Co-Production: Developing an Understanding and Approach within NHS Southwark CCG

This paper is intended to take a first step towards establishing a clearer understanding of what co-production is, what it isn’t and what it can mean for future engagement within NHS Southwark CCG (Clinical Commissioning Group).

What is Co-production?
Below is a useful definition from Nesta as a starting point for our discussions. It is worth noting however, there is no universally agreed definition of what co-production is. It may be helpful to understand co-production by what it is NOT, which would include; Consultation, Volunteering and Individual Budgets.

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”

What is it about?
Co-production is an approach to ensuring that effective and long-term partnership is at the heart of services. It aims to bring together, in an equal relationship, professionals, users, communities and any other relevant individuals to jointly, design and deliver services.

Key Themes
- Builds relationships which bring individuals together as equal partners
- Recognises each individual as an asset, not just a consumer
- Potential to mobilise the vast resource that is the Southwark population
- Places all participants on an equal decision making level
- Requires professionals to become ‘facilitators’ rather than ‘fixers’

Essentially it is a process which brings together a range of people who are not ‘in’ the same organisation to collectively produce a service (something that is already happening in a number of projects in Southwark).
What might this look like?
This approach builds on the assumption that all parties have a central role to play. This recognises that each individual involved has a role to play and is able to bring unique and important skills, experiences and expertise.

Figure 1: Example contributions from parties involved

<table>
<thead>
<tr>
<th>Professionals</th>
<th>Service Users/ Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Resources understanding</td>
<td>• Lived experience</td>
</tr>
<tr>
<td>• Problem Solving</td>
<td>• Problem solving</td>
</tr>
<tr>
<td>• Decision making</td>
<td>• Decision making</td>
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<tr>
<td>• Previous experiences</td>
<td>• Fresh perspectives</td>
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Examples of how Co-Production has been used
Below are some examples, gathered through a brief literature review (see Appendix 1), of how co-production has been used across a range of settings.

Learning to Lead programme;
Students here take responsibility for running certain aspects of the school.

The whole school community is involved from the beginning of any process, and the model is kept going through teams formed and managed directly by students, including the development of a school community development plan.

A tool was developed for this to provide students with support to move them from being disengaged individuals who come into receive an education, to a vital resource in the co-creation of their education.

Nurse Family Partnership is a preventative approach, supporting first-time mothers in low income families.

Registered nurses are partnered with the family until the child is two. They don’t so much surround them with services, as engage with the abilities they find in the broader families they are working with, and their neighbours, in order to show what kind of behaviour works with the children – teaching as much by osmosis as by instruction. In practice, the nurses provide models for a relationship between parent and child, and these often cascade through the family.
Southwark example:

**Chard Community Justice Panel:** Incorporated some of the ‘best practice’ in restorative justice, but what was genuinely new was the way that it gave responsibility to local people, through interviews and hearings being done by local people who wanted to take part.

They deal with cases sent, not just by the police, but by local authorities and housing associations as well. The offenders have to accept that they are guilty, otherwise the police can’t divert the case out of the court system.

This deliberately blurs the distinction between professionals and recipients.

**Southwark Circles:**

Working with elders in the borough it is a service that harnesses their skills and resources. ‘Circles’, combines private, public and voluntary contributions to meet the needs of older people and their desires for practical help, stronger social networks and a renewed sense of purpose.

It works on the basis of creating a new kind of platform which is viewed as “a cross between a mutual, a social club and a concierge service. Circle makes it possible to increase the resources available, pooling public, private and voluntary resource.”

They looked at the question “How can a locality mobilise public, private, voluntary and community resources to help all older people define and create quality of life and well-being for themselves?” rather than “What can public services do to improve quality of life and well-being for older people?”

As a result people have become each others back up and solutions, assisting with everyday practical tasks as well as hobbies and interests to build contacts and communication.

On the following page are some brief examples of previous NHS Southwark CCG engagement activities to highlight the range of approaches employed.
Variations
As we have already seen, co-production is no single activity or piece of work. Moreover, co-production is an overall approach which is likely to comprise a mixture of methods or options which make up the engagement and participation practices. Within any NHS Southwark CCG co-production work it may be necessary to choose from a ‘menu’ of engagement practices available.

These varying methods or tools may fall within one of the existing areas of work below or indeed bridge across a number of them.

- **Co-planning** – Widely used in current structures
- **Co-design** – Already happens across a number of service areas
- **Co-delivery** – Not so easily identifiable at present
- **Co-assessment** – Partially used by partners

The diagram overleaf (Figure 2) is intended to help identify some of these potential options and what activities they in turn may relate to. At this point it has been produced along the lines of the commissioning cycle (as referenced in the CCG’s Communications and Engagement Strategy), again purely as a basis for thinking and discussions in this area.
The examples in Figure 2 are by no means exhaustive and there are likely to be other possible tools, techniques and approaches for a given situation. In particular we may consider possible design tools as can be seen on [www.servicedesigntools.org](http://www.servicedesigntools.org) where suitable and appropriate.

This site includes a diverse range of ideas and activities to deliver engagement work in alternative methods, many including visual (e.g. Wish trees, Storyboards) and practical tasks (Vox pops, Photo collages) as opposed to some more ‘traditional’ methods.

**Figure 2: It’s a Co-World out there**

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**Applying this model in Southwark**

The challenge we face in Southwark is beyond understanding and defining co-production, it is our ability to apply the thinking. This will require a shift in focus from segmented and individual pieces (of work) to a more fluid form, each linking into various aspects in a cycle of activity.
As a result, co-production should reach across each element of the ‘InHealth’ commissioning cycle (Figure 3). Although for this to happen effectively, it is likely to take differing forms at the varying stages (as shown in Figure 2) in order to meet a given need or circumstance.

**Figure 3: Where Co-Production fits into the Commissioning Cycle**

Taking this forward

In order to move ahead, NHS Southwark CCG is looking for direct input and support into these arrangements from local partners. Below are a series of initial considerations NHS Southwark CCG has about any next steps. Please share your thoughts with us on these points, as well as any further considerations and suggestions you may have.

**Considerations:**

- Agreeing a clearer ‘outline’ or ‘framework’ for what co-production means for Southwark CCG (and its local partners)
- Stakeholders are able to set out their views and aspirations for Co-production
- ‘Workshop’ session to bring together a range of relevant and interested parties to explore ideas and implications further
- Identification of potential projects or areas of work where this can be trialled
• Understand how the learning from this work will be gathered and reviewed
• Establishing how we can identify and measure the effectiveness of this work
Appendix 1: Literature review

Beyond Citizen Engagement; Involving the public in co-delivering government services. P.K. Kannan and Ai-Mei Chang.

Co-production for health: a new model for a radically new world. Building new approaches to delivery to achieve better health outcomes at a local level. National colloquium.

Public Services Inside out. Putting Co-production into practice. D Boyle, J Slay and L Stephens
