Humber Teaching NHS Foundation Trust

An Introduction to

Coproduction

“The key difference between co-production and other forms of influence and participation is that, in co-production, people with lived experience play an equal role in both designing and delivering services, rather than making suggestions that professionals are responsible for deciding upon and implementing.”

— MIND / Lived Experience Influence and Participation Toolkit

Caring, Learning & Growing Together

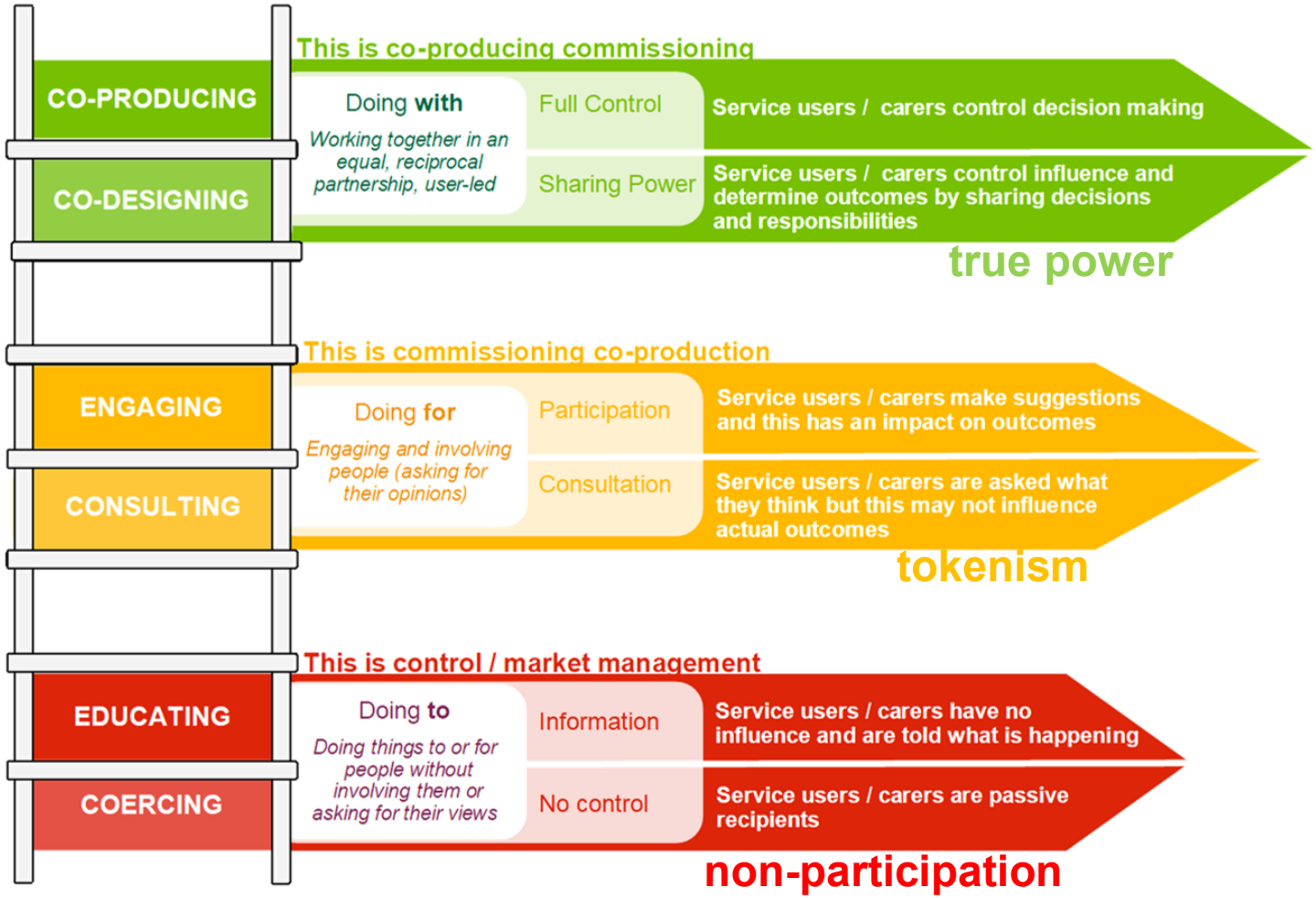
What is Co-Production?

Ladder of Participation

Coproduction must underpin how services, ideas, initiatives and personal plans are led and implemented at all levels of service delivery, from individual care planning to organisational change. This ensures that those accessing services and support have ownership over their care.

Coproduction is more than asking people for their opinions and thoughts. it's about **empowering people to design, create and deliver quality, *user-led initiatives* for themselves.** The role of staff is to offer professional expertise, support and guidance.

We can use the Ladder of Participation (based on Arnstein's 'Ladder of Citizen Participation') to understand and reflect on the distribution of power.



Working in equal partnership: A jazzy approach

Co-create. Co-design. Co-deliver. Co-produce.

Coproduction is a back and forth conversation between equals, a space where participants build upon the contributions of others. A good way to think about this is to imagine an ensemble of musicians deciding how they're going to spend their afternoon together.

Traditional, classical schools of musical thought teach that pieces of music (which were often composed a long time ago by 'geniuses') should be played exactly the same, every time they're played, by everyone playing them. It's a rehearsed, one-size-fits-all approach that leaves very little room for individuality or 'heart', much like the traditional approach to healthcare. The musicians are also unlikely to share the same repertoire or possess similar levels of musical ability.

Alternatively, they could take a jazzy, improvisational approach. This is when player begins with whatever feels right, to which the others listen. They respond in a way that matches the key, tone and tempo set. They collaborate, using the strengths of their instruments to coproduce a unique musical score which celebrate their individual and collective musical strength. Nobody needs to know pieces by heart, or have sheet music to hand, and those with less musical experience or confidence can easily contribute.

There might be the odd wrong note or missed beat sometimes, but that's expected in jazz; they simply adapt and make it work. They continue to listen, learn and respond to each other the whole way through, careful to give each other an equal share of the spotlight. When the music reaches its natural conclusion, they celebrate and reflect on their improvised and collaborative masterpiece.

Coproduction is like improvisational jazz:

A deliberate, unique, evolving and participatory process of listening, learning and responding towards achieving a meaningful shared outcome.

Top Ten Tips for Coproduction

As advised by ImROC

1. **Gather the right people for the job**

   Identify key stakeholders for an initial meeting to discuss the challenge and use this group to generate a network of peer, family member, personal and professional expertise offering a diverse coproduction group with relevant skills, knowledge and experience. Identify all of the assets in the room (not only those related to their role). Be prepared to invite new individuals and/or ask for advice and contributions from other relevant groups. Allow free movement so that people can choose to join after it has started or choose to leave if they feel it is not for them. Make this an inclusive experience. It's important to avoid the perception of cliques often associated with conventional methods of 'involvement'.

2. **Just get started and build momentum around your shared purpose**

   Don't wait for the perfect moment, or the perfect set of people but build momentum and expertise around your shared purpose and understanding of the process. This will act as an anchor when things get tough.

3. **Spend time agreeing the structure and values of meetings**

   This may involve assigning a leader or facilitator; discussing the rights and responsibilities of members and considering how everyone can both 'give' or contribute to the task as well as 'take' or benefit from their engagement. Ensure that everyone understands what decision making power lies within the group.

4. **Support every member to contribute to their full potential**

   Nurture, support, offer learning opportunities, make necessary adjustments and enable everyone's voice to be heard. Take an even-handed approach across the group, adapting according to need, not label – avoid the temptation to 'other' those who may be less experienced or confident in the setting.

5. **Tackle the challenge in small steps**

   This process will create new ideas, present new challenges, suggest new solutions which require further exploration. Test lots of ideas. Make it safe to fail. It is not possible to work to a predefined set of outcomes in a predetermined time frame.

Sources that informed the content on this page: ImROCs 'Coproduction – Sharing Our Experiences, Reflecting On Our Learning' (2017),

6. Listen, listen, listen

Co-production will only achieve its full potential if every member is prepared to listen and learn, see different perspectives, try new ways of thinking and consider new ideas. It is important for everyone's voices to be heard, so members will need to gauge their input so that those who find it more difficult to speak up have that opportunity. However, the overall 'culture' of the group is one of valuing everyone's contributions and genuinely exploring their utility in the given context.

7. Back up decisions with evidence

One of the concerns about co-production is that any decisions will be based on personal experience rather than 'hard evidence'. The challenge for the co-production group is to back up personal experience with research that demonstrates this goes far beyond one individual. This does not need to be large scale statistical research; accumulated personal narratives, qualitative research and routinely collected data that can be used to demonstrate a level of need or the efficacy of a suggested approach. It is also possible to increase authenticity and credibility by 'sense checking' certain aspects with a wider audience.

8. Beware the comfort zone

Keep a watchful eye to avoid slipping back into old familiar ways, and be mindful of the triggers – such as challenging conversations, differences of opinion, or external pressure to deliver. Be willing to talk openly about this, and regroup around your shared purpose. This is a particular challenge when you increasing the scale of the project – this rarely happens easily or smoothly but needs careful attention

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9. Look to the bigger picture

Consider how your project can influence behaviour, attitudes and outcomes in the wider system. Grasp opportunities to lead others. Even better, create them!

10. Cherish what you create

Co-production comes from the heart. You are building a community like no other. Recognise and embrace its value, strength, wisdom, and potential. Nurture it, celebrate it, love it. It will reciprocate in spades.

Sources that informed the content on this page: ImROCs 'Coproduction – Sharing Our Experiences, Reflecting On Our Learning' (2017)

Collaboration on an individual level

How is it different to group / organisational coproduction?

Coproduction or collaboration?

"I am in control of my own Recovery Journey and so care should be done 'with me' and not done 'to' or 'for' me. I am involved every step of the way. The whole process, from assessment through to review is transparent, clear and in a language I can understand."

Coproduction on an individual level is different to coproduction at a group level. Individual levels of coproduction can be referred to as a 'descriptive' level of coproduction; that is, that at a minimum, there is a 'degree of collaboration in order to achieve an outcome for the person in receipt of the service, and at its most successful, individuals are engaged in an active role or leading their own recovery' (Lewis et al, 2017).

Collaboration and shared decision making is key to any therapeutic relationship, and can be recognised as coproduction in nature, but it is important to distinguish its difference to larger scale, transformative coproduction that challenges and changes the status quo on a wider, organisational level. Although there is difference in the meaning, implementation, scale and impact of the two, many people use the term 'coproduction' to describe both individual and group collaboration / coproduction.

Coproducing person-led care / support planning

An individual can rely on the expertise of their supporters to help them to co-create care that they are in control of. This care reflects their preferences and best supports their personal goals. They might also find it helpful to create a ***Wellness and Recovery Action Plan (WRAP)*** to help document and remember what they find helpful, which they can then share with supporters. Their care includes plans that also detail their wishes for those times they feel unable to make decisions or take the lead. These are commonly referred to as **Advance Statements.** That way, a person is still in control of their care, even when they feel they're not.

Sources that informed the content on this page: ImROCs 'Coproduction – Sharing Our Experiences, Reflecting On Our Learning' (2017)

Coproducing person-led care

"What matters to me?" - what can individuals expect from collaborative care?

Co - assess

- My care and support plan is about the whole of my life and what I find important, not just about assessed health, social or financial needs
- I am encouraged to reflect on my experiences, and I know I am listened to and taken seriously by others when I say what does and doesn't work for me
- When reviewing, I can contribute my honest views to both change my own plan but also improve the system

Co - decide

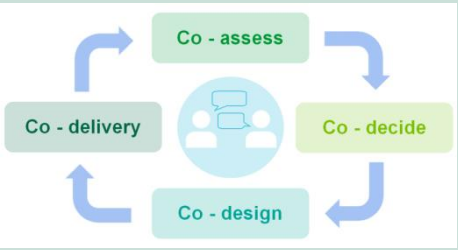
- I feel supported to choose my next steps, based on my own aspirations and goals
- I am able to compare options and make informed, preference-based choices
- I am encouraged and supported to think creatively about ways to achieve my outcomes
- I have all the information I need to plan, when I need it and in an accessible way, including ***signposting*** to what is available locally
- If I need help to plan, I can choose who supports me through the process and to put the plan into practice.

Co - design

- I am trusted to write my own care and support plan - with whatever help I need
- My plan is designed to fit my goals, context and capabilities. Any clinical interventions are designed to minimise the burden of treatment
- People who support me to plan have a flexible, open, honest, positive, solution-focused attitude
- I can involve friends and family if I choose

Co - delivery

- I am supported to contribute to my own care and take responsibility for my wellbeing
- I am supported to take risks, and know it is OK to make mistakes and change my mind
- I know what to expect and when to expect it, because people do what they say they will do



Reflection Tool: Is what we're doing coproduced and collaborative?

We can use this coproduction table to reflect on where we are

"Not about us, without us!"

Responsibility for the delivery of services	Responsibility for the design of services: Professionals as sole service planner	Professionals and *service users* / community as co-planners	No professional input into service planning
Professionals as sole service deliverers	Traditional professional service provision	Professional service provision but users / communities are involved in planning and design	Professionals as sole service deliverers
Professionals and service users / communities as co-deliverers	Service user co-delivery of professionally designed services	**Full co-production**	Service user / community delivery of services with little formal / professional input
Service users / communities as sole deliverers	Service user / community delivery of professionally planned services	Service user / community delivery of co-planned or co-designed services	Self-organised community provision

Sources that informed the content on this page: Carneigie Trust (2006)/Boyle and Harris' (2009) Coproduction Table

The Recovery Glossary

To check meanings of phrases and words

Advance Statements

This is a written statement that sets down your preferences, wishes, beliefs and values regarding your future care. The aim is to provide a guide to anyone who might have to make decisions in your best interest if you have lost the ability to make or communicate decisions. *(NHS Online)*

Carer

This refers to somebody who provides unpaid support or looks after a family member, partner or friend who needs help because of their age, physical or mental impairment, illness or disability. This may also include those who were previously in a caring role..

Coproduction

A term that refers to the process where people with lived experiences are included in decision-making, from commissioning, to co-design and co-delivery of services and projects, to their care on a personal level. It is about doing *with* (and not for, or to) people all of the time (not just some of the time).

Experts by Experience

This term refers to someone who has lived experience surrounding a given situation or impairment. Their expertise comes from actually living with or through something. They tend to have practical insights of how to best manage a condition or situation, knowledge which can be of great help and hope to others experiencing something similar.

Experts by Profession / Training

This term refers to clinicians and other professional health and social care staff. They have a more theoretical or scientific understanding regarding a given situation/impairment following study or time working professionally in the field. They can offer evidence-backed advice and support.

Lived Experience

A term which describes the first-hand accounts and impressions of living as a member of a minority, oppressed group or following challenging experiences. Within health and social care, it often refers to first hand accounts of health conditions, and the first-hand experiences of their carers. The etymological German root of the phrase ‘lived experience’ suggests a kind of active knowledge that comes from having ‘survived’ through something (which is different to ‘experience, which is more a passive occurance that isn’t necessarily processed on a deeper level).

Peer Supporters

This refers to those who are able to offer ‘peer support’, that is, the help and support that people with lived experience of mental difficulties or a learning disability are able to give one another. It is the process of giving and receiving emotional support, share knowledge, teach skills, offer practical assistance and / or connect people with resources, communities of support, and other people. This may be in an informal setting (such as a friend), through a user-led initiatives (e.g. grassroots self-help groups) or in a more formal capacity (e.g. by employed Peer Support Workers, or within Recovery College settings).

Service users, patients and carers

This defines all individuals who either access mental health or physical health services or care for individuals who access these services, including; adults, babies, carers, children, clients, customers, families, parents, patients, service users and young people. We use the contested term ‘patient’ to include people who access any number of Humber’s physical health services, or prefer to be referred to as such.

Signposting

Signposting is when someone (usually health and social care workers, although it can be from family, friends, carers and other organisations) help people to understand, access and navigate typically community-based or online services that will improve their health and wellbeing, or may otherwise be of help to them.

User-led initiatives (ULOs)

These are groups, projects or initiatives that are run by, and for, the people who use (or are potential users of) care and other support services. ULOs enable groups of people to represent their own needs, lived experiences and solutions to barriers. 'User-led' may be used interchangeably with 'service user led' or 'peer-led'.

Wellness and Recovery Action Plans (WRAP)

WRAPs are a simple, evidence-led, self-management and crisis planning tool designed to increase autonomy and independent decision making. There are many different versions, but they all tend to detail both a preventative / keeping well plan and crisis plan, and outline how an individual would like others to support them at difficult times.

References, Bibliography, Links and Resources

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This guidance is an adaptation of the 'What do we mean when we talk about Recovery?' toolkit, which was created to support the Trust's 'What Matters To Me?' Recovery Strategic Framework 2021-26.