



# Co-production Toolkit Part one: Supporting information

North East and North Cumbria  
Integrated Care Board  
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## Contents

About this toolkit .....	<b>Error! Bookmark not defined.</b>
What is co-production .....	4
The use of Language .....	6
Co-Production checklist .....	7
Co-production case studies .....	9
Further Reading .....	13

## Background

Sunderland, on behalf of North East and North Cumbria Integrated Care Board, were looking to develop co-production training for staff and wider partner organisations across Sunderland. Co-production offers the opportunity for professionals and service users to work together to ensure that service delivery connects to lived experiences and is therefore meaningful and effective for all involved.

The main objective of this work was to develop a co-production training tool-kit – a practical, easily understood, and accessible resource for staff to implement in the future. The research had the following key objectives:

- Preliminary research to understand staff thoughts about co-production, any barriers that may exist to its adoption and how they would like training to be delivered.
- Develop and deliver initial training that was cognisant of this understanding, worked to overcome any barriers and was delivered according to staff preferences.
- Evaluate this training with training participants to understand how it could be improved.
- Develop and evaluate the final toolkit. This is a stand-alone resource for co-production that can be iteratively developed by staff to reflect their learnings as co-production becomes embedded in routine practice.

To meet these objectives, the research was conducted in three phases:

1. **Phase 1: Initial training development.** Preliminary research was conducted with staff in the ICB and partner organisations to understand their views about co-production and how they would like training to be conducted. The outcome of this phase was the initial training delivered in phase two.
2. **Phase 2: Delivery and evaluation of training.** In this phase the initial training was delivered and then evaluated with participating staff.
3. **Phase 3: Development and evaluation of a co-production tool-kit.** In this phase the tool-kit was developed, following input from participants in all stages of the research.

The final co-production toolkit is presented as three documents:

1. **Summary information.** This document includes a range of background information around co-production, including a description of what co-production is, the use of language in co-production, a checklist of things to think about, some case-studies, and some further reading.
2. **Summary research report.** This document summarises the research findings from each phase of conversations with people and discusses how this led to the development of the toolkit. These conversations contributed to the summary information collected, and the training presentation.
3. **Training slides.** The aim of the training slides is to provide a gateway into co-production that emphasises the practical elements of this way of working with a focus on what coproduction may mean for in the real world that people work in.

## What is co-production

This section is designed to act as a concise and accessible source of information about what co-production is and how it differs to other forms of engagement. A short summary of the strengths and weaknesses of the approach is also outlined.

*“Co-production refers to a way of working where service providers and users work together to reach a collective outcome” (involve.org.uk)<sup>1</sup>*

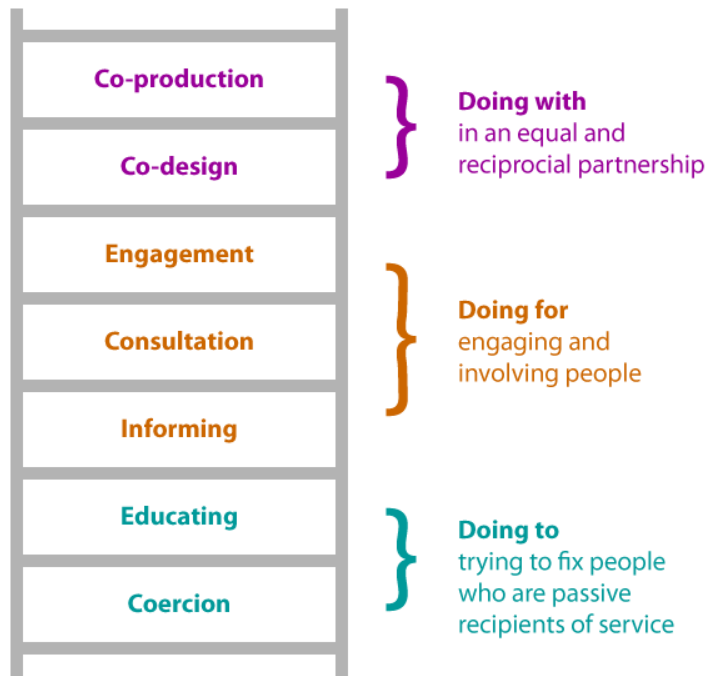
Co-production is an approach to decision making and service design rather than a specific method. It stems from the recognition that if organisations are to deliver successful services, they must understand the needs of their users and engage them closely in the design and delivery of those services.

**It is important to understand that co-production is a way of working and not a precise methodology.**

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<sup>1</sup> [Co-production | involve.org.uk](https://involve.org.uk)

Co-production builds upon a range of similar approaches such as consultation, engagement, and co-design. The diagram below<sup>2</sup> outlines the differences between co-production and other research methods:



In co-design and other engagement methods the planning of services is done jointly, but this doesn't always lead to involving people who use services in the delivery of the service - i.e., actually making it happen - whereas co-production is different because it also needs people's actions. Also in co-production, unlike other methods, power is shared equally between those who use services and those who provide them.

## Strengths

- Draws on the insights and experiences of those who are at the receiving end of public services
- Enables members of the public/patients and professionals from the healthcare sector to work together as equals and learn together
- Builds confidence in the healthcare system among participants

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<sup>2</sup> [What makes co-production different? - In more detail - Co-production - Co-production in commissioning tool - Think Local Act Personal](#)

## Weaknesses

- Can be difficult to manage well when dealing with larger groups
- Difficulty to engage with certain demographics, therefore can be unrepresentative of population
- Requires a considerable time commitment on the part of both professionals and participants

## The use of Language

The main principle in co-production is the equal sharing of power, i.e., that all involved in the process have equal say and equal capability to bring about change.

To enable this equality, it is very important to consider how conscious and unconscious social interactions may prevent some groups from feeling that they are able to speak freely. There is more information on power dynamics within the co-production toolkit – part 3: training slides.

As part of the process of developing this toolkit it became clear that use of language can be a key way in which these power dynamics play out. Within groups (professional or otherwise) we tend to use common words, which we understand but those outside of the group may not. This can leave others feeling confused at best and inadequate at worst. This can be particularly true in medical or social care settings, which involve a high degree of technical language and / or acronyms.

For this reason, at the planning stage of co-production it is important to consider the use of language and to avoid any jargon that may alienate people.

- There are many sources about the use of jargon, this blog in particular contains a useful series of steps to help people consider how to communicate more clearly and accessibly: [Why and how to avoid jargon – How Matters \(how-matters.org\)](#)

- There is also a useful source published by the Kings Fund that seeks to define many of the terms used within modern health and social care: [Health and care defined | The King's Fund \(kingsfund.org.uk\)](#)

## Co-Production checklist

It is critical to remember that co-production is not a defined methodology. There is no recipe book of defined stages to ensure that co-production is undertaken effectively.

**Co-production is a way of working and not a specific methodological approach. Therefore, there is no step-by-step 'how to' to help people undertake co-production.**

Nevertheless, there are some publicly available resources that act as check lists, almost audit tools, to help people undertaking co-production engage in the process in a systematic manner. This can help people ensure that they have covered all the key principles of co-production within their approach. These check-lists are best thought of as ways to help you make sure you are thinking in the right way when you are working.

Some of these check lists are listed within this document (including hyperlinks for further reading). The included check lists are:

1. The co-production self-assessment framework (NEF, 2011)
2. Co-production and involvement audit (Co-production Network for Wales, 2019)
3. Co-production – how are you doing? A self-reflection tool (Inclusion North and Tricia Nicoll Consulting, 2011)

### The co-production self-assessment framework

This self-assessment framework has been produced by New Economics Foundation (NEF) in 2011 and is available on the See Me Scotland webpage. [co-production-self-assessment-framework.pdf \(seemescotland.org\)](#)

The tool encourages practitioners in co-production to engage in self-reflection (reflexivity), with a focus on 6 key components: (1) Assets; (2) Capacity; (3) Mutuality; (4) Networks; (5) Shared roles; and (6) Catalysts.

## Co-production & involvement audit

This audit tool has been produced by the Co-production Network for Wales in 2019 and is available as both a PDF and an online tool.

[Audit-Tool-Issue-1-JUN19-ENG-For-Online \(PDF version\)](#)

[Co-production & involvement audit for organisations \(Online tool\)](#)

Please note, the audit is not intended to be used by a sole practitioner. It consists of fifteen action statements, three for each of five core principles of co-production: Assets; Networks; Outcomes; Relationships; Catalysts. People using the tool are asked to engage in four steps to help them assess their co-production practices:

1. Assess your performance (self-score)
2. Reflect on your performance
3. Visualise your results
4. Identify your actions

## Co-production – how are you doing? A self-reflection tool

This tool has been designed to be user friendly and was produced by Inclusion North and Tricia Nicoll Consulting in 2011. It is published on an NHS website ([www.thinkkidneys.nhs.uk](http://www.thinkkidneys.nhs.uk))

[Co-production self reflection tool V9 June 2011 \(thinkkidneys.nhs.uk\)](#)

As with the other resources listed in this document, this is a self-reflection tool. Questions are asked around each of the four key principles of co-production identified by Edgar Cahn:

- Recognising people as assets
- Valuing work differently
- Promoting reciprocity
- Building social networks



Practitioners can score their work across the four areas using a traffic light type system (red, amber, yellow, green) and can then create an action plan based on these scores.

## Co-production case studies

This section details four case studies to help illuminate the power of co-production practices, with links for further reading:

1. A co-production success story: The LINK service for children and young people – Cumbria
2. East Midlands Adult Social Care Services
3. Oxleas NHS Foundation Trust
4. BLMK CCG – The Bedfordshire, Luton and Milton Keynes Personalised Care Strategic Co-production Group

### Case study one: A co-production success story: The LINK service for children and young people – Cumbria

North Cumbria CCG have committed to involve patients, carers, families and community groups in shaping their services, and there are many examples of this in practice. This example describes the development of the LINK Service, which was established through a collaboration between Barnardo's and several local PCNs (Primary Care Networks) in Cumbria – supporting young people on a variety of issues. Children and young people were actively involved in co-producing the service from the outset.

[A co-production success story: The LINK service for children and young people - CLIC: Cumbria Learning and Improvement Collaborative \(theclic.org.uk\)](https://theclic.org.uk)



The authors of the case study note that more than 296 young people struggling with their mental health have been helped by this service. They also include the following quote from a young person using the service:

"If I'd not met [my worker], I don't think I'd have the confidence to leave the house and I'd be anxious all the time. I'm less worried now, it's like the weight of the world has been lifted off my shoulders...She has really guided me to a better place. She's listened to me and got me back on the right path. Now I live more in the present rather than worrying all the time about the future and the past. Now the future looks a lot brighter"

What is particularly interesting about this case study is how they have included a group that could be considered as 'hard to reach'. The authors note that 'what is particularly special about this service is that **children and young people have been actively involved in co-producing it** from the very outset. They have formed interview panels, describing to health and care professionals what they would need from the service, what it should look like, and what they would want from the practitioners involved.'

Importantly, it has been understood that co-production does not need to stop when a service has been established - co-production is being used to continually ensure service improvement.

## Case study two: East Midlands Adult Social Care Services

This case study describes co-production undertaken by IMPACT – East Midlands Provider Collaborative for Adult Secure Care – made up of the nine NHS and independent sector organisations that jointly provide NHS specialised mental health services in the region. IMPACT host co-production forums with these organisations alongside service-users and their families with the aim of improving services.

[IMPACT - Co-production \(nottinghamshirehealthcare.nhs.uk\)](https://nottinghamshirehealthcare.nhs.uk)



This organisation employs co-production as a rolling and embedded series of activities to bring about service improvement. The authors write that:

*‘To harness this range of perspectives, IMPACT Co-production Forums bring together expertise from the nine provider partner organisations as well as those with first-hand experience of secure care services and their family members, community services, prison services and the voluntary sector. Together, we are able to identify what works well and what could work better in the context of the agreed aims and objectives of the IMPACT provider collaborative.’*

This case study also demonstrates the extent to which careful consideration should be applied to ‘power’ dynamics in co-production. They utilise the skills of a specialist ‘lived experience co-ordinator’ and have an agreed strategy for the inclusion of people with lived experience in their programme.

### **Case study three: Oxleas NHS Foundation Trust**

Within this example the experiences of patients, carers and staff were gathered to make improvements to a mental health inpatient service. This demonstrates the power of co-production to enact change, with the authors of the case study reporting that the initiative greatly improved patient experience, with complaints reducing by 80% over 14 months. Those involved in the process also reported a greater sense of empowerment.

This is an example of a specific form of co-production experience based co-design, that has been developed within health care settings specifically<sup>3</sup>.

[PowerPoint Presentation \(healthylondon.org\)](https://www.healthylondon.org/)

The authors note the following key learning points from their experiences with this highly vulnerable group:

*‘Mental health inpatients are uniquely vulnerable within the EBCD process because of the unique features of these services, so it is essential to adapt the process in order to reassure and support them.’*

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<sup>3</sup> Further information about this form of co-production can be found here: [EBCD: Experience-based co-design toolkit - Point of Care Foundation](#)

*‘Recruit patients from existing, well-established support groups or put that support in place.’*

*‘Allow plenty of time to build trust before you get started. Oxleas met with patients for six months before they felt it was appropriate to start EBCD.’*

*‘If handled correctly, positive outcomes may include fewer complaints, shorter inpatient stays, fewer readmissions and a sense of empowerment for patients who have taken part in the process.’*

## **Case study four: BLMK CCG – The Bedfordshire, Luton and Milton Keynes Personalised Care Strategic Co-production Group**

The Bedfordshire, Luton and Milton Keynes (BLMK) Personalised Care Strategic Co-production Group has been formed so that people with lived experience (carers and patients) of health and social care across BLMK can work in partnership with senior leaders to co-design and create changes.

[Personalised Care Strategic Co-production Group - BLMK CCG BLMK-workshop-slides-final-for-ccg-website \(1\).pdf](#)

This case study demonstrates how co-production can be utilised across diverse services in health and social care. This is particularly pertinent for the development of the future ICS.

The authors note that the central ethos of this group is one of trust and understanding:

*‘The Co-production Group is a small inclusive group of local people across BLMK. The group take time for each other to develop an understanding of the issues they discuss at the meetings. The group make decisions and work on changes that they think are important to the people of BLMK regarding personalised care.’*

Importantly the authors also note that a wider consequence of the adoption of co-production techniques has been a shift in the relationship between professionals and people. They have emphasised the following:

*‘From being seen only as a patient with symptoms that need treating, to being seen as a whole person with skills, strengths and attributes as well as needs to be met.’*

*From being asked ‘what’s the matter with you’ to ‘what matters to you?’*

*‘Being told what is wrong with you and what needs to be done about it, to being valued as an active participant in conversations about your health and well-being.’*

## Further Reading

This section provides a list of some useful resources for further reading about co-production. Please note, there is a very large body of literature concerning this way of working. As such, this is not intended to be an exhaustive list. Rather, the intention has been to compile a resource of easily accessible webpages and documents that can help increase understanding and point the reader in the direction of further, more specialist documents regarding specific aspects of co-production, if necessary.

For ease of reading, the resources have been grouped as follows:

- General resources
- Resources regarding co-production in health care
- Resources regarding co-production in social care
- ‘How to’ documents
- Power ‘checklist’

### General resources

Both resources are good sources of information that are not embedded within any particular discipline or background.

1. **Involve website** - Involve are a UK-based public participation charity, their aim is to make decision-making in the UK more open, participatory, and deliberative. Their website is an excellent central resource. [involve | people at the heart of decision-making | involve.org.uk](https://involve.org.uk)

**2. Nesta** - Nesta describe themselves as a leading organisation aiming to deliver social good through developing new solutions to society's biggest problems. They have created a 'co-production' catalogue, containing a comprehensive set of co-production resources and information. Please note, some links embedded within the catalogue are now out of date. [co-production catalogue.pdf \(nesta.org.uk\)](https://www.nesta.org.uk/co-production-catalogue.pdf)

## Resources regarding co-production in health care

- 1. NHS** - The NHS has referenced a model for co-production that has been developed by The Coalition for collaborative care and partners. The model includes 7 practical steps to help make co-production a reality in this setting. [NHS England » Co-production resources](#)
- 2. The Point of Care Foundation** - The Point of Care Foundation is a charity that aims to 'humanise health care'. Within their webpage they have a specialist Experienced Based Co-Design Tool Kit (EBCD). EBCD is a methodology that has been designed within the UK and within healthcare settings specifically. Please note, to access this toolkit it is necessary to submit an email address. [EBCD: Experience-based co-design toolkit - Point of Care Foundation](#)

## Resources regarding co-production in social care

- 1. The Social Care Institute for Excellence (SCIE)** - SCIE have produced a webpage dedicated to explaining what co-production is and how it can be applied in this setting. [Co-production in social care: What it is and how to do it - Guide home \(scie.org.uk\)](#)
- 2. Information and Learning Hub (Social care legislation in Wales)** - The information and learning hub is a 'one stop shop for a range of resources about Wales's social care legislation'. Within this are expert class presentations about co-production. [Co-production | Information and Learning Hub \(socialcare.wales\)](#)

## 'How to' documents

Both documents are focused on research but can be adapted to suit alternative projects.

- [Map-of-resources-Web-version-v1.2.pdf \(nihr.ac.uk\)](#)

- [Copro\\_Guidance\\_Feb19.pdf \(invo.org.uk\)](#)

## Power 'checklist'

This paper is a very useful resource to help unpick the idea of 'power' in co-production. It contains a checklist, i.e., a series of prompts, to help those designing co-production understand how these dynamics may influence their work and how to lessen their impact.

[CSP\\_1485\\_Farr\\_Power\\_dynamics\\_in\\_co\\_production\\_and\\_co\\_design.pdf \(bris.ac.uk\)](#)

