

Co-Production Guidance

A Black Country guide for those looking
to co-produce

Delivering public services by creating equal relationships between professionals, people using services, their families and their neighbours.



Foreward

Co-Production network members

In October 2021 the first Co-Production Network took place. From here the group has gone from strength to strength – new members, new organisations, new experiences, new perspectives and new challenges. At its core it has always remained an equal space for people who are passionate about co-production between service users, carers, health & care staff and organisations across the Black Country.

Through this collaboration we are incredibly proud to present this guidance. Everything you read and see here has been designed, consulted upon, written and drawn up by an equal partnership of people with varying experiences, perspectives and skills. Starting out a co-production journey can at times feel like a challenge so we hope this guidance provides a level of support, advice and helpful information to support you on your co-production journey. Once you have completed your first co-production piece we hope you find it as rewarding, educating and eye-opening as we have found it. There will be lessons to learn along the way but the reward far outweighs the challenges.

We see people not as uniforms, not as a name badge, and not as a diagnosis. We are all people and we are capable of achieving great things, and learning from mistakes along the way. By sharing our skills and experiences we can make great strides in the Black Country to ensure that health and care services are designed not just for people, but with people. Moving from an Us and Them relationship to a We collaboration.

Chief Nursing Officer, Carolyn Green

I am very grateful to all of our Lived Experience Consultants, Peer Support Workers and partners in the design of this guide to this practice in our organisation. Black Country have a long term history of participation and engagement. I would like to see a new dawn from 2024 in further development and consolidation of co-production as a core part of how we collaborate in our organisation's future. We will use this guide to foster a culture of collaboration, that quality improvement and new clinical and organisational strategy is influenced by the people who use our services.

As executive lead I give my commitment and endorsement to this guide. I ask all of our people working with us to embrace this in our practice. I ask our Trust Board and partners to consider in our work as a Lead Provider for Mental Health, Learning Disability and Autism that all people working with Black Country Healthcare and its commissioned service, establish this guide as routine practice. I also offer my endorsement in our Quality reports that we will report what we have achieved each year and how we have used co-production to make those improvements.

Thank you everyone as we work together for an inclusive future.

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What is Co-Production?

Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective. Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It is a cornerstone of self-care, of person-centred care and of health-coaching approaches.

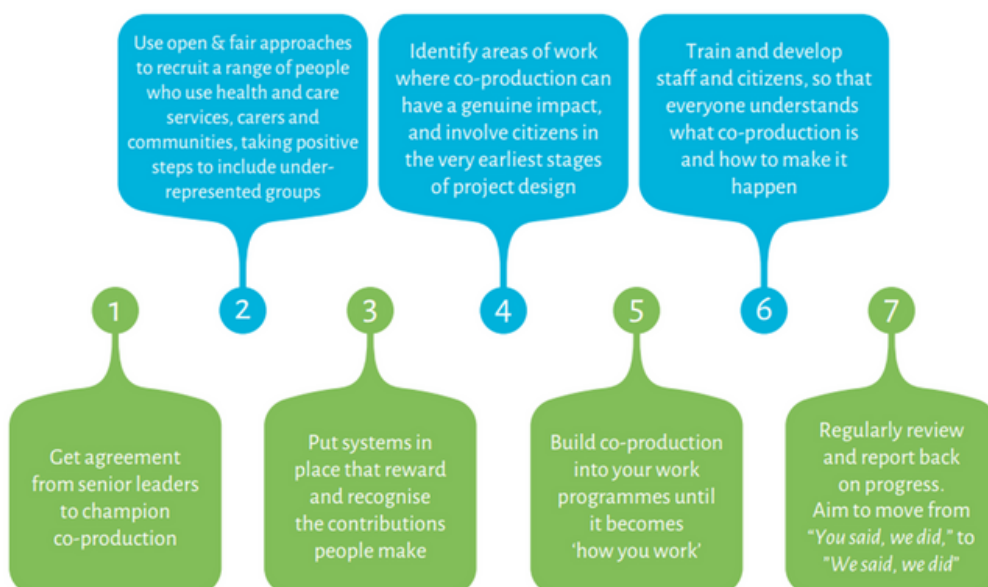
In order for co-production to occur the following Values and Behaviours must be observed:



(Taken from A Co-production model, NHS England, Coalition for Collaborative Care)

7 steps needed to co-produce

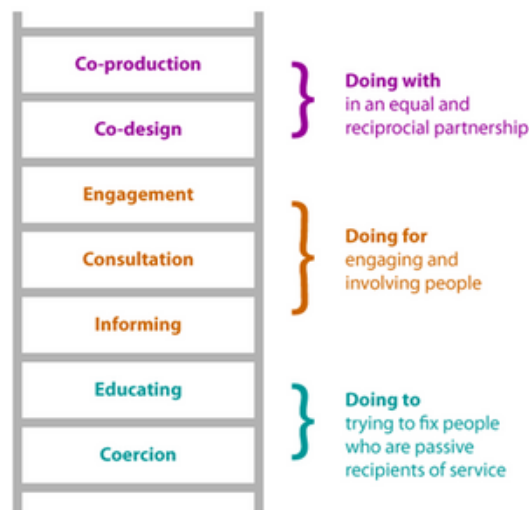
Here are some practical steps to take at the beginning of your co-production adventure. When co-production is done right there is a lot to be gained by us all.



(Taken from A Co-production model, NHS England, Coalition for Collaborative Care)

How does co-production differ from engagement?

Co-production goes beyond traditional methods of engagement, participation and consultation and focuses on what matters locally, asks what everyone can do and contribute, and values networks that we build together. It shifts expectations, roles and responsibilities, particularly around how power is used and shared. This means big changes, with professionals at all levels now doing things 'with' local people and not 'to' them. Co-Production challenges the assumptions that service users are passive recipients of care and recognises their contribution in the successful delivery of a service. Co-production already exists in health and social care where not-for-profit organisations work together and share an equal relationship when it comes to delivering and funding services – it is time for this relationship to expand so that it includes those who use services to be involved in re-shaping, re-designing and delivering services.



(Taken from What makes co-production different?, Think Local Act Personal)

Co-Production - is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way

Co-Design - people who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in 'seeing it through'.

Engagement - compared to the consultation step, people who use services are given more opportunities to express their views and may be able to influence some decisions, but this depends on what the people responsible for services will allow.

Consultation - people who use services may be asked to fill in surveys or attend meetings; however this step may be considered tokenistic if they do not have the power to influence or affect change.

Informing - the people responsible for services inform people about the services and explain how they work. This may include telling people what decisions have been made and why.

Educating - the people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. That is all that is done at this stage.

Coercion - this is the bottom rung of the ladder. People who use services attend an event about services as passive recipients. Their views are not considered important and are not taken into account.

How does co-production differ from engagement?



Things to remember when co-producing

Do's



Ask who is missing from the group and who is not involved and why



Use financial restraints to inspire new ways of thinking



Remember that lots of passionate people have commitments and can't always meet 9am-5pm



Work on problems together, never alone



Remember that co-production is about doing not just talking



Check your language and the images you use to avoid stereotyping



Question accessibility



Practice 'active listening'



Bring in people you disagree with – otherwise group thinking can be like a washing machine, just going round and round

Things to remember when co-producing

Do's



Constantly reflect on where your group is and how it got there



Be as clear as possible about how decisions were arrived at in your group



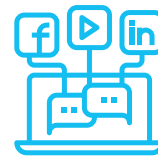
Meet in places where people can be themselves, like parks and cafes rather than formal meeting rooms



Go beyond what everyone already knows. Be bold, be disruptive, apply common sense



Be bold, look outside your knowledge base for ideas and inspiration, adapt and adopt. Think outside the box



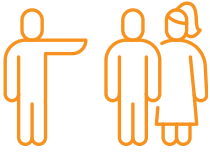
Think about social media. Think about all of the ways to include different people in addition to traditional methods.



Have fun

Things to remember when co-producing

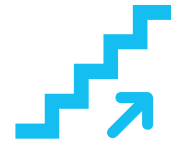
Don'ts



Fall into a 'them and us' narrative where professionals get blamed for everything.



Be unrealistic. Don't co-produce something that's going to cost the entire local health care budget to deliver



Call it co-production if it is genuinely not. Rigid requirements inhibit true co-production so take a step down on the co-production ladder until you reach the correct step.



Ignore the elephant in the room



Be afraid to name bullish or bullying behaviour – wherever it comes from



Rely on people coming to you and wonder why it's always the same faces

Co-Production and Autism

Some people may use person-first language. For example, 'person with autism'. Some people may use identity-first language. For example, 'an autistic person'. For the purpose of this document we will use identity-first which is in line with other NHS guidance and associated research. However, we as a Trust want to empower individuals to be free to choose their own preferred title that they wish to be addressed with.

How can I recruit people with autism to engage in co-production?

- Consider lots of different ways to inform autistic people of available opportunities
- Not only look to health and social care services – look to local community groups too for example
- Make efforts to approach autistic people to offer them the opportunity to be involved
- Consider how children and young people can be supported to be involved with co-production, not only adults
- Ensure that 'call outs' to recruit autistic people to be involved are informative and transparent
- Consider the benefits of growing a network of autistic people and their families to engage in co-production – forming a 'repository of expertise'

How can we ensure co-production opportunities are accessible to the Black Country community?

Support varied communication needs

- For anything written use clear fonts i.e Calibri, Arial, Century Gothic, Tahoma and Verdana
- Offer video communication
- Offer audio communication
- Use common, every day words and avoid jargon
- Consider how you would include interpreters
- Make sure you are able to communicate effectively with all those involved based on individual needs
- Consider font size, some people may require anything written to be in large print
- Consider the use of easy read versions

Provide a range of access options

- Face to face
- By video
- Via phone
- It may be that you have to simultaneously use different methods. Consider how you would facilitate this
- If doing hybrid meetings be mindful of where the microphone and camera is positioned

Hold meetings at accessible times

- Agree as a group what times would be best for the meeting/activity and ensure ALL members of the group are involved in this discussion and that you are able to facilitate individual needs
- Plan sufficient scheduled breaks to allow for differing levels of processing and concentration
- Consider other commitments that co-production partners already have and find a way that works around these
- Allow time at the start and end of the meeting for people with physical needs who may require extra time entering/exiting the building

Provide clear information ahead of meetings

- Any images should have a purpose and be relatable to the task and those involved.
- Avoid collages, and where possible use muted colours
- Consider the ordering of the task/meeting so that it flows in a logical sense rather than skipping back to previous topics
- Consider including related imagery i.e the venue, the group leader, map of where to go at the venue
- Consider any images that may be culturally sensitive
- Ensure information is translated where required

How can we ensure co-production opportunities are accessible to the Black Country community?

Ensure sensory friendly environments	<ul style="list-style-type: none">• Consider light levels i.e. strip lighting can give off a buzz that could cause distraction, flickering lights, background noise, bright lights, smells etc.• Consider any imagery that may be in view isn't moving or changing i.e banners on websites, digital noticeboards• For open discussion consider individual processing needs, memory, concentration and language• Make sure the building is culturally appropriate and welcoming to all members of the group• Consider acoustics of room
Ask about and put into place reasonable adjustments ahead of time	<ul style="list-style-type: none">• Provide information ahead of time to allow for different processing needs• Avoid any last minute changes to schedules and agendas where possible• Make sure everyone has what they need before each session so they are able to effectively participate in the co-production activity based upon their individual needs

A checklist for ensuring you have considered accessible options can be found at the end of this guidance

Examples of Co-Production

Service User activity pack

The Isolation activity pack came about following NHS Charities together funding. Through public donations to the NHS during the Covid-19 pandemic money was made available to NHS Trusts to focus on improving service user experience particularly for those who were having to isolate due to testing positive for Covid-19 or whilst awaiting test results for Covid-19.

Upon receiving this funding the Trust organised a working group responsible for the distribution of this funding. This group included representation from trust staff, service users and carers. As a collaborative the group decided to spend the funds on improving digital access for services users, namely increasing access to computer tablets, improving WiFi access and creating an activity pack for those who preferred non-digital activities.



The Activity pack was born. Based on collaborative discussion the content decided upon included; sections on self-care and establishing routines, word searches, crosswords, calming imagery, colouring and drawing pages and poetry. The cover of the pack was also designed by a previous service user to depict finding tranquillity and an oasis. The 1st edition went out to inpatient areas to get people's initial thoughts and feedback.

Based on this feedback the second edition was created. Amendments included Easy Read information, advice about using the internet for positive recovery and things to look out for. As well as advice from someone who had a negative experience online which had a significant impact on their mental health.

Examples of Co-Production

Service User activity pack

This co-produced piece meant the end result was relevant to patients on the ward, included advice both from a professional and a lived experience perspective, stood out so it wasn't 'just another leaflet' adaptive to different interests and audiences and became a personal item that patients could 'own' and express themselves through. Using a range of skills, experiences and perspectives the pack was created at a low cost – as everyone became responsible for different sections – and was more relevant to the intended audience than it would have been if we hadn't co-produced.

How the Recovery College has coproduced

All of our courses are developed and delivered by people with lived/living and professional experience. Right from the initial course idea, to creating and developing the materials to, quality checking, delivery of the course and evaluation.

How does co-production work at the Recovery College?

A Students View

From the initial idea of a course everything is co-produced- the proposal, plans and handouts. For example, I am currently co-producing a Christmas crafts workshop with staff, volunteers, friends of the Recovery College and students. We came together to discuss the initial ideas for the course and put together a course proposal form. Once this was accepted we started discussions about what we want to include in the course, how we can help students to learn best and share the knowledge we have. Everyone is free to express their ideas in a way that suits them best for example; I work better with words where as another volunteer shares her ideas through drawings and doodles. We will be meeting as a group to develop the plans for each craft we are doing and to create a handout booklet for the students. This course is an excellent example of how co-production works and why it is important to work together when creating course or pieces of work. Each of us in the group have different skills we can share so we are constantly learning from each other. We work together in equal partnership on everything. I believe that co-production brings us together to make the best course we can for everyone. Each of us have different experiences and skills but when we come together and merge our ideas we create a picture like a stained glass window. Each piece of glass represents a staff member, volunteer, student or friend of the Recovery College, individually are great but when we come together we shine and thrive. We learn and develop together. That is what I love about co-production at the Recovery College.

Examples of Co-Production

How the Recovery College has coproduced

Co-developing projects in the Development group

The Digital Inclusion Project

Both the Development and Evaluation Coproduction Groups are made up of students, volunteers and a staff member with other staff members and external representatives attending on an ad-hoc basis.

The initial need for the Digital Inclusion Project was identified in a Recovery College Development Group meeting which then also included further “blue sky thinking” discussions and group decision making about the project aims and its potential scope.

Subsequent Development Group meetings focused on the detail and the group co-developed together in the meeting a process map, identified what resources were needed and created a project plan. Members of the group who were happy to complete aspects of work in between each meeting were designated with tasks. These tasks included identifying potential funding pots, example agreements, letters and helpful resources on using tablets and Zoom.

The group came together and co-authored the project documentation, correspondence and agreement during a number of Development Group meetings. A number of students authored “help/guide documents” for the project which were signed off and agreed by all in the meeting.

What does a good experience of a care plan discussion look like to me?



Treated with respect and as an individual, not being judged



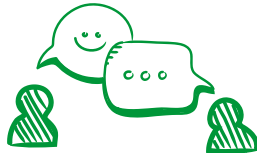
Listened to/body language – show empathy/sympathy, smile



Feeling in control, being included in all discussions, asking me what I think will help



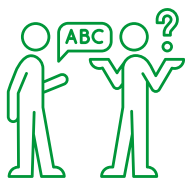
Feeling supported not patronised, ask me what matters to me and how my treatment is going, explain my choices



Acknowledgement of feelings, building rapport, reflect my answers back to me so I know you understand



Introduce who you are – your name, what's your role within my care, why you are here, what you can do for me



Don't use jargon or words that might be confusing



Talk WITH me not AT me



For assessments – how long will it take, what is it for

What does a bad experience of a care plan discussion look like to me?



Projecting negativity throughout the discussion



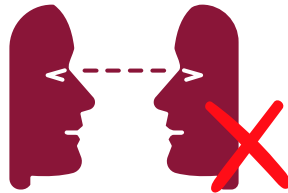
Not being listened to or heard or talked at



Being made to feel as if I am a nuisance and there are more pressing things you could be doing



Being dismissed or that I am a passive recipient of your care, feels rude



Poor body language, lack of eye contact



Showing a lack of compassion, empathy or sympathy



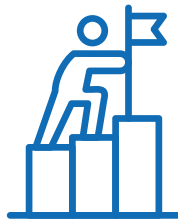
Feeling as though I need to sort everything in the time I have been allocated and therefore need to rush through the discussion

Care Plans

Building a care plan



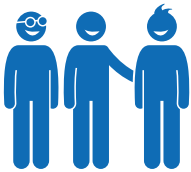
Build on my strengths, skills and things I enjoy doing, find out what is important to me



Make it individual to me, goals that reflect me as a person, who do I want involved?



Make it clear who is responsible for doing what in my care plan, who is going to see it and do what?



Involve me in the decisions to make sure they fit around my other commitments



Always promote hope, make it structured, clear language that I understand and can always refer to when I need to



Check I understand everything within it and what happens next, how will we know it is working?



I need to OWN my care plan....but I need your help to put it together

Mythbusters

Myth

Co-production is just another way of people being able to complain and tell us what we should be doing better?

Co-production does allow those involved to provide their negative feedback but also their positive feedback as well. Through this feedback we can work together and have a mutual understanding between everyone about the challenges faced. This can lead to more rounded co-produced services that meet the needs of our service users whilst working with staff and service remits.

Fact

Myth

People won't be interested if it doesn't affect their care

There are various reasons why people would participate in co-production, it may be because it directly affects a service they are using or may use in future. It could also be because they currently or have previously worked in a similar service themselves. But for many their decision to be involved will stem from a desire to help make a positive change for services and the people using them.

Fact

Myth

If you co-produce you have to do everything someone says

No, co-production places everyone on an equal footing and values the skills and experience of every individual. Everyone should be given the same opportunity to share ideas, thoughts and opinions, but this does not mean that every idea will be used. There will be instances where some ideas cannot be used/followed for various reasons.

It is important to ensure everyone feels involved and encouraged to participate during co-production, but to also be clear that not all ideas/thoughts shared during the process of co-production will be agreed on and implemented.

Fact

Mythbusters

Myth

Co-production is just a buzzword

Co-production as a word has existed for a long time, it is not a new idea; but its importance within the NHS has been recognised over recent years. Co-production is joint working with staff, people with lived experience and other organisations.

Co-production is an equal relationship between people who use services and the people responsible for services. It recognises that people with lived experience can provide valuable advice and expertise on services in a similar way to valuing the expertise of staff. Co-Production has to happen from the beginning, before any decisions have been made and when all parties involved are looking at it for the first time.

Fact

Myth

Co-production takes more time than it's worth

Co-production should be present for the whole process of a project, and it does require a time commitment from all participants if you are serious about co-producing. But good time management and planning ahead can mean this does not negatively affect the project. Time spent on good planning is key when it comes to co-production and ensuring you have already identified key partners. Spending time on what matters to people who use services means the project is more likely to be more used, effective, sustained and successful.

Co-production not only benefits the organisation, it also benefits all people involved and future users of these services. Participants may choose to be involved at varying levels and time frames to meet their personal needs, availability and share roles and responsibilities. As long as you ensure to include the voices of service users, carers, families and staff throughout the entire process, co-production is achievable. It does not require a person to ensure they attend every meeting/session, though they can if they choose to.

Fact

Myth

We have to do Co-Production every time

It's great to aspire to this ambition but not always possible. Some projects may have tight restrictions or deadlines meaning co-production is not possible but instead consultation or engagement may be possible.

Co-Production takes practice and learning from when you haven't quite got it right. But keep trying, it is so worth it.

Fact

Considerations Checklist

Consideration	Yes/No	Notes
Communication Needs		
<ul style="list-style-type: none"> • Is the text font style clear and large enough? • Are you using accessible language? i.e. no jargon, no acronyms • Do you require interpreters? i.e. different languages including British Sign Language • Do you have video or audio options to relay information? • Do you need anything in Easy Read? This can be accessed by visiting: https://www.easy-read-online.co.uk/ 		
Hybrid meetings		
<ul style="list-style-type: none"> • Are people able to join in person, face to face and by phone? • Can those joining virtually and in the room hear one another on the microphone? • Can those joining virtually and in the room see and hear each other without echo or background noise? 		
Timings		
<ul style="list-style-type: none"> • Have all group members agreed on the time and place of the meeting? • Have you included adequate breaks to allow for individual concentration and processing needs? • Do people have somewhere safe to wait if required before and after the meeting? • Are those with physical health needs able to access the location? 		
Information ahead of the meeting		
<ul style="list-style-type: none"> • Are any images/colours/paper used relatable and accessible for the task and those involved? • Are the images culturally sensitive? • Have you included an image of the location of the meeting? Perhaps from Google Maps • Have you included an image of the group leaders/facilitators who will be present? • Can you use muted colours rather than bold bright ones? • Have you considered the order of the items to be discussed so they have a logical flow? • Are there any collages or rotating banners that could distract someone? • Have you supplied information ahead of time for individual processing needs? • Have you considered the impact of any last minute communication and information changes? • Do all your group members know what they need in order to participate equally? 		
Sensory Friendly Environments		
<ul style="list-style-type: none"> • Are the light levels sufficient and adjustable? • Is there any strip lighting that could be making a noise? • Is the building culturally sensitive and appropriate? • Have you considered the acoustics of the room? 		

Helpful resources and additional reading

If you wish to find out more or discuss openly how co-production could work in your setting why not get in touch with the Co-Production Network who can provide you with helpful advice in a non-judgemental, free to talk space.



bchft.getinvolved@nhs.net

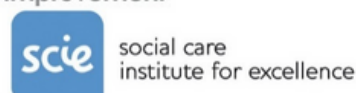


0800 587 7720

You may also wish to check out some of the resources below for further reading:

- A Co-Production model – NHSE, Coalition for Collaborative Care- Coalition for Personalised Care (<https://coalitionforpersonalisedcare.org.uk/>)
- What is Co-Production? – The Health Foundation Inspiring improvement (<https://qi.elft.nhs.uk/resource/what-is-co-production/>)
- Co-Production in practice guidance document 2018-2020 – Supporting the implementation of 'A national framework for recovery in mental health 2018-2020' - [CoProductioninPractice.indd \(hse.ie\)](#)
- [The Art of Co-Production - A Guerrilla Guide](#)
- 4Pi national involvement standards - [4Pi Involvement Standards - NSUN website](#)
- Black Country Integrated Care System – [Our approach to working with people and communities](#)
- Co-Production in Mental Health: Not just another guide - [Co-production in mental health \(skillsforcare.org.uk\)](#)
- Co-Production: what it is and how to do it - [Co-production: what it is and how to do it | SCIE](#)
- Lived Experience Influence and participation Toolkit - [co-production-web-pdf-061017.pdf \(mind.org.uk\)](#)
- [Best practice: How to involve autistic people in co-production](#)

With thanks to those also keen on Co-Producing





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