

Co-production: reality

What is really happening in co-production currently?

Co-production in the health and social care sector

The benefits of co-production are well known and understood across the health and social care sector. Working in partnership with people who draw upon services is identified as essential in the [Health and Care Act 2022](#), [NHSE Statutory Guidance](#), and the [COC Strategy 2021](#). However, co-production is not well defined in these guidelines.

There is a broad understanding and acknowledgement of the need for co-production amongst health and social care service providers. Despite this, there is confusion about co-production best-practice and inconsistency in co-production implementation.

During our 'Three Rs of Co-production' series of workshops, we heard stories of organisations that excel in utilising co-production as a highly effective tool which enables them to develop and implement fit-for-purpose services. We also heard examples where the commitment to co-production varies across senior management teams, resulting in employees sometimes needing to battle for the time and budget to co-produce well. In this document, we bring together the findings from these workshops.

Our aim is not to provide a definitive 'how to' guide, but rather a checklist of factors which promote effective co-production, through establishing a cultural mindset.

When does co-production work well?

The key difference between organisations that are successfully implementing co-production and those that are less effective is the depth at which the philosophy of co-production is embedded.

To enable consistent, effective and meaningful co-production, it needs to be firmly established and integrated at all levels, including:

Strategic:	Co-production is identified as a critical part of the organisation's mission and accepted as 'business as usual' for all development, evaluation and communication activities.
Senior management:	All senior leaders are equally and fully committed to co-production, have realistic expectations of the time frame needed to effectively co-produce, and are accountable for ensuring co-production takes place.
Co-production managers:	People implementing co-production have received full training so that they have a good understanding of co-production best-practice.
Finance:	The direct and indirect costs of co-production (such as payment for participants and additional staff payroll hours) are factored into budgets.
Communication and marketing:	Communication and marketing materials are co-produced, and strategic co-production is identified as an organisational key driver.

What goes 'good' co-production look like?

In co-producing their '[Reading Well for Teens](#)' reading list, [The Reading Agency](#) have demonstrated best-practice in keeping co-production at the heart of service development.

This includes:

- Commitment to doing co-production in the best way possible is embedded into the strategic development of the whole organisation.
- The time taken to co-produce is factored into planning and budgeting, with about four workshops taking place during a 16-18-month co-production process.
- Flexibility around event planning enables co-production to continue in changing circumstances (such as a pandemic).
- A variety of geographic in-person and virtual events are utilised to enable participation by as many people as possible.
- Several groups of people are involved in the co-production process: they meet at separate times and their input is collated and presented to other participants for consideration.
- Careful consideration is given to achieving the right balance of advice from 'experts' and people with lived experience.
- Third-party organisations are engaged as an avenue for contacting a wide range of suitable participants.
- Participants are involved in all aspects of production, including the development of the service as well as naming and producing marketing materials for the finished result.
- After the service is launched, participants are provided with promotional resources to enable them to act as ambassadors.
- A longstanding relationship is maintained, with participants often providing feedback on any subsequent issues which may arise.
- Being involved from start to end results in participants feeling really invested and passionate about the service.
- Post-development reviews enable continued learning and improvement of co-production protocols, which are continually evolving and have become very robust as a result.

We wouldn't be able to do our work without co-production. We need to know that the lists we are producing are approved by the people they are targeted at.

Amy Niven, (Programme Manager – Reading and Health)

A culture of co-production

The Coalition for Personalised Care's [Co-production Model](#) outlines the values and behaviours which are prerequisites for co-production to become business as usual:



A number of operational focus areas emerged during the workshops, which together form the basis of an effective co-production culture. The absence of these factors may hinder successful co-production.

These elements can be thought of as a 'co-production mindset' rather than a strict set of rules, which work best when adapted to each situation (with the aim always being to ensure that those impacted are genuinely offered a chance to influence outcomes).

The key focus areas are:

Planning.

- Get agreement from senior leaders to champion co-production.
- Factor in adequate time and budget for co-production activities.
- Identify areas of work where co-production can have a genuine impact.

Training.

- Train and develop staff and participants to ensure that everyone understands what co-production is and how to make it happen.

Implementation.

- Involve people from the very earliest stages of project design, through to the end and beyond.
- Build a culture of co-production into work programmes until it becomes 'how you work'.

Flexibility.

- Choose appropriate co-production activities according to each individual project.
- Enable capacity for working differently when required.

Participation.

- Use open and fair approaches to recruit a range of people who use health and care services, careers and communities.
- Take positive steps to identify and include under-represented groups.
- Develop protocols which enable all views to be heard and all participants to feel safe in expressing their opinions.
- Acknowledge the time and space required to develop relationships and trust between participants.

Recognition.

- Put systems in place that reward and recognise the contributions people make.
- Maintain long-term links with co-production participants so they can feel connected to and celebrate eventual outcomes.

Review.

- Regularly review and report back on progress.
- Implement learnings from every activity into future processes.

Accountability.

- Establish clear expectations and processes to ensure all relevant projects are fully co-produced.
- Circle back to senior leaders as accountable for co-production.

Resources

[Co-production: Representation](#) - C4PC event summary

[Co-production: Remuneration](#) - C4PC event summary

[The Big Conversation](#) - Community Catalysts

[Ask Listen Do](#) - NHS England

[Working in partnership with people and communities: statutory guidance](#) - NHS England

[Caring more than most](#) - contact.org.uk

[Co-production in practice: training](#) - the Recovery Academy

[Co-production Works: training](#) - Co-production Works

[Children and young people keyworkers](#) - NHS England

[Involvement of young people are central to developing key working in the Black Country: case study](#) - Black Country Healthcare NHS Foundation Trust

[What is the value of co-production?](#) - Co-production Collective