

Co-production and the role of HwH

FOR INFORMATION/DISCUSSION

1. Purpose of the report

To brief Board members on our involvement with co-production and the opportunities and issues involved with the work.

2. Background

In the context of our work on co-production, particularly with the South and West Hertfordshire Health and Care Partnership and West Hertfordshire Teaching Hospitals NHS Trust, and Adult Care Services well-established model of co-production, this paper provides an update on our current activity and explores opportunities and challenges going forward.

In light of Geoff's retirement and significant level of involvement with co-production we felt it was important to discuss with Board the role of Healthwatch in relation to co-production activity. The paper asks Board to explore the extent to which co-production should be an ambition for Healthwatch to drive forward or whether our role is more about effective management and ensuring patient involvement.

We felt it was important to remind Board members about the development of co-production and key facets of the approach. Sources have been used such as Think Local Act Personal (TLAP), academic work on co-productions and materials we have used with the NHS locally.

3. Introduction to the development of co-production

There have been repeated calls by successive governments to engage, involve and place patients and the public at the heart of healthcare. The principle of an "active consumer" rather than a "passive recipient" remains central to the NHS, echoed by the promise of "no decision about me, without me" as stated in the Health and Social Care Act (2012). Subsequent policies such as the NHS Long Term Plan (2019) and NHS England Statutory Guidance (2022) may have tweaked terminology but the sentiment remains in place. These policies, along with serious clinical and service failings in the UK, have increased the urgency and importance of ensuring that patients and the public are involved in all stages of their individual healthcare pathways as well as changes to larger scale service design and delivery. To do this effectively, NHS and social care organisations have been developing stronger and more meaningful models of Patient and Public Involvement to ensure the patient voice is heard at every level.

4. What is co-production?

Co-production is a relatively new way of conceptualising public services. It has the capacity to inherently alter how health and social care services are provided, in ways that make them more effective, efficient and sustainable, and is one of the reasons co-production models are being used and implemented across health and social care nationally and locally.

Fundamentally, co-production is when public services are not solely governed by service providers and professionals, but **rather that service users, carers and communities work in an equal partnership sharing responsibility in the development, design and delivery of services** (Bovaird, 2006). In practice this process involves the movement on from “involvement” and “participation” where a person is still passive or “being done to” towards an equal, more meaningful and powerful role in services – as illustrated in Figure 1. With co-production, people are involved in all aspects of a service – the planning, development and actual delivery of the services, and the power and resources are transferred from managers to people who use services and carers (Social Care Institute for Excellence, 2015).

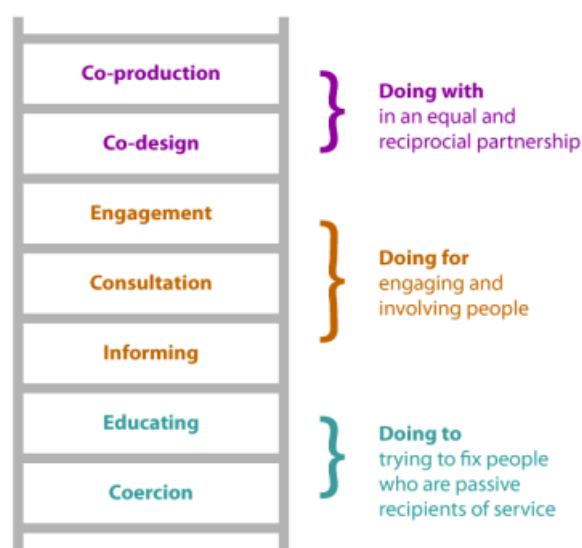


Figure 1: Think Local Act Personal Ladder of Co-production

It is important to note that although co-production is at the top of the ladder, this does not mean it is appropriate to use in every situation, for example when developing the detail of clinical aspects of procedures. Likewise during the COVID-19 pandemic it was necessary to use education and coercion to keep people safe.

Successful co-production is dependent upon six core principles, each of which are equally important for co-production to operate effectively (Think Local Act Personal, 2019):

1. Recognising people as asserts (experts by experience)
2. Building on people's capabilities and skills (skills are built so everyone has the same opportunity to contribute equally)
3. Developing two-way reciprocal relationships (people need to get something back and shared expectations)
4. Encouraging peer support networks (support)
5. Blurring boundaries between delivering and receiving services (sharing of power)
6. Facilitating and not delivering to (collaboration)

In summary, co-production fundamentally recognises and understands how people can contribute to care and support at all levels and have equal status with professionals when doing so. It increases the scope for people to influence and shape the support they receive as an individual and as a community from design to delivery. For co-production to be meaningful, it is important to be clear from the outset what is outside of remit and influence to ensure expectations are realistic, people's time is valued and outcomes are measured effectively.

5. Co-production in Hertfordshire & West Essex

These are the main developments happening locally.

- Hertfordshire County Council Adult Care Services Co-production Board (with 7 client-specific Co-production Boards sitting under it) - *Representative from HwH sits on the Adult Care Services Strategic Co-production Board.*
- West Hertfordshire Teaching Hospitals NHS Trust Co-production Board - *HwH developed a model of co-production for the Trust and co-chairs this Co-production Board.*
- South and West Hertfordshire Health and Care Partnership Co-production Board - *HwH created a model of co-production for the Health and Care Partnership and co-chairs this Co-production Board.*
- Mental Health, Learning Disability and Autism Health and Care Partnership Co-production Board
- East and North Hertfordshire Health and Care Partnership Community Assembly - *HwH created a patient involvement model for the Health and Care Partnership and chairs the Community Assembly. Possible that this could lead to co-production in the future.*

6. Benefits and challenges

There are various benefits and challenges associated with our role in co-production.

Benefits of our involvement

- Positive reputation – our expertise and management of the processes have been well-received and emphasise our role as a patient champion
- Independent chairing by HwH – to be effective, co-production requires a collaborative and supportive role of all partners and plays to our strengths
- Brings in revenue – originally commissioned to develop co-production models and now receive funding for managing co-production

Operational challenges for HwH

- Time and resource for HwH
- Potential responsibility for leadership and management despite being an NHS initiative

Issues to be addressed for effective co-production across our area

- Budgetary constraints and time pressures from external partners
- Availability/ability to recruit the diverse membership needed
- Buy-in at senior level and decision-making ability to bring about change/impact
- Difference in understanding – co-production, engagement, consultation

Longer-term considerations for HwH around co-production

As shown above our involvement has been beneficial for our reputation and financially. However, going forward it is important to reflect that our role as an independent chair promoting consensus and delivering an agenda will sometimes need to balance patient desire for quick change and the more challenging processes required within the NHS and social care.

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(and including work by Priya Vaithilingam
and other Co-production Board members)

07.08.2024