Co-production Throughout the Commissioning Cycle

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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

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.