One world, many voices: co-production in action

Cristina Serrão

Tanya Lord

Helen Lee

What is meant by the term 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"

A model for co-production: NHS England and NHS Improvement and Coalition for Personalised Care (formerly Coalition for Collaborative Care) (2020)

This illustrates the aim of improving experiences of care by co-producing quality improvements together, within a total quality management system

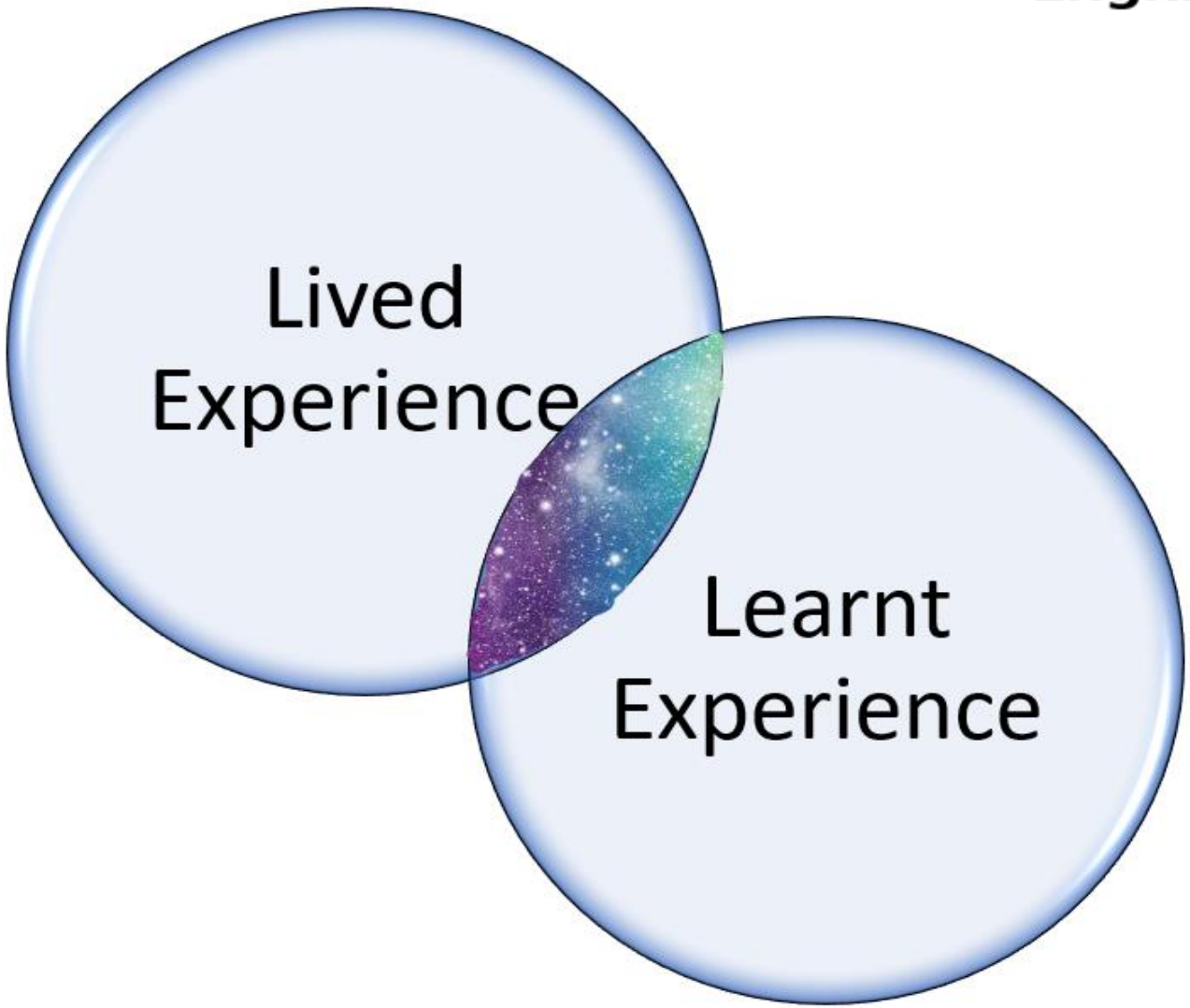
Co-production as one of several ways to work with people and communities

Graphic from: Working in Partnership with People and Communities. Statutory Guidance for Integrated Care Boards, NHS Trusts, NHS Foundation Trusts and NHS England, July 2022

A blended approach to working partnership with people and communities.

Being clear as to the rational and deciding that with people with lived experience

“But we all have lived experience of healthcare”



Doing things together in a new way

- Change working methods to make **co-production the standard approach**, ensuring people with relevant lived experience are partnered with programmes in your organisation and systems.

- **Sharing power** with people with lived experience to improve care together. Bringing both **'lived and 'learnt'** experience together to work in partnership.

- Understand that we all bring our own experiences and expertise, and **everyone's opinion should be valued and listened to**.

- Putting **'what matters' to people at the heart of every interaction**.

Creating a culture of co-production – top tips

- **Embrace partnership and collaboration** – visibly support co-production at all levels, including senior leadership role modelling and sponsorship.
- **Identify and amplify existing co-production cultures** in the system.
- Support **adoption of co-production approaches** like Always Events®, Experience-Based Co-Design.
- Promote **open and honest conversations** with all involved.
- **Support organisations and systems that amplify the voices** of people and communities.
- **Invest in partners with relevant lived experience and unpaid carers**, to ensure they have the knowledge, skills and confidence for meaningful contributions.

Creating a culture of co-production – top tips

- Consider **employing individuals with lived experience** to role model this way of working, making connections to build sustainability.
- Systematically **build capabilities** for both people with lived experience and staff - **learn together**.
- **Invest in communities to assess needs through networks** of community champions – **grow together**
- **Don’t assume** you know what people will say; **listen actively and be open and curious.**
- Embrace uncertainty – be **"comfortable with the uncomfortable."**
- Keep **communicating and moving forward**, despite challenges.
- **Reflect** on challenges **together** so that you improve together.
- **Celebrate successes** and share with others to help them learn too.

Experience Based Co-Design

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ATW HEALTH SOLUTIONS
Raising Healthcare's Standard

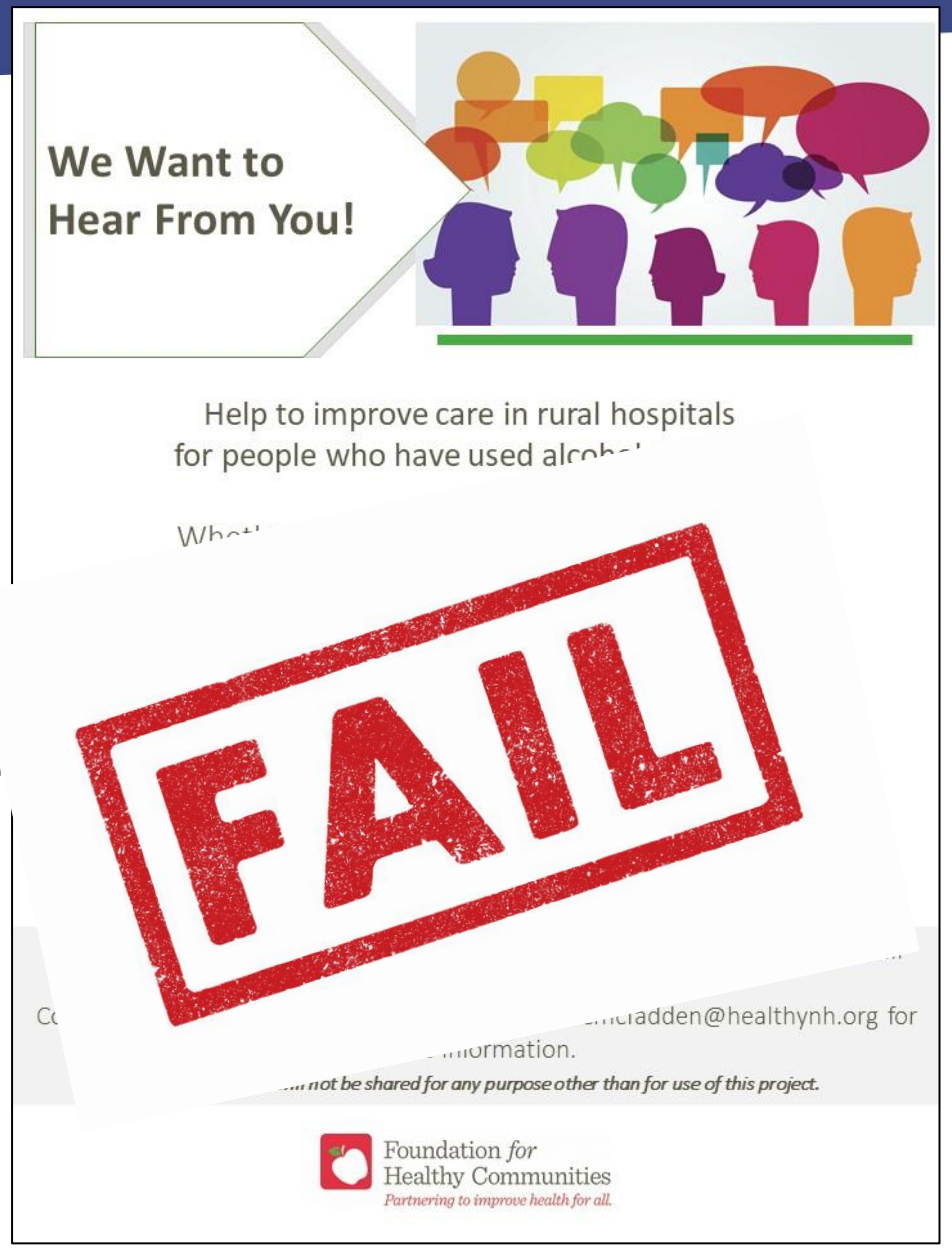
Experience Based Co-Design

1. Set up and planning
2. Staff and leadership focus group
3. Patient and/or family focus group
4. Co-design meeting
5. Co-design workgroup
6. Celebration Event!

What is Experience-based co-design? - Point of Care Foundation

Recruiting Patients

- **Strategy**
  - Flier development
  - Outreach by email, phone and social media
  - Shared with:
    - Governors Task Force
    - Director RCO meetings
    - Administrator at the Bureau of Drugs and Alcohol Se
    - Peer Networks
    - Family Support Networks



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Peer Champions

- Lived Experience
- A trusted:
  - Harm Reduction Worker
  - Peer Supporter
  - Member of other grassroots recovery organizations

BEST PRACTICE

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MY Own Lived Experience

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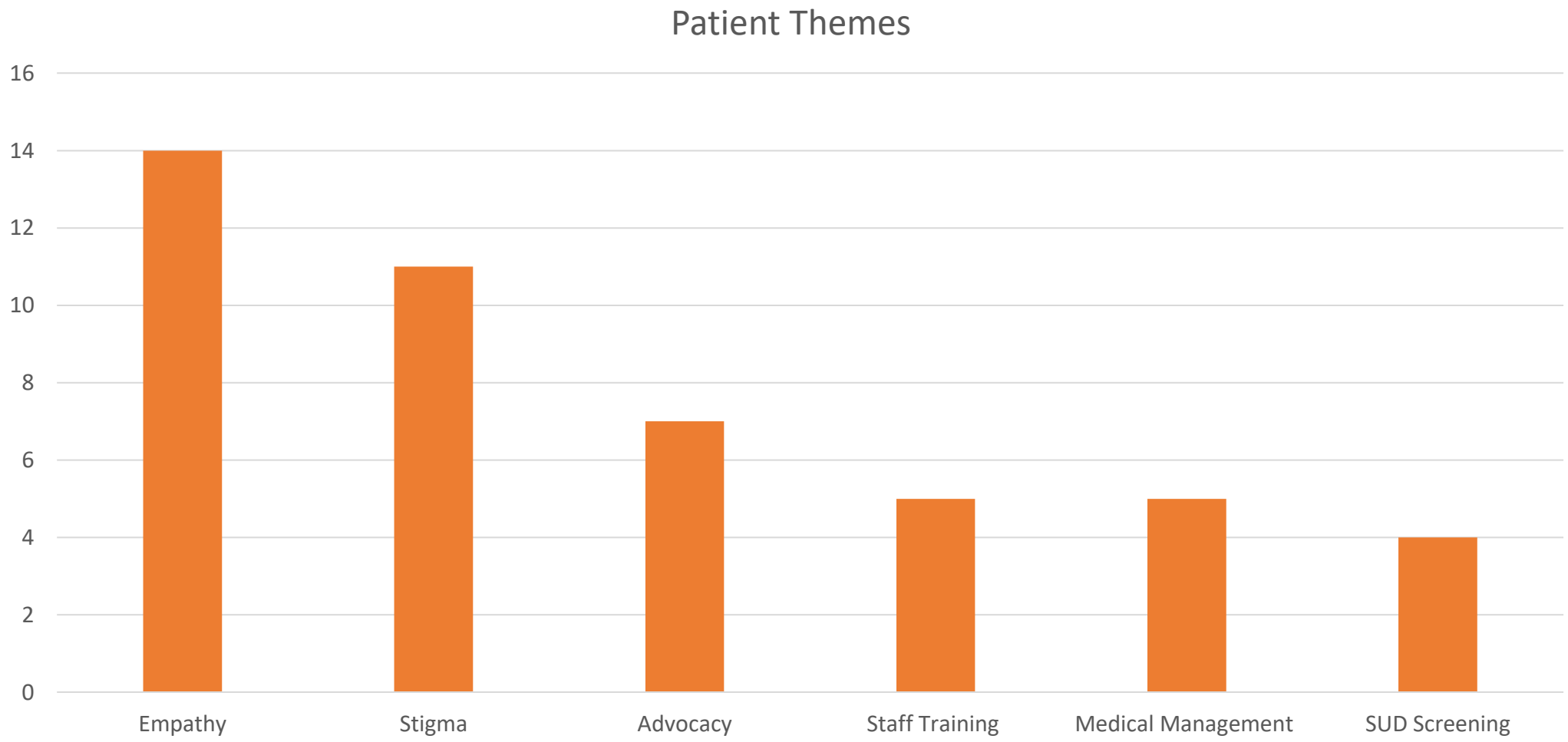
Patient Problem Statement Themes



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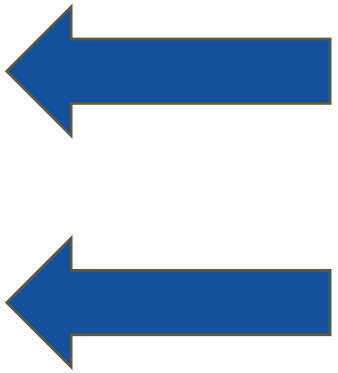
Staff and Clinician Problem Statement Themes

Hospital 1	Hospital 2	Hospital 3	Hospital 4
Community Resources	Community Resources	Community Resources	Community Resources
Patient Behaviors	Patient Behaviors	Patient Behaviors	
Medical Management	Medical Management	Medical Management	Medical Management
Empathy			Empathy
Staff Education			Staff Education
Compassion Fatigue			Compassion Fatigue
	Security Issues		
	SUD Screening	SUD Screening	
		Stigma	Stigma
		Insurance Issues	



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The Primary Finding: Patients

stigma

/ˈstɪgmə/

noun

1. a mark of disgrace associated with a particular circumstance, quality, or person.
   "the stigma of mental disorder"
   synonyms: **shame**, **disgrace**, **dishonour**; More

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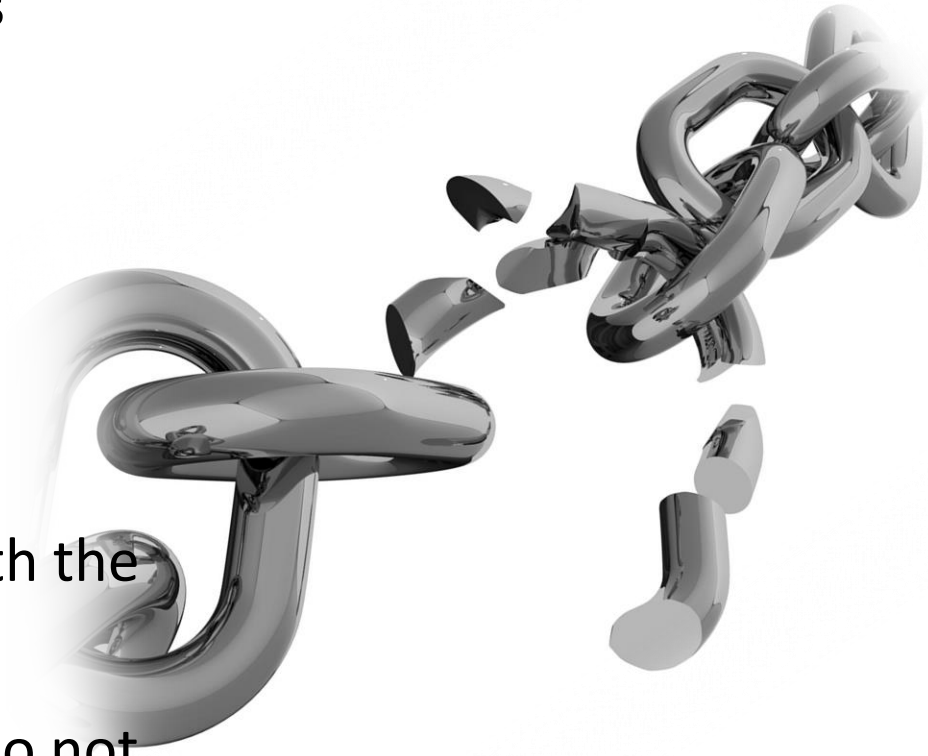
Stigma

- **Did not standout as the top results for all hospitals**
- **However….Survey Results:**



  - "They don't want to help themselves"
  - "They can't be trusted to tell us the truth"
  - "They lie 95% of the time and don't tell the truth the other 5%"
  - "Why are we spending money on people who do not want to be helped"

Stigma = Inequities

- **Stigma:**
  - Creates barriers to care
  - Creates reluctance to return or do follow up
  - Furthers distrust
  - Encourages leaving against medical advice
  - Endorses poor healthcare quality
  - Risks safety
  - Lessens the likelihood of seeking SUD treatment
- **Reducing Stigma is a Priority!**

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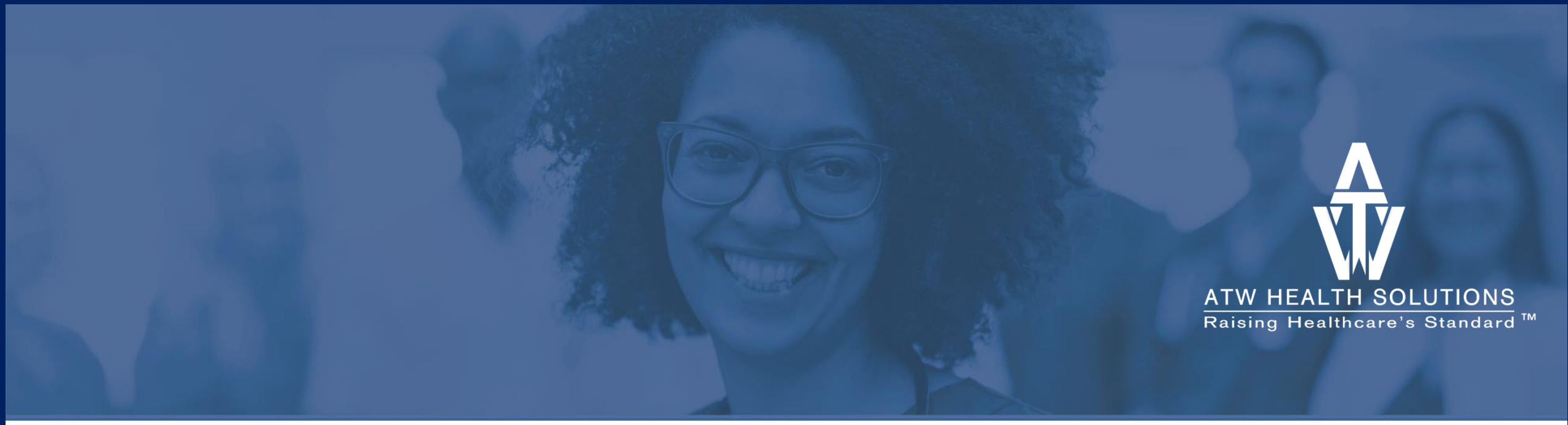
Sample of Solutions Generated

- Provide compensation and time for Anti-Stigma Training
- iPad for patients to fill out SUD screening privately
- When hiring consider diversity: ethnic, racial, personality, tattoos, hairstyles, piercings
- Have Therapy Dogs join for difficult conversations
- Create quiet space for staff to regroup and offer each other support
- Include patients and families in bedside rounding and shift change reports
- Include people with lived SUD experience on PFAC
- Develop a “Buddy Mentor” for Staff
- **Change the measure of success**



"It is OK to show love to your patients"

@SHSCFT

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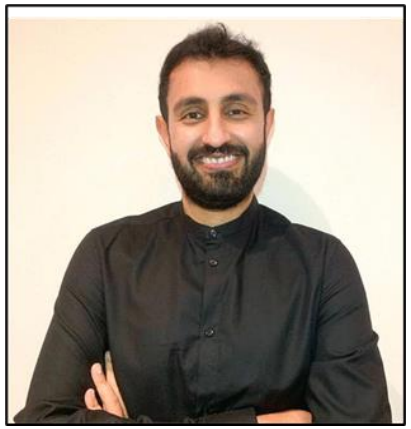
Expert by Experience

Chair of multiple groups



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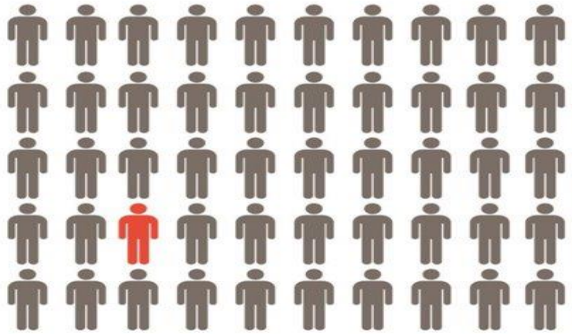

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Learning Disability Engagement and co-production

Engagement:
You said we will do

Ask Listen Do
Making conversations count

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Sheffield Health & Social Care: Learning Disabilities Services

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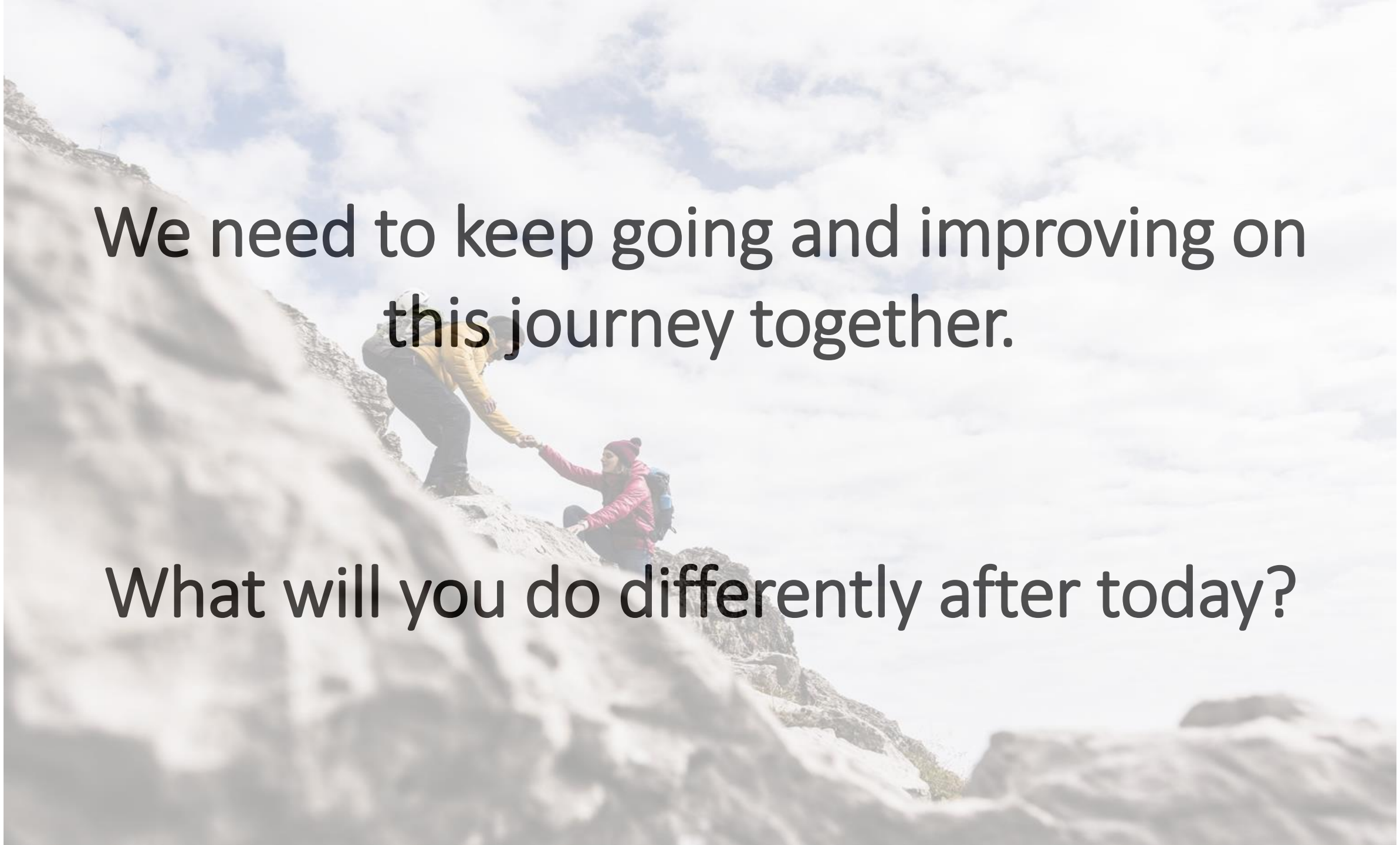

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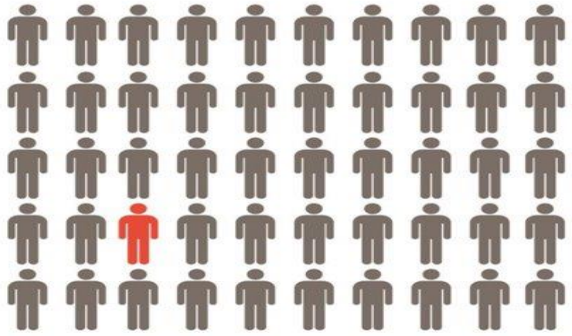

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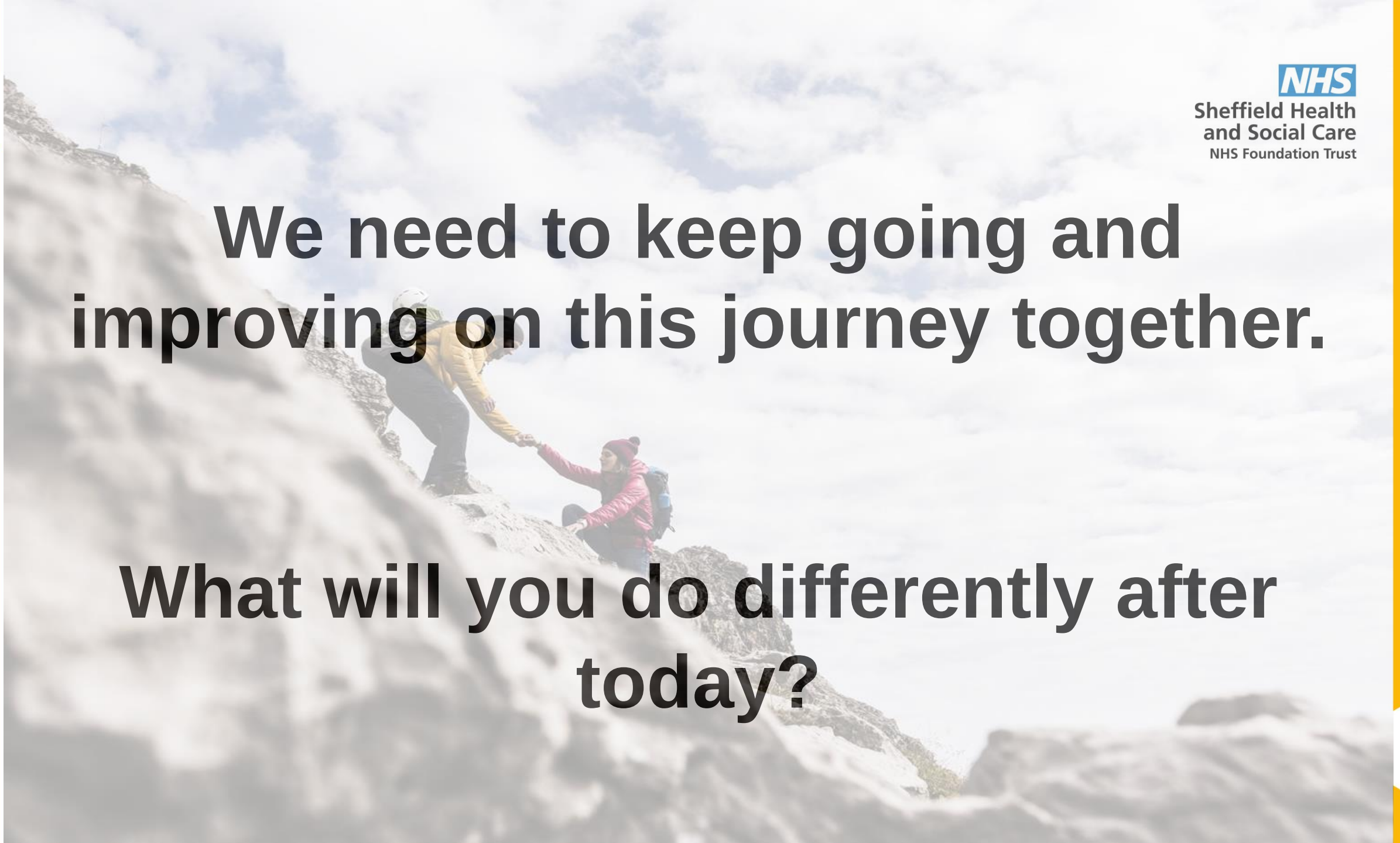

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