



# Coproduction Strategy

## Working Together in North Cumbria



**North Cumbria Health and Care Integrated Care Partnership**

2020-2024



This strategy has been co-produced with our community through the Working Together Steering Group and Community Alliances with the NHS in North Cumbria Health and Care, Healthwatch Cumbria and Cumbria Learning and Improvement Collaborative. This Strategy will sit alongside organisations' existing involvement policies and strategies

### **Working Together in North Cumbria**

#### **How have we developed co-production together?**

Co-production is when people are working together, identifying and sharing problems and seeking solutions. We know the NHS doesn't have all the answers and we want to harness the energy, ideas and enthusiasm of our community to help us tackle the issues that are challenging our services.

Services are better when the voice of the patient, service-users, the community and the staff running those services work together to shape the delivery of our health and care.

There are many definitions of co-production, including the leading Social Care Institute for Excellence (SCIE) <https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/> At the start of our attempt to work differently we described co-production as:

## **Co-production – a Cumbrian definition**

“ Co-production essentially describes a relationship between service provider and service user (and other members of the community) that draws on the knowledge, ability and resources of both to develop solutions to issues.

It is important that all involved are able to offer their views and opinions, and know they will be listened to.

It is the way we would like to build, support and improve our services using the input of all who have something to offer.

It should build on people's experience and insight, and all should be supported to take part in the process.

It may not be easy. Co-production can be hard work, but is well worth it. ”



There are many slightly differing definitions available – what is important is that everyone working on a project is in agreement about the aims and ways of working together from the outset of a project and this is checked through the process.

After the Healthcare For The Future consultation, health leaders promised to work with our communities to implement changes and improve and develop our services. It is open to everyone who cares about our services and wants to work constructively to develop them – but we acknowledge more work is needed to involve a broader range of voices with support to enable this where appropriate.

We are learning as we go about effective ‘working together’ and commit to developing, learning and improving. This doesn’t mean achieving a consensus every time – but valuing the diversity of opinion to reach a better position.

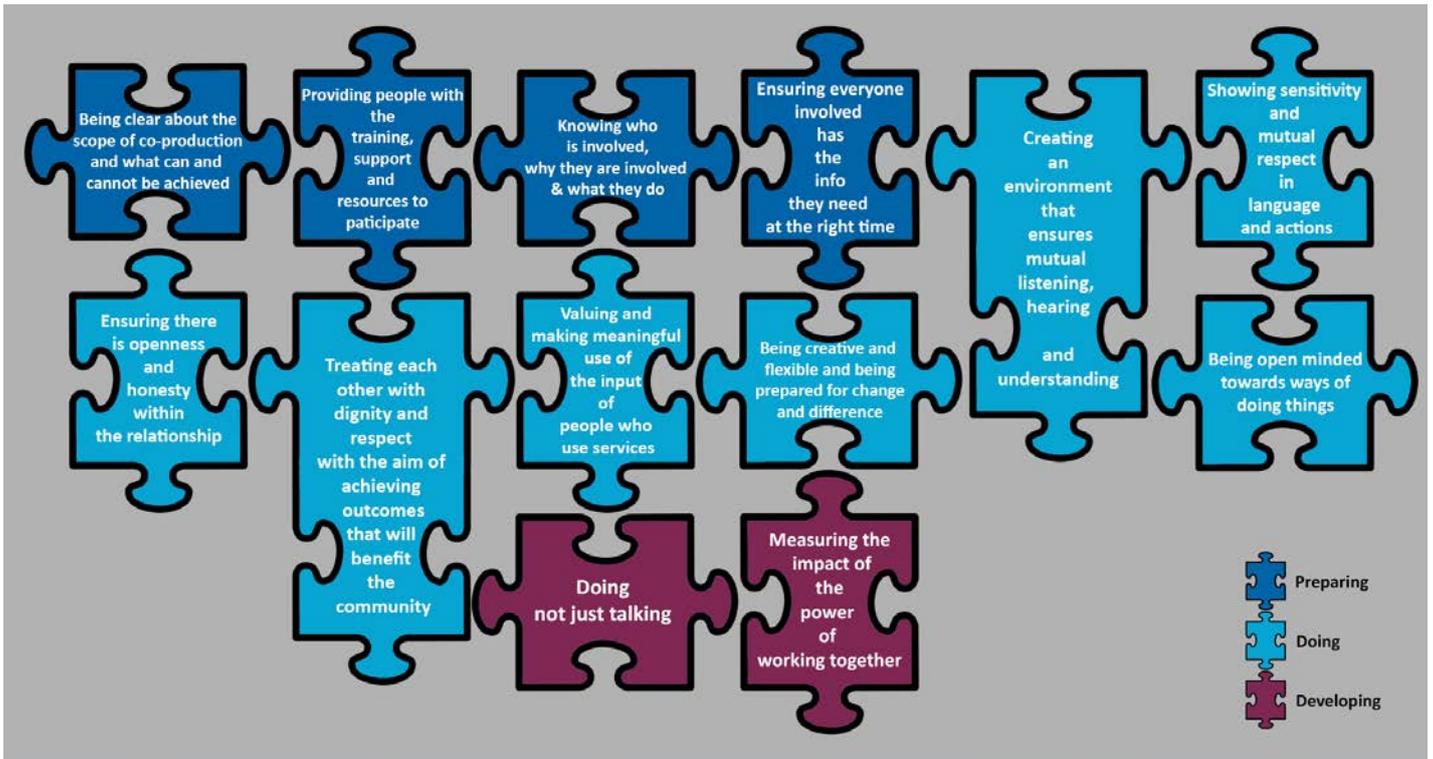
We have co-produced a set of principles to support this work with training to help all involved build confidence and the ability to influence how services develop.

The Cumbrian Way Towards Co-Production Principles are:

- Being clear about the scope of co-production and what can and cannot be achieved
- Providing people with the training, support and resources to participate
- Knowing who is involved - why they are involved and what they do.
- Ensuring everyone involved has the information they need at the right time
- Creating an environment that ensures mutual learning, ‘listening and hearing’, and understanding
- Showing sensitivity and mutual respect in language and actions
- Ensuring there is openness and honesty within the relationship
- Treating each other with dignity and respect with the aim of achieving outcomes that will benefit the community
- Valuing and making meaningful use of the input of people who use services
- Being creative and flexible and being prepared for change and difference
- Being open minded towards ways of doing things
- Doing not just talking
- Measuring the impact of working together

### **Who can take part?**

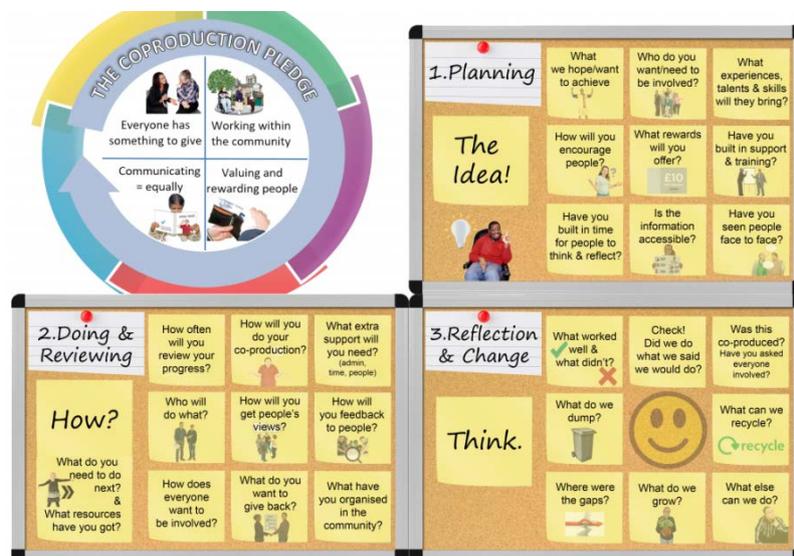
- NHS and care decision makers
- Users of NHS and care services – patients, staff, third sector, partners. We welcome anyone bringing a constructive approach



This information, along with bitesize training and useful resources and templates along with hits and tips can be found here:

[www.northcumbriahealthandcare.nhs.uk/making-it-happen/co-production/](http://www.northcumbriahealthandcare.nhs.uk/making-it-happen/co-production/)

As well as template terms of reference there are also community developed tools including this three stage A3 planner to think, plan and reflect created by young people and groups supporting those with additional needs. It was led by People First, Triple A, NHS North Cumbria Clinical Commissioning Group, North Cumbria Integrated Care NHS Foundation Trust and Cumbria County Council.



The Cumbrian Co-production Steering Group



Working with the system's Cumbria Learning and Improvement Collaborative (CLIC) this training is already embedded in our leadership and wider training.

### **How does this connect with the NHS Long Term Plan (LTP)?**

The NHS LTP (published in January 2019) is explicit about setting the environment where the service-users' voice is valued. This should involve the Third Sector, along with the voice of those delivering care at the frontline and those supporting service-users and their carers when they are outside primary, secondary and tertiary care, as well as service-users themselves and the community in which they live.

Understanding the drivers for change can not only reduce fear, but can also unlock valuable insight to improve the way services are used and experienced, and it is vital to changing the relationship the NHS has with partners and patients. Understanding how people experience services is a fundamental part of learning how to improve delivery.

A co-production ethos also supports a more productive environment in which change is planned, reducing confrontation by harnessing collaboration – preferably at an early stage.

It provides a space for mutual understanding – where the NHS can understand the community's concerns, fears and harness ideas and energy; where the community can learn more about the challenges and pressures within the NHS.

Already in Cumbria we have developed this way of working in sustaining consultant-led maternity services with co-production built into the governance framework around implementation.

Progress was assessed by an Independent Review Group of clinical experts chaired by Dr Bill Kirkup CBE, who said: "We have been impressed by the willingness of all concerned locally to engage in constructive dialogue about difficult issues and seek solutions, including particularly the Working Together Group. Some of the work undertaken in North Cumbria would be relevant to national policy on staffing, training, recruitment and other issues which affect service sustainability. Central NHS organisations have been slow to recognise that policies that fit well in metropolitan areas may not transfer elsewhere, and that resource and staffing may be different. It would be good to harness some of the local energy and experience to inform wider debates."

p.22 Bill Kirkup <http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2019/3-july/03-independent-review-group-%E2%80%93-maternity-report.pdf>

The LTP is also explicit in the need for the NHS to understand the expertise which already exists outside the NHS. It described working formally and informally with groups of all sizes, the importance of this changing relationship and commits to put this into action. It recognises the value of working with a broad range third sector partners who are often innovators and supporting the most vulnerable members of society.

*NHS LTP p 26 "The NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups. These organisations are often leading innovators in their field."*



NHS LTP p34 – “will also provide stronger foundations for working with local government and voluntary sector partners on the broader agenda of prevention and health inequalities. They will in turn be supported by expanded teams across groups of neighbouring GP practices who work together under the primary care network contract and with local NHS, social care and voluntary services, funded by the new Long Term Plan investment guarantee for primary and community services

Co-production is explicitly referenced in other national policies including the Better Births work launched in March 2017. West Cumbria Maternity Voices Partnership (MVP) is already a leader in this area nationally going back to the 2006 Maternity Review. Maternity & Neonatal improvements in the Long Term plan builds on the Better Births Plan with co-production in maternity and neonatal, safety, personalised care etc, embedded and resourced.

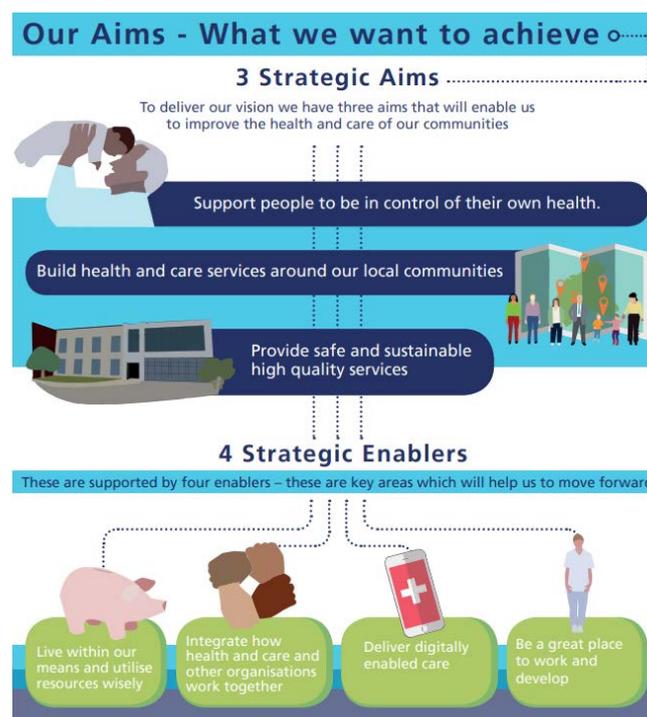
NHS LTP resource kit for Maternity and Neonatal p24 - “Co production is all partners collaborating in the review, planning and development of services, not simply consulted or informed once decisions have been made.”

Our MVPs are represented on strategic Local Maternity System Board and are well integrated with the implementation work for Better Births.

Co-production, collaboration and involvement is also referenced through Cumbria’s Health and Wellbeing Strategy and Cumbria’s Public Health Strategy and is a vital part of Cumbria County Council’s Thriving Communities approach.

### North Cumbria Health and Care Strategy 2020-2024

The strategy launched in February 2020 identifies three key objectives with four enabling ambitions. Each of these seven aims will require a collaborative and co-productive approach:





Working with, and involving, our community will help us:

- Meet increasing demand, making services the best they can be for the service-users and staff delivering them.
- Support increasing confidence to choose better and self-care and seeking support when appropriate
- Support the development of the personalisation agenda
- Build resilience around people their families and carers – because we know clinical interventions work better when the right support is in place.
- Support change in population health – promoting the prevention agenda through community networks. To have an impact on improving health outcomes the NHS needs to work outside its own front door.

As organisations change to support integration, strong co-production can support the statutory requirement to involve our population and community in shaping services.

### **What does the North Cumbria Health and Care Integrated Care Partnership value about co-production?**

North Cumbria Health and Care has acknowledged it doesn't have all the answers and has promised to involve people in understanding the problems and developing solutions together. Other organisations value the input of service-users and the community in shaping services and responses to challenges.

In actively choosing to work differently and collecting the learning from our experiences around maternity, community hospitals and stroke to develop a toolkit and training there is support available to everyone. It is already used in our leadership training programme.

### **Levels of engagement:**

Not every challenge will be suitable for co-production. That is why one of the key principles is to be clear about the scope of the issue being considered - and who and how – the outcome can be influenced.

It is important we recognise the 'ladder of engagement' and the most effective way of involving our partners and community and who and what can influence the outcome.



### **Our commitment from North Cumbria Health and Care:**

We will involve other parts of the health and care system, staff, service-users, Third Sector organisations and community groups in developing and improving services. We will endeavour to identify opportunities to broaden the involvement of service users in evolving services to ensure they are the best they can be and that wider involvement will encourage and build better understanding among our community. We will value fresh ideas and energy from inside and outside the NHS. The partnership will embrace involvement in continuous improvement.

We will lead this work through the Working Together Steering Group chaired by the Venerable Richard Pratt, Archdeacon of West Cumberland, working closely with our Cumbria Learning and Improvement Collaborative and Healthwatch Cumbria and the Third Sector.

People taking part - volunteering to improve and develop our services – will be encouraged to claim out-of-pocket expenses through the lead agencies' standard reimbursement policy. This will include expenses such as mileage, public transport fares, parking, and may include transport for those with additional needs who may need extra support to get involved.

We will share our learning with - and learn from – our colleagues across North East and North Cumbria Integrated Care System, and more widely across the country and across other sectors.

### **Our ambition**

To systematise co-production as the way we improve and make changes. This will mean a cultural shift to involving others. We will do this by:

- Requiring engagement and co-production to be demonstrated in business cases
- Highlighting the resources available to all staff and partners
- Broadening the reach of co-production training – already embedded in leadership training



- All leaders championing and role modelling the approach – endorsed by senior leadership
- Embedding co-production in Integrated Care Communities (ICCs)
- Encourage more people to get involved
- Link with existing groups such as Maternity Voices Partnership (MVP), patient and service-user groups, governors

We want to:

- Embed coproduction principles and practice across NC Integrated Health and Care Partnership
- Test the effectiveness and application of the Coproduction Toolkit
- Provide an evidence base for the effectiveness of coproduction including examples of improved service delivery
- Support the further development of Integrated Care Communities (ICCs) by embedding coproduction principles and practice within their leadership and delivery teams together with their populations by;
  - Identifying challenges to coproduction principles and practice and work with a range of people across and within the ICC to develop and test bespoke training approaches to address these challenges so that coproduction is embedded
  - Selecting service delivery areas which would benefit from a focused coproduction approach
  - Identify and address improvements together
  - Evaluate effectiveness of the coproduction approach in relation to the improvements achieved

In particular the work will aim to;

- Identify areas for improvement in service delivery and work with engagement teams to introduce coproduction approaches to address these
- Consider how learning from above and training can be embedded into mainstream ways of working and can inform existing training approaches

## **Leadership and structure**

The Working Together Steering Group demonstrates a flatter, more dynamic structure of leadership and support promoting and ensuring an equality of voice. It will provide the umbrella which shelters developing co-production.

It will:

- Identify and support projects
- Provide leadership to ongoing projects such as those around recruitment and retention, care at distance, telehealth



- Link with and support existing effective groups including the Maternity Voices Partnership
- Develop co-production in the ICCs
- Support the cultural shift required to move this to business as usual
- Identify and support a broader range of people to get involved
- Identify and support co-production champions throughout the organisations
- Monitor how co-produced projects develop and progress
- Role model 'letting go' so projects become business as usual – understanding the life cycle of this type of project
- Provide constructive challenge and relish opportunity

Information will be made available to all on the website and there will be an open door to those who want to get involved. <https://www.northcumbriahealthandcare.nhs.uk/making-it-happen/co-production/>

Steering group meetings will focus on connecting, supporting and monitoring progress.

There will be at least two open 'Conversation with...' events each year bringing together different projects, requests, groups and people to work on projects collaboratively. They will be held in community venues in accessible areas, near a transport hub.

We will link closely to the provider's Governor's Councils whose members engage with their community and involve them in emerging projects.

The process will utilise and value Healthwatch Cumbria's West Cumbria Community Forum and the Carlisle and Eden Community Forum.

We will feed back to the System Leadership Board through regular reports highlighting progress and challenges. We will also evaluate impact and progress.

It will require explicit senior commitment at the top with a named sponsoring executive at System Leadership Board, and a named sponsoring executive and non-exec board member at NCIC and the CCG's Governing Body to provide some support, trouble shooting and continuity to those giving their time.

We don't want to go back to a time when we didn't have these conversations and relationships – all those involved value this approach.

Julie Clayton, Head of Communications and Engagement NHS North Cumbria CCG – February 2020.  
Report co-produced with thanks to all those involved in the Working Together Group who contributed, challenged and improved our approach.