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Title of meeting: Health, Wellbeing & Social Care Portfolio meeting

Subject: Co-production

Date of meeting: 5th December 2022

Report by: Clare Rachwal

Wards affected: All

1. Requested by

Councillor Matthew Winnington, Cabinet Member, Health, Wellbeing & Social Care

2. Purpose

To update the Portfolio holder and spokespeople of plans and activity around co-production and how Adult Social Care involves those with an interest in our services in how those services are developed and delivered.

3.1 Background and Context

The 2021 Portsmouth Adult Social Care Strategy established for the first time locally a coherent and comprehensive approach to delivery of Care in line with the Care Act. The strategy recognised the need to move from a rigid adherence to eligibility criteria which saw increasing amounts spent on limited numbers of people to a wellbeing approach that encompassed prevention and sought to access the assets and strengths of the individual, their Circle of Support and their Community.

The health and social care system, like any system, is made up of many interdependent parts which come together to form a whole. Many of those parts represent people, those accessing support, those providing support, and leaders running and steering services. To not recognise the interdependence of all the parts, and how they function as a whole, is to not truly understand how the system works and how it is impacting on people. Designing and delivering support without as much participation as possible from the people who have experience of it is to only be considering part of the system, this way it can never reach its full potential.

We believe, that to meet the challenges of delivering the ASC strategy, power must be distributed more evenly between people who use services, those with lived experience,

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people providing assessment/support and leaders. We intend to move to a language of involvement and shared power which will help to achieve the required shift in culture.

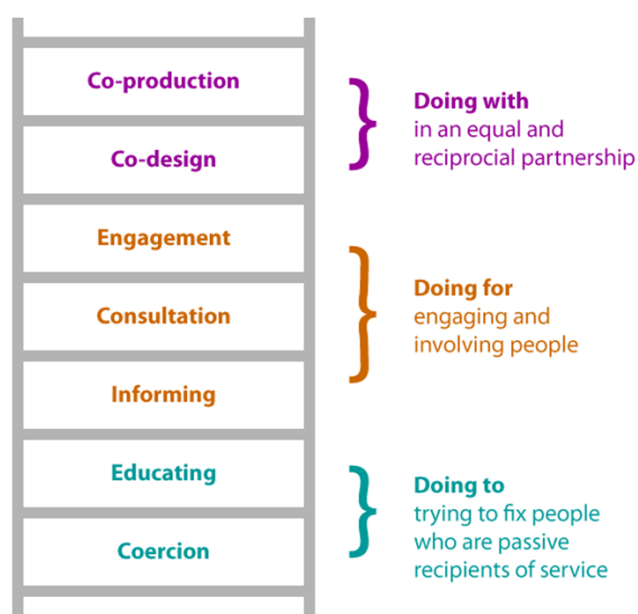
3.2 Legislative and Policy Context

- The Care Act 2014 states “Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community.”
- The Care Quality Commission, (CQC) Inspection – Key Themes around Person centred/Strengths based/Re-ablement all informed by co-production.
- ASC Strategy 2021-2025 – “We will aim to start from a position of assuming **full co-production** and determine what is realistic and meaningful in each circumstance.”
- [Working in partnership with people and communities](#) is new statutory guidance for integrated care boards, NHS trusts and foundation trusts and policy for NHS England. It supports them to meet their public involvement legal duties and the new ‘triple aim’ of better health and wellbeing, improved quality of services and the sustainable use of resources.
- The South-East branch of the Association of Directors of Adult Social Services, (ADASS) have recently produced a guide to co-production in partnership with the Institute of Public Care it "aims to provide the region with an overview of what co-production is, how it can be done and what benefits can be achieved if fully considered when making any decision, under our public duty, to support local people."

3.3 What is co-production?

Think Local Act Personal (TLAP) have produced a Ladder of Participation which is a useful tool for thinking about how we work with people in how we deliver and develop services.

Co-production is right at the top of the ladder, it is important to acknowledge that full co-production isn't always possible or even appropriate however we will be striving to be as far up the ladder as possible in all our engagement and participation work.



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Co-production core principles include:

- Recognising people as assets: equal partners in the design and delivery of services;
- Building on people's existing capabilities: co-produced services start with people's capabilities (not needs) and look for opportunities to develop them;
- Mutuality and reciprocity: co-production is about a mutual and reciprocal partnership;
- Peer support networks: peer and personal networks alongside professionals;
- Blurring roles: blurring the distinction between professionals, users, family members, community representatives;
- Professionals as catalyst of change: Enabling professionals to become facilitators and catalysts of change.

Co-production can also be thought of in terms of shared power. Shared power does what it says on the tin, it is about moving away from hierarchical top-down decision making and 'doing to' and moving towards shared, collaborative decision making with lived experience at the centre of the decisions that are made. It values the strengths, skills and expertise of all participants whether they be people using services, carers or staff at all levels of the organisation.

4. Priorities

There is much activity taking place across ASC currently at all levels of the Ladder of Co-production from the 'Educating' rung upwards. Pockets of good practice include:

- Activity undertaken by the Integrated Learning Disability Service who consistently involve people with lived experience in recruitment, commissioning and outreach activities.
- The Portsmouth Autism Community Forum is an independently led group of people with lived experience and professionals which is supported by ASC, all the activity of the forum is co-produced.

Given the breadth and diversity of service areas across ASC it is not unexpected that there is currently a lack of consistency in what co-production activity is taking place. We are confident that through the work detailed below we can achieve more consistency and establish a range of creative approaches which will help change our culture.

A Co-production and Engagement Strategy will be produced following an initial phase of activity and refining of priorities.

Operational priorities for the next 6 months include:

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- Recruitment - the involvement of people with lived experience will be embedded into the ASC recruitment process - in order to achieve this a how to guide will be produced with training and support provided to recruiting managers.
- Support to teams - all ASC Teams will be provided with a session run by the Engagement Lead exploring what engagement and co-production activity happens now, where there are opportunities to undertake more of this work and what teams need to achieve this.
- Workforce Development - starting with a Staff Live event on the 16th of November a programme of workforce development will take place to support and inspire staff. This programme will be developed in response to what staff ask for so will be shaped through the conversations with teams and the staff live event.
- Establish a payment for involvement process in line with the Hampshire, Isle of Wight, (HIOW) Integrated Care Board, (ICB) 'Payment for Involvement' policy.

Strategic areas for development over the next 6-12 months:

- Quality - transforming how we monitor the quality of our services by involving a much wider range of people in all related activities reaching across services and working outside of traditional hierarchies; examples include Senior Managers seeking individuals experiences first hand, teams conducting deep dives to understand more fully how services are experienced and volunteers with lived experience supporting quality monitoring and auditing.
- Commissioning and Contracts - we aspire to full co-production in key commissioning and contract monitoring processes from understanding gaps in service provision to drafting service specifications
- Achieving culture change - We acknowledge that the change from rigid hierarchy to shared responsibility may take time to achieve and that consistency and support for all involved will be key.

5. Links to Corporate and ICB

The interest in co-production across the public sector has grown significantly in recent years "This interest reflects the widespread acknowledgement that the citizen has a vital role in achieving positive outcomes from public services." [SCIE Guide to co-production](#)

With Social Care as a key partner in Integrated Care Systems at both System and Place level we have made efforts to engage and align with ICS colleagues through the HIOW Involvement Network and through existing partnerships with colleagues at Solent NHS Trust, Portsmouth Hospitals University Trust, Primary Care and Healthwatch.

Corporately ASC has worked in tandem with the PCC Community Engagement and Inclusion Programme Manager, the PCC Research Manager and the Public Health Research Development Lead to ensure that collaboration, aligned approaches and shared learning are at the centre of everything we do. We are committed to extending this network and further developing shared approaches to ensure that duplication around

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engagement work is limited and PCC residents can access services that are person centred and as coherent as possible.

6. Next steps

The activity described in the 'priorities' section will form the majority of activity over the next 6 months with a strategic plan to be developed and co-produced with staff, people with lived experience and partners.

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Signed by (Director)

Appendices:**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location