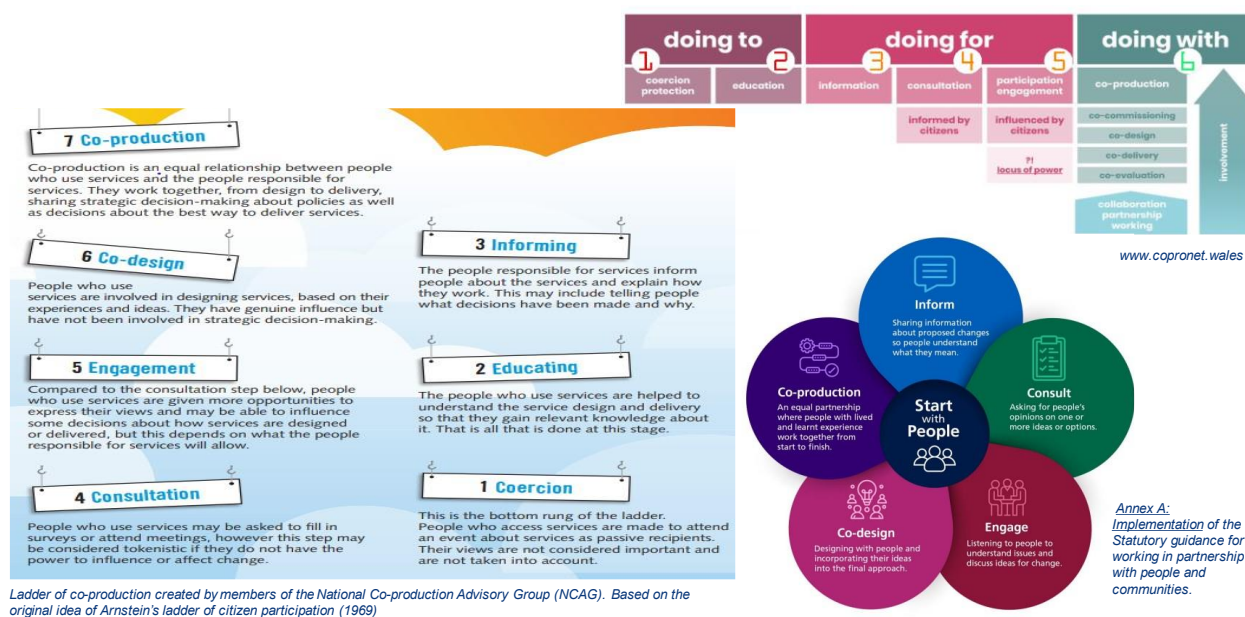# Appendix 9 Our approach to Co-production

What is coproduction?

There is no single, universal model of co-production and the way co-production is done varies in each situation depending on the task, context and the people involved. There are many examples trying to define what co-production is and how to do it correctly see Figure 1.

Figure 1 - examples of definitions of co-production

Ladder of co-production created by members of the National Co-production Advisory Group (NCAG). Based on the original idea of Arnstein's ladder of citizen participation (1969)

For Gloucestershire Adult Social Care we define co-production;

- **It is** a process of developing a more equal and honest partnership between people with lived experience of services and those who are supporting them or developing services that support them.
- **It is** about improving representation, influence, and inclusion so that there is better information available to evaluate options and inform decisions, grounded in local context.
- **It is** helping people become more effective agents of change, so that resilience and solutions are developed closer to the need, redistributing provision away from specialist minority services
- **It is** direct involvement of people using services or those with lived experience in defining the need or problem, designing the solution, delivering it, and evaluating it, in partnership with the people who provide the service.

- **It is not** something that replaces members' and officers' responsibility for determining the Council's overall policy and budgetary framework, decision making and discharge of the Council's functions.
- **It is not** something we are to do all the time *"Co-production is perfect for some kinds of challenges (so depending on what you are trying to achieve, co-production isn't necessarily the best approach available to you) and you*

have to meet people where they are. Even when you're taking a co-production approach sometimes it's the right thing to do to, or for depending on the capacity of the people involved, and sometimes you scaffold people and bring them along and get to work with them, and their life changes and they may fall back to for, or to – and that's ok". Co-production network Wales

The problem we are trying to solve utilising co-production in Adult Social Care

Services developed, designed, and evaluated with people who may need them are likely to be more effective at meeting those needs and more efficient through prioritising resource allocation to better meet community or individual needs. While research is limited, some research in healthcare shows that co-production positively impacts cost-efficiency; health outcomes; perceived service quality; service accessibility; and satisfaction with services. We further know from project evaluation that co-production builds self-efficacy, resilience, and self-sustaining solutions amongst participants. Our current gaps in co-production mean that we are not fully realising these potential benefits across all that we do.

People with lived experience of using services want to be heard and influence what matters to them but often feel "done to". Officers want to gather information to help them take proposals forward or set out options but may rely on limited or out of date knowledge. Members want to be presented with a full range of options to help them make decisions, knowing their communities have been involved in influencing those options, but may lack confidence in how this has happened.

What has prevented us from excelling in this area is a lack of understanding of and support for co-production as a means to:
- gather qualitative data from the people who use our services
- design high quality services
- inform priority setting
- evidence achievement of outcomes

Success will be:

- People with lived experience and users of services tell us about positive outcomes for them as a result of co-production activity
- Co-production is recognised as a tool to support independence and resilience, information gathering, priority setting, options appraisal and service improvement.
- Co-production is more widely used, used at the right time for the right reasons, and we recognise and celebrate its use

How we will get there:

Figure 2 - Habits our improvers utilise

- Identify key projects where co-production will benefit delivery and evaluation and employ the habits of improvers (see Figure 2) as well as where required a coproduction partner to keep us on the right track and enable shared learning (Examples: Adults Accelerating Reform Fund to co-produce Carers strategy and investigate digital solutions to assessment and information and advice for carers)
- Identify key leadership roles who can champion and sponsor co-production at different levels (Example: Adults Principal Social Worker)
- Communicate our commitment to co-production, recognising that specific incarnations of co-production will look different
- Challenge ourselves and our staff to identify opportunities to co-produce and the benefits realised (Example: Leadership conference. Set out some examples of current good practice, invite people with lived experience to tell us about their understanding of coproduction; set out a co-production challenge)
- Establish a community of practice to absorb, learn and highlight the outputs of the above, celebrate and recognise success
- Work with our existing mechanisms for co-production see Figure 3 to improve both process (how we support co-production to take place) and outcomes. (Example: Work with our Partnership Boards to confirm parity, influence, reporting lines and communication channels)

Figure 3 - Sources of Insight to inform us.

Working at a system level
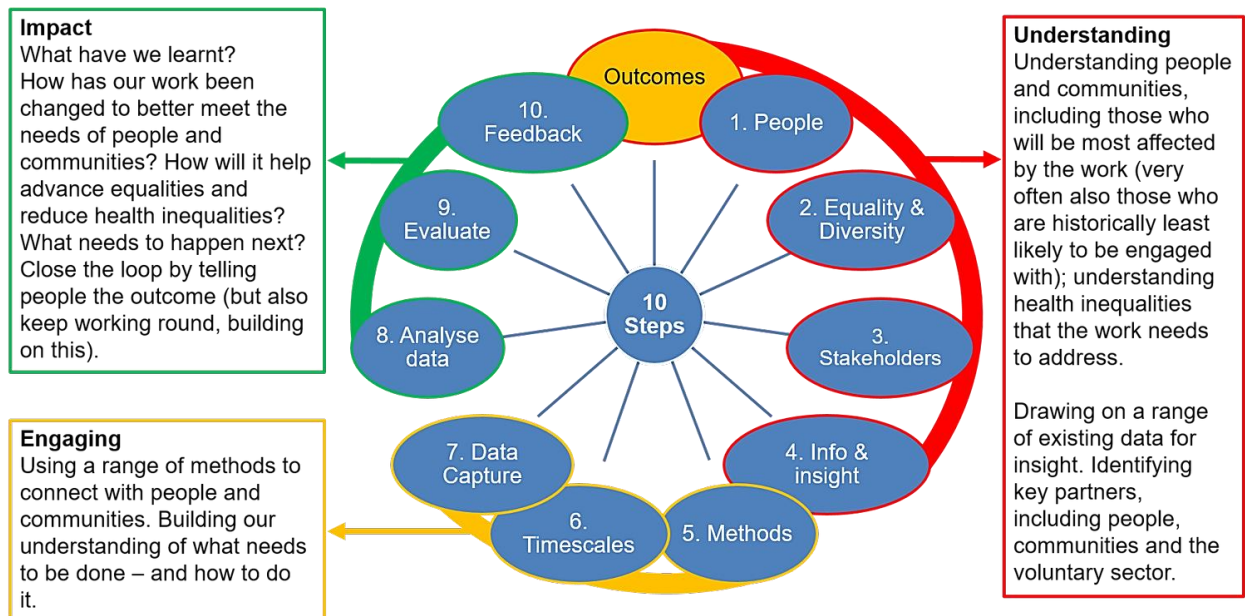
Overall, we aim to align our plans and co-production approach with the ICS Strategy "Working with people and communities[1]" and gather intelligence from various sources to ensure we address the needs and priorities of the people and communities we serve. We will utilise where appropriate the 10 Steps (adapted from NHS England) to working with people and communities see Figure 4.

Figure 4 - 10 Steps to working in co-production with people and communities

10 Steps to working with people and communities

Impact
What have we learnt? How has our work been changed to better meet the needs of people and communities? How will it help advance equalities and reduce health inequalities? What needs to happen next? Close the loop by telling people the outcome (but also keep working round, building on this).

Engaging
Using a range of methods to connect with people and communities. Building our understanding of what needs to be done – and how to do it.

Understanding
Understanding people and communities, including those who will be most affected by the work (very often also those who are historically least likely to be engaged with); understanding health inequalities that the work needs to address.

Drawing on a range of existing data for insight. Identifying key partners, including people, communities and the voluntary sector.

Outcomes
1. People
2. Equality & Diversity
3. Stakeholders
4. Info & insight
5. Methods
6. Timescales
7. Data Capture
8. Analyse data
9. Evaluate
10. Feedback
10 Steps

---

[1] ICS Strategy "Working with people and communities" https://www.nhsglos.nhs.uk/wp-content/uploads/2022/06/NHS-Gloucestershire-ICB-Working-With-People-And-Communities-Strategy-v1.0.pdf