

# Practical approaches to co-production

*Building effective partnerships with people using  
services, carers, families and citizens*

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# Practical approaches to co-production

*Building effective partnerships with people using services, carers, families and citizens*

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**This document was co-produced with members of the Transforming Adult Social Care Co-production Group:**

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# Executive summary

## Approaches to co-production

Co-production is one of four elements which define successful change. The additional elements are defined as subsidiarity, leadership and system alignment<sup>1</sup>. It is clear that engagement of people who use services, carers, families and citizens needs to be a core element of all four change principles for genuine and sustainable change to be achieved. This document provides a brief overview of the different approaches to co-production and acknowledges the individual voices and approaches which exist in the co-production sphere. The content has been co-produced by a range of partners<sup>2</sup> who have shared their insights to highlight different aspects of co-production.

The document:

- considers the policy context within which approaches to co-production are being developed, in particular, in the NHS White Paper, *Equity and Excellence: Liberating the NHS*, the proposed Public Health White Paper, *A Vision for Adult Social Care: Capable Communities and Active Citizens* and the Partnership Agreement between government and the social care sector, *Think Local, Act Personal*.
- explores what we mean by co-production – it looks at definitions of co-production within health and social care and the principles underpinning co-production.
- highlights different approaches to involving people, including:
  - ensuring diverse groups can participate,
  - collaboration with user-led organisations (ULOs),
  - engaging carers in co-production,
  - working with citizens to create Participatory Budgets,
  - working with small social enterprises,
- summarises legal frameworks that support co-production, and
- provides examples of where co-production has worked well at different levels of the social care system.

This paper also links closely with accompanying DH briefing papers *Practical approaches to improving the lives of disabled and older people through building stronger communities*, *Practical approaches to safeguarding and personalisation* and *Practical approaches to market and provider development*.

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<sup>1</sup> Putting Patients at the Heart of Care: The vision for Patient and Public Engagement in Health and Social Care [www.dh.gov.uk/ppe](http://www.dh.gov.uk/ppe)

<sup>2</sup> See page 3 for list of contributors

# 1. Background and Policy context

## Background

The Social Care Institute for Excellence (SCIE) has provided a useful analysis of the history of the concept of co-production:

*“The term co-production itself dates from the 1970s, a time when movements to challenge professional power and increase citizen participation in community affairs coincided with efforts to reduce public spending. Academics in the USA in the 1970s explored how to harness more effectively the input of people who use services, focusing particularly on municipal services such as waste collection, parking, road maintenance and neighbourhood policing.”<sup>3</sup>*

This concept of ‘co-production’ is increasingly being applied to new types of public service delivery in the UK, including new approaches to health and adult social care.

## Policy context

The NHS White Paper, *Equity and Excellence: Liberating the NHS*<sup>4</sup> provides a strong platform for further development of co-production in health and social care with an approach which supports a stronger voice for people who use services and greater choice and control at all levels.

The White Paper sets out a vision where: “Shared decision making will become the norm: no decision about me without me” and highlights the view that improved healthcare outcomes can only be realised by “involving patients fully in their own care”. It also provides evidence that involving people in their care and treatment improves their health outcomes, boosts their satisfaction with services received and “can also bring significant reductions in costs, as highlighted in the Wanless report.”<sup>5</sup>

Social care environments have a strong history of supporting greater choice and control, in particular through the use of personal budgets and development of strategies to engage people at every level. In support of this approach, *A Vision for Adult Social Care: Capable Communities and Active Citizens* and the accompanying Partnership Agreement *Think Local, Act Personal* continues the themes of co-production and engagement.

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<sup>3</sup> SCIE Research briefing 31: Co-production: an emerging evidence base for adult social care transformation. [www.scie.org.uk/publications/briefings/briefing31/index.asp](http://www.scie.org.uk/publications/briefings/briefing31/index.asp)

<sup>4</sup> Equity and Excellence, Liberating the NHS [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353)

<sup>5</sup> One of the three future scenarios modelled in the report was a “fully engaged” scenario where patients and the public were more engaged in their health, contributing to significantly lower demands on the health service in the longer-term. Wanless, D., *Securing our Future Health: Taking a Long-Term View*, (2002).

*A Vision for Adult Social Care: Capable Communities and Active Citizens* is centred around a concept where choice, control and independence for service users should underpin all care and support. At the heart of government policy is a commitment to ensure that everyone should be valued as an individual, and should be actively involved in decisions about their care so that it best meets their, and their carers' needs. The commitment to engaging people is a core element of approaches to personalisation, prevention, plurality, partnership and protection.

In support of this, the renewed social care partnership agreement confirms that two key connected elements which must be delivered in achieving the change we want, are a community based approach for everyone and the personalisation of care and support. Evidently, engaging people who use services, their carers and families is an essential element of the approach needed to deliver the vision and co-production is integral to commissioning activity at all stages in the cycle, rather than an add-on or one off process.

The new challenge for people involved in co-production is to build on the clear mandate provided by the government to create a whole systems change in the way that support is designed, planned, commissioned and delivered so that a greater proportion of decision-making processes are led by people who use services, carers and communities. This provides a sense of urgency for organisations to fully understand the concepts of user and carer engagement and co-production and to take the steps needed to develop co-production strategies.

## 2. What is co-production?

This section looks at:

- Different definitions of co-production
- The principles and values which underpin co-production

### Definitions

There is no single definition of co-production; the concept represents a set of values and principles which have emerged over a period of time. Within the co-production umbrella we can find elements of engagement, participation, choice and control, and involvement.

Organisations seeking to build co-production into their organisational frameworks need to work with staff, users and carers to take the first step to define what co-production means for their organisation:

The definition included in the Department of Health's Personalisation Communications Toolkit was fully co-produced with service users and carers, with the following wording being agreed:

*“Co-production is when you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered.”*<sup>6</sup>

Other definitions of co- production:

- The Cabinet Office describes co-production as an approach which “Empowers citizens to contribute their own resources (time, will power expertise and effort) and have greater control over public resources to achieve a valued outcome”<sup>7</sup>
- The Office for Disability Issues highlights the importance of full involvement of disabled people “ensuring disabled people are involved at all levels, including the strategic, when you are producing your policies or delivering services.”<sup>8</sup>
- In Control who developed self-directed support models suggest that “To co-produce is to produce together. Almost everything that professionals attempt to do to help others can be better thought of as co-production. Co-production promises better outcomes by attending to the partnership that is necessary between the citizen and the professional in order to achieve those outcomes.”<sup>9</sup>

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<sup>6</sup> PPF Communications toolkit – [www.puttingpeoplefirst.org.uk](http://www.puttingpeoplefirst.org.uk)

<sup>7</sup> Cabinet Office 2009 [www.cabinetoffice.gov.uk](http://www.cabinetoffice.gov.uk)

<sup>8</sup> Office for Disability Issues [www.officefordisability.gov.uk](http://www.officefordisability.gov.uk)

<sup>9</sup> In Control, Citizenship in Health [www.in-control.org.uk](http://www.in-control.org.uk)  
[www.in-control.org.uk/site/INCO/Templates/General.aspx?pageid=1565&cc=GB](http://www.in-control.org.uk/site/INCO/Templates/General.aspx?pageid=1565&cc=GB)

### 3. Co-production principles and values

In many circumstances the actual process of defining co-production can help to build the networks and working relationships needed to deliver co-production. Adopting a set of co-production values can help co-production participants to better understand co-production theory and access the wider context of engagement and participation.

There is some consistency in the dialogue about the value base needed to support co-production. Research led by SCIE from a range of literature suggests it is possible to understand co-production on three different levels:

- Compliance
- Recognition and Support
- Transformation

#### Compliance

At the most basic level, people may experience a sort of co-production simply by complying with the requirement for services to have some productive input from users. A simple example of this would be a person taking the medication prescribed for an illness or attending a support planning meeting.

This minimum level of co-production in adult social care means recognising that services cannot be produced without input from the people who use them, even if that only means complying with services decided by other people. This sort of co-production offers little opportunity for control and change by people who use services.

#### Recognition and support

Co-production can be a way for providers to recognise and support the people who use services and carers, by acknowledging the importance of their input, valuing, supporting and harnessing the power of existing informal support networks and creating better ways for people to shape services.

This sort of co-production focuses on improving existing services with the help of more involved, responsible users, who are invited to make a greater contribution to the service. For example it may mean a more expansive role for groups of people who use services and carers in the recruitment and training of practitioners and managers.

However, the emphasis here is on creating mechanisms of support within the existing social care system and culture, rather than challenging and reforming it. Within this model people often still remain critics rather than creators of services.

## Transformation

At the transformative level, co-production means a more radical reform of social care systems and services – this is ultimately what needs to take place as part of personalisation. It is about transferring more power and control to people who use services. This can be through the development of new ways to plan, deliver, manage and govern services which are user-led in partnership with practitioners. It involves challenging existing cultures and forming new structures of delivery to embed co-production, rather than occasional consultation and involvement which doesn't necessarily result in fundamental change. In this way co-production is the whole process rather than a 'bolt-on' solution.

A set of principles developed by the New Economics Foundation highlights four core values underpinning the co-production approach:

- Recognising people as assets
- Valuing work differently
- Promoting reciprocity, giving and receiving
- Building social networks

### Recognising people as assets

This involves transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services. The approach transforms the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively supports them to put these to use in their lives.

### Valuing work differently

When co-production works best the distinction between professionals and recipients, between producers and consumers of services, becomes blurred. Public service agencies become catalysts and facilitators of change rather than central providers of services themselves.

### Promoting reciprocity, giving and receiving

This involves offering people a range of incentives to engage, enable us to work in reciprocal relationships with professionals and with each other where there are mutual responsibilities and expectations.

### Building Social Networks

It is important to develop peer support networks which engage peer and personal networks alongside professionals and acknowledge that this is an effective way of transferring knowledge and supporting change.

## **Case Study – Skillnet**

Skillnet is a Community Interest Company whose aim is to support people with learning difficulties to make independent choices about their lives, and staff and people work together to develop projects and support networks which build on people's interests, skills and capabilities. Skillnet's work links into the wider community and through this relationship building find opportunities to integrate their activities within existing ones locally.

One of their projects is called Risky Business, and is an arts and drama group which is held each Friday in Sittingbourne, Kent. The group is led by people who use the service, and is supported by Skillnet support workers. There is a real sense from the group that they want to be able to have 'real jobs', rather than having to settle for what is considered the type of job that someone with a learning disability can do – in a charity shop, or for the cat sanctuary (when they talk about these jobs they laugh loudly among themselves – in scorn at the low expectations that other people often seem to have of them). Everyone in this room is eager and excited about developing their skills, looking for paid employment in a 'normal' job, living independently, socialising with one another and being able to be seen as 'people', not service users, clients or residents. Skillnet supports them to make links with potential employers, and a third of Skillnet's own employees have learning disabilities.

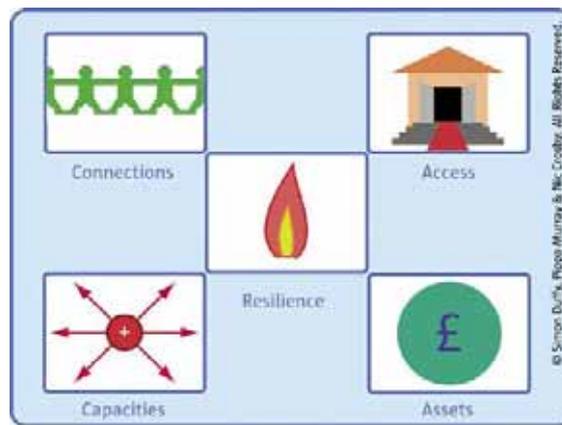
Carers and family members who come along to the group mention how happy they are to have found Skillnet. 'They look at what my lad can do', one says, 'rather than what he can't do. For the first time in his life outside his family, he is valued'.

For further information go to [www.skillnetgroup.co.uk](http://www.skillnetgroup.co.uk)

Co-production of public services involves people and professionals in the joint design and delivery of services. This can happen in a variety of ways, ranging from collaboratively identifying the strategic direction of services, through to one-to-one relationships between individuals and professionals shaping and implementing personal plans for a good life. Co-production occurs in the critical middle ground when user and professional knowledge is combined to design and deliver services.

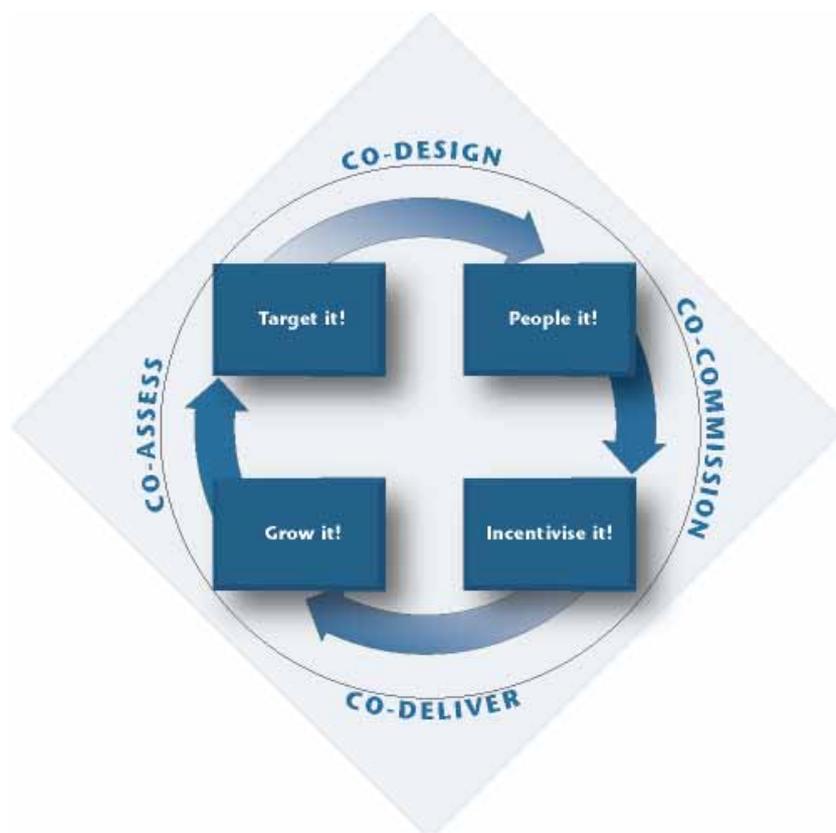
Reflecting the focus on an asset based approach, In Control takes the dialogue a step further by highlighting the concept of "Real Wealth" an important element of Co-production, in the context of self directed support. The approach acknowledges the wealth that individuals and communities bring to social care provision.

They confirm that, "The purpose of Self-Direction is to enable improved decision-making and a better relationship between people and the welfare state so that people have better lives as active and included citizens. It is clearly not a matter of just giving people money. People can be most impoverished when they have plenty of their own money but have no information, no confidence, no-one who cares about them and no-one to help them plan. Consider, for example, a frail older person who has sufficient money to choose where to live when they feel unable to live alone in their own home. They may have sufficient money but, if they have no connections or information about alternatives or available support, they may end up making choices that lead to unhappiness and worse health outcomes."



We need to see people as whole people in their whole context. It is important to recognise the strengths and assets that each individual and family bring to self-direction, not just their illness and finances. Equally, if we are to provide meaningful choices, we must take note of when people lack certain key elements of real wealth. For example, it is not useful to routinely offer the option of self-direction at a time when someone's inner reserves are run down through dealing with crisis. Alternatively, if we are sensitive to someone's whole situation, we can put in place support that enables choice and control being gradually taken up over a period that makes sense to that person.

A practical and innovative model from Governance International<sup>10</sup> highlights four steps to co-production, including co-design, co-commissioning, co-delivering and co-assessing services.



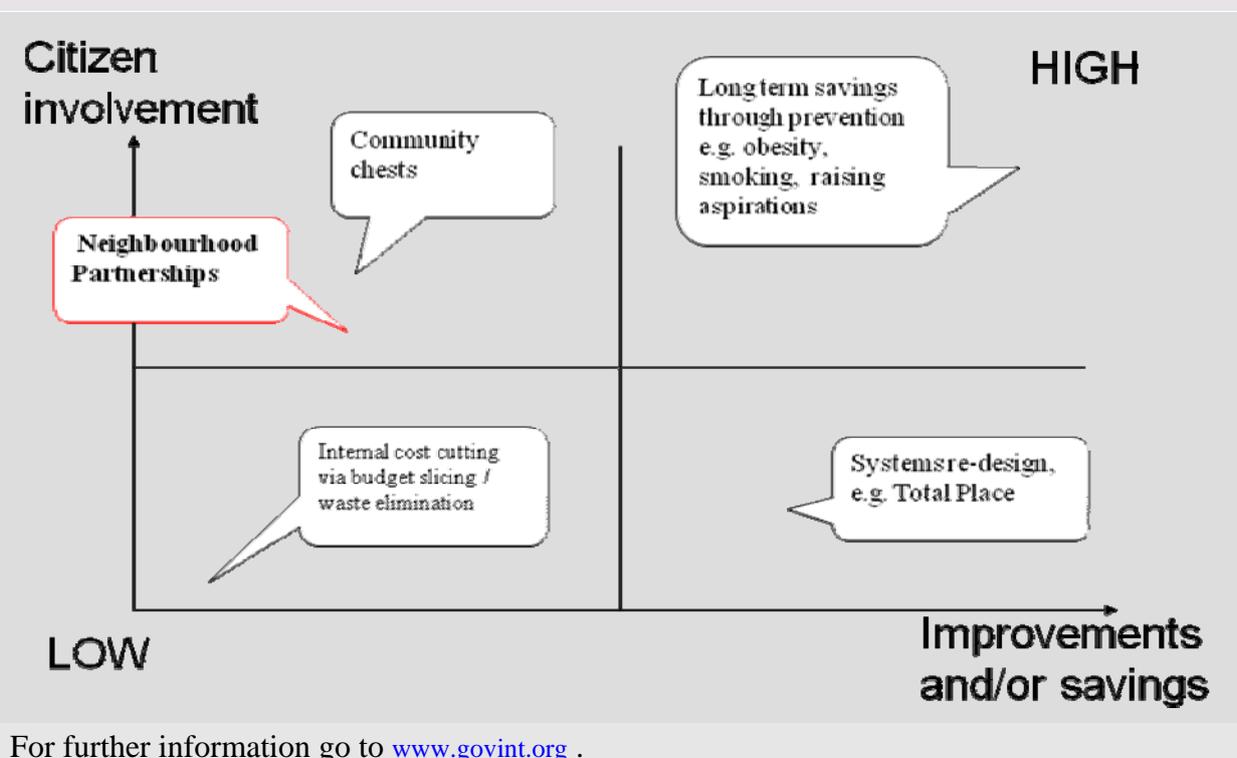
<sup>10</sup> [www.govint.org](http://www.govint.org)

The four steps are:

- **Target it** – focus on the services and issues where a move to greater co-production is likely to produce the greatest benefits in relation to costs;
- **People it** – focus on co-producing with those people who are most likely to achieve high priority benefits at low cost to the public sector, especially where those benefits go to those members of the community in most need;
- **Incentivise it** – focus on finding ways to ensure win-win outcomes for all users and members of the community who co-produce with public services
- **Grow it** – focus on finding ways to scale up the co-production initiatives by getting those involved to bring in other people and by promoting its imitation elsewhere.

### Case study: Co-production matrix in Bristol Partnership<sup>11</sup>

In a workshop with members of Bristol Partnership, Governance International used the four steps model to help the Partnership to identify key initiatives on which to target, where the potential gains were highest. To do this, Partnership members were encouraged to identify which of their initiatives were high in both engagement and effectiveness (in terms of improvements and/or savings). They highlighted preventative initiatives as particularly important in their Partnership at that time (early 2010). At the same time, Partnership members were asked to commit to initiatives in which they were willing to play a greater part – the ‘People It’ step in the model.



<sup>11</sup> Contact [Helen.ball@bristol.gov.uk](mailto:Helen.ball@bristol.gov.uk) for further information.

## 4. Who to involve?

Many organisations will have experienced situations where a few unique individuals carry involvement and engagement activities on behalf of the whole organisation. The following approaches to involving people will be explored:

- Ensuring diverse groups can participate
- Collaboration with user-led organisations (ULOs)
- Engaging carers in co-production
- Working with citizens to create Participatory Budgets
- Working with small social enterprises

### Ensuring diverse groups can participate

One of the challenges of achieving genuine co-production is to involve individuals within the context of wider family and community networks. Shaping Our Lives, a national user led organisation, has evidence<sup>12</sup> that the failure to fully understand issues of access are routinely cited by service users as the most significant barrier to inclusion.

*“Often access is interpreted in very narrow terms; particularly in physical terms of enabling wheelchair access; access for people with physical impairments. This kind of access is important and too often still is not ensured. But there is a lot more to access than this. Access means that every service user can be involved on as equal terms as possible. It is not only an issue about the environment and physical space, but crucially also about communication, culture and how things are done, so that everyone can understand and contribute as much as possible.*

*This is likely to mean the need for changes in how organisations work; how they do things; in enabling adequate and appropriate opportunities for preparation, in providing information, in making decisions. It will probably mean taking more time. However the benefits are that in many circumstances, making the situation more accessible for any individual improves the experience for everyone. At the heart of an effective access policy is a commitment to equality and respect; to seeking to value each person, their rights and needs; to ensure they can make their maximum contribution and most effectively get across what they want and for that to be addressed as far as possible.”*

Proposed actions to include policy and practice for access would be:

- Trust building

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<sup>12</sup> [www.shapingourlives.org.uk/Branfield et al 2006](http://www.shapingourlives.org.uk/Branfield%20et%20al%202006)  
[www.scie.org.uk/publications/guides/guide17/index.asp](http://www.scie.org.uk/publications/guides/guide17/index.asp)

- Co-producing an inclusive access policy
- Dealing with institutional barriers
- Ensuring meaningful support
- Including 'seldom heard voices' and challenging the idea of 'hard to reach groups'

In previous work carried out by Shaping Our Lives<sup>13</sup> it was noted that any attempt to construct a list of 'types' or groups of people who were deemed 'seldom heard from' would never be comprehensive. But it also became clear that the following groups and individuals were seldom participants:

- Black and minority ethnic service users, including service users from different cultures and who held different beliefs and people who did not understand English
- People who use residential services, including older people and people with learning difficulties
- People who communicate differently including people who are both deaf and visually impaired
- People with high support and complex needs
- Younger people, including younger people with experience of the care services

In addition service users in the penal justice system, refugees and asylum seekers, travellers and homeless people were seldom considered to have a voice.

The idea of 'hard to reach' places the emphasis and the problem squarely in the lap of the people to whom this label is attached. It must be noted that all too often these people are not 'hard to reach'. It is more likely that the problem lies with the inflexible methods of engagement used. For those groups of people who are more routinely excluded from taking part in any co-production initiatives new strategies and approaches to involvement need to be explored and fostered.

### **Case Study – Asian Welfare and Cultural Association**

The Asian Welfare and Cultural Association (AWCA), is a community-led organisation working to improve the quality of life for older Asian men and women in the Eastleigh area of Hampshire. The county has a high proportion of rural areas where BME communities can be dispersed or isolated.

Several older members of the Asian community in Eastleigh had approached Eastleigh Borough Council (EBC) and Hampshire County Council (HCC) to find out what support might be available for them in the local area.

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<sup>13</sup> [www.shapingourlives.org.uk/Branfield at al 2009](http://www.shapingourlives.org.uk/Branfield%20at%20al%202009)  
[www.shapingourlives.org.uk/consultations.html](http://www.shapingourlives.org.uk/consultations.html)

Gathering local community ideas led to the creation of a meeting space for Asian elders to gather, socialise, take part in activities, a lunch club (over 150 members) and to get information about health and local opportunities. They found the decision to work together was a straightforward one. Local community members had the will to come together and start a community group, and the local authorities involved had the resources and know-how to support the AWCA to get off the ground.

A Black and Minority Ethnic (BME) community development officer for HCC says in respect of working co productively “In Hampshire co-production is now seen as an essential part of service design and delivery. Active participation from those who require services in the design and delivery of those services is seen as the route to high quality, effective and appropriate services”.

“Although this may sound simple, ensuring that every participant feels confident to express their thoughts, ideas and concerns requires a good deal of ground work to be done to ensure that a relationship of mutual trust and respect can be built and maintained.”

AWCA have helped to create a sense of community amongst previously isolated individuals and have supported members of the community to get support when they need it. They have also helped bring about a much wider, positive attitude to cultural diversity in the Eastleigh area.

For further information go to [www.hants.gov.uk/bme-cdo](http://www.hants.gov.uk/bme-cdo)

## User-led organisations

User- led organisations (ULOs) are uniquely placed to support local authorities to fully engage in co-production. ULOs are run and controlled by service users, including disabled people with any impairment, older people, families and carers. Originally they were set up to promote giving people more choice and control over how their support needs are met. They provide a range of services including:

- Information and advice
- Advocacy and peer support
- Support in using direct payments/personal budgets
- Equality training
- Support to statutory agencies in fulfilling their equality duties.

ULOs are the authentic voice of service users. They hold strong values such as the social model of disability that defines disability in terms of environmental and attitudinal barriers rather than specific medical conditions. They understand how local service users experience services and what they need. Because they are based on direct experience, the voice of the ULO is often seen as the most legitimate and credible voice both from the perspective of other service users and statutory agencies.

The Department of Health has led on the project to support the development of ULOs in every local authority area by 2010 in response to the Improving Life Chances of Disabled People Report (2005).<sup>14</sup>

It has published a document setting out the benefits to local authorities of working with ULOs.<sup>15</sup> This sets out the importance of ULOs in delivering personalisation outcomes, reducing inequalities across health and social care, improving engagement and understanding, and being more responsive to the local community.

ADASS, LGA and NCIL (the National Centre for Independent Living) have revised the protocol which supports the development of Centres for Independent Living (now known as ULOs) and user led support services.

SCIE has also published an on-line tool to support commissioners in developing and sustaining local ULOs<sup>16</sup>. This recognises that:

- commissioners can help ULOs by creating a level playing field and making their processes more accessible
- commissioners can pump prime ULOs to support their development and can consider limiting tenders to supported businesses
- good procurement is not just about price but about meeting social objectives.

There are some excellent examples of where collaboration with ULOs has led to ground breaking changes in the way support is offered.

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<sup>14</sup> The Improving the Life Chances of Disabled People (2005) report made the commitment that: “By 2010, each locality (defined as that area covered by a Council with social services responsibilities) should have a user-led organisation modelled on existing CILs”.  
The Department of Health (DH) has led on this policy commitment with support from the Office for Disability Issues (ODI).

<sup>15</sup> Putting People first: working together with user-led organisations (Department of Health) 2009

<sup>16</sup> [www.scie.org.uk/publications/atagance/atagance15.asp](http://www.scie.org.uk/publications/atagance/atagance15.asp)

### **Case Study: Norfolk Collaboration**

A collaboration between Norfolk Coalition of Disabled People (NCODP), Norfolk Adult Social Services, Norfolk NHS and NHS Great Yarmouth and Waverney has led to the NCODP chairing the Joint Commissioning Board (JCB), and developing new ways of working to ensure that Personalisation is at the heart of commissioning arrangements in Norfolk.

NCODP reported ““We had equal standing on the JCB with a co-produced Terms of Reference that give a clear focus to the group and a joint understanding of the needs of all the partners””.

The JCB agreed that the work would be based around a unique social action research (SAR) project called; “To go up in a hot air balloon” led by NCODP. The project asked disabled people what their aspirations and goals were in life. The work found that disabled people wanted the same things out of their lives as non-disabled people and that they were frustrated at the obstacles they faced in achieving greater independence and control. As part of the ‘To go in a hot air balloon’ project the researchers were found from NCODP membership who worked as volunteer researchers (some of whom have successfully applied for a job with NCODP and are now in employment). Training and support was provided.

NCODP says working together like this has “positioned us into a strategic relationship with social services and health. We feel that this way of working has given our partners a changed perspective about disabled people creating a greater understanding of disabled peoples aspirations. Co-production works best when it starts at project outset. Disabled People’s Organisations are the key to ensuring co-production is meaningful”.

Jenny, one of the project researchers commented “To be frank I think that working in partnership is the only credible way to develop, design and monitor health and social care services”.

For further information visit: [www.ncodp.org.uk](http://www.ncodp.org.uk)

### **Engaging carers in co-production**

The ambitious vision of the National Carers' Strategy is that by 2018 carers will be universally recognised and valued as being fundamental to strong families and stable communities.

There are six million unpaid family carers in the UK, caring for relatives and friends who are older people in need of support, or who have disabilities, illnesses or substance misuse problems. 1.3 million care for 50 or more hours per week and two million people begin or end a caring role each year, so this is a far from static group.

One possible definition of “carer” would be “someone who co-produces social and health care”. They produce far more care and support than the state and will continue to do so under all current projections. The challenge is for carers to be brought into the centre of the development of co-production and community capital.

To ensure genuine co-production, professionals need to develop a supportive environment in which carers can operate. This would mean that organisations:

- recognise the value of family life and personal relationships to those who give and receive care
- work with all family members to co-produce emotional and financial sustainability for families
- ensure that those who need care and support can choose from whom they receive that support
- ensure that relatives, partners and friends are involved in care planning decisions that will affect their lives and can make free and informed choices as to the nature and extent of any caring role
- ensure that carers have easy access to the information, training and support they need to care in safety and confidence
- ensure that many carers’ voices are influential in the design and commissioning of a wide range of services and support processes.

There are a number of models emerging which point towards a different future for those couples and families touched by the care and support system. They are models which aim to engage carers at a number of different levels, ensuring that:

- carers are involved in the support planning of those they care for
- carers are involved in their own support plans and can pursue ordinary life chances
- carers can access peer support and support other carers
- carers contribute to local decision making

It is also important to ensure that carers benefit from personalisation by ensuring processes and practices (like resource allocation and support planning) properly take carers' contributions and circumstances into account. This includes recognising that carers may also be in regular employment; they may be caring for more than one person and they themselves may not be in good health. It is essential that professionals working with the person needing care and support also recognise and value the carer's contribution and provide the information, advice and, if necessary, training to enable them to be expert partners in care, as envisaged in the 2008 National Carers Strategy.

## **Case Study – Action for Carers**

Carers are one of the four main priorities for adult services in Surrey and the area has a focus on carer involvement in decision-making as part of the joint commissioning approach, which involves budget-pooling across health and social care. The Joint Carers Commissioning group is chaired by the Carers' Centre (Action for Carers Surrey). The centre is charged with involving carers in developing tenders for breaks and other support services for adult and young carers. Carers are also involved in the tendering process for the contract for delivering direct payments and other adult social care interventions which can affect carers directly or indirectly.

Action for Carers Surrey notes that it can be challenging to enable carers to attend strategic meetings. Expenses are paid, but no fee. The Carers' Centre's Action for Carers and Employment service offers training to carers in assertiveness, presentations and other enabling skills and runs a Carer Ambassador programme to “train up” carers to participate.

Action for Carers Surrey's 'Giving Carers a Voice' group, which feeds into local decision making processes, has meetings but also virtual membership for those who cannot attend. There is a regular online chat session which tackles a current topic and held in the evening to attract different groups of carers. This is being rolled out to each of the existing local groups to hold “virtual” meetings alongside their regular meetings. Views are also sought via an email network.

For further information visit [www.carersnet.org.uk/actionforcarers/afc.html](http://www.carersnet.org.uk/actionforcarers/afc.html)

When co-production becomes part of the fabric of the way an organisation works, this can lead to innovative approaches to decision making. Two examples of different approaches to decision making are highlighted here to widen the debate about how co-production can lead to the achievement of better outcomes for all. The New Economics Foundation have contributed information about participatory budgets and NAAPS have created a case example to highlight how co-production can support mutuality:

### **Engaging Citizens in Participatory Budgets<sup>17</sup>**

Participatory budgeting directly involves local people in making decisions on the spending and priorities for a defined public budget.

Participatory budgeting allows the citizens of an area (neighbourhood, regeneration or local authority area) to participate in the allocation of part of the local Council's or other statutory agency's (health services, police) available financial resources. The approach aims to increase transparency, accountability, understanding and social inclusion in local government affairs. The discussion applies to a varying amount of the local Council's budget and the actual processes used are developed to suit local circumstances.

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<sup>17</sup> [www.participatorybudgeting.org.uk](http://www.participatorybudgeting.org.uk)

In practice, participatory budgets provide citizens with information that enables them to be engaged in prioritising the needs of their neighbourhoods; propose and debate new services and projects; and set budgets in a democratic and transparent way. As the process becomes embedded it involves citizens being engaged in an annual budgetary cycle of setting priorities and budgets and monitoring the delivery of projects and services.

## What we mean by participatory budgeting

Participatory budgeting directly involves local people in making decisions on the spending and priorities for a defined public budget. These processes can be defined by geographical area (whether that's neighbourhood or larger) or by theme. This means engaging residents and community groups representative of all parts of the community to discuss and vote on spending priorities, make spending proposals, and vote on them, as well giving local people a role in the scrutiny and monitoring of the process and results to inform subsequent participatory budgeting decisions.

## Working with small social enterprises

Small social enterprises build the capacity of ordinary people in communities to take control and ownership of services, as well as to help co-produce them. They include examples of disabled people themselves starting to contribute to service delivery. In this respect they are also relevant to the concept of community capacity building. For example, Shared Lives<sup>18</sup> is a programme where someone is paid an allowance to include an older or disabled person in their family life. Shared Lives carers are paid a flat rate and contribute beyond what they can be said to have been paid for. These arrangements consistently result in those using the service gaining and adding value from and to their communities.

John had lived in residential care for most of his life and lost touch with his family. His happiest memories were of early childhood growing up on a farm. Through Shared Lives he was matched with a farming family and lives as part of that family on a permanent basis. He has been able to use his newly acquired farming skills to get work with a neighbouring farmer, is part of the neighbourhood watch scheme and gave a star performance in the annual village pantomime.

Micro-enterprises are often set up to be self-sustaining and can support specialist or diverse needs:

An older woman began supplying her elderly neighbour with a hot meal each day simply by adding a little to the food she was cooking anyway each day. This grew naturally, so that she was supplying several neighbours with food and they were contributing a small amount of money to cover her costs. They live within a Bangladeshi community, where meals on wheels can be perceived as not being culturally appropriate.

<sup>18</sup> [www.naaps.org.uk/en/shared-lives-membership](http://www.naaps.org.uk/en/shared-lives-membership)

It is appropriate for the council to advise someone providing food to vulnerable people on food hygiene and to visit their kitchen occasionally, but this should be a considerably lighter-touch approach to applying regulations than would be taken with a conventional restaurant or take-away business.

## 5. Co-production: The legal framework

Regulation can act both as a lever for engaging people or create unnecessary bureaucracy at the cost of improved outcomes. It is therefore important that co-production leaders are able to incorporate legal requirements for involvement as part of a whole organisational strategy to support co-production.

This section sets out some of the key areas of legislation and regulation on co-production in particular:

- The Duty to Involve
- Healthwatch
- Recognition and reward
- Equality Act 2010
- Right to Control

### The Duty to Involve

The duty to involve means local authorities must consult individuals, groups, businesses or organisations likely to be affected by their actions. This is a relatively new duty on public bodies to inform, consult and involve.<sup>19</sup> It took effect from April 2009.

Section 3A of the Local Government Act 1999 (as inserted by section 138 of the Local Government and Public Involvement in Health Act 2007) imposes a duty on all local authorities and best value authorities<sup>20</sup>, where that authority considers it appropriate, to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

The idea is that best value and local authorities must consult a balanced selection of the individuals, groups, businesses or organisations the authority considers likely to be affected by, or have an interest in, their actions and functions.

The duty is wide ranging and applies to the delivery of services, policy, and decision making. Authorities must not discriminate in the way they inform, consult or involve local people and must promote equal opportunities for people to engage and get involved.

The Communities and Local Government statutory guidance, *Creating Strong, Safe and Prosperous Communities* (2008) highlights key areas where Authorities should consider providing opportunities for *representatives of local persons* to:

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<sup>19</sup> [www.idea.gov.uk/idk/core/page.do?pageId=15391881](http://www.idea.gov.uk/idk/core/page.do?pageId=15391881)

<sup>20</sup> Best value authorities required to meet the new duty: Local authorities; National Park Authorities; the Broads Authority; Fire & Rescue Authorities; Waste Disposal Authorities; Joint Waste Authorities; Passenger Transport authorities; Transport for London; Greater

- **influence or directly participate in decision making** (eg in helping to shape local priorities via citizen panels, service advisory panels, neighbourhood management, participatory budgeting; citizen juries)<sup>21</sup>
- **provide feedback on decisions, services, policies and outcomes** (eg ‘have your say’ section on the authority website; service-user forums; petitions; and feedback forms being made available)
- **co-design/work with the authority in designing policies and services** (eg being involved in the commissioning of services)
- **co-produce/carry out some aspects of services for themselves** (for example having responsibility for the maintenance of a community centre; the transfer of the management of assets; communities taking part in ‘street clean up’ or environmental conservation work)
- **work with the authority in assessing services** (eg citizens acting as mystery shoppers, user evaluators and as co-opted members of Overview and Scrutiny Committees)<sup>22</sup>

## The NHS duty to involve

The NHS has had a duty to involve and consult people about changes to health services since 2003. The legislation placed a duty on some NHS organisations to involve and consult people when it comes to making changes to services.

The changes to the law introduced by the Local Government and Public Involvement in Health Act 2007 aim to make this clearer and a strengthened ‘duty to involve’ came into force in 2008.

The duty requires certain NHS organisations to involve users of services in:

- the planning and provision of services
- the development and consideration of proposals for changes in the way services are provided
- decisions affecting the operation of services

Under the updated law, certain NHS organisations also have to demonstrate how they have taken into consideration government guidance on the involvement duty.<sup>23</sup>

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<sup>21</sup> See also the sections on consultation as part of preparing the Sustainable Community Strategy and draft Local Area Agreement

<sup>22</sup> For practical information on involving people see [www.peopleandparticipation.net](http://www.peopleandparticipation.net).

<sup>23</sup> Real Involvement Working With People To Improve Health Services October 2008. Guidance for NHS organisations on section 242(1B) of the NHS Act 2006, the duty to involve and good involvement practice Includes guidance on sections 17A, 24A and 242B of the NHS Act 2006 and information about section 242A of the Act

## Healthwatch

Legislative provisions made in the Local Government and Public Involvement in Health Act 2007, include Part 14 which introduced LINKs, networks of local people and groups that will ensure local communities can monitor service provision, influence key decisions and have a stronger voice in commissioning health and social care.

The White Paper, Equity and Excellence, Liberating the NHS, proposes the setting up of a strong consumer champion for health and social care, to be called HealthWatch. The proposals suggest that locally, HealthWatch will build on existing Local Involvement Networks. Nationally, HealthWatch England will be established as part of the regulator, the Care Quality Commission. The new body will both directly represent the views of people when service decisions are being made and also help to hold services to account for the way they engage their users. Other changes proposed in the White Paper include strengthening the role of the Local Authority in overseeing the provision of health services and the setting up of local Health and Wellbeing boards. All of these changes, designed to increase democratic legitimacy in health, will support a co-production approach.

## Recognition and Reward

From a service user or carer point of view it is important that their contributions are valued and that they feel valued. Some may wish to be paid or have reward and expenses; others may choose to have no remuneration. What they all look for is:

- clear, upfront knowledge of what they are being offered, both reward and expenses, and their choices in receiving these;
- a mechanism for reimbursing these costs with as little bureaucracy as possible, and that whatever they are entitled to receive should be paid as quickly as possible; and
- support with securing hotels and rail tickets in advance where the financial cost is high.

Councils must have clear co-produced re-imbusement policies in line with the DH 2006 Guidance. These policies should be scrutinised to ensure that they comply in every respect with national legal frameworks, and align with local council policy. Councils should also be aware that the Department of Work and Pensions have made significant changes to enable user involvement, which sets the trend.

Legislation introduced in 2009 removed two significant barriers to involvement for service users who are in receipt of benefits:

- Service users who are paid for involvement may now be reimbursed out-of-pocket expenses without affecting their benefits. Reimbursements of expenses such as travel costs, necessary subsistence, child care, replacement carer, personal assistant etc and other expenses incurred because of involvement are now ignored.
- Service users who are involved may now decline an offer of a payment, or ask to be paid a lower amount or ask for the payment to be made to a charity, without 'notional earnings' being applied. Their benefits are unaffected.

The legislation only applies where the organisation is required by law to involve service users. Involvement with local authorities and NHS Trusts is covered. Involvement with NHS Research and charities is not. See the guidance to Jobcentre Plus staff.<sup>24</sup> DWP have confirmed that carers are also covered by the legislation where they are involved, even though the legislation does not directly refer to carers by name. See the DWP Equality Impact Assessment.<sup>25</sup> If a person needs help in deciding whether the new rules cover their circumstances they should contact a central team in Jobcentre Plus.<sup>26</sup>

## Equalities Legislation

The Equality Act 2010<sup>27</sup> brings together nine existing pieces of legislation into one law, with the aim of strengthening and simplifying the legislation around equality. The Act will have an impact on how services are delivered to service users. For example, the public sector will have a duty to have due regard to advancing equality of opportunity in relation to race, gender reassignment, age, disability, sexual orientation and religion or belief. This statutory duty currently applies only in relation to race, disability and gender equality duties. The duty will require public bodies to consider how their policies, programmes and services affect different groups in the community.

Public bodies can be brought to account before the courts if they do not comply with equality legislation. Public organisations, such as hospitals, councils and prisons, are required under existing equality law to undertake assessments of how their policies will impact on disabled people, ethnic minorities and men and women to ensure that existing or new policies do not unlawfully discriminate and also to look at how due regard might be had to the need promote equality of opportunity.

## The Right to Control

Under changes introduced by the Welfare Reform Act 2009, the Right to Control is being piloted, giving disabled adults a legal right to exercise choice and control over support they receive from the state through a number of funding streams. These consist of assistance provided under programmes known as Access to Work and Work Choice (formerly Specialist Disability Employment Programme) and non-statutory housing related support (known as Supporting People).

Legislation governing three other funding streams, namely the Independent Living Fund, Disabled Facilities Grants and Adult Social Care is being supplemented to enable those funding streams to offer equivalent flexibilities to the extent that they do not already do so.

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<sup>24</sup> [www.dwp.gov.uk/docs/m-37-09.pdf](http://www.dwp.gov.uk/docs/m-37-09.pdf) and <http://webarchive.nationalarchives.gov.uk/+http://www.dwp.gov.uk/docs/m-34-09.pdf>

<sup>25</sup> [www.dwp.gov.uk/docs/changes-payments-to-service-users.pdf](http://www.dwp.gov.uk/docs/changes-payments-to-service-users.pdf)

<sup>26</sup> <http://jobseekers.direct.gov.uk/homepage.aspx?sessionid=e26acee3-db7b-42c0-98d6-c35524de5b2d&pid=1>

<sup>27</sup> [www.equalities.gov.uk/equality\\_act\\_2010.aspx](http://www.equalities.gov.uk/equality_act_2010.aspx)

In general disabled adults in receipt of these funding streams can choose to have their support provided in the existing way, to have a different form of support arranged, take a direct payment and purchase their own support, or have a combination of these. Disabled people will work with authorities and local user-led organisations to ensure that their support plan focuses on the outcomes they want to achieve and how these outcomes can best be met using the funding available to them.

The Right will be tested in several Trailblazer areas for two years from December 2010 and a full evaluation will inform any decisions about wider roll out.<sup>28</sup>

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<sup>28</sup> [www.officefordisability.gov.uk/working/right-to-control.php](http://www.officefordisability.gov.uk/working/right-to-control.php)

## 6. Further Information

In addition to the information produced within this document, the Department of Health has produced three further papers which include insights into co-production within different policy contexts. An accompanying paper, *Practical approaches to safeguarding and personalisation* includes information about how organisations can work together with citizens to support co-production of safeguarding plans. Furthermore, *Practical approaches to Improving the Lives of Disabled and Older People through Building Stronger Communities* considers co-production in the context of the proposed Big Society programme, highlighting how community based initiatives have supported genuine co-production with people who use services, carers and citizens. Finally, *Practical approaches to market and provider development*, contains a chapter on "Strong Engagement" which confirms the importance of engaging people in planning, commissioning, tendering and procurement processes. It is envisaged that these Department of Health papers will further build in the existing mandate to ensure elements of engagement, participation and co-production are an essential part of service planning and delivery.

For further information see the Department of Health website [www.dh.gov.uk](http://www.dh.gov.uk) or [www.puttingpeoplefirst.org.uk](http://www.puttingpeoplefirst.org.uk)

If you have any comments regarding this document, please send these through to [socialcarevision@dh.gsi.gov.uk](mailto:socialcarevision@dh.gsi.gov.uk)