berkshire has supported local people to:

- Establish a co-production Steering Group for West Berkshire, made up of local citizens, a lead Councillor and Council officers to develop a Co-production Framework.
- Develop a co-produced framework which outlines a vision, aims, objectives, outcomes and approach to co-production in West Berkshire.
- Develop a best-practice co-production toolkit for West Berkshire (including a 'how to' guide and practical tools, so staff and people with lived experience feel supported to co-produce).
- Develop a training package and deliver a train-the-trainer approach to embed skills and expertise in co-production across the Council.

Enablers:

- Buy-in from the Council's leadership to develop co-production as a way of working with local residents and communities
- Skilled and knowledgeable support for the process; in West Berkshire's case, through an independent expert
- Time and resources dedicated to undertaking co-production
- Investment in the setup of the steering group created good relationships; even when conversations were challenging
- Having and communicating clear expectations of the project at the outset; without placing constraints on the scope for co-producing throughout.

Challenges:

- The implications of paying expenses and/or remunerating participants were complex and so this element of the framework remains outstanding.
- The time and resources needed for working co-productively were significant; so, a realistic

Advice:

- Ensure the organisation is 'ready' for co-production. Are the decision-makers happy to open up the space (and time) to let others in and influence the decisions?
- Be clear about what you are involving residents in; giving an indication of the time needed for meetings or reading any documents, as well as being clear about what residents can influence (and what they can't!)
- Invest in the individual and group relationships when establishing a co-production project; good trusting relationships will carry through any sticky issues.

Case Study		
<ul style="list-style-type: none">• Clear demonstration of how the steering group were changing and influencing the project as it developed (for example, changing the language used)	assessment of what could be achieved within the time given is needed	<ul style="list-style-type: none">• Be prepared to flex; to ensure the process is inclusive and responsive to the needs of the group you are co-producing with.• Concrete outputs (such as the development of a new document/service etc) help demonstrate the value of the co-production process to all involved.

Approaches to Co-production

What can I do to involve people in decision making?

As previously noted, co-production is not an all or nothing approach. There are a variety of activities we can use to involve local people in decision making, and it is important that **we do something to involve people in some way in any decision or change that will affect them.**

Examples of ways you can get individuals either informed or involved in shaping, designing, reviewing and evaluating their care, service offer and governance processes are listed below. Each activity is listed considering the Ladder of Co-production.



The following approaches are likely to purely inform or educate local people only:

- Through elected representatives (MPs and Councillors)
- Letters or emails to affected individuals
- Newsletters
- Information on notice boards in local community centres for example – GP surgeries, libraries, day centres etc.
- Social media, for example Twitter, Facebook, Instagram, YouTube etc.

The following approaches are more likely to support a consultation approach:

- Suggestion boxes
- Boards on streets for people to write their thoughts on a particular question, or contribute to a discussion
- Dedicated events to enable discussion
- Surveys and feedback forms

The following approaches, if done correctly, are the most likely to achieve genuine Co-production:

- Focus Groups and interviews (that are ongoing)

- Work with local community networks, VCSE organisations, local Healthwatch who help advocate or represent the target population group
- Public Advisory or Reference Groups
- Public representatives on boards as equal partners
- Co-production Networks or Groups

How do I decide which activity to do?

It is important to consider the following questions when deciding whether you are able to co-produce, and therefore which activity is best suited to the desired outcome.

1. What is the objective of the engagement?
2. Who are the stakeholders and what are their needs / wishes or accessibility requirements?
3. What stage of the decision-making process are we at?
4. What resources and timeframe do we have?

The analysis of these questions should give you a good understanding of what is required and what can be achieved from the engagement exercise, before deciding on what approach or method to use.

The below preparatory steps will support you to answer the above questions and is based on the West Sussex 'Tool Kit for Meaningful Involvement' (which was co-produced with local people).

Identify who will be impacted - Think about people who access the services, their family, friends, carers and also frontline workers (internal and external). Consider past, current and potentially future people who might be impacted, and consider people with protected characteristics.

Identify the key people that can help you - Consider how you will recruit people to be involved in Co-production.

Confirm what scope of influence local people can have on the proposal/change - For example an understanding if there is:

- little scope to comment or influence the decisions that are being made, but a need to explain what is happening and be transparent
- little scope to influence but can work with people on what happens next
- some scope to influence the decision and we are open to alternatives
- a lot of room to shape the decision/service and what it is that we are deciding on
- OR The decision or service is open for discussion or change, and there's potential to work in partnership with local people.

Only for the latter two, can you continue with a co-production plan. However, you can (and should) still engage with local people within the alternative options in different ways – such as consultation, engagement or education methods.

Case Study

Brighton and Hove – Co-Design of Adult Learning Disability Strategy

The Brighton and Hove 5 year Adult Learning Disability Strategy was co-designed by identified key stakeholders, including the Local Authority, Integrated Care Board, local mental health trust, third sector organisations that aim to advocate for the learning disability community, providers of care and support, and adults with learning disabilities, their families and young carers, as well as other local citizens.

Engagement and consultation events were held with local people, and the strategy itself was co-designed with the third sector organisations (Speak Out and Amaze), the Parent Carer Council and the Carers Centre, as well as with health colleagues and trusts and the Local Authority.

Engagement methods included:

- Online surveys
- Consultation by Speak Out with adults with learning disabilities, and with carers by the Carers Centre, including focus groups and interviews
- Consultation by the Trust for Developing Communities with the Black and Racially Minoritised Communities
- A review of previous consultations by Speak Out, Amaze, and the Carers Centre – utilising secondary data
- Online engagement events for providers and professionals

Enablers:

- Very engaged key stakeholders
- Investment in a learning disabilities engagement commission - Learning Disabilities Partnership and associated engagement activity
- Joint working with the ICB
- Good relationships, trust and openness across all stakeholders
- Engaged provider market
- Ensuring there was a lead to undertake the work
- Commitment to coproduction by senior management

Challenges:

- Covid – but online events did work well and enabled more people to attend
- Getting the right people round the table – A second online event was held as Brighton and Hove did not feel they had all the right people round the table at the initial meeting
- Ensuring you ask the right questions at the right time – it may be worth reviewing previous consultation exercises

Advice:

- Don't underestimate the amount of time and resource needed for engagement (but know that this is far outweighed by the benefits of coproduction)
- To be mindful of information already held to avoid over consulting
- To think of the audience and how best to present information so it is accessible
- To utilise previous engagement methods that have been successful
- To recognise that you may not get it all right, but it is commitment to ensuring coproduction that is really important

Co-production Methods

There is no one set or recommended way to host a co-production activity. In fact, one of the first actions of a formed co-productive group or network will be to agree what method or approach the group would like to take in order to deliver the desired outcome, and what will work best for them.

However, there are number of different methods which can be used which would support co-production. Below are some examples with a very brief description of each and a link for further information⁵.

[Peer Researchers](#) - The research is directed and conducted by people with lived experience of the issues being considered.

[Liberating Structures](#) has 33 different exercises which have been specifically designed to support collaboration in a way which addresses power dynamics. [1/2/4 All](#) is one of the easiest ones to start with and is great for generating ideas and suggestions.

[World Café](#) or [Conversation Café](#) – using an informal café setting to help people relax and open up. Generally, questions are discussed in small groups (approx. four people per table), with multiple rounds of 20-30 minutes. Reflections and insights are gathered at the end.

[Appreciative Inquiry](#) – used to build a vision for the future, drawing from the past and potential future successes. The focus is usually on what people enjoy about an area, their hopes for the future, and their feelings about their communities.

[Asset Mapping](#) – Mapping the assets in local communities to identify existing assets and resources, as well as identifying potential gaps.

[Journey Mapping](#) – Sometimes called customer journey mapping or user journey mappings, a process of breaking down an overall experience into smaller steps to understand the journey. This includes identifying highs and lows.

[Citizen Assembly](#) – Large scale events, often over a number of days which bring a group of people together to discuss issues and reach a consensus about what they think should happen. People are chosen so they reflect the demographics of the wider population and sometimes relevant attributes (i.e., to get people with different views on the issue). An example was the national citizen's assembly on social care.

[Fishbowl Conversations](#) – Enables large group to all contribute to a single conversation. This is done by arranging the room so that the speakers asked to start the conversation are seated in the centre of the room 'in the fishbowl', with the other participants seated around them in a circle to listen to their conversation.

Storytelling – Stories help bring issues to life and enable people to connect. There are a wide range of ways to enable storytelling include oral stories, art and drama.

⁵ West Sussex County Council 'Working together to improve services – toolkit to support meaningful services'

[Futures Workshop](#) - A Future Workshop is a method for planning and forming a vision of the future. Workshops help define aims and identify problems.

[Participatory Budgeting](#) - People are involved in the process of deciding how public money is spent, including monitoring roles.

Case Study

East Sussex – Involvement Matters Team

The East Sussex County Council Learning Disability Commissioning team works collaboratively with the Involvement Matters Team (IMT). IMT are a group of adults who have a learning disability and are the reference group for adults with a learning disability in East Sussex. IMT are self-advocates and peer advocates and have a valuable role to play in communicating the views of people with a learning disability within East Sussex, therefore it is vital that the co-production support mechanisms, forums, activities, and meetings are effective, dynamic and serve the needs of the individuals they are there to represent.

Examples include, but are not limited to:

Creation of Health Facilitation Roles: NHS Sussex identified resources within its Healthy Hastings and Rother programme to help address the inequalities experienced by people with a learning disability. A meeting was convened of key stakeholders, including IMT, to initiate discussion and thinking, resulting in new ideas and innovations. This meeting identified five options for further discussion and feedback, an easy read survey was developed to support responses from adults with a learning disability, with the outcome being two well defined routes to follow. The culmination of this process identified the need for Learning Disability Health Liaison roles in primary care and a project officer role supporting a series of tasks and functions that would fall within the scope of these roles.

Involvement of IMT to support tender processes: A suite of easy read documents co-produced to support the involvement of adults with a learning disability within the procurement tender and interview processes, including co-produced easy read versions of tender documents (including conflict of interest and confidentiality forms), co-produced easy read of the scoring criteria and supporting IMT to formulate questions for tenders and ensuring members had equal weighting in scoring.

IMT Member: “I am an individual like you, no different, no more, no less. We are part of society; we always have been and always will be. Really listen to people’s stories and experiences because that’s where you’ll find the good stuff.”

Advice – as given by IMT members:

- Trust and respect “trust is definitely the number one ingredient, its top of all of it”
- Listen “Listen to people with learning disabilities, we are the experts”
- Accessibility “Make meetings and information accessible so people can be involved” “No jargon, just straight to the point”
- Boundaries and privacy “You need to be clear from the start, especially when sharing personal stories or information”

Case Study

- Peer Support “We check in with each other – it makes me feel like people care”
- Working together “We work with the council, look at our name, the Involvement Matters Team – it shows the Council is committed and everyone is interested and values what we do”
- Resilience and experience “We draw from our experiences” “I tell people about reliance and different ways of coping”
- Reward and recognition “it’s important, I feel my time and views are valued, that I am valued”
- Communication “think about how I communicate, what is the best way to hear my views?”
- Time and patience “Take your time, you don’t trust people straight away. It’s better to get it right than rush it”
- Make services even better “people who use services will have ideas about how they can be changed to improve and make services even better!”
- Make it fun and enjoyable “we use tabletop exercises, videos, role play, ice breakers, games in meetings and trainings. You need to make sure people want to join in and come back!”
- Knowing I make a difference “I find it encouraging and makes me want to do it more, tell us what has happened after we’ve been involved!”

When should Co-production be considered

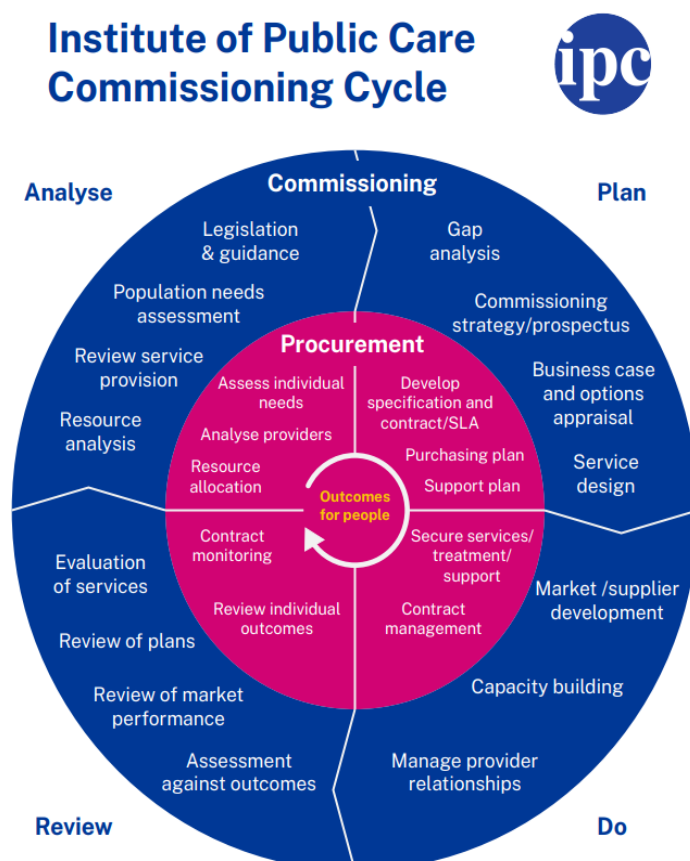
We should always consider if Co-production is an option for any change, action or decision we are exploring, and where possible, Co-production must be built into all timelines of any commissioning, policy or procedural decision that will impact the local community or a particular population group.

Firstly, we will consider the opportunity for Co-production throughout the IPC Commissioning Cycle. Below, examples of how Co-production might be utilized, alongside potential example activities, are listed for each of the four quadrants of the cycle. Please note, these are examples and are not exhaustive.

Following this, we will consider the opportunities for Co-production within front line support and delivery.

Co-production in Commissioning:

Co-production Throughout the Commissioning Cycle



Analyse: e.g., Joint analysis of local needs, public sector and community assets, and any risks of service failure or poor performance; Consideration of emerging or unknown / less known needs or population groups; Joint identification of further opportunities to bring local people and communities into the commissioning cycle and local decisions

Example activities: Local inquiries with the community such as conversations, focus groups, surveys on how things are going and how are we meeting their needs and wishes; involving local people in the creation of policies or strategies; Public Involvement in annual reports

Plan: e.g., Co-deciding priority areas /services or desired outcomes; Contributing to business cases with anecdotal stories or

locally based evidence; Designing service specifications or other designs, including the tender documents (such as the evaluation criteria for the successful bidders)

Example activities: Participatory budgeting exercise to help shape where resources are prioritised; Ongoing design workshops with local people to agree a service design or

specification (online or face to face); Prototyping new solutions or ideas with local people (e.g., Innovation Labs). Local people or community involved and contributing to commissioning boards, procurement panels and other decision-making meetings (such as the Health and Wellbeing Board)

Do: e.g., Requirements that there is ongoing joint delivery of services with local care Providers; Co-design / produce the monitoring arrangements for services to ensure we are capturing meaningful information for outcomes; Joint monitoring with local people of the operation of both in house services and external contracts

Example activities: User and community representation at contracting monitoring meetings between providers and commissioners, commissioners to ensure local providers continue to design and deliver services in partnership with the people that are intended to benefit from these services

Review: e.g., Working with local people to co-assess the impacts and outcomes of a service and agree together if change is needed, and what this might look like; Revising a commissioning strategy following the co-assessment / co-evaluation of a service and provider performance; Revising a commissioning and/or procurement decision in light of a co-assessment / co-evaluation of that service

Example activities: User and community surveys or focus groups to discuss any qualitative evidence of impact, and any suggestions for improvement or amendment, Peer Reviews and inspections, Local people scrutinizing patterns emerging from any complaints system

Case Study

East Sussex – Design Council

East Sussex created a 'Design Council', made up of people who are using services or caring for people using local services, which are interviewed to support the recommissioning of a number of adult social care interventions (including floating support services, supported accommodation, domestic abuse refugee services, extra care and Technology Enabled Care). The Design Council was set up to seek the views and lived experiences of clients and carers of services, the views of provider staff and council staff on services in a meaningful way, and to listen to suggestions for improvements from all parties. It was important to East Sussex to also hear what was working well, and therefore what should be retained in future service specifications.

East Sussex's Design Council has formulated a number of service design tools to support individuals being interviewed as part of the Design Council. This supports individuals to highlight their experiences of a service (what works well and areas they think could be improved). In addition, East Sussex has adopted the 'client journey mapping' approach which records, in the client's own words, their experiences prior to entering the service, and their current time using the service, alongside aspirations of what they envisage when they leave the service. This technique allows East Sussex to hear and record the feedback without their own intentions and thoughts influencing the content.

East Sussex seek to hear the voices of what they define as 'extreme' service users to ensure fair representation of experience. These are defined as:

- Having had a very negative experience of the service or a very positive experience.
- Having been in the service for a long time or were very new to the service.
- Having made lots of referrals into the service, or had only recently started making referrals (e.g., Council or health colleagues, other stakeholders).
- Having worked in the service for a long time, or were recent recruits (Employed by the Provider)

Enablers:

- Senior buy in for co-production at a variety of levels (including a senior NHS partner and the Director of Public Health, as well as Director of Adult Social Care)
- Openness and willingness of incumbent providers to support identifying clients and staff to interview
- The extreme user approach is efficient in pinpointing what is working well and what needs to be retained

Challenges:

- Covid 19 pandemic meant some interviews were completed via phone, which was not as easy to organise nor build relationships and put people at ease

Advice:

- Early planning with interviewees and interviewers
- Identifying service users with awareness and sensitivity to their particular circumstances and reason for using services
- Plan for how all stakeholders will continue to be involved – consider communication and engagement, outcome and review
- Identify limitations early on i.e., legislation and funding constraints
- Have senior management support and sponsorship

Co-production in care and health practice

In addition to commissioning whole services, there is a great opportunity for practitioners who provide direct care and support to individuals (such as social workers, care workers, health colleagues and occupational therapists, to name but a few) to co-produce. Building trust and good relationships with the people we work with is part of the day job in care, and so often such colleagues are very well placed to encourage and get people involved in co-production.

There are a range of example activities people can get directly involved in to support their participation and contribution to their care and wider services:

Individual relationships – On an individual level, co-production can be purely described as the collaborative relationship between people using a service and their practitioner (e.g., social worker, personal assistant, district nurse, or housing officer etc.) It is important this relationship starts by emphasising that this is a partnership where there is a sharing of power, mutual respect and also shared accountability for someone's care and outcomes. Practitioners should outline this vision from the beginning with individuals to ensure practitioners do not take on the 'expert' or 'fixing' role but encourage and support individuals to take ownership of their own care.

Assessment and Care and Support Planning – This is another primary opportunity for practitioners and local people (including friends, family and carers) to work together to co-productively define goals and outcomes, and to design the support needed to achieve these. In order for this process to be co-productive, it is important that local assessment and care / support planning processes are person-centred, and strengths based, focusing on the individual's assets and what is important to that person, whilst balancing this with our legislative requirements for eligibility of care and the options available to them for local care provision.

Local areas may wish to consider how well their internal processes for assessment and care planning aid practitioners to be person-centred, and co-produce care and support plans. For example, if an assessment primarily focuses on eligibility and/or a care plan covers only activities and inputs (such as hours of care delivery and the tasks to be completed in this time), rather than the desired outcome for the individual, co-production is unlikely to be achieved.

Care plans and other documentation are recommended to include consideration of the following:

- What the person would like to achieve with their care and support, their goals, and aspirations for the future
- What is important for the person about how they live their life: what they enjoy doing, their interests, likes and dislikes, who is important to them, who they like to see and their preferred routines
- How best to support and involve the person in decision making
- Where a person lacks capacity to express their choices, how their families and others who are interested in their welfare have been consulted
- What outcomes the person wants, and other options considered
- The associated benefits and risks of each option

- The person and their chosen representative are aware of the care and support plan and have seen a copy
- The person and their family / friends are able to tell you how they were involved in developing their care and support plan, and that they felt (and feel) listened to

Self-Directed Care / Budget Setting – Another way people can be supported to co-produce their care is via self-directed support either through personal budgets such as the use of direct payments or via an Individual Service Fund alongside the care provider of choice.

Feedback and review of outcomes – Local people should be actively involved in the review of their support plan, to understand if the desired outcomes are being met or in progress, and in addition, to consider if they believe there are any opportunities for changes or improvements to their care.

Recruitment & Training of Social, Care, Health Workers – In addition to day-to-day practice, local authorities may wish to consider how to involve local people in the recruitment of professionals (for example, outlining what values are important, as well supporting to design interview questions and contributing to interview panels). Furthermore, local people can help provide expert advice and challenge on how local professionals are supported in their qualification (if relevant) and training processes, or how they locally review or audit their social care or health function and impact.

Case Study

West Sussex – Involving Individuals with Learning Disabilities in recruitment and care support

West Sussex Directly Provided Services have worked hard to embed effective co-production in the design and delivery of their care and support services, including day opportunity shared lives and residential care services.

The People's Panel: To support the recruitment of professionals, each applicant is interviewed by a People's Panel which is represented by individuals who live or receive the service the candidate is applying for. The People's Panel are supported to ask the questions that are important to them. In addition, a facilitator is present to support any accessibility requirements, a buddy or mentor is provided if required, and visual scoring cards that were co-produced by the panel are used. Most importantly, the People's Panel has **equal decision-making power** for the recruitment outcome as the 'professionals' interview panel.

Production of a COVID 19 Booklet: Individuals accessing a local service voiced their frustration and confusion regarding the ever-changing COVID 19 government guidance including the variation of easy read images or symbols, which often did not mean much or communicate well to the individuals they were intended for. They also wanted to help others in a similar situation. As such, people living at the Care Home co-produced and designed a COVID 19 booklet, supported by two members of staff from their local day opportunity service. This booklet supports people with Learning Disabilities to better understand what COVID 19 is, why we were required to change our behaviours and what we needed to do to keep ourselves and others safe. This included the group reviewing and agreeing the most meaningful images / photo-symbols – including an image for COVID, "hands face space", anti-bacterial gel, requirement to wear masks and social distancing to name a few and co-producing all content. The booklet was endorsed by Public Health and circulated widely within other Directly Provided Services. The booklet received orders from other people who use these services and received recognition in the media.

Enablers:

- Prepare a good toolkit or policy on co-production that people can use to remain focused
- Provide opportunities and an environment that supports good discussion
- Ensure there are good facilitators who understand how to support the co-production process
- Ensure accessibility of the information being discussed
- Evidencing to all the impact co-production has
- Don't ever assume – people have a lot to say and offer, it's our job to enable their voice to be heard

Challenges:

- Recognise organisational restraints and boundaries and work around these where possible
- Just because not everything can be co-produced, doesn't mean we can't co-produce at all – we just need to figure out what we are able to do, and be innovative where we can

Advice:

- Be flexible with timings – always allow more time than you first anticipate
- Don't start too big – be realistic with your first co-productive activity and let it grow naturally as the outcomes speak for themselves
- Don't give up and role model the approach

Case Study

Slough – Co-production Network

Slough Council had supported a number of Partnership Boards for many years, which include members with lived experience. Slough is committed to strengthening its approach to co-production, so worked with different community groups and stakeholders to develop and agree a new model in order to give local residents increased opportunities to be involved in decision making.

The Co-production Network began in 2019 and provides a strong partnership between the local residents with direct experience of health and social care services, the Council, Health and Healthwatch. Volunteer opportunities are advertised locally and are recruited by members of the community. Volunteers bring varied and direct personal experience of health and adult social care services and reflect Slough's strong diversity.

The group, while supported by the council operates independently of its management structures. There are monthly meetings co-facilitated by an officer and a volunteer as well as additional task and finish project groups. The work programme is agreed by the network.

The Director has emphasised that in all significant projects, the Network should have a role to play in providing a more co-productive approach to the department's work. This has enabled Slough to have a much more consistent approach to co-production.

The volunteers have been involved in:

- Participating in the adult social care transformation programme
- Recruitment of key adult social care staff including senior roles
- The development of adult social care service models and specifications
- Involvement in tender evaluation panels
- Development of a toolkit to support quality improvements of care homes
- Development of accessible materials to promote awareness of Direct Payments to people accessing adult social care services
- Involvement in the development of an adult social care workforce strategy and workforce campaign for the council

Enablers:

- Strong and equal partnership between all members
- The Network is owned by its membership and this independence is seen as crucial
- Support from senior management which encourages the group to be as assertive and frank as possible in their contributions
- The support of regular meetings
- Clear scoping of the tasks and what will be expected of the Network contribution

Tips for effective Co-production

- **A culture shift** at all levels is required - Co-production is not 'part' of the job for commissioners / operational / strategic staff – **it is the job**.
- Involve people **at the beginning of any change process or decision** that will impact them and their community. The earlier you involve people, the more likely you can embed Co-production as it limits the risk that some decisions have already been made without local people.
- Co-production takes significant time and requires dedicated resources, and this must be built into the timescales and budget management in order for the best results to be achieved. If rushed, co-production can look tokenistic and will negatively impact your relationships and trust with local people. We must ensure appropriate and adequate resources are available to support co-production (which will often take longer than you think), and that front line staff have the time and flexibility required. Lack of time and dedicated resource is one of the most frequently cited reasons why organisations feel they are unable to co-produce effectively. True Co-production should be a series of ongoing workshops, meetings or communication. Therefore, it cannot be seen as a one-off activity.
- **Flexibility** – The more flexible you can be (i.e., the more ways you are willing to consider in order to meet an objective), the more co-productive your approach can be. It is important at the start of any co-production process that you identify any 'non negotiables' and are up front and transparent with any individuals involved at the beginning. You will need to explain why these are non-negotiable (e.g., defined in law, budget restraints, local strategy or governance) and agree as a group how you will work with this and remain in the realistic scope of the project. The extent to which we can be flexible is very much reliant on when we get people involved – i.e., the earlier we get people involved in the process, the more likely people can shape and influence decisions and services. All too often people are involved too late in the process, and so the opportunity for true co-productive approaches is minimised as we are restricted by the decisions that have already been made. This should be avoided wherever possible.
- **Understand the interest** of local people to get involved in shaping, designing and reviewing their care offer and services. Generally, the more people are impacted by the topic, the more likely that they will want to get involved and add value to the activity. If you are struggling to get people interested or involved, **find out why**. This might tell you something you need to know – e.g., they don't believe their contribution will make a difference or they face barriers in engagement that you have not yet considered.
- People who use services, carers and families, and the wider community should be **clear about what their expectations are** and be fully engaged in the process. It is important to explain that part of this process will be negotiation and consensus building as a collaborative, and we will not agree on everything.
- **Outline to individuals from the beginning how much scope they have to influence a decision** – Be honest with your local people where they have scope to shape, design and influence, and where they do not (explaining why this is the case – e.g., legislation requires a specific action or care service)
- **Start with relationships** – it is important to have opportunities which help people interact on a human or personal level first. Icebreakers, sharing food, removing

lanyards, using first names and not job titles, are some examples of how to do this. It is easy to be tempted to skip this step due to time restraints, but it can be important to break down these barriers before talking about potentially difficult topics.

- **Develop agreements on behaviour during the conversation** - encouraging openness, honesty and create a safe space so people can openly share their views.
- **Be Human** – We are people working with people where the outcome of the exercise will have either a positive or negative impact on them. There may be challenging discussions as part of this, including what is feasible and what is not, however, it is important people are given the space to share their experiences or views, and the pressure or time restraints of the project do not result in professionals demonstrating either a lack of empathy or inflexibility as part of this.
- **Start with a blank page** – Where possible, come to the ‘table’ with a blank page or agenda and work in partnership with local people and communities to build and agree a shared vision for the activity. If professionals arrive with a pre-determined agenda or idea, there is a risk that people feel a level of manipulation with the ingenuine approach.
- **Support offer for people involved in co-production** – It is important to acknowledge that reviewing or getting involved in the design or review of a service or intervention that might impact the person could be an emotive experience. Professionals must consider the time and support that allows people to express their views, whilst feeling they are in a safe and supportive space.
- **Think about the location / venue** – Pick a location that is neutral, rather than a Council office building or similar. This supports the feeling of equality and a sharing of decision-making power
- **Be clear on issues of consent, confidentiality and safeguarding** – Outline at the beginning how information will be recorded and shared; what it will be used for and under what circumstances you would have to break confidentiality. If you are developing material where you wish to use attributed case studies, quotes, photos or films, you must get formal consent, usually in writing.
- **Make it fun and encourage creativity** – Think about ways to make it more engaging; put everyone on an equal footing; free people up to think about new solutions. If funding allows, drama and art can be very effective. You will also want to think about how the questions you are asking help open people’s minds.
- **Keep local people updated as regularly as possible** – Ensure you do what you say you are going to do and effectively feedback on the progress and outcome of the activity.
- **Show people their contributions are being listened to and valued** – People want to know that their insights and experiences are acknowledged and acted upon by public service professionals, and they have genuinely considered if or how they can take action on these. Think about how you can demonstrate this, not only in the co-production activity, but as feedback (e.g., You said, together We Did).
- **Training and skill development of people involved in Co-production** – The training required for local people will vary depending on the complexity of the task and the population group involved, however it is important to offer a development session for those involved in co-production. This will not only help outline the scope, expectation and responsibilities of them as an individual and prepare them for the task ahead but will support with the productiveness and focus of the upcoming activities.

- **Recruitment of local people** – We must consider the representation of the target population in our co-production network or audience and must not make any assumptions regarding people's abilities to take part in co-production. Instead, public care professionals must ensure there is a variety of co-production methods available in order to ensure everyone who wants to contribute to a decision is able to do so and widely advertise the opportunity to get involved on a regular basis. In addition:
 - You must be assured individuals truly represent the wider views of others – for example, they may have been 'voted in' by the wider population group / service users to be their representative or you may wish to invest and engage with user led or grassroots organisations.
 - You will want to consider how to reach people who are not accessing the already existing services (as finding out why they are not engaged or accessing the service provision is just as valuable). This may be completed via social media or using local community groups or services such as GP surgeries, faith groups or voluntary support services. Networks of people with lived experience (sometimes in the form of User-Led Organisations or peer support networks) are supportive of the co-productive approach. These networks not only provide a single point of access, but they typically provide support and training so people with lived experience are able to fully participate. It will be important to speak to the networks about the most appropriate way to include them.
- **Skills of public service professionals** – Commissioners and other colleagues involved in co-production must have the skills in order to effectively facilitate discussions, including listening skills, group management and reflective practice. Colleagues need to be open to criticism and ensure responses are not defensive and are open to hearing new ideas.
- **Lessons learnt** – Identify and share lessons learnt through the co-production exercise and conversations with those involved, covering what worked and what didn't. Share this learning corporately to improve the organisational approach of 'doing with' people.
- **Identify any barriers to Co-production and consider how to overcome these** – It is important to investigate and identify what may be getting in the way of effective Co-production and working with your organisation to overcome these as much as possible. A list of potential barriers to co-production is available in Appendix C.

Case Study

Isle of Wight – Dementia Strategy

“We wanted to ensure that the voices of local people were central to the development of the dementia strategy so we can ensure that dementia services are shaped, and systems are changed in a way that will have the most positive impact”

To deliver a new strategy, a project group was established including people with lived experience, voluntary and community sector organisations (VCS) (such as Age UK Isle of Wight, Dementia Awareness Partnership and Healthwatch Isle of Wight), and statutory organisations. The approach of how to consult and involve as many local people as possible in the design of the strategy was co-produced by this group and resulted in the following activities:

Consultation Activities – Surveys for local people, as well as professionals delivering or involved in services, Public Events / Drop Ins, Focus Groups held at Alzheimer Cafes across the island, and focus groups with carers.

Engagement – Development sessions for the Strategy content and its chapters with the Project Group as well as the introduction of an Implementation Board to oversee the delivery of the strategy, which continued to have equal representation from VCS, statutory services and people with lived experience.

A full **consultation report** was also developed and published to demonstrate the value of public involvement in the creation of the strategy.

Enablers:

- Buy in from leaders across the health and care system and an understanding of required timescales
- Excellent relationships and mutual trust and respect with local VCS, and their good reputation with local people
- Honesty and transparency about scope and budget

Challenges:

- COVID 19 pandemic slowed progress due to the crisis response
- Developing the engagement materials in a truly accessible way, and delivering focus groups in a flexible environment that met individual needs, engagement style and pace

Accessibility of Co-production

It is important to remember that Co-production approaches, where possible, should be the desired approach for every potential decision or change that may be introduced by a Council, and therefore have an impact on local people. Unfortunately, it is generally the case that some population groups receive better opportunities to co-produce services or decisions that impact them than others. **This is not right, and everyone should have equal opportunity to be involved in Co-production.**

Co-production is highly context dependent, and what works well in one situation may not be workable in another. However, it is important we critically review our approach to co-production and amend this as required to meet the needs and accessibility requirements of local people, in order to support as many people as possible to get involved.

Listed below are some example population groups that may have been less likely to be engaged with in the past due to assumptions about their ability / capacity or marginalization, and some potential options or advice around how to support them. Please note, this list is not exhaustive.

- Older people and those with dementia
 - Potential option – [Dementia Care Mapping](#)
- Those with poor mental health
 - Potential option – [Mind's Influence and Participation Toolkit](#)
- Learning Disability
 - Potential option – [Norfolk and Suffolk NHS Foundation Trust Co-production Panel](#)
- Homeless population
 - [Support from Homeless Link \(2017\)](#)
- Transitioning from children to adult social care services
 - [NICE guidance](#)

Overall, all Co-production planning must consider accessibility issues for everyone.

Consideration of the following must be completed:

Accessibility of the Co-production event:

- For a **physical venue** you will want to consider the following:
 - How far is the venue from public transport?
 - Is there disabled parking available and how many spaces?
 - Is there disabled access to the building and to the event, such as ramps and lifts?
 - Is there a quiet room if required?

- Are the toilets accessible?
- Is the room laid out in an accessible and supportive way?

For online events you will want to consider the following:

- The IT literacy of your population group, ensuring everyone has a fair opportunity to join if they wish to
- How you will offer additional support to individuals should they require it
- Privacy issues regarding individual's names and email addresses

Accessibility of the Communication materials

- Have you worked and agreed with your group / individuals what format they would like to receive information / materials in that will be most helpful to them?
- Are your materials available in easy read or within other helpful formats such as large print, plain text and images / videos?
- Are your materials adapted to support individuals with colour blindness?
- Have you asked if anyone has any additional requirements, such as dyslexia, and arranged for additional support and time for such individuals to get involved?

Accessibility of verbal communication

- Do you have access to language translators if required, ensuring any non-English speakers (or for whom English is not their first language) have the opportunity to take part in the Co-production exercise?
- Do you have access to sign language interpreters, including the use of Makaton, if required?

Co-production Approach

- Have you considered a wide variety of engaging with people to ensure everyone has the option to contribute in a way that feels comfortable to them? E.g., anonymously as well as in person events, verbal vs. written responses etc.

Finally, the safety of individuals and colleagues must be paramount. Colleagues should consider safeguarding throughout co-production, with all involved being familiar with local safeguarding policies and reporting mechanisms, as well as any lone working policies.

Recognition and payment for individuals involved

It is generally agreed that if local people are giving up their time to contribute to the shaping, design and review of services, they should be acknowledged, paid or incentivized for their participation. This not only demonstrates the value they are bringing to the table, but also demonstrates the equal partnership that Co-production is based on.

Financial incentives for paying individuals involved in Co-production include:

- Being employed by the Local Authority or similar, paid via an hourly rate
- Paying for travel and subsistence expenses

- Bank Transfer
- Vouchers
- Donations to charities of their choice
- Payment towards care (e.g., payment of personal assistants, or respite for carers)
- Time Credit Schemes (such as Time Tempo Credits) which transfer time into tangible benefits (e.g., cinema or gym access)

There are also examples of non-financial incentives that can be used to acknowledge and thank individuals for their time and contributions:

- Thank you events – such as days out, or award ceremonies / acknowledgement ceremonies
- Social events for the Co-production group
- Inclusion in Service's Team Events – such as Christmas Lunch – to demonstrate they are part of the team
- Training and development opportunities
- Progression to formal volunteer roles

How this is managed will be at the local discretion of the Council, however, it is important that this is considered as part of the co-productive approach.

Of importance, SCIE (2021)⁶ recently produced a briefing for local authorities, charities and organisations that support people who use services and their carers. It looks at how people and carers who receive state benefits can get involved in paid Co-production, involvement, participation in health and social care, highlighting what they need to be aware of to avoid any loss of benefit.

As the briefing explains:

“Organisations paying people for their time as part of Co-production, involvement and participation activities have a responsibility to ensure that people who receive benefits are supported with independent welfare rights advice”.

⁶ SCIE (2021). Paying people who receive benefits: October 2021

Case Study

Portsmouth – Integrated Learning Disability Team

Portsmouth has a number of co-production or engagement initiatives in place to ensure local people have a voice and impact on how local services are delivered. This is via a Service User Engagement Team.

Learning Disability Partnership Board: Open group where local people (e.g., those using services, carers, families, the wider community) can attend on a regular basis and give feedback to how local services are operating. This board also aims to identify unmet need, where improvements are required and any good practice. Any decision made in this board will be completed in collaboration with local people.

Volunteer Trainers: A group of service users have designed a training presentation for professionals that illustrates what it is like living with a Learning Disability. This is delivered a few times a year to any organisation or professional who wants to attend the training. This is now delivered both face to face and online.

Staff Interviewing and Induction: Service users are also welcomed to partake in staff interviews and are supported to ask questions of interest to them. The feedback from the service users is considered by the interview panel for their final decision. Following this, these individuals are also now involved in the induction process of the staff and have produced a short film of what they believe are the right characteristics of a care worker. They also complete tours of the offices / services and deliver a Q&A as part of the induction to welcome new staff to their roles.

Quality Checkers: Service users complete quality visit checks of any service, including health services, alongside professionals. The individuals will explore things such as how accessible a service is, how well they have made reasonable adjustments to support people with Learning Disabilities and how the service feels and looks as a whole. The service users and staff members will write the feedback report for the service together, including what they think is positive as well as any recommendations for what they might change.

Inclusive Communications Group: A monthly meeting where individuals with Learning Disabilities review any printed communications (e.g., posters / leaflets) for / from the health and social care services. The group will consider the accessibility of the documents, the design, tone and language. This group is hoping to expand to look at online or digital content going forward.

Volunteers: Formal volunteer arrangements with individuals who support with office administration tasks (such as shredding, welcoming guests to the service); as well as interviewing staff on a regular basis to capture good practice.

Case Study

Employed Individuals: Portsmouth has employed two individuals who support with digital design for the website and newsletter, as well as supporting with Makaton translation requirements for formal presentations or in films. Portsmouth offers a small number of hours per month and pay an hourly wage to these individuals.

Enablers:

We offer incentives – All involved are invited to the staff Christmas Lunch, and we host Thank You Events.

Individuals feel **part of the team** and get a lot of personal benefit from this – well-being and self-esteem / confidence is increased.

We are given the time and resource to get this right – Early stages are critical – Portsmouth are given the time, so groups get to know each other, and also the ability explain the purpose of what the group are doing and why.

Challenges:

People drop out – Recruitment can take several months – you must be prepared to advertise again and manage relationships with your volunteers / those involved.

Some people are cynical about the co-productive approach – demonstrate the impact and the results will speak for themselves.

Underrepresented voices – Ensure there are opportunities for everyone to get involved in some engagement work which may be more challenging for those with more severe needs – e.g., those who are non-verbal, but not impossible.

Advice:

Recruitment – this is an ongoing process and needs to be advertised / promoted on a regular basis. Portsmouth tries to ensure people are only involved in one of the engagement activities listed above in order to support wider representation

Acknowledge people – Take the time and find ways to thank people and recognise what they have done. Try and get feedback from a wider group (e.g., senior council colleagues) and pass this out to those involved.

Templates and Tools

The templates and tools are designed to be used in conjunction with the Co-production Guide and have been adapted from a variety of sources. They begin with project planning and continue through to post project evaluation. They need to be used in relation to local requirements and processes and are not specific to a particular area.

1. [Project Planning Form](#)
2. [Asset Mapping Tool](#)
3. [Barriers and Enablers](#)
4. [Project timetabling and communication planning Template](#)
5. [Co-production checklist](#)⁷
6. ['Keep it Simple' Checklist and guide to involving participants](#)⁸
7. [Specimen feedback form for feedback on Co-production sessions](#)⁹
8. [Guidance and good practice on privacy and data](#)

⁷ Taken directly from Hampshire's Lets Go Co-Pro website

⁸ Taken directly from Hampshire's Lets Go Co-Pro website

⁹ Taken directly from Hampshire's Lets Go Co-Pro website

Appendix A – Legal responsibilities for Co-production

The Care Act (2014) states:

“Local Authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community. Co-production is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed”

(Care Act 2014)

The Health and Social Care Act 2012¹⁰ also outlines two legal duties, requiring the commissioners in NHS England to enable:

“patients and carers to participate in planning, managing, and making decisions about their care and treatment. the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people”.

Currently, the Quality Care Commission (CQC) monitor, inspect and rate adult social care services on a regular basis. As part of their inspection, they may consider how adult social care services support equality, diversity and human rights. The CQC will inspect:

- Whether services work in a **person-centred way** to meet the needs of people from all equality groups;
- Whether services are meeting the [Accessible Information Standard](#), which looks at how providers identify, record, flag, share information about, and meet the information and communication needs of people relating to disability, impairment or sensory loss;
- How leaders and managers are promoting equality, diversity and human rights in their service, including their staff;
- Whether people from different groups have equal access to care pathways and **all parts of the service**.

More recently, as part of a proposed **adult social care reform**¹¹, the current UK Government made a clear commitment to ensure that Local Authorities empower those who draw on care, including unpaid carers and families to get involved and shape their care. It also outlines the importance of Co-production to build a system that can develop and adopt new ways of providing care and support to people at scale:

“Embedding innovation takes dedicated leadership and good relationships, it requires consultation, engagement and Co-production with people who need support and a workforce that are supported to champion and embrace new ways of working”

(People at the Heart of Care – Adult Social Reform White Paper, 2021)

¹⁰ [Health and Social Care Act 2012](#)

¹¹ [People at the heart of care: adult social care reform white paper](#)

Building on the 2014 Care Act, the white paper 'People at the Heart of Care' strongly advocates Co-production and working closely with people with lived experience to help shape the care market. This is complemented by the Health and Social Care Integration White Paper¹² which sets out the systems required to join up health and social care delivery **around the needs of people, communities and place**.

The 'People at the Heart of Care' paper also outlines an intention to create a new **assurance framework** which will demonstrate how well local authorities are meeting their adult social care duties under part one of the Care Act 2014. This new duty of review will be given to the Care Quality Commission (CQC). Local Authorities, therefore, will want to be able to demonstrate that local decision making (such as the publication of local strategies, policies and/or the commissioning of care support and/or services) includes meaningful consultation and Co-production with people who use the services, their families and carers, wider communities, as well as those who provide the services.

¹² [Health and Social Care Integration: joining up care for people, places and populations](#)

Appendix B – Who is Co-production important for?

The below table aims to illustrate why it is important for everyone to give Co-production the time and resource it requires. Please note: the below list of roles or individuals, as well as the benefits, is not exhaustive:

	Potential benefits of Co-production
Individuals in receipt of care and/or services, Carers, Families and the wider community (including those who may require care and support in the future)	<ul style="list-style-type: none"> • Assurance that, as far as is possible, future services and/ or care offers will meet their needs and wishes and make a positive difference in their lives • Development of social networks and peer support opportunities • Increase in confidence and wellbeing that results from being listened to and valued • Better long-term outcomes and achievement of wishes and desires that are important to local people • Enhanced knowledge and understanding of how public services operate and therefore less frustration or feelings of powerlessness
Providers of Care	<ul style="list-style-type: none"> • Assurance that what they are doing will make a difference to people's lives • Improved experience for the people using the services • Increased confidence that the service offer is based on what people say they want and need, and is co-designed and co-delivered with them • Increase the capabilities and abilities of the local community which in turn can provide capacity and resource in the service
Social Workers, Care Workers, OTs, Health Professionals (etc.)	<ul style="list-style-type: none"> • An increased understanding of what people want and desire and how to work together to achieve this • Allowing the job to feel rewarding and helps connect people back to the reason they work where they do • Reduction in a breakdown of care packages or other arrangements, supporting colleagues to have a more manageable workload and focus on making a meaningful difference for local people

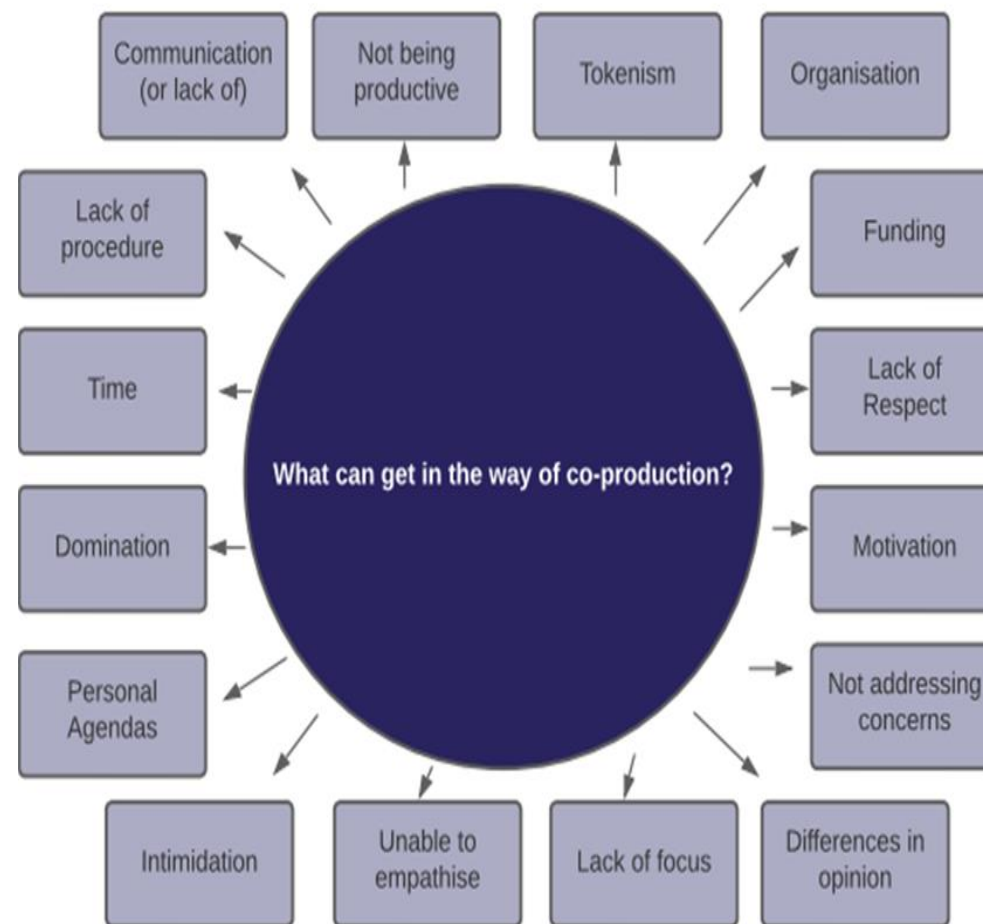
	Potential benefits of Co-production
Commissioning roles, including brokerage / placement officers	<ul style="list-style-type: none"> • Better and deeper insight into the experiences of people who access care and support, resulting in better designed business cases and care and support services • Confidence that commissioning practice is aligned with evidence base • Greater job satisfaction as the approach supports better effectiveness and ownership of outcomes • Better partnership working with Providers of care, as well as local communities • Increased awareness of the resources and assets available in the local area that professionals could better utilise
Directors of Adult Social Services and other leadership / management roles	<ul style="list-style-type: none"> • Ensures there are more efficient care services on offer to local people who need them • There is a better use of resources as care packages and services are developed based on what people actually need and want, with the potential for longer term savings and effective value for money • More likely to have more effective services that deliver on desired outcomes for local people and the wider community • Preventative and early intervention approach is possible as effective services may help to reduce any escalation of need and therefore demand on more specialist and expensive services
Local Authority Cabinet and Councillors NHS Leaders	<ul style="list-style-type: none"> • Local people who feel listened to by their Local Council and ICB, who demonstrate they value their views and contributions, are likely to have increased trust and assurance in their authority to act on their behalf, as well as an agreement that the public purse is being spent in an effective way • Demonstrates a commitment to supporting your local area and communities, making the most of the skills, gifts and talents of local people. Offers a Social Value approach. • Builds social networks and ensures that local assets that are not valued or used enough are changed to be better valued and used, providing good health and care outcomes and reducing health inequalities where needed.

Appendix C – Barriers to Co-production

This image describes some of the identified barriers to Co-production¹³.

In addition, other common mistakes have been identified for ineffective co-production activities:

- **Returning to ‘status quo’** – public service professionals may revert back to traditional roles with service users and carers, sometimes with best intentions, but this undermines the process
- Failure to invest the required **time, expertise and commitment** to Co-production or not embedding this in our day jobs
- People are thrown together, **without much thought or consideration to fix ad-hoc system needs**, rather than seeing a bigger or whole picture. This also often results in a ‘reactive’ approach to Co-production, rather than a strategic or proactive approach
- The organisation or public body **over plays the barriers of bureaucracy or infrastructure** as a reason for not co-producing, without actively trying to change this for the better
- Due to time restraints, there can be an **attempt to jump straight into action or decision making**, without allowing local people to form as a group, or understand the context or role they are taking
- Ability to build the cause with local people, but this message is not effectively shared or supported by **strategic decision makers**, and so it loses momentum or its power.



¹³ The Leeds Engagement Hub (2017)

- People with lived experiences or local communities are **not offered the support, training or peer networks** that anyone else needs in order to be an effective decision maker
- **Having the same ‘pool’ of local people that are frequently used to ‘represent’ a much larger population group** – Local authorities need to be cautious in this approach as by its nature, this approach can lead to the views of only a select few being heard or involved in design and delivery

Appendix D – Literature Review

The embedded literature review provides additional research and evidence base on Co-production, from across the UK.



Co-Production
Literature Review.doc