

# Co-Production – theory into reality

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Caring | Discovering | Growing | **Together**

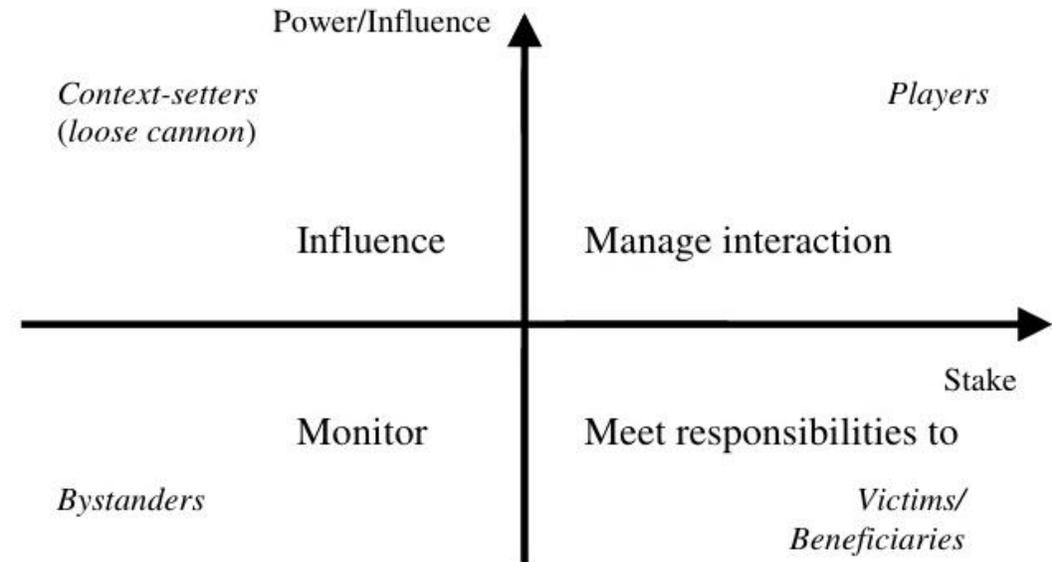
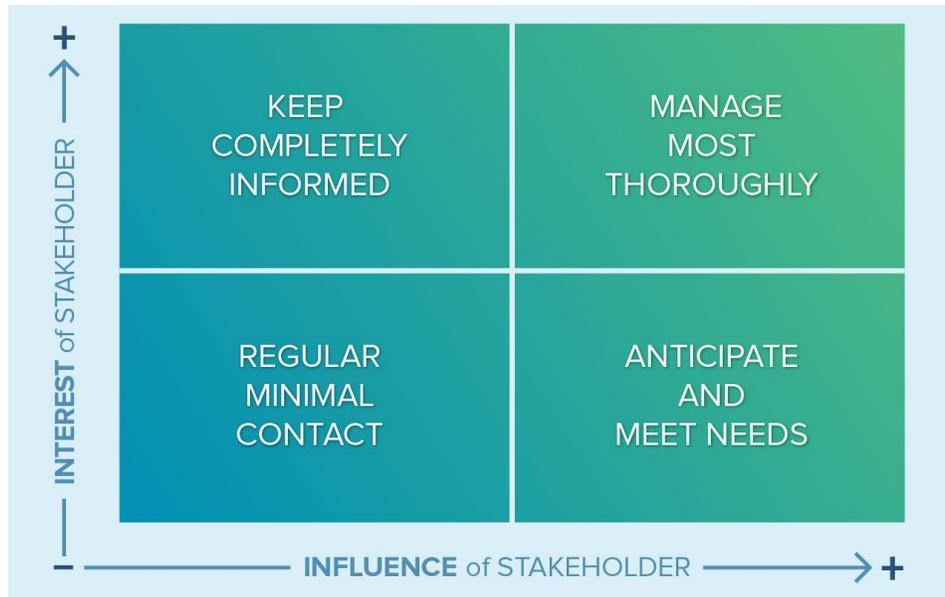
House-keeping

Ground Rules

Introductions

Why are we here today?

Think of the sliding scale used in 'Stakeholder Analysis' for a project or programme – we would usually 'rank' people/groups as to how we are going to 'manage' them:



Today is about **thinking differently** about who can bring something to the table that **the project and they will benefit from**, thinking about how to do that to ensure **expectations** are clear and controlled, and **everybody learns** from one another.

On your tables, discuss what these words mean to you:

Engagement

Consultation

Co-design

Co-production

Co-Production vs Co-Design –  
different words for the same thing?

What is the 'product'? It could be an  
engagement approach, a design...

From what you have said,  
what are the benefits of:

- Engagement
- Consultation

What kinds of scenarios can we think of that would only need an 'Engagement' approach with Service Users/patients and Carers?

What about scenarios that are 'Consultation' only?

Think about these again in relation to shop floor staff

'Co-Production' is a national agenda – expectations set in the NHS Long Term Plan, Social Care Act and others

How is it described by leading bodies:

*Co-production seeks to re-imagine a future in which other resources, hitherto overlooked and untapped, are identified, valued and utilised (Implementing Recovery through Organisational Change, IMROC).*

*The co-production process should seek to achieve equality and parity by bringing together people who can work as equals, to develop a shared understanding of what needs to change and a commitment to bringing that about. Change will happen **during** the process of co-production as well as being a consequence of it (National Development Team for Inclusion).*

*All involved will learn and create something together which could not be discovered or achieved individually - the experience of sparking off one another, someone else's viewpoint revealing new truths and options and this being equally shared regardless of perceived status, health or training (IMROC).*

## Examples from our work in NTW and in supporting others:

- Local improvements to waiting areas, flow and how patients are received
- Local improvements to physical health check approaches
- Patients creating their own format for letter templates, to improve readability and usability

Up to

- Whole system redesign!

## Benefits from our experience at NTW and in supporting others:

- Service Users/patients and Carers/families naturally focus attention on what adds 'value' for them – which parts of services are the things they are most focussed on – rarely the paperwork! Get these right and patients/families are more engaged in receiving services
- Tap into a new set of ideas and skills – do these people work, run businesses, go to University, juggle commitments, have life experience they can share, often for free?!
- Addresses national agendas on 'recovery' and 'person-centred approaches' so it is politically helpful

# Challenges from our experience at NTW and in supporting others:

- Finding the Service Users/patients and Carers – not just the usual voices
- Need to support them actively to understand their role, to participate and to build trust – need to support them with their emotions and with potential distrust
- Need to agree the balance of power – how much influence will these people have?  
Need to be clear from the outset, and agree expectations
- Need to support staff, managers and commissioners to let them be involved!  
Sometimes other priorities take over. The same is true of involving shop floor staff
- Need to follow up on action – otherwise expectations are dashed and scepticism turns into cynicism

Let's explore trust and  
consequences!

## Co-Production and Personal Values/Qualities:

- Compassion
- Respectful
- Honesty and transparency
- Attuned to individuals' needs and resources
- Open to sharing and shifting power
- Professional humility – able to accept feedback and manage own emotions
- Socially aware, outward-focussed

So, who might the Service Users/patients  
in South Tyneside be?

How can we group them, in relation to their needs,  
and in how we might think about organising a  
Co-Production event?

What about their Carers/family members?

Is getting them involved any different?

Let's move seats – clockwise!

Can staff, managers and Commissioners be Service Users/patients and Carers too?

What might the challenges be for them in being involved in a Co-Production event, if they are?

How do you hear the voice of the Service User/patient/Carer now, in projects you have done?

On your paper, what has worked and what hasn't?

What lessons can we share?

## **New Benefits might include:**

- Improved Public Relations/Politics
- Communications include a richer picture

## **New Challenges might include:**

- Not relying on the usual voices, and the politics in moving forward from that

## Co-Production is all Stakeholders, not just patients and Carers

How are shop-floor staff normally communicated with,  
when things are changing?

Are they told/engaged/consulted/involved?

Discuss the benefits and challenges  
of your current approaches

## Your Co-Production project(s):

- What is the project trying to achieve overall?

How have Stakeholders been involved so far, or in similar projects in the past?

List the Stakeholders and your existing/previous approach to them

Breaking the project down – which elements could you  
'Co-Produce'?

Are there any elements that will be 'Engagement' or 'Consultation'?

How do you think a Co-Production approach will help or hinder the  
project aims, from what you have discussed so far?

How would you find the 'right' Service Users/patients  
and Carers for this project?

Those with **current** experience

How would you find the 'right' shop floor staff for this project?

How do you manage the managers/suits?!

# Planning your approach:

- Be honest about any power dynamics or politics involved
- Set expectations of who can be involved in what, and why – who can make what decisions?
- Gather the right people for the project – Stakeholder analysis with a different view
- Plan the logistics well – what are the needs of each individual in the room – how do you get the most from them? What preparation and support do they need, practically and emotionally? Will they understand the language, the context, the rationale – what preparation do they need?
- Just get started – it won't be perfect, it will get better over time
- Set ground rules in the events, and manage these closely – make it ok to challenge in every direction, and ensure everyone is heard – the skills of the Facilitator in removing the boundaries
- Ensure that the wider audience is involved too – not just the few in the room. Make sure the outcomes are based on evidence and not just a few opinions
- Make sure actions are clear and followed up – trust and commitment is easily lost. Celebrate what you achieve!!

Your actions:

What are you going to do next?

Feedback on today please, positive and otherwise welcomed:

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Does anyone need a Certificate?

If anyone would like further discussion or support,  
drop me a line