

Co-production in Action

A SCIE expert seminar

1 October 2009

Report of the event

Introduction

Co-production is a term that is increasingly being used as a way to describe new types of public service delivery where there is active input from people who use services. It has also been called 'co-creation' or 'parallel-production'. The Department of Health and the Cabinet Office are looking at how co-production can be developed to strengthen communities and improve public services within the context of the transformation of adult social care.

SCIE recently published a briefing on co-production: 'Co-production: an emerging evidence base for adult social care transformation'. This seminar was designed to look at how this increasing knowledge base about co-production is being – and can be – translated into practice; hence 'co-production in action'.

The seminar was introduced by Julie Jones OBE, SCIE Chief Executive, who described the aims of the seminar as follows: to look at how co-production is being put into practice; and to test out if we are all speaking the same language (do we understand what it means). She emphasised the opportunity for participants to both listen to presentations and to contribute through the group discussions. The afternoon session was introduced by Pete Fleischmann, Head of Participation at SCIE.

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Note: Quotations interspersed throughout this report are taken from a short film brought by Shahana Ramsden: 'Putting People First: Transforming Adult Social Care'. The film was made by a group of service users about user engagement, and showed a number of people speaking to camera in response to three questions:

- What has worked well?
- What could be improved?
- What do you feel about the future of Coproduction?

You can view the video at: <http://www.scie.org.uk/coproduction/>

Plenary Presentations

1. Don Brand: SCIE perspective on co-production

Don Brand began by talking about how public policy and the terminology used to describe it are subject to changing fashions. In illustration of the mystique of changing fashions, he referred to a word he had encountered the previous weekend: 'mantlyhose' – evidently coined for the recent fashion for men's tights. Once the buzz word in social care was 'modernisation', then it was 'personalisation' which was with us for five or six years, then 'sustainability' to refer to the green agenda, 'light touch regulation' (which went out of fashion quite quickly in response to the banking collapse) and now we are talking about co-production.

Co-production came into public policy about five years ago, and it was Charles Leadbeater who moved it up the agenda. What he said about co-production in 2004 is still useful to our understanding today. Leadbeater said that co-production involves respecting service users as co-designers and co-producers of services; they actively participate in the design of services. Service users, he said, tend to do a lot of work as they 'want to find solutions that do not leave them dependent on the state'.

This has a different flavour, it feels worthwhile, like I am really being included.

It involves fully individualised support; as a service user, you are not given a range of services to select from, rather the service is tailored for you individually. In addition, your own resources are a key part of the whole; services are designed to complement your resources. [ref to 'In Control' model].

Since Leadbeater articulated this, there have been several attempts to define and re-define co-production. In Brand's personal opinion, searching for a single definition is akin to searching for the holy grail. It is, at heart, a *mindset* and a *style of working*. Co-production says that you start from the people themselves and find out what they think works well and what needs to be addressed. This approach is increasingly becoming an automatic part of our work.

For SCIE, the relevant knowledge for social care has always been wider than what the Dept of Health would recognise as 'evidence'. The experience of people receiving services and people working in services is part of the knowledge base; and these two experiences can inform each other. There is an inclusive co-productive approach within SCIE.

SCIE's Partners' Council has been described as 'unique'. It works in partnership with SCIE to share experiences across the range of people and perspectives. People using services are often better at communicating with managers and professionals than vice versa. This has strengthened the Council.

We have tried to recognise the diversity of people using services; there is a very wide spectrum of people involved. We hold a dispersed model of expertise; bringing together that expertise ensures that our learning is extraordinarily rich. The lessons learnt from this process are as follows:

- Equality – try to work as equals. It is really hard as there are many barriers to working as equal partners, in the form of training, resources, etc.
- It is core to the process – you cannot bolt it on as an after-thought.
- It goes much further than consultation.
- It encourages natural solutions – people can realise that there are people around them who can contribute to their personal outcomes.

SCIE is now interested in moving our thinking forwards and looking at how co-production works in a variety of settings.

2. Peter Beresford OBE: Co-production from a user perspective

My interest in this subject mainly follows from my own experience as a user of mental health services and as Chair of a national independent service user organisation and network, Shaping Our Lives. We are made up of, and work across, a wide range of different groups of long term users of health and social care. We are concerned with improving the quality of support people receive and increasing their say and control over their lives.

I want to go back to basics in these comments about co-production. We live in an age when getting the words right seems to matter, particularly to policymakers and powerful people – that, if you get the right words, then the right actions and reactions would just follow. Well of course this isn't true. It may look good in meetings to be able to say the right things and have lots of words at your disposal to do so. But on the ground – in the real world that service users, carers and service workers live in – the words are only the very beginning.

And the search to get the right words can sometimes create its own difficulties. An obvious one has to do with language and terminology. Now I know that co-production is a term that's about doing things with each other as service users and services and policymakers. So we as service users are interested in it. It concerns us. But, like so many other jargon words we hear, it doesn't come from us as service users. It's been made up to mean something by people concerned with services and policy. Now that need not be a bad thing, so long as it is clear what it

means; that we are all agreed about what it means, that we can all own it and understand it and it means something useful.

An increasing amount is now being written and said about co-production, so help is at hand. SCIE has produced its own helpful briefing by Catherine Needham and SCIE's own Sarah Carr and there is a helpful book, "Co-production and Personalisation in Social Care", edited by Susan Hunter and Pete Ritchie, which offers further insights and details.

People tell us that the essence of co-production is about people as service users being actively involved in the services and policies that they use and which relate to them, rather than just being on the receiving end. The talk is about partnership, participation and collaboration, none of which are new words. They say that people as service users and providers will have to learn to work in these new ways and that co-production should ensure diverse involvement – be available for everyone regardless of difference – gender, age, belief, class, culture, sexuality, impairment, etc.

None of this sounds particularly new or exactly rocket science. But speaking from a service user perspective, I have to say, it's all a lot easier for policymakers and service providers to *say* than to *do* – at least that is the experience of many service users over the years. So the first thing I would say is that the service system and those involved in it will have to get really serious if they want this seemingly simple thing – working jointly, together, in partnership with service users, to mean something.

It needs culture change, service users at every level, not top-down.

They will truly have to support, encourage and reward their staff to work in this way. They will have to give them time, resources, support and skilling to make it possible. And that means, to get it right, they have got to turn to the people with real expertise about co-production – service users and their organisations – not self appointed consultants and would be experts who have no direct knowledge or lived experience of all this. And this big shift does not sit too well with all the current talk about cuts in funding, services and staff. But that truly is what they have to do. And we know some will do that – and unfortunately we know that some will not.

But more significantly than that, service users will need to be in a position to be able to take advantage of any offer of co-production, however genuine and sincere it is. If you have been deskilled by services, disempowered in society, you aren't even at the starting point for all this. You need some support. You need information, you need advocacy, advice, capacity building. And again the people

who can provide that, who have the necessary experience and expertise are service users and their organisations.

But service user organisations are thin on the ground and financially insecure. The government commitment to establish a network of such user led organisations is creaking rather than cracking on. And then there are the fears and anxieties about funding axes coming down on public services through current economic difficulties.

But user led, user controlled organisations are the bricks and mortar without which you can't meaningfully talk about co-production. They are what can make the move from rhetoric to reality. And currently they are under-resourced and over-stretched. There just isn't the capacity. And this capacity is key, especially if co-production is not to mean some elite activity, but routine, everyday engagement with everyone including those large numbers of service users increasingly recognised as 'seldom heard voices'.

Co-production truly means shifting resources to service users and their organisations – not just shifting responsibility and effort. And let me make one last point. Co-production doesn't always only mean joint and collaborative. Some of the best developments have come from service user organisations which have themselves taken the lead, done the pioneering and taken the initiative. That must still happen. It mustn't be undermined by talk of co-production. Instead co-production must often mean giving service users and their organisations the wherewithal to get on with their own things; to do their own thing, to develop not just collaborative schemes and services, but user led and user controlled services.

Personally I don't feel a lot is gained by adding another piece of jargon to an already well stocked dictionary. But Co-production as I have outlined it from a service user perspective, meaning supporting and equipping and funding service users individually and collectively to be full and equal partners in policy and provision development, management and commissioning and to be given the independence to develop their own user led initiatives, that is something worth all our time, support and commitment.

3. Shahana Ramsden, Department of Health: Co-production within the context of the Putting People First programme

Shahana had just been appointed User/Carer Engagement Manager, Social Care Policy and Innovation at the Department of Health. She introduced herself as a user of mental health services and for many years a part of the user movement; she has had a number of different roles within the NHS Confederation, CSIP, NIMHE and the new National Mental Health Development Unit (NMH DU). She spoke of the high level commitment to re-thinking adult social care; the vision uses the words respect, opportunity, empowerment, entitlement. These are all powerful

words to be working with. However, there is no PSA (public service agreement) for co-production. We are working with the following targets:

- **PSA 15** – *Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief (led by CLG)*
- **PSA 17** - *Tackle poverty and promote greater independence and well-being in later life (led by DWP)*
- **PSA 18** - *Promote better health & well being for all (led by DH)*
- **PSA 21** – *Build more cohesive, empowered and active communities (led by CLG)*

An important driver for Co-production is built within the 5 milestones. The Association for Directors of Adult Social Services (ADASS) and Local Government Association (LGA) supported by the Department of Health have agreed **5 milestones** which they think councils need to work towards to show they have succeeded with Putting People First. The Transforming Adult Social Care board has a sub group called the Delivery Co-ordination Group who have been working on a joint national plan to help councils meet the milestones.

The five milestones:

1. Effective partnerships with people using services, carers and other local citizens
2. Commissioning and market development
3. Self directed support and personal budgets
4. Prevention and cost effective services
5. Information and advice

In relation to effective partnerships: it is an achievement to reach this high level agreement. We are looking for major culture change; *from* a system based on controlling, regulating, planning, instructing, initiating *to* a system that favours empowering, enabling, delegating, and self-regulating.

It is what happens in reality that counts... We have a long way to go... I have hope.

Of course, true empowerment takes time and energy. In looking at the challenges, Shahana has used the theory developed by Chris Argyris (in relation to theories of action, double-loop learning and organizational learning). The gap between 'espoused theory' and 'in use theory' (which is what is happening on the ground), is key here. How do we bridge that gap between commitment and reality? It takes time – corporate deadlines may need to be reviewed – and it costs money to get it right.

With reference to her father's experience in hospital, she illustrated the importance of consulting people properly about their needs and preferences. The nurses assumed that, as he was from a minority ethnic community, he would prefer the 'ethnic' food choice. They did not ask him his preference, and he was looking longingly at the shepherd's pie on his neighbour's plate. Shahana finished with an adaptation of a George Bernard Shaw quotation: *'the single biggest problem with co-production is the illusion that it has taken place'*.

4. Lucy Stephens, New Economics Foundation, with Miia Chambers, LB Camden and Sam Hopley, HCCT: An example of co-production in commissioning

Lucy started by talking about nef's principles for co-production:

- Recognising people as assets
- Valuing work differently
- Promoting reciprocity
- Growing social networks – communities

She referred to the way in which co-production as a term has been defined and re-defined and can lose its distinction from such related terms as participation and involvement. She emphasised the importance of returning to basics in defining co-production: *produce* - meaning to make something or bring something into existence, and *co* - meaning 'together' or 'with'. In relation to services, this means an active relationship between staff and service users as co-workers; in relation to communities it means engaging the assets that exist within communities to grow the core economy.

In this particular example, funding for the project was received from 'Invest to Save' money. They started by looking at all of the outcomes that Camden as a local authority was interested in: social, economic, environmental outcomes sought for everyone in Camden, on the basis that each service can play a role in delivering those strategic or high level outcomes. Then they worked on developing *service level outcomes*: working with commissioners, service users as well as national outcome frameworks (such as the need to move towards a 'recovery model'). This section includes outcomes such as: access to training and employment services, improved physiological well-being, improved physical well-being, reduced stigma and discrimination, increased community participation, and increased social networks.

Given these outcomes, the provider was then free to describe the actual activities and outputs; they had the space and opportunity to put these together in conjunction with service users. Essentially, the space was created for co-production to happen. It was put out to competitive tender. Throughout the tender document, prompts were placed to help providers think about how they would

mobilise co-production, for example: 'How does your service identify and mobilise service users' strengths?'

Miia Chambers (Camden LA) pointed out that this 'Sustainable Commissioning' model allowed providers to put forward innovative solutions, by prioritising the outcomes wanted by commissioners but not decreeing how they might be achieved. It also links with the higher level strategic outcomes and helps the commissioners to see how individual providers and services contribute to the higher level community strategy priorities.

The measuring and valuing of the service is the most challenging part of the process. There is the need to demonstrate efficiency and value, but develop user-friendly methodologies. Focusing on outcomes is important for several reasons; it puts the service user at the heart of commissioning, can encourage innovation and helps commissioners to maximise the value they receive for their investment. Camden is using the Outcomes Star which was developed by experts in this field.

Finally, Sam Hopley of the Holy Cross Centre Trust spoke about the roots of his organisation in street homeless people, asylum seekers and provision of floating support. In winning this tender, they were up against some of the larger provider organisations.

I am able to voice my opinion, my views are reported. It takes time. I have seen major changes.

HCCT had been working at the margins of co-production for two to three years, he said. They had 12 staff and around 90 volunteers, and working with service users and volunteers has allowed them to blur some of those boundaries that limit some of our expectations. For some time they have been handing their day centre over to the people who use it every Wednesday to put their ideas and energy into it and have a go at something. They use a system of time banking – and have their own currency. They ensure there is value attached to, for example, qualifications, which has resulted in 80 people going through to achieve qualifications. They had achieved some significant outcomes through the project, as evidenced by the Outcomes Star. For example, 89 adult education sessions run in the centres during one quarter; with 56% of people stable in relation to work issues; 41% improved (as measured by the Outcomes Star) and 10 referred to begin work experience or placement.

5. Example of Co-production: Micro provision and the NAAPS Micro Markets Project – Sian Lockwood, Chief Executive, NAAPS and Terry Ninnis, The Opportunities Project

NAAPS is a UK Charity supporting small and family based organisations with fewer than 6 workers. They consist of examples of micro services, most of which have been co-producing for years without calling it that. The services are bought by people and run by people who, as a result, live the lives they want to live.

The tendering process can often crush these very small organisations/providers; it is harder for them to enter into that process for a number of reasons. NAAPS is funded to provide a local 'fixer' to overcome these barriers. They have produced a practical guide and have been very successful. There are now many examples of new and emerging ideas and previously existing ones which were struggling, but they have helped to understand the new world of personalisation.

*People don't like change. There has to be change.
Money has to be spent.*

Terry then talked about the Opportunities Project, which has 15 service users, 3 part time staff and himself responsible for funding. The staff support the service users to run the organisation. Most are spot contracting, some using direct payments. They fully include all of the service users; six are on the board and one is Chair.

The project accesses work, homes and social opportunities within the community; many of their service users have felt excluded from services, some are not accessing primary care. They have a small amount of funding to help support people to access primary care and dental care. One service user, Robert, was going to come and present at the seminar, but was unable to do so. He said the following:

- *I get support when I need it at the time I need it.*
- *I have ongoing office administration experience through a personal development programme which records what I have done.*
- *I am Chair of the board of directors and on the recruitment panel.*

Robert helps with funding bids and the questionnaire to go through each month checking and monitoring access to primary health care. But, Terry said, they exist on the margins financially; if Kent County Council were to remove one service user from their books, they will lose a member of staff.

Group Discussions

During both the morning and the afternoon sessions, the participants were split into five groups at tables around the room. Each had a question to start their discussions, the question number corresponding to the group number:

Morning questions:

1. How can professionals be encouraged to apply co-production in their work?
2. What support would help people to engage on more equal terms in co-productive working?
3. What can we learn from the examples of successful co-production in designing and developing support and services?
4. How can co-production support integrated working across agency boundaries?
5. What resources are required to make possible the development of co-production?

Afternoon questions:

1. How can models of co-production assist the statutory sector and the third sector to engage with each other?
2. How could the impact, costs and benefits of co-production be evaluated?
3. Are there ways to involve a broader range of people in co-production working, including seldom heard users?
4. What can Government do to strengthen incentives for co-productive working?
5. How can knowledge and good practice about co-production be shared more effectively?

It means moving from 'being done to' to 'working with'.

Themes emerging from discussions

What is co-production?

Some discussion took place about the nature of co-production, not to define it as such, but in the effort to distinguish it from what is happening now in service design and development. For example:

- Co-production is broader than the making of services, and starts long before an individual comes to use services; we all contribute our own resources to our wellbeing, lifestyle...
- It is based on a set of values and it is bigger than social care, it is about community and changing culture.
- It has a core set of values, based on what 'gifts' people bring to the table, regardless of whether they are service users or professionals.

- It will help us to re-focus on prevention and public health, and away from the statutory sector's prioritisation of crisis intervention.
- To understand what it means, we need to move away from the 'word' to what it means in practical terms – it is an abstract concept until we see what it means in action.
- It is about making people active citizens, being part of your community, changing attitudes of how people work.
- It will simplify processes so that good ideas can be translated into action quickly, avoiding bureaucracy.

Incentives:

- The Department of Health should make co-production a PSA target in itself (the existing ones being used are not adequate).
- Hearts and minds could be won through the use of Co-production 'champions'.
- Commitment from the top: from ADASS/LGA and through good leadership.
- Success stories help co-production across the boundaries of health and social care, e.g. by having expert exchange programmes for people to share their experiences.
- Training needs to be built in to Human Resources, to ensure that it happens for all staff; service users should be involved in training in order to demonstrate co-production in theory and practice.
- Service users and carers should be involved in services/inspecting services.

Resources required:

- Time is a key resource needed in order for people to work in this (new) way.
- Ways of breaking down or overcoming barriers are needed in order for service users and professionals to work together on an equal basis.
- There is the need to enhance capacity for service users to enable them to participate in a meaningful way; this can involve training for skills, support and information.
- Funding is required – particularly for user-led organisations in order that they can begin to take part on an equal basis. They are currently poorly resourced and often unable to participate in a competitive tendering process.
- Advocacy as a resource to enable people lacking capacity or with communication difficulties to take part in the process.
- Capacity building for user-led organisations needs to include funding, but also skills, training and time to allow for them to become competent to take part on an equal basis.
- Perhaps we need to distinguish between *micro* and *macro* co-production: at the micro level we are concerned about what an individual needs and at the macro level, decisions are needed about what to spend on what. In the latter, perhaps we need to be saying something about how much of people's

own resources are needed, this has implications at a political level for the decisions that need to be made.

- In co-production we find that people often make better use of resources when they have control over them.

Commissioning:

- There is a challenging tension or balance to be struck between individual choice and the broader commissioning task. It is a tricky agenda in personalisation. Perhaps reviews are a key way into this: reviews that involve working with people to see if their outcomes are being met (i.e. an outcomes-focused approach).
- Commissioning needs to come closer together with the development of social capital; it is too often kept apart.
- Commissioning should be handed over to user-led organisations (acknowledging that many individuals are not interested in getting involved in the co-production of services, they want to live their own lives).

Tendering process:

- Considerable discussion focused on the tendering process as a barrier to co-production. It was asserted that good relationships can be undone in a competitive tendering process; many small and user-led organisations do not have the capacity or the resources to respond to the formal tendering process.
- We should be challenging some of the regulation that informs the tendering process to ensure that user-led organisations can effectively co-produce with local authorities.
- Perhaps one solution is to give a bursary to support these small organisations through the process.
- European tendering regulations will also affect how the tendering process takes place.
- For some people, the tendering process is 'fundamentally flawed' as a mechanism for distributing funds; organisations are developing 'tender fatigue'.
- Some suggestions to aid the tendering process:
 - Have a clear 'value added' specification as a priority before paying attention to issues of due diligence.
 - Resources to be made available to support co-production or brokerage support for the 3rd sector.

Role of the 3rd Sector:

- The 3rd sector needs to be clearly defined to distinguish it from charitable organisations (*according to Wikipedia, the third sector can be broken down into three sub-sectors; the community sector, the voluntary sector and the social enterprise sector*).

- Examples were given of handing over the commissioning of co-production to the 3rd sector.
- 3rd sector can have a role in helping to put the tender together; there are good examples of this happening.

Evaluation and outcomes:

- This was a contentious issue, with some people believing that co-production is the right way forward and should not therefore be evaluated in itself.
- From an individual perspective, quality of life is the desired outcome – and only s/he can judge this.
- From the provider or commissioner's perspective, they will want to see change happen, assess the quantity and quality of services, more responsive services, more user-led services, the impact on health outcomes and use of health services, and cost.
- Need to assess the social return on investment – a proxy value for assessing the maintenance or enhancement of social networks.
- Need longitudinal studies to evaluate impact over time.
- Impact evaluation needs to look wider than the individual service user to their wider family and community.
- The identification of outcomes should be led by co-production and agreed by the statutory sector, as service users' and carers' organisations are better at recognising what people need.
- We have got to get better at thinking in terms of the outcomes people want to achieve and measuring them. That is the language that will persuade organisations like the Treasury to take us more seriously. We are currently much better at measuring input.