Centre for Innovation
in Health Management

UNIVERSITY OF LEEDS

Defining Co-production

Becky Malby 2014

"Co-production is a process that involves people in the design and, crucially, in the delivery of the services they enjoy"

RESEARCH BRIEFING

31

March 2009

Co-production: an emerging evidence base for adult social care transformation

Co-production can be…

1. A **description** of how services rely on productive input from users
2. A way of **recognising** the input that people can make to the design and delivery of services
3. A **transformation** of design, delivery, management & governance of services

Defining Co-production

"Co-production is a process that involves people in the design and, crucially, in the delivery of the services they **enjoy**"
Martin Bontoft – coproduction.org

"Co-production – people who use services contribute to the production of services"
Needham, 2009.

"[co-production is] about broadening and deepening public services so that they are no longer the preserve of professionals or commissioners, but a **shared responsibility**, both building and using a multi-faceted network of **mutual support**"
nef co-production manifesto, p. 10

Defining Co-production: the New Economics Foundation's View

"Genuine co-production will always:

- Define public service clients as **assets** who have skills that are vital to the delivery of services
- Define **work** to include anything that people do to support each other
- Include some element of **reciprocity**
- Build **community** (sustainable networks of support)
- Support **resilience** (opportunities to take risks and learn)"

nef co-production manifesto, p. 16

Defining Co-production: Motivation for the Co-creating Health Programme

"Increasing evidence shows that engaged and informed patients achieve the best health and quality of life. They are more confident and better prepared to manage their condition – and are often more **inspired** to work with health professionals toward achieving shared health goals."

Co-creating Health Briefing paper, Health Foundation, May 2008, p.1

Co-design v Coproduction

The difference between co-design and co-production is that co-design addresses the problem and a solution is identified whereas co-production embeds the solution into reality. Co-creation is identified as the way in which both of these are addressed

McDougall, 2012.

6 Principles of Coproduction

Assets: Transforming the perception of people from passive recipients to equal partners.

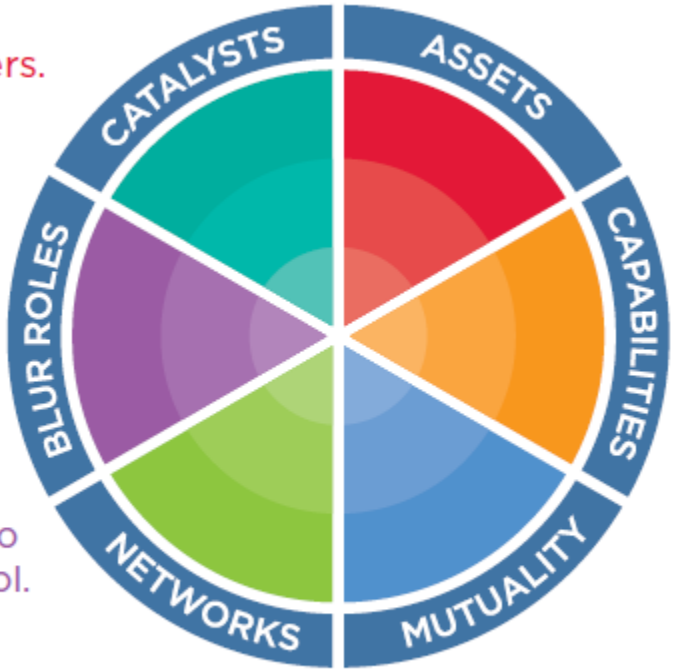
Capabilities: Building on what people can do and supporting them to put this to work.

Mutuality: Reciprocal relationships with mutual responsibilities and expectations.

Networks: Engaging a range of networks, inside and outside 'services' including peer support, to transfer knowledge.

Blur roles: Removing tightly defined boundaries between professionals and recipients to enable shared responsibility and control.

Catalysts: Shifting from 'delivering' services to supporting things to happen and catalysing other action.



4 clear steps in coproduction

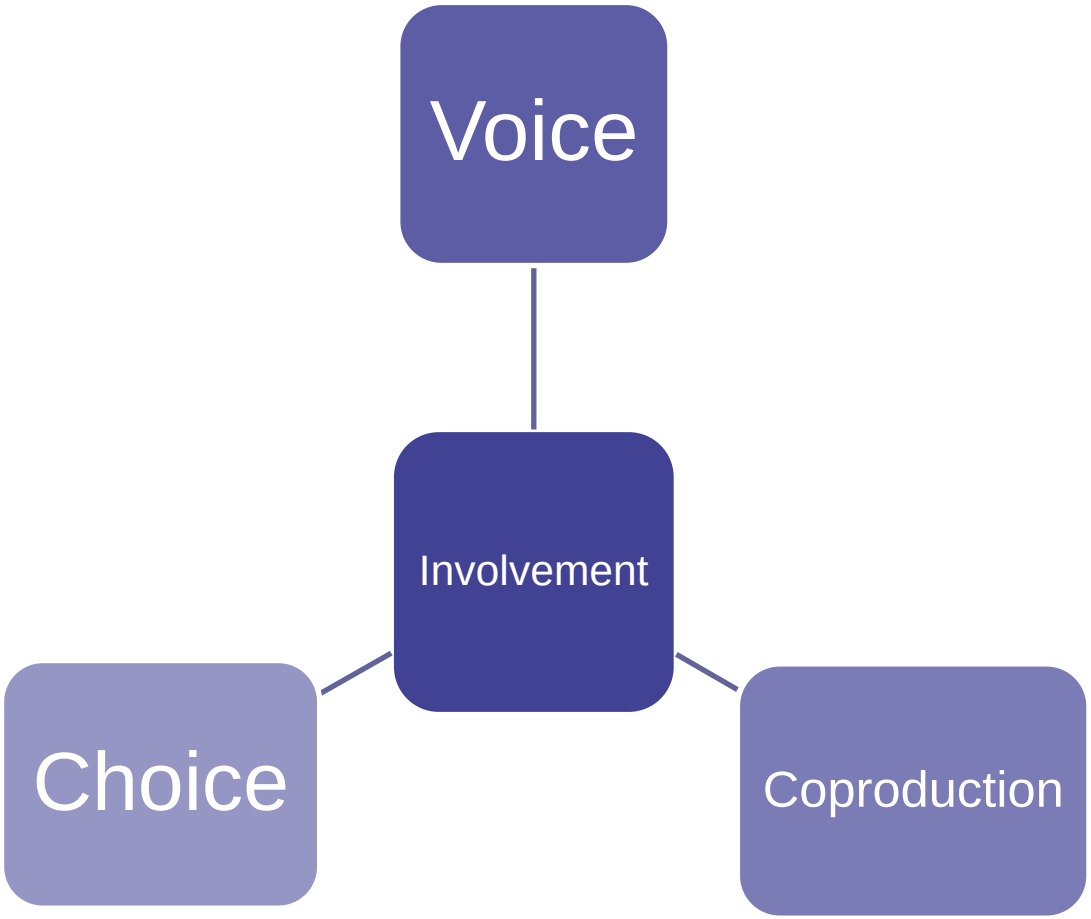
1. Identify & understand problems
2. Come up with ideas for change
3. Do the change together
   - Co-deliver
4. Did it work?

Where it fits

	problem	solution
about	Enquiry	Consultation
with	Participation	Coproduction

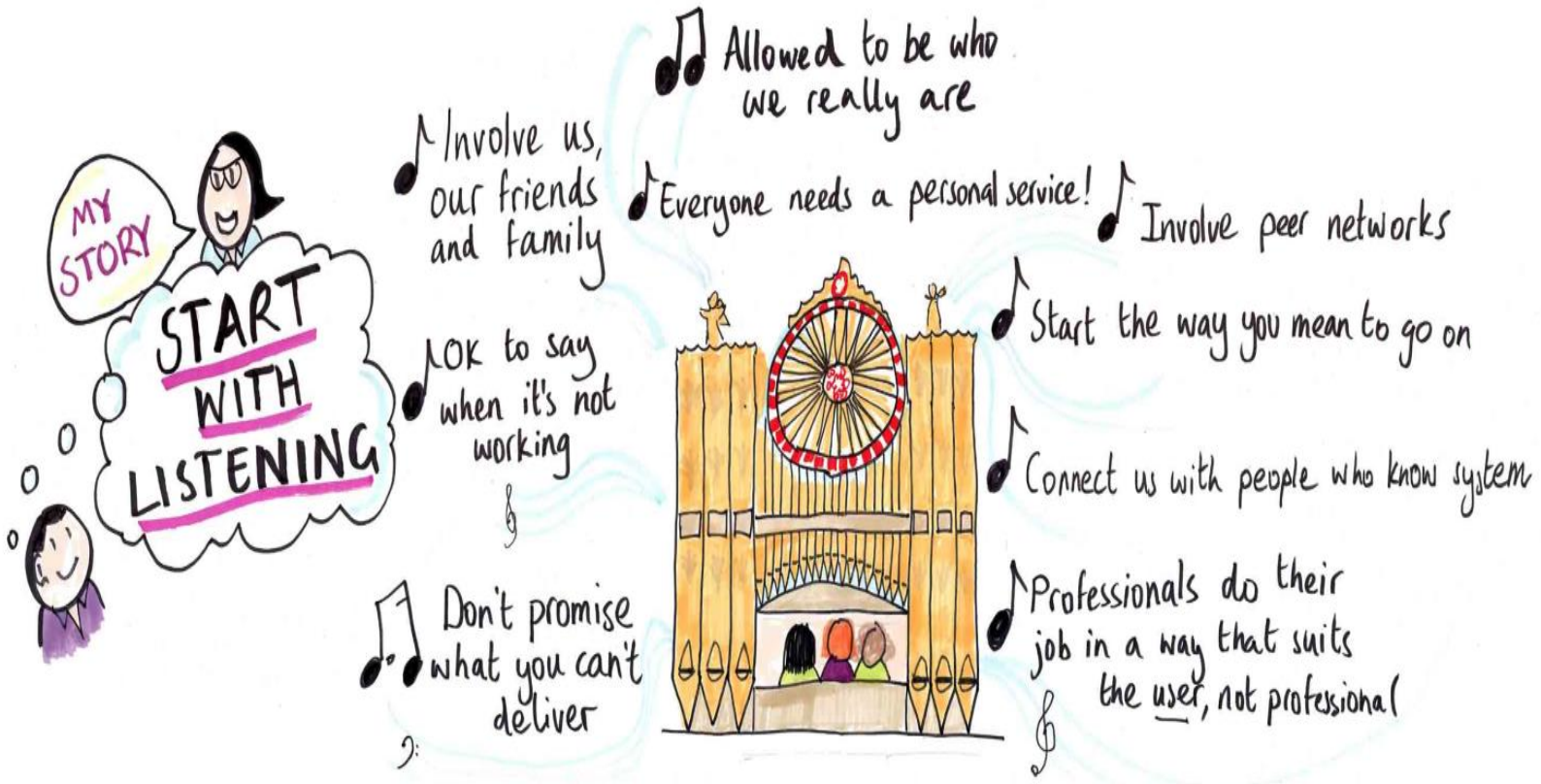
Owners

Feedback



Shared Decision-making

What service users say



Quality

- Improves health outcomes
- Improves experience
- Improves knowledge
- Relieves pressure on services
- Can be cheaper

- Professionals roles change from transactional work to building and sustaining relationships between people and services

Cost effectiveness

- Evidence shows it doesn't cost more and in some instances has been shown to cost less
- SROI can demonstrate equivalent savings but difficult to know if these have materialised (money just gets eaten up elsewhere)
- Constrains demand which has knock-on effect in terms of sustainability

Don't do coproduction if...

- You think you know precisely the service that you require.
- You aren't prepared to fail.
- You can't leave your agenda (or strategy) at the door.
- You can't regard your critics as your prime resource.
- You can't regard peoples' outrage as important as your evidence, statistics and strategy.
- You haven't got access to all levels and all stakeholders.
- You aren't prepared for this to take far longer than you imagine.
- You can't afford to take lots of small steps to get where you want to go.
- You think you might not be able to spot or value people's capabilities, time or energy.
- You haven't got someone facilitating the project that has good connections both above and below in the health organisation.
- You haven't got the funders behind you
- You think coproduction is a way to save money on services.
- You're not prepared to follow through with something meaningful to your participants.
- You feel that getting close to people, or rewarding them for their time and energy, may violate your ethics

Do coproduction if…

- You detect ‘outrage' among some of your community, if people are banging the table about a service.
- There's doubt about the design of service you want.
- You need the active participation or acceptance of your service users.
- You're happy for your participants to take over your project entirely.
- You need a solution on the same scale as the problem, i.e. how else are you going to deal with obesity?
- You can be honest with people about your priorities and resources.
- You're prepared for ideas to come from anywhere and anybody.
- You're happy to go where your patients take you.
- You have the time and resources to maintain participants' energy during the dark weeks of the project.