OXFORD BROOKES UNIVERSITY

institute of public care

Co-production in Social Care

An overview of literature on theory and practice

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1 Definitions of co-production and its key characteristics

A number of definitions of co-production are available from the literature.

Some have a clear philosophical or political emphasis:

> "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, p5)

Some definitions link to specific sectors, such as mental health, and to the importance of making effective use of the whole range of assets in the community:

> "A relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities."
>
> (National Occupational Standards – working with people and significant others to develop improved mental health service -undated)

> "Professionals and citizens making better use of each other's assets, resources, and contributions to achieve better outcomes or improved efficiency"
>
> (Bovaird and Loeffler, 2013)

> "Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the professional towards the service user. The approach is used in work with both individuals and communities."
>
> (Scottish Co-Production Network 2017)

Current statutory guidance has specific reference, both in health and social care to co-production as a desirable option whenever possible:

> "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, commissioned, and delivered."
> (Care Act 2014 Statutory Guidance)

There are specific drivers for co-production in health legislation as well:

The Health and Social Care Act 2012 outlines two legal duties, requiring Clinical Commissioning Groups (CCGs) and 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.

Boyle and Harris (2009) add to the discussion about definition by identifying some activities and processes which are not co-production, as follows:

Co-production is not consultation: Co- production depends on a fundamental shift in the balance of power between public service professionals and users. It is the antidote to the idea that we endlessly need to ask people's opinion, before handing the service back to the professionals to deliver, since people will be involved in delivery as well. Nor is it all about user- management of organisations, important as that might be, because that can only appeal to a small proportion of those who would need to be involved.

Co-production is not volunteering. Co- production is certainly about activity and giving time. It emphasises mutual support and networks of relationships rather than a clearly defined demarcation between providers and receivers. But it requires a new generation of mutual exchange for everyone, not just more volunteers ministering to ever more passive needy individuals on the fringes of public services, whilst the professionals continue with business as usual. The transformative power comes when people who are usually on the receiving end of volunteering or services are invited to help.

Co-production is not individual budgets: Such budgets may be vital, but on their own they are not the realisation of co-production, especially when they ignore the need for supportive social networks. The organisation In Control makes a distinction between individual budgets and what they call 'self- directed support', in which money is only one asset which people can draw on.

They go on from this to suggest some key implications and challenges:

Role change: Public service workers will need to change the way they think about their role and how they operate with the people they have come to know as 'users', 'patients' or 'clients' who will now become their equal partners; as such they may need to change their attitudes, priorities and training. They need to move from fixers to facilitators. Public services and welfare systems that are delivered in this way are likely to be more participative, by definition, as well as more equitable, responsive, and creatively designed and delivered. And, because the people who are supposed to benefit from them will have a strong and tangible stake in them, they are more likely to command wider public support.

Equal participation: Co-production must have equality at its heart. It can only be true to its principles if it is backed by measures to make sure that everyone has the capacity to participate on equal terms. This is partly because it fosters equal partnership between 'providers' and 'users' of services and affords equal value to different kinds of knowledge and skills, acknowledging that everyone has something of value to contribute.

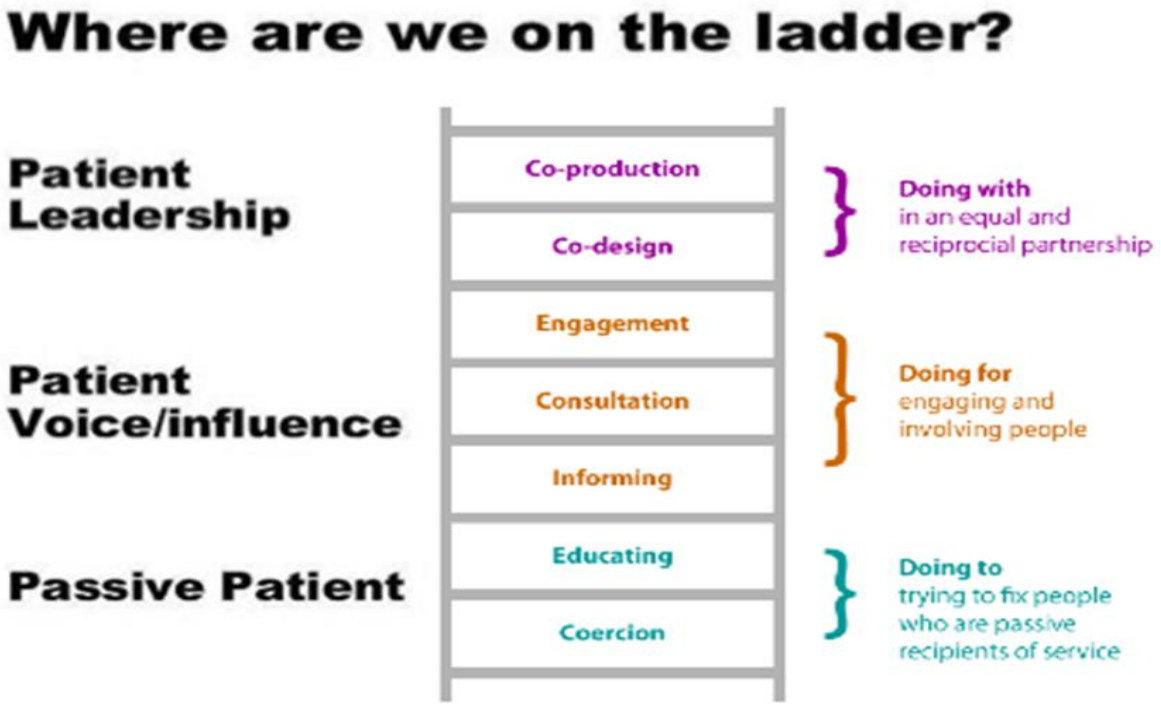
Co-production and sustainable public services: Co-production has to be about sustainability. It is a method by which public services tap into the abundance of human assets, enabling them to flourish and expand, and then bringing them into play – complementing and augmenting the publicly funded resources of the welfare state, which are scarce. By helping to prevent harm and constrain demand, co-production can help to safeguard public resources for meeting needs that cannot be prevented.

Innovation: Co-production can play a significant role in developing service innovations when services are commissioned in the right way. This is the antidote to narrowing down public services to contracted outputs, which don't just impoverish the service which is delivered but can often impoverish the neighbourhood in which they are delivered. When commissioners build co- production into the commissioning cycle, and try to procure co-produced services, they enable providers and users of services to play a much more important role in designing and delivering services that work.

Sherry Arnstein's famous 'Ladder of Participaction (S Arnstein 1969) is often used as the basis for understanding different levels of engagement, and although it pre-dates the term 'co-production' it has been updated as in Figure 1 to show co-productive activity.

The version here is taken from a presentation on developing patient champions in Leeds:

Figure 1



Source: Leeds Engagement Hub (2017) Workshop Presentation for Patient Champion Training

2 Levels and approaches to co-production

Catherine Needham and Sarah Carr's typology of co-production (2009) suggests that it is possible to understand co-production on three different levels; descriptive, intermediate and transformative. These represent a scale of how ambitious and transformative co-production can be.

Descriptive: At its least transformative, co-production is used simply as a description of how all services already rely on some productive input from users. This input may just involve compliance with legal or social norms such as taking medication, or not dropping litter. A descriptive approach to co-production simply describes the existing elements of public services that are co-produced, and therefore fails to acknowledge the potential for more effective use of the productive capacity of service users or communities.

Intermediate: Intermediate approaches to co-production offer a way to acknowledge and support the contributions of service stakeholders, although without necessarily changing fundamental delivery systems. Co-production may be used as a tool of recognition for the service users and their carers – acknowledging often undervalued input and creating better feedback channels for people to shape services. The key difference between this and truly transformative co-production is that organisational cultures are unchanged. Indeed, this form of co-production is often led by a key member of staff, rather than being embraced by all members of staff, equally.

Transformative: At its most transformative, co-production requires a relocation of power and control. New structures of delivery entrench co-production, and bring professionals and service users together to identify and manage opportunities to develop and deliver services.

The culture of an organisation changes, embedding mutual trust and reciprocity between professionals and communities. The impact of public services is amplified as latent assets within the community, such as peer support, informal care networks, and faith and civil society groups, are supported to flourish.

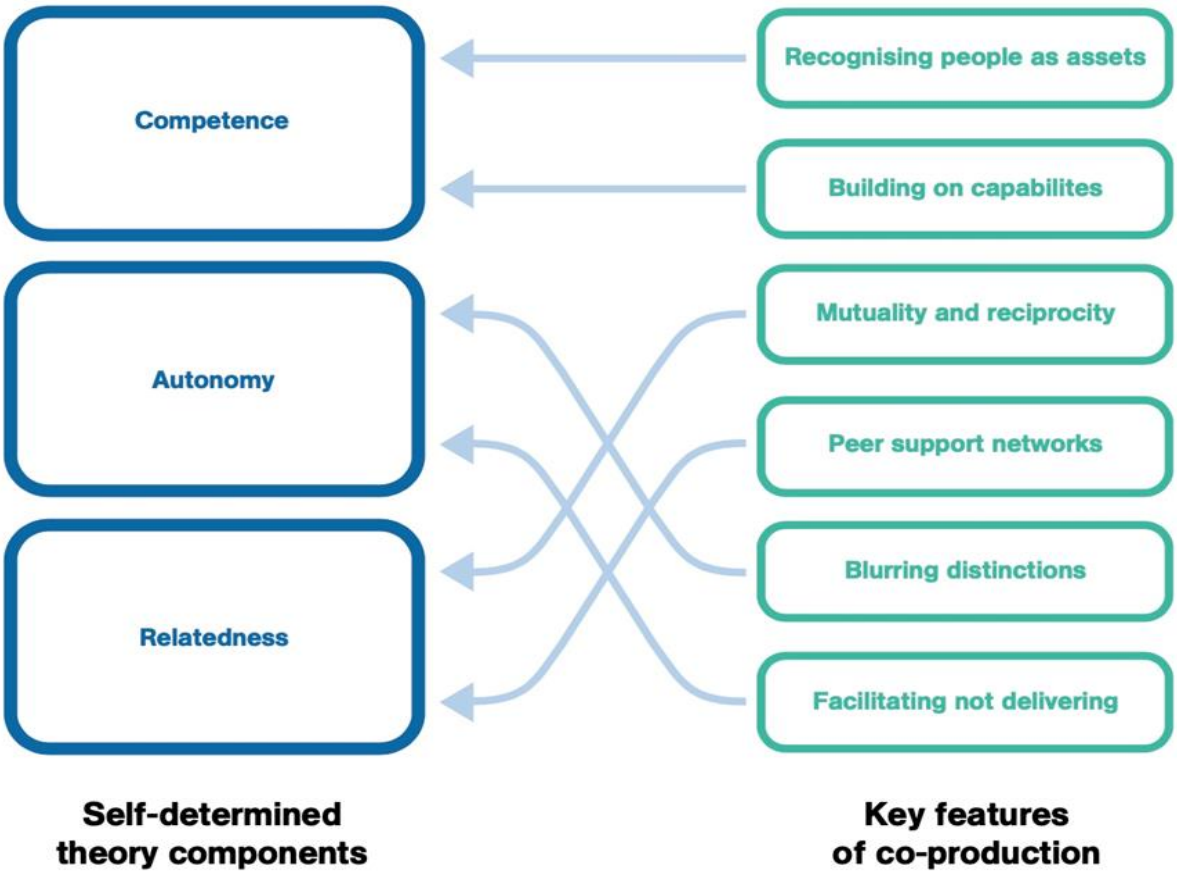
Needham and Carr argue that there are a number of reasons why co-production should become the default way of providing public services. Intrinsically, co-production is a more democratic way of delivering public services. It privileges the role of people using services and their expertise in making critical decisions about how services are designed and delivered. This helps ensure that services reflect what people want from them. Co-production gives people control over public services so that they can better meet people's needs and achieve their aspirations.

In so doing, co-production can improve the effectiveness of commissioning decisions and the reach and capacity of services. A lot of public money is misspent because problems are diagnosed and solutions are proposed by professionals who, however intelligent and well-meaning, fail to engage with the experiential wisdom of the people who are intended to benefit from their services. This often results in poorly designed services, which fail to meet people's needs and aspirations, and therefore ultimately discourage people from engaging with them.

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, by working with local networks that support people in their everyday lives: faith centres, schools, and local clubs and groups.

Co-production can make public services more effective because it helps to promote well-being by meeting people's fundamental psychological needs (as defined by the self-determination theory). Co-production improves people's autonomy, their competence and their relatedness. These elements underpin people's abilities to make change in their own lives. A lot of money can be spent putting on activities and counting outputs, but unless people are supported to function better, broader change will not be achieved. As a method of designing and delivering public services co-production has the potential to meet people's psychological needs, and so improve people's well-being, in the following ways:

Hamalainen and Michaelson (2014) explain how key features of co-production relate to the key self -determined theory components associated with co-production.



Source: Hämäläinen, T. J. & Michaelson, J. (2014)

Competence: features in co-produced approaches to service provision as people learn new skills and competencies. This can be through formalised training programmes, such as the peer training programmes, or through informal opportunities to learn new things, and take part in learning and development opportunities. An explicit feature of

many co-produced services is focusing on building up people's skills and capabilities as a core part of 'services'.

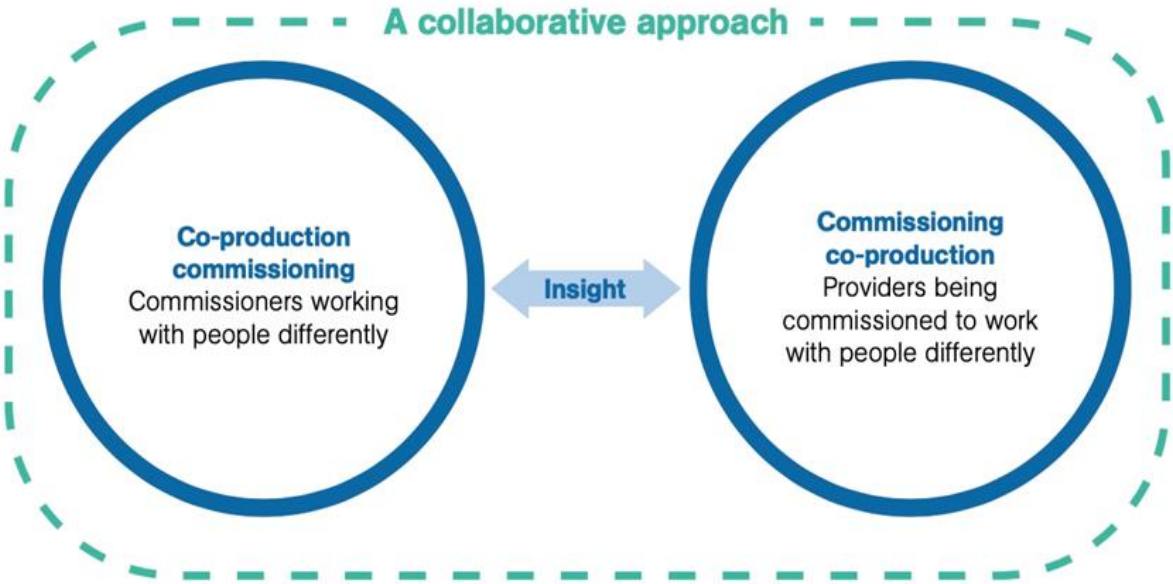
Autonomy: co-production involves a transfer of power towards the person getting support, and so can create more autonomy and control over long-term goals, as well as everyday activities and types of support. In the most powerful examples co-production encourages people using the service to take a high degree of ownership and responsibility over the running of the service.

Relatedness: co-production focuses on building social networks and developing relationships among people using services. This is most commonly in the form of peer support, but in some projects it also involves developing new relationships and networks with others in the local area, or with those who have similar interests.

NEF and NESTA (2012) suggest that there are two main ways in which commissioning can embed and promote co-production in public services.

Co-produced commissioning
Opening up the commissioning process to local people and making decisions together as equal partners.

Commissioning for co-production
Using the role of commissioning encourage local providers to design and deliver services with people intended to benefit from those services.



Source: NEF and Nesta (unpublished) 2012

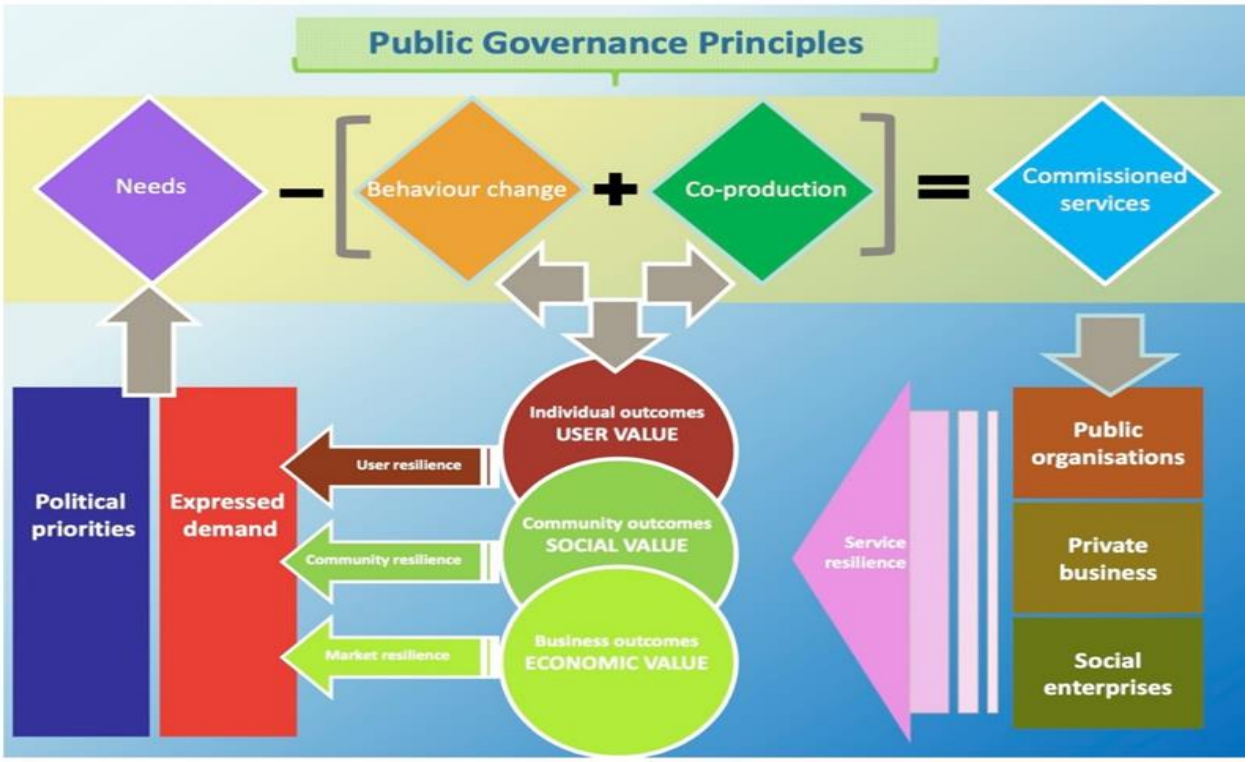
As the diagram indicates an overall strategy might involve both approaches and insights from each approach are likely to inform the other.

3 How does co-production correspond to commissioning activity?

Bearing in mind the two approaches suggested by NEF and NESTA, Loeffler and Bovaird (2019) suggest that if co-production is to be brought effectively into the strategic commissioning cycle, two questions must be addressed. First, how can commissioners collaborate with service users and local communities within the commissioning cycle to improve public services and outcomes so that co-production is incorporated to achieve a co-commissioning process? Secondly, how can this strengthened co- commissioning process help to make other co-production approaches more effective throughout public services?

The same authors (Bovaird and Loeffler, 2013) suggest a Public Value model is key to understanding both the range of stakeholders potentially involved in commissioning co-production. This model, reproduced below as Figure 2, provides a conceptual framework for commissioning and co- production, highlighting that public outcomes are not only achieved through commissioned public services but also directly through co-production with service users and local communities and through behaviour change on the part of citizens.

Figure 2: Public Value Model – Bovaird and Loeffler



Bovaird and Loeffler (2012) also provided a systematic categorization of the full range of co-production activities throughout the public service cycle, distinguishing four key co-production models, namely co-commissioning, co-design, co-delivery, and co-assessment (The ‘four Co’s’). Applied to the IPC Commissioning Cycle (IPC 2012), Figure 3 highlights the key activities involved against each quadrant and some examples of a co-commissioning approach.

Figure 3

Phase of commissioning cycle	Key activities highlighted in IPC model of commissioning	Key activities in a co-produced commissioning cycle which involves service users and communities	Examples of co-commissioning approaches
Analyse	Resource analysis Review service provision Population needs assessment Legislation, evidence and government guidance (Analyse individual needs) (Identify intended outcomes) (Analyse providers)	Joint analysis of needs, public sector and community assets, and risks of service failure Joint identification of further opportunities to bring citizens into commissioning cycle	Appreciative inquiry with local communities, 'See What You Can Do"-conversations with service users, focus groups on risk assessment, community surveys on service offer (e.g. for older people in a specific neighbourhood)
Plan	Gap analysis Commissioning strategy Service design (Develop service specifications and contracts) (Purchasing plan for procurement of services)	Co-deciding priority outcomes and priority services Agreeing criteria for deciding appropriate mix of in-house and external providers Agreeing service specifications, tender documents and contracts	Participatory budgeting, intense involvement of user and community representatives on commissioning boards or procurement panels, personalization. Improvement suggestions by 'experts by experience' (e.g. user group meetings or online); Prototyping of new solutions (e.g. Innovation Labs)
Do	Market/provider development Capacity building Manage provider relationships	Joint monitoring with citizens of operation of in-house services and external contracts	User and community representation at contract monitoring meetings between commissioners and providers

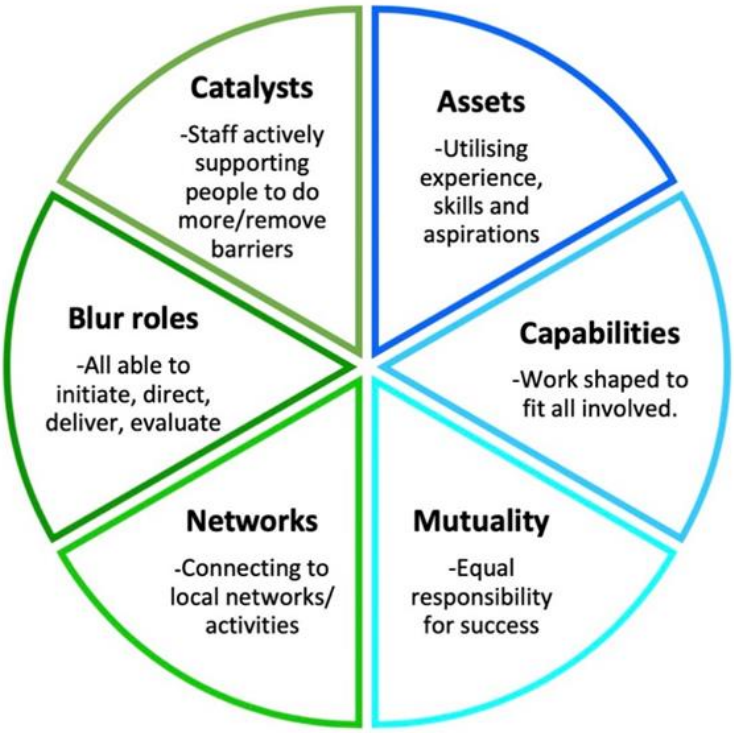
Phase of commissioning cycle	Key activities highlighted in IPC model of commissioning	Key activities in a co-produced commissioning cycle which involves service users and communities	Examples of co-commissioning approaches
	(Procure services by letting contracts to providers) (Contract management)	Helping providers to improve relationships with service users and communities and to mobilise citizen inputs Agreeing ways of gaining extra financial resources from citizens	Crowdfunding, charging of fees
Review	Review strategy and market performance Review strategic outcomes (Review individual outcomes) (Contract evaluation)	Revising commissioning strategy in the light of co-assessment of service and provider performance Revising commissioning and procurement decisions in the light of co-assessment	User and community surveys, focus groups to discuss survey results and quantitative evidence and suggestions for improvement Peer reviews and inspections Scrutiny of patterns emerging from complaints systems

Bovaird and Loeffler's work not only provides a valuable conceptual framework for the application of co-productive activities to commissioning but also helps to clarify some of the key challenges which need to be addressed.

They make the distinction between 'citizen voice' (in which citizens make substantive contributions to co- commissioning, co-design, and co-assessment) and 'citizen action' in which citizens make substantive contributions to co-delivery. In reality the categories will interact, and citizens will often wish to 'do' as well as have a voice. Moreover, those who wish to have a voice are not always 'experts by experience' and those who are may frequently go unheard because of disadvantage or poor access – one of the central challenges of fairness and good governance in co-production. Co-production does need to comply with Public Value principles if it is to be a fair and sustainable process.

Nesta's Co-production Catalogue (2013) emphasises some key principles involved in the co-production of service delivery, summarised in the diagram Figure 4 below.

Figure 4



The focus is an orientation to action, a coming together of people (public members and professionals) to produce public services designed with the communities that use them as equal partners. Moving from a position of seeing members of the public who access services as dependent on the service/its staff, to a position of co-dependency, where both are reliant on one-another and together can utilise different knowledge and experience to create, improve or deliver services for everyone concerned. This model enables us to see more clearly how some different priorities and actions may be needed by commissioning staff and their colleagues to work differently with providers and citizens. Some of the key implications are as follows:

- Mapping assets more widely and sustaining the map
- Working with providers to develop a shared culture which is also committed to citizen and user involvement
- Working to build capacity both in resource and skill terms
- Ensuring that governance is maintained and that elected officials acknowledge the nature of changed processes and respect the changed power implications
- Adapting new roles and adjusting behaviours to release power and cope with the implications

4 Co-production in service delivery and in social work practice

It must be remembered that a coherent and consistent approach to co-production means ensuring that a shared approach applies to all levels of activity and not just to the development of strategy, commissioning, and review. An understanding of the values and implications of coproduction is therefore important for a wide variety of professionals – for example social workers, care workers, Occupational Therapists, and medical staff at all levels. In a whole system approach, it will be equally important that provider organisations within the social care market understand coproduction. Local authorities elected members will also need to be clear about the distinction between coproduction and their own representative function.

As Hunter and Ritchie (Co-production and personalisation in social care pp11 2007) point out:

> "The benefits of partnership at these other levels of the system do not always seem to trickle down to shape people's everyday experience of the service – we cannot assume that getting partnership processes at these other levels will ensure a culture of partnership in everyday practice with individuals and families. Conversely there is something hollow about any system which promotes partnership in planning and governance without a healthy foundation of partnership in everyday practice."

Their work includes a number of examples of co-production in practice in a range of statutory and voluntary sector settings.

The importance of co-production in all aspects of social work was recognised by the introduction of a new national Advisory Forum by Social Work England in 2020, whereby a selected group of people with lived experience of social work began to provide expert advice and challenge to the organisation in its investigative and regulatory work as well as the inspection of social work education and training courses. (Social Work England 2020).

In addition, asset based practice is central to the implementation of personalisation and co-production, at all stages of intervention. As Sutton suggests:

> "Senior leaders can explicitly link co-production with an organisation's strengths-based practice framework. In addition to making use of the natural harmony that exists between co-production and strengths-based practice."
> (Co-production and strengths-based practice 2020 pp9)

Generally, those working in social care are positive about co-production. SCIE (2019) found that 87 per cent of those working in social care either positively, strongly or completely agreed that it would be better to work for services designed and delivered with those who would use them.

While tensions clearly exist since choice is always limited to some degree (for example local procurement and purchasing requirements, as well as statutory responsibilities of public bodies), and co-production is not always feasible, most observers feel that leaders need to both support practitioners in co-productive processes as well as set

clear expectations, governance arrangements and frameworks. Sutton's review cites a study of co-production in Manchester (Hannibal and Martikke 2019). They noted that:

> "Boundaries were set to ensure that the purpose and outcomes of the co-production activities were clear. This stressed that the co-production activities were not 'free rein' and that certain parameters were set and adhered to. The business decision as to whether certain events would be viable was always included in the process."

Very large numbers of social workers practice in local authorities and the NHS where other pressures arise from a range of governance and financial perspectives. The difficulties in balancing prevention, tight budgets, safeguarding and capacity all create key dilemmas in key statutory social work functions.

The involvement of service users and carers has been mandated in social work education since 2002.

Robinson and Webber (2013) reviewed the literature on this subject and found that co-productive approaches to training found widespread support amongst service users, carers, students, and lecturers but that there was little empirical evidence of it improving outcomes for students. This may well reflect on the difficulty post training of actually trying to implement co-productive practice in statutory settings and the authors make the point that little literature is available on this much wider and crucial subject. As they point out:

> "No studies evaluated its effect on social work practice or on outcomes for future service users and carers. It is vital that involvement, and indeed every other aspect of training, is evidence-based, particularly in the context of the current reform of UK social work training. Research is urgently required on the effect of service user and carer involvement on outcomes for social workers and the service users and carers they work with."

There is clearly a need for more research, especially in statutory settings about how best to create and sustain co-production is social work practice, but several groups have come together to offer advice and support in this area:

Ginger Giraffe (https://gingergiraffe.coop/) is a co-operative of service users, PAs, professionals, and carers. Their hub is in London, but they work across the UK and internationally. Ginger Giraffe provides placement opportunities that broker links between service users, Personal Assistants and students from interdisciplinary fields. Ginger Giraffe also conducts evaluation and research on co-production in health and social care learning, training and practice.

PowerUs (https://powerus.eu/) is an international network of teachers and researchers from schools of social work and representatives from different service user organizations. PowerUs develops methods of mutual learning in order to change social work practice to be more effective in supporting the empowerment of marginalized and discriminated groups in society. Acknowledging direct experience as a valuable source of knowledge and involving service-users in education & research, provides social work-students with an understanding of the social issues that goes beyond the purely theoretical. It also empowers the service users to see that their experience-based

knowledge is valued. PowerUs consists of partners from Denmark, Germany, Norway, Sweden, the UK, the Netherlands, France, Belgium, South Africa, Canada, Poland, Austria and Switzerland.

In health care there is the Point of Care Foundation (https://www.pointofcarefoundation.org.uk/). This began in 2013 and has delivered consultancy and training to a wide range of health and care organisations, as well as other sectors including vets, the prison service and children's social care. They are now increasingly working with larger entities such as Integrated Care Systems (ICS).

And in mental health, the Centre for Co-production (https://www.mdx.ac.uk/our-research/centres/centre-for-co-production-in-mental-health) encourages interdisciplinary co-productive academic research, teaching, practice and radical mental health scholarship within and outside the Department of Mental Health.

There is also the UCL Centre for Co-production (https://www.ucl.ac.uk/research/domains/populations-lifelong-health/our-research/ucl-centre-co-production) 'The UCL Centre for Co-production supports co-production in health research, innovation and practice locally, nationally and internationally, and especially in relation to the needs and priorities of less-often heard communities. The Centre does this by bringing together a diverse network of researchers, patients, practitioners, carers and community members to generate and share learning around co-production, facilitate co-production projects and build the co-production movement.'

5 Barriers to successful co-production and some factors which help

The Leeds Engagement Hub (2017) in work to support the development of NHS champions produced the following diagram.

They go on to suggest some common mistakes:

- People thrown together to fix ad-hoc system needs
- ‘People’ assemblies without meaningful agendas
- The system playing up its overburdening infrastructure
- Jumping into action without forming as a group
- Interplay of identity, cultural and organisational issues
- Resistance, dwindling interest or capacity not picked up
- Building the cause but not getting through to decision makers

Bernd Sass (2019) in work for Disability Rights UK researched issues relating to what he describes as User Led Commissioning (ULC). Many of the findings reflect similar issues. Though the focus here is disability, it is clear that most of the issues identified would apply to other groups of people:

- Disabled people were sometimes invited to become involved on an ad-hoc basis, without knowing each other, and then expected to adapt to inaccessible processes and management styles. This can result in mere rubber-stamping of pre-made decisions.
- Organisations of disabled people were losing funding, and had less scope to share insights, feel connected, and influence change.
- Statutory service providers can become rigidly focused on internal systems. At the extreme, they see ‘engagement’ as something that can be gifted to disabled people and commissioned out to consultants.
- There may be little time for disabled people to form as a group, and learn to trust each other, before jumping into action.
- Definitions of disability can be a barrier since medical terms about specific impairments can weaken the impact of collective action.
- Disabled people do not always get the support they need to keep going with ULC or co-production, which is a long process.
- User-led initiatives can become professionalised, and the ‘disability’ focus can become lost in a more generic Equalities framework.

The study suggests some factors which helped:

- Systems to offer unconditional support to disabled people, with upfront commitments.
- People aiming high, creating a vision and setting tangible milestones.
- Where there was respect for disabled people to allow them to persist in making their voice heard. Challenges were seen as positives.
- One user-led organisation could learn from another.
- Disability was seen as an ‘asset’.
- Disabled people’s organisations sometimes ran services.
- There was time for an ‘inward’ phase for disabled people to build up their own vision, as well as an ‘outward’ phase for them to contribute.

Maclean and others in a report for Homeless Link (2017) warn against:

- Returning to ‘status quo’ – agencies may revert back to traditional roles and relationships with service users and carers, sometimes with best intentions but undermining the process.
- Failing to invest time, expertise and commitment in the long term. Co-production cannot just occur at set times in the commissioning cycle, it should involve a new power relationship.
- Co-production being seen as “another job” for commissioners – it is the job.
- Being tokenistic – “It appears to me that the term ‘co-production’ has lost its way, becoming stale and jaded, but worst of all it seems that “co-production” is thrown around in abandon for the good and the great, making them feel good by ticking a box” (Ford, Expert Link, 2017). Another description advanced of tokenism rather than co-production is of the service user being invited to sit in the back seat once the agency has decided where the car is going.

In the same report The National Co-production Advisory Group and Think Local Act Personal give these tips for co-production, and these also give a clue as to the specific skills and qualities required of commissioners and those working for statutory authorities:

- Co-production must start as an idea that blossoms with everybody involved having an equal voice.
- Come to the table with a blank agenda and build it with people who use your service, their carers and families.
- Involve people who use services, carers and their families in all aspects of a service – the planning, development and delivery.
- In order to achieve meaningful, positive outcomes, everybody involved must have the same vision, from front line staff to management/board members.
- Start small and build up to bigger projects, letting people lead, not professionals.
- Acknowledge that a range of skills are needed for co-production.
- Recruit the right people that support co-production.
- People who use services, carers and families should be clear about what their expectations are and be fully engaged in the process.
- People who use services and their carers know what works, so you can't get it right without them.
- Don’t take responsibility for solving every problem—allow the group to find collective solutions.
- Ensure appropriate and adequate resources are available to support co-production (participation fees, expenses, easy read documents and access needs).
- Ensure frontline staff have everything they need to for co-production, including time and flexibility.
- Ensure no one group or person is more important than anyone else. Everyone can contribute given the right support.
- It is important to have good facilitation and listening skills, and to reflect and act upon what is heard.

6 Implications for specific groups and sources of practice example

Though the theory and practice issues identified in this digest tend to address the whole care sector there are clearly some issues particular to specific sectors. Studies in this category usually give examples of co-production in practice. Co-production is highly context dependent. What works well in one situation and at one time may be impossible in another, and whether co-production can occur will be determined by systemic issues. As identified earlier these include the culture and development of the local authority and its partners, resourcing and leadership, the wider culture, and the evolution and drivers of policy.

6.1 Older People and those with dementia

SCIE cited Bowers et al (2010) regarding co-production and older people with high support needs (Report 61, 2012)

> "The voices of older people with high support needs are so quiet as to be practically silent or indistinguishable from the other people who speak on their behalf."

They go on to argue that service providers need to understand the demographic of this group is changing and growing, and so they need to adapt their services, and their co-production initiatives, accordingly.

In 2007, 1.3 million of the population were aged over 85 and around 40 per cent had some form of severe disability. This group is projected to grow to 3.3 million by 2033. The group of older people with high support needs is becoming increasingly diverse with increasing representation of people from black and minority ethnic communities, people from lesbian, gay, bisexual and transgender communities and groups such as people with learning disabilities living longer.

Service user and carer participation is high on the agenda in social care but the practice, information and guidance around older people with high support needs remains limited.

SCIE report 61 also identifies a number of areas of good practice and examples:

Other sources indicate that the nature of dementia presents particular challenges for co-production. In East Dunbartonshire, in Scotland, the Council and its partners noted that:

> "When people are diagnosed with dementia they often experience 'prescribed disengagement'"

This is how Kate Swaffer, a person with young onset dementia in Australia, describes the way many professionals and members of the local communities assume that people with dementia will 'fade away' from the public gaze in her recent blog.

> "People who have dementia are citizens, members of society with the same human rights as other citizens. However, they often find themselves waiting on others to include them. Exclusion, stigma and isolation are common experiences."
>
> (East Dunbartonshire Co-production- Living with Dementia 2014)

Their report goes on to describe the range of approaches taken both at community and individual levels.

Other practice approaches are also central to effective practice in personalising approaches to dementia and the prospect of co-production, notably Dementia Care Mapping (DCM).

The following is taken from the DCM website (https://www.bradford.ac.uk/dementia/training-consultancy/dcm/)

Training in DCM™ is provided by University of Bradford approved trainers, and by our partner organisations in more than 10 countries. Developed at the University of Bradford by the late Professor Tom Kitwood, it has been revised and updated at regular intervals.

The Dementia Care Mapping™ cycle provides an ongoing evidence base for developing person-centred practice and achieving practice change and includes these phases.

Dementia Care Mapping can be used for different purposes including:

- Quality monitoring and improvement
- Individual assessment and care planning
- Review of key times of the day
- Staff development and training needs analysis.

It has been used as part of a developmental, supervisory framework for staff who support people living in their own homes, and with other vulnerable groups of people who have communication difficulties.

6.2 Substance misuse

As Edwards et al (2018) point out, on a UK policy level, the importance of the lived experience in substance misuse treatment has been acknowledged since Professor Strang's Recovery-oriented Drug Treatment report of 2011 on behalf of the former National Treatment Agency. Peer based approaches to both drug and alcohol treatment have subsequently become an accepted part of more formal medically driven treatment pathways. With this focus has come a significant shift in the dynamics between service user and service provider, with the former considered an asset that can help shape the latter into being agents of change rather than simply being the deliverers of a service. However, on the ground this redistribution of power can cause tensions within long-standing organisational structures, posing challenges in terms of partnership working and co-production approaches that may be perceived as infringing on areas of clinical expertise and knowledge.

The report suggests ways of addressing these problems, and within the literature are other examples of co-production initiatives. One of these is the Service User involvement Team in Wolverhampton. Over a 10 year period they claim to have achieved the following:

- Listened to and acted upon service user need
- Became a completely 'peer led' service
- Increased the level & variety of support/interventions
- Increased the competence of staff/volunteers
- Created a more robust & mutually beneficial volunteer programme
- Created networks of support/opportunities
- Heavily promoted & marketed the service
- Updated our service level agreement
- Introduced bespoke monitoring tools
- Established a consistent strategic foothold
- Introduced a tailored & bespoke outcomes focus

6.3 Mental Health

MIND suggests that Co-production happens when input from people with lived experience are given equal weight to input from staff at the organisation they're working with. This helps collaboratively design and deliver services or a project. They suggest that organisations ask the following questions:

- Are people with lived experience of mental health problems able to work with staff at all stages of this piece of work?
- Will people with lived experience have an equal role to staff in making decisions?
- Will staff and people with lived experience be jointly responsible for designing?

They go on to indicate some real challenges:

- Is the balance of power truly equal in relation to decision making?
- Are there mutually agreed responsibilities and expectations?
- Are you able to support people to take part in the development process and subsequent delivery? How will you do this?

As with substance misuse, the dynamics of policy and the prospects for co-production have been substantially altered by the development of the Recovery movement. Recovery Colleges are an increasingly common therapeutic resource that empower people with mental health problems to become experts in their recovery. With courses springing up all across the country, they often centre on the ethos of co-production to create services for people with lived experience to develop skills, understand mental health, identify goals and support access to other opportunities.

The MIND influences and participation online toolkit gives an example from the Norfolk and Suffolk Recovery College. Szara Froud, a mental health professional who works for Norfolk and Suffolk NHS Foundation Trust, worked with freelance artist Anastacia Tohill

to develop an art-led Recovery College course in the region. Anastacia, who has bipolar disorder, had used mental health services and wanted to channel her passion for creativity in the recovery process to help others. She and Szara worked together to plan and design the course, based on the New Economics Foundation's Five ways to wellbeing principles.

6.4 Disability

The ESRC funded research by Disability Rights in association with the University of Bristol has been described already in relation to User Led Commissioning. That report also includes some useful examples about the development and sustaining of user led organisations and their involvement in commissioning.

SCIE's web site, also cited earlier, suggests that the social model of disability and co-production show very similar values, and that co-productive approaches are a means of putting those values into action- putting into practice the well-known statement 'nothing about us without us'.

A number of local authorities and partnerships have sites indicating co-productive practice in relation to learning disability where the challenges of communication are key.

A good example is the Suffolk Ordinary Lives web site (https://suffolkordinarylives.co.uk/about-us/working-co-production/). The Learning Disability Partnership is committed to working in co-production. Through the Board, members work to spread the culture of co-production, supporting projects and teams across health & social care services in Suffolk. A number of working groups are involved covering web site work, information and communication, and Housing.

Examples of co-production from 2018 onwards include:

Facilitation of Appreciative Inquiries
Appreciative Inquiry (AI) is a way of looking at organisational change which focuses on identifying and doing more of what is already working, rather than looking for problems and trying to fix them. It makes rapid strategic change possible by focusing on the core strengths of an organisation and then using those strengths to reshape the future.

The Partnership worked with Suffolk County Council and external facilitators to host Appreciative Inquiry events across Suffolk. The events looked at:

- Supported living
- Day, evening and weekend activities
- Respite services

The Appreciative Inquiries helped to shape the specifications for new services under these 3 categories.

User-led service visits
Champions were supported to visit services to talk to people about what they liked and didn't like they like about their services, and what they'd like to change. This, alongside

findings from the Appreciative Inquiries helped to build up a real understanding of people's lives, their needs, ideas, wishes & feelings.

Shaping specifications for new services
Strategy Champions worked alongside commissioners to write the specifications for:

- Day, evening & weekend activities
- Supported living services
- Urgent Respite service
- Short Term Enablement Service
- Walk In, Peer & Brief Support Service
- Planned Supported Breaks
- Support me in my life

Overall, the key themes for co-production in the Learning Disability strategy were the following:

Accessible Information
The partnership committed to providing all strategy information in accessible formats. The Partnership now commissions a local provider to create strategy resources into accessible formats. Easy-read was an agreed default format, but large print, plain text & videos are also frequently used.

Respect for all
The partnership involves a wide group of stakeholders including people with lived experience, family carers, professionals, volunteers, providers and support workers. The partnership/Strategy give respect to all, and values everyone's time and ideas.

Building on strengths and expertise
Building on the respect for all, each member of the Partnership is valued for what they can bring when co-producing work. Everyone has their area(s) of expertise, and this expertise is respected and utilised to bring the best outcomes for adults with learning disabilities living in Suffolk.

6.5 Homelessness

Homelessness arises from many causes and affects a very wide range of people and circumstances. Mal Maclean et al in their report for Homeless Link (2017) indicate the importance of having diverse conversations given the range of situations and the problems of ensuring balanced involvement. They point out that most services have a user group or forum that can give feedback. However, these groups may only represent one viewpoint. If you continually talk to the same group, you may find that this isn't inclusive of the full range of people who use services. The aim with co-production is to talk to as many people as possible (including those who don't currently use services.).

As their report explains:

You will need to have conversations in different ways and locations in order to include as many people as you can. Your aim is to triangulate voices and reach a consensus.

Sources can include:

- Surveys
- Working groups including lived experience and professionals (covering general issues or focused on specific topics)
- Separate meetings with groups of people with lived experience – sometimes several different meetings to include as many groups or different types of people as possible
- Attending existing meetings of user or recovery groups
- One to one meetings with people who may not attend a group or service
- Running drop-ins at services or dropping in on a more casual basis
- Shadowing people or professionals for several days to get a clearer idea of how things work and what people want
- Conversations with second or even third parties – people can relate the experiences of others who you may be unable to reach – this cannot replace first-hand experience but can also be rich data

The report goes on to advise that commissioning colleagues will also want to include people at various stages of the activity so that they are part of the process from start to finish. There may be meetings that don't include professionals or conversely people with lived experience. Some Boards, for example, may not be willing to include lived experience – if that is the case then be honest from the beginning that some meetings will not be inclusive and ensure you capture lived experience views and information on that topic elsewhere.

It is important, however, that inclusion happens at every stage and not just in the early stages and that lived experience is not excluded from the decision making process.

Furthermore the report highlights it is also important that conversations continue to happen after services have been commissioned. Make sure that the commissioning team are connected to any groups or forums that discuss service provision so that you are continually hearing feedback about services. Continue to have a presence at services between commissioning cycles where possible so that you have some awareness of what is being delivered and what is being said about those services. You should also try to have conversations with non-commissioned services and smaller services such as soup kitchens who may hear a different perspective. Listening to feedback and discussing that feedback with services should be a continual process and a key part of the work of the team.

Home Link's related report, (Co-production - working together to improve homelessness services – case studies 2017) is a valuable collection of case studies on co-production in practice.

6.6 Transition from children's to adult services

Transition processes are important across education, social care and health services and should reflect good preparation and high levels of engagement.

The CQC report 'From the pond into the sea' (2014) describes an extensive examination of processes and performance in transition. It found very little evidence of good practice in involvement and described information and preparation for young people and their families as poor.

Subsequently NICE issued guidelines on transition (NG43 Feb 2016). They included the following overarching principles:

> "Involve young people and their carers in service design, delivery and evaluation related to transition by:
>
> - co producing transition policies and strategies with them
> - planning, co producing and piloting materials and tools
> - asking them if the services helped them achieve agreed outcomes
> - feeding back to them about the effect their involvement has had."
>
> (NG43 1.1.1)

Use person-centred approaches to ensure that transition support:

- treats the young person as an equal partner in the process and takes full account of their views and needs
- involves the young person and their family or carers, primary care practitioners and colleagues in education, as appropriate
- supports the young person to make decisions and builds their confidence to direct their own care and support over time
- fully involves the young person in terms of the way it is planned, implemented and reviewed
- addresses all relevant outcomes, including those related to:
  - education and employment
  - community inclusion
  - health and wellbeing, including emotional health
  - independent living and housing options
- involves agreeing goals with the young person
- includes a review of the transition plan with the young person at least annually or more often if their needs change.

(NG43 1.1.4)

The SCIE practitioners guide on planning for transition published in association with NICE (SCIE 2016) suggests that planning should start at the latest at age 13 or 14 in partnership with young people and their families. The young person should be helped to choose one practitioner (a named worker) from those who support them to take on a coordinating role. The worker should act as a link to other professionals and provide advice and information.

6.7 Creation of Council or Health and Social Care Partnership strategy and evaluation

SCIE (2020) published an evaluation report of Oxfordshire County Council's programme to embed co-production into Adult Social Care in Oxfordshire, and for ready reference the executive summary is copied below:

The programme of co-production is made up of three core components:

- **The Team-Up Co-production Board.** Made up of people who use services and family carers, Oxfordshire County Council and Oxfordshire Clinical Commissioning Group staff. The board meets every month to check, challenge, support and advise on co-production work in Oxfordshire.
- **The Co-production team.** Three members of Oxfordshire County Council staff responsible for overall delivery of the programme, including training, supporting, providing advice, guidance, and mentoring to Oxfordshire County Council staff, board members and champions; as well as administering and facilitating the board and champions.
- **The Co-production Champions.** A wider network of role models for co- production made up of Oxfordshire County Council staff, community and voluntary sector staff, people who use services, and carers. Champions provide advice and support to others, take part in training, raise awareness, support and lead co-production projects.

The programme was supported by the Social Care Institute for Excellence (SCIE) who provided advice, support, and guidance, co-designed and delivered training, and led the evaluation.

The primary aim of the programme was to embed co-production as the default way of working within Oxfordshire County Council's Adult Services.

Further aims for the programme were to build better relationships between Oxfordshire and people who use services, carers, families, service providers, and the voluntary sector; improve services in Adult Social Care; and spread the co-production approach beyond Oxfordshire Adult Social Care.

The evaluation found that good progress had been made against all aims:

- Significant progress has been made embedding co-production as a way of working in Adult Social Care. There is broad awareness and understanding of co- production amongst staff, and it is increasingly being put into practice in council processes and projects.
- The programme has had a positive impact on relationships between Oxfordshire County Council and people who use services, their families, carers and the voluntary sector.
- There have been over 20 co-produced projects and initiatives under the programme. Interviewees were confident that the programme was positively impacting on services in Oxfordshire, and would continue to do so.
- Outside Adult Social Care, the programme has influenced work in community transport and children's services, there is strong and growing collaboration on health

> with the Oxfordshire Clinical Commissioning Group. Staff from Essex, Kirklees and Slough councils have all visited Oxfordshire to learn from Oxfordshire's experience.

A number of co-produced documents support the programme and have facilitated the embedding of co-production; including the 'Co-production handbook' which sets out tools and advice for council staff and others wishing to co-produce projects and services.

Ten key learnings and associated recommendations emerged from the two-year evaluation. These were:

1. the recognition that culture shift takes time and needs to happen at all levels;
2. the value of co-production for having difficult discussions, including managing the tension between the council's statutory duties and co-production's ethos of power-sharing;
3. the importance of relationships and co-production's role in developing mutual understanding;
4. the importance of administrative support for the board and champions;
5. the champions' role in relation to the board;
6. having diversity in both the champions and board;
7. the importance of user-led organisations for facilitating co- production;
8. the benefits of Oxfordshire staff undertaking outreach work;
9. the induction of new board members;
10. and continuing to evaluate and monitor progress.

Other councils are now developing adult care strategies which have been developed with a significantly higher level of co-production. A notable example is West Sussex:

> "We have developed this strategy through eight co- design workshops with voluntary sector partners and service providers, and two workshops with West Sussex County Council (WSCC) staff. We have talked to people who access services and their carers through 15 group discussions and six one to one interviews.
>
> We also received 1,079 survey responses from local people who access services, their carers, WSCC staff and community organisations. People with existing care needs across a wide range of conditions and stages in their journey, people who pay for their own care and people without any current care needs were all involved. We also looked at the latest data available to enhance our understanding of what people were telling us."
>
> (West Sussex 2022)

As larger health and social care partnerships develop with the introduction of Integrated Care Systems (ICS) it will clearly be important for structures capable of delivering coproduction to be planned into the planning and delivery infrastructure. The Sussex Health and Social Care Partnership's Working with people and communities strategy for 2022-4 is an early example of this, as explained on page 13 of the document.

> "A new infrastructure for working with people and communities will be developed to join up existing work taking place across our partners. This will bring together our existing involvement and engagement workforce and networks, our assets and our enablers within a single collaborative framework designed to co-ordinate working with people and communities across the system, reduce duplication, and to share resources and learning. "

The approach is to be informed by three key initiatives- the introduction of involvement champions, the creation of community ambassadors, and communications and public involvement networks at place level.

It is recognised that coproductive approaches will need to be accompanied by other levels of engagement and a range of methodologies will need to be used. Coproduction is seen as a key option involving the empowerment of individuals, family members and carers, working alongside the organisations and professionals involved. It is clear that in the creation of the new structures and networks the place of coproduction within the overall engagement plan will need to be made more specific

Hampshire Council's commitment to coproduction is made clear in their online guide and range of resources.

https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/coproduction

They define coproduction as 'Professionals and citizens sharing power to plan, design and deliver support together. It's about recognising that everyone has an important contribution to make to improve the quality of life for people and communities. It is built on the principle that those who use a service are best placed to help design it.'

The web site introduction makes the point that 'Co-production is a collaborative problem-solving exercise, just like any bit of good teamwork – and in each project or piece of work, the journey will look different. Because of this - and because good co-production is so much about how we behave, how we create the right environment, and build positive relationships - it is impossible to create a definitive step-by-step guide. There are, however, resources that can support you through much of the process, such as those available on this site.

The site then clearly describes the infrastructure which is in place and gives examples of coproduction in practice as well as providing templates and checklist for use by anyone. The site also offers contact details for anyone who wishes to become directly involved.

7 Other issues

Three other issues are regarded as important areas in the available literature. All of them relate to areas of concern for service users and others who become involved in co-production work.

7.1 Payment for participants

A range of practices exists, often led by financial constraint, but at least expenses and possible other payments are regarded as important to enable participation. SCIE (2021) have 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. The briefing details benefit rates and rules between April 2021 and March 2022, including changes introduced on 1 December 2021 and will no doubt be further updated. 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".

7.2 Training and support

Clearly good preparation is essential if people are to participate effectively. All the guides cited in this review empathise the point. The training will vary depending on the complexity of the task and the population group involved – an example quoted earlier was the workshop developed by the Leeds Engagement Hub for NHS Patient Champion.

While some activities within co-production may be single activities or events, most involve ongoing involvement and clearly good communication, carefully managed meetings and proper support are all important. Again, this is stressed in all the guides cited.

7.3 Coproduction and service design

The Design Council's work with local authorities suggests the importance of reframing approaches to services by concentrating on user centred principles. Their evaluation of a training programme with local authorities (2015) highlights how design enables teams to refocus outcomes around the user and develop more efficient systems and services. The programme supported participating teams working towards a fundamental reframing of the challenge they were trying to address, in the light of specific design methods.

7.4 Infrastructure

Finally, the literature on barriers and factors which inhibit sustainability suggests that structures can be overcomplex and represent one way in which statutory bodies can resist change and deter good co-production. Clear, proportionate structures which operate around clear communication are generally regarded as essential.

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