

# Stronger Together

Developing co-production in Adult Social  
Care

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North  
Tyneside  
Council

## Document Control

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## Introduction

This document outlines North Tyneside Council Adult Social Care's:

- Commitment to developing co-production with people with needs for care and support and carers.
- A practical guide to principles and ways of working.
- An overview of recent action undertaken, and work in progress.
- Our plans to develop co-production in the next 1-2 years, in line with the forthcoming Adult Social Care strategy 2025-2026.

## What is coproduction?

At its heart, co-production is about social care professionals sharing power with people who draw on care and support. Professionals who commit to co-production see people with care and support needs as equals: with expertise gained by experience, and complementary skills, knowledge and ideas which can improve services.

A co-produced approach means genuinely working together, from developing initial ideas, through to implementation, review and evaluation. It requires time, building relationships of trust, and a willingness to challenge and be challenged. Genuine co-production is neither quick nor easy, but nor should it be: great outcomes seldom come without time, care and effort.

There are many slightly different definitions of co-production. As a starting point, the Social Care Institute for Excellence provides these examples:

"Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them."

"A way of working whereby citizens and decision makers [...] work together to create a decision or service which works for them all. The approach is value-driven and built on the principle that those who use a service are best placed to help design it."

“A relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make in order to improve quality of life for people and communities.”

North East ADASS have produced a [Guide to Co-Production in Adult Social Care](#), which may be read and used alongside this document. The guide provides information about the philosophy of co-production, practical approaches to making co-production happen, and examples of co-produced projects - including showcased examples from North Tyneside Adult Social Care.

## Why is co-production important?

Most importantly of all, co-production reflects the ethics of the social work and occupational therapy professions. It's about empowering disabled people to be equal citizens, with genuine influence over the services they receive. Put simply, the phrase 'nothing about us, without us' reflects this: it is an ethical imperative for people with support needs to have choices about their lives, and to be included in decisions which affect them.

Co-production reflects our North Tyneside Council values of:

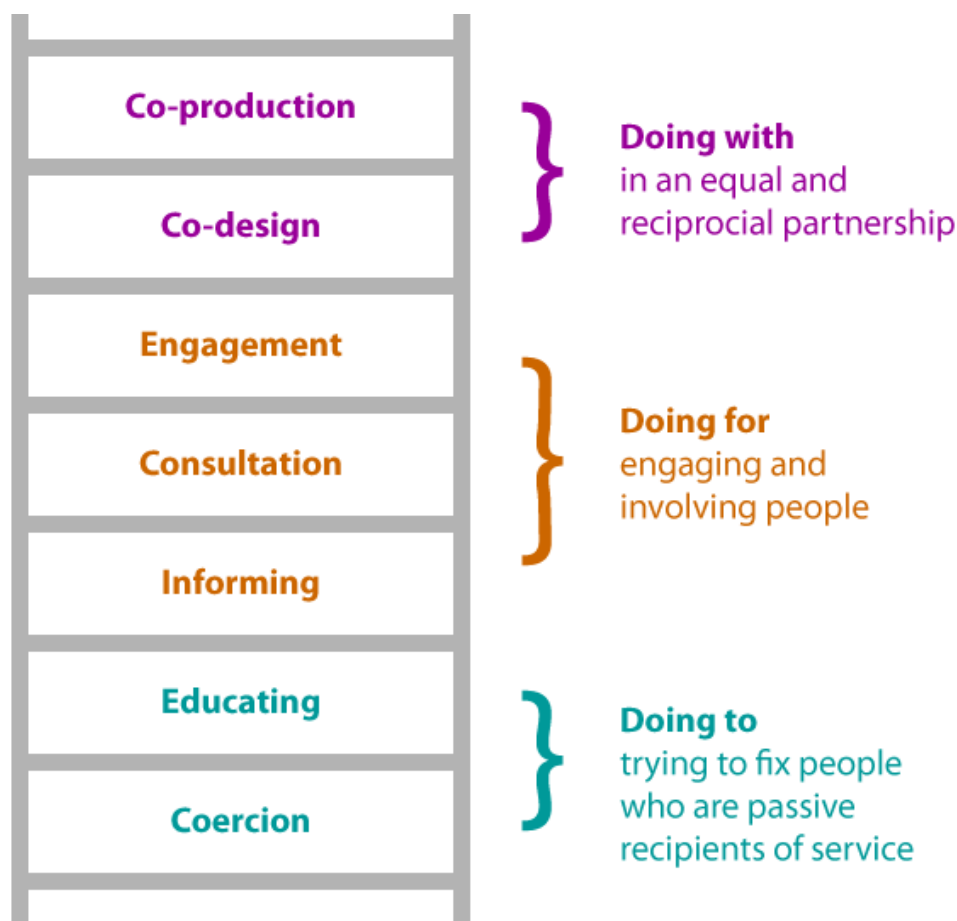
- **We listen**
  - We will seek out input from the people we serve, particularly people who are more likely to experience exclusion.
- **We care**
  - Improving life for people with care and support needs is our purpose and motivation.
- **We are ambitious**
  - 'Better never stops', so we will always strive to do better, no matter the challenges.
- **We are value for money**
  - We have responsibilities to use public funds wisely: developing solutions which achieve the best outcomes possible within the resources available. Having input from people with care and support needs will allow us to prioritise resources, innovate and improve quality, delivering optimal value for money.

Co-production is also required by the statutory guidance accompanying the Care Act 2014<sup>1</sup>, the main piece of legislation which governs adult social care services in England. Co-production is advised in the development of:

- Care and support services (2.20)
- Information and advice services (3.60)
- Commissioning of services (4.51 to 4.55).

## The ladder of co-production

In the 1960s, Sally Arnstein developed a 'ladder' of citizen participation.<sup>2</sup> Her ideas have been developed over the years, with Think Local Act Personal's Co-Production Action Group producing the following ladder, outlining the different levels of participation in decision-making:<sup>3</sup>



<sup>1</sup> Department of Health and Social Care (2024), [Care and Support Statutory Guidance](#)

<sup>2</sup> Arnstein, S. (1969) 'A ladder of citizen participation'. *Journal of the American Planning Association*, 35(4), pp.216–224

<sup>3</sup> Think Local Act Personal (2021) [Ladder of co-production](#)

In the past, we acknowledge that Adult Social Care's approach has often been limited to:

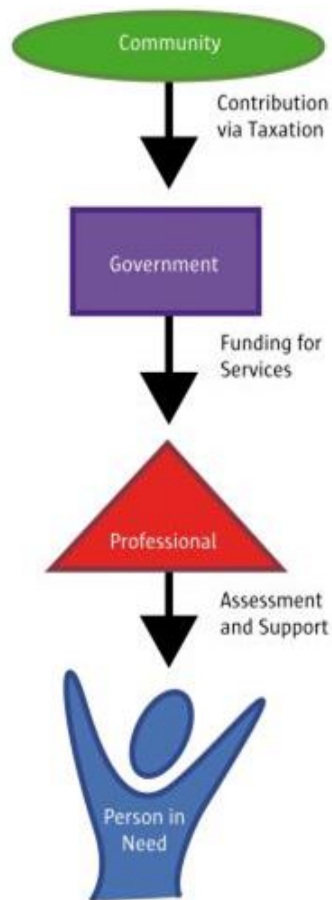
- **Engagement**
  - Asking citizens about their experiences and developing ideas to improve services based on these, however without ongoing involvement from experts by experience to shape changes; or
- **Consultation**
  - Professionals developing plans, then asking citizens for feedback on them.
- **Informing**
  - Advising residents about our services, and any changes to them, using approaches such as advertising, direct correspondence and social media.

We are committed to 'climbing the ladder', including people with care and support needs, and those who provide unpaid care, in shaping change throughout the process. This involves a **culture** and **mindset** shift from one of doing 'to' people with care and support needs and carers, to doing 'with' at all levels. The cultural change required was illustrated by Simon Duffy,<sup>4</sup> who developed the 'professional gift' and 'citizenship' models to illustrate the differences in approach:

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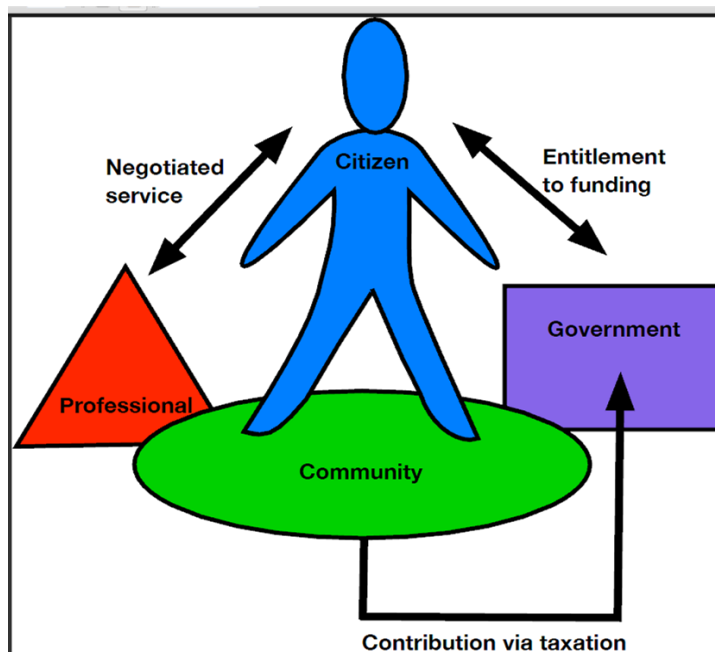
<sup>4</sup> Duffy, S. (2011) [\*Citizenship and Professional Gift Models\*](#).

## Professional Gift Model



In the professional gift model, people who need care and support services are seen as passive recipients of services, decided upon by professionals.

## Citizenship Model: A rights-based approach



In a citizenship model, disabled people are seen as equally valued members of the community. The relationship between the individual, professional and state is more equal, based on respect and recognising mutual rights, as well as obligations.

## **Our commitments**

To create the culture needed to climb the ladder of co-production, we commit to:

- **Respecting people with lived experience's knowledge and skills.**
  - We will seek and value the input of people with lived experience, from the idea generation stage of changes right through to evaluation.
- **Fostering supportive, constructive relationships.**
  - We will approach co-production work with respect, curiosity and humility.
- **Honesty and transparency.**
  - We welcome constructive criticism, recognising that we may not always get things right.
  - We will openly explain why ideas from people with lived experience cannot be implemented, e.g. if legal obligations, resource constraints, or practical challenges prevent it.
- **Accessibility and flexibility.**
  - We will enable people with lived experience to participate in decision-making opportunities, with access to a variety of options to participate, and support available if they need it.
- **Investing time.**
  - We will slow down to speed up: investing time in co-production makes it more likely that we will get things right first time.
  - We will see co-production as a priority, and invest time working alongside people with lived experience as equal partners.



## **Acknowledging barriers to co-production**

- Not all people who draw on care and support will want, or be able to participate, even with support.
- ‘Many hands make light work’, but ‘too many cooks spoil the broth’: there are many benefits to wide involvement, but this can slow down progress. For efficiency, we may need to limit the numbers of people who can be involved, depending on the nature of the activity.
- Urgent issues may arise: the need to manage risks quickly may sometimes limit our ability to co-produce changes.
- Legal, money and time constraints may limit what we can do.

### **We will address these barriers by:**

- Seeking feedback from a wider group as the starting point: identifying strengths and areas for development from a larger population, before solutions are developed by a smaller group of people who draw on care and support.
- Adapting the number of people involved, proportionately to the impact of the work.
- Being open and transparent about difficult decisions, constraints, and setting realistic targets.

# Getting started with co-production

## 1. Gathering and analysing evidence

The starting point for all of our co-production activity is understanding the experiences of people who receive our interventions. This foundational activity is at the 'consultation' and 'engagement' level of the co-production ladder.

All improvement projects will be evidence-based, drawing from [quality assurance](#) activity and other forms of evidence such as:

- Our [Practice Quality Assessment Framework](#), including independently undertaken semi-structured interviews with people with lived experience.
- Compliments and Complaints.
- Feedback from specific consultations regarding tenders and policy changes.
- Local surveys and research projects, e.g. work undertaken by Healthwatch, e.g. Caring in North Tyneside, Hospital to Home, etc.
- National surveys, e.g. Survey of Adult Carers in England, Adult Social Care Survey.
- Academic research and '[grey literature](#)'.

This activity will determine the issue to be solved, and a baseline against which progress can be measured. It will also enable aims be identified.

Where there are gaps in knowledge, wider feedback may be sought through a range of approaches such as:

- Surveys.
- Targeted recruitment of individuals to participate in guided conversations.
- Group methods such as Conversation Cafés, Journey Mapping, and Futures Workshops.

Gathering a robust evidence base will allow us to:

- See where our blind spots and biases are preventing us from doing our best work.
- Gain evidence from a wide group of people to identify issues and gain initial ideas for solutions

- Retain the efficiency of including a smaller group of experts by experience in design and implementation work, whilst addressing risks of personal views and experiences having a disproportionate influence.

## **2. Planning**

A co-production plan will be designed, with an approach chosen dependent on:

- Whether the activity is ongoing or project-based.
- Delivery timeframes.
- The scope and nature of the work.

Depending on the project's scope and impact, recruitment may be publicly advertised, e.g.

- Via posters, leaflets, or social media.
- Existing stakeholder groups.
- Targeted approaches to relevant people with lived experience who the council or partners are aware of.

Ethical principles of informed consent and non-coercion will always apply.

There will be appropriate recompense for people's time, commensurate with the level of time commitment.

## **3. Working together**

The project lead will introduce themselves to interested people personally, developing rapport and mutual understanding, promoting understanding of the project aims, answering questions, and finding out about accessibility requirements. The group of professionals and people with lived experience will initially agree terms of reference for their work, including:

- Analysing the current evidence base - and any gaps.
- The purpose and aims of the work.
- The methods to be employed – the ADASS North East Guide to Co-Production providing a useful library of approaches to consider.
- The frequency and duration of the work.
- Practical and accessibility considerations.
- Ground rules.
- Evaluation.

The work will then continue through developing objectives, and planning the preparation, action, and evaluation phases, bespoke to the nature of the work and the needs and preferences of participants.

## **Climbing the ladder: examples**

### **Inspire Adult Social Care Improvement Forum**

The Inspire Adult Social Care Improvement Forum is a group of people with experience of Adult Social Care who work alongside professionals to understand feedback from people who draw on care and support, and work together on improvement projects.

It was established by the Principal Social Worker in late 2022, in collaboration with Commissioning and Healthwatch North Tyneside.

- **Membership**

Membership is open to people who have had Adult Social Care input in their lives. The membership is diverse in terms of age, nature of disability, and level of needs for support.

- **Purpose**

The purpose of the group is to involve people with lived experience of Adult Social Care throughout the 'continuous improvement cycle'. Adult Social Care has a well-established approach for the independent gathering of in-depth qualitative feedback from people with lived experience. This enables us to triangulate themes against internal audit activity findings, enhancing confidence in their reliability.

However, feedback from interviews is a one-off activity which does not allow people with lived experience to have sustained inclusion in improvement activity. There was therefore a need to include people with lived experience throughout the continuous improvement cycle.

- **Recruitment**

Recruitment was undertaken through existing service user support and involvement groups, local organisations' mailing lists, visits to Extra Care schemes, and direct recruitment via allocated workers. The latter approach was the most effective and reached people with lived

experience who were not currently engaged with existing peer support, campaigning or advocacy organisations: achieving an aim of increasing the number of disabled people who are actively involved in influencing change.

- **Methods**

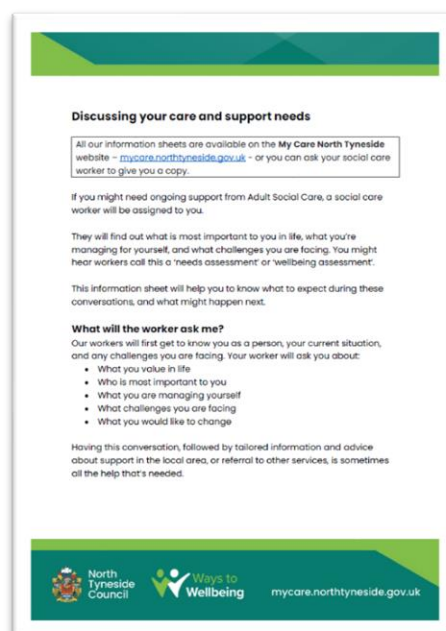
The group developed their [Terms of Reference](#), before examining themes arising from audit findings and lived experience feedback to set their work plan and priorities. This approach draws from [Working Together for Change](#) framework.

## Action

Three major projects have been undertaken by the group since its formation:

### 1. [Improving Information and Advice](#)

- Redesigning and rewriting the information sheets provided to service users by ASC colleagues, and available online to members of the public.
- Redesigning the visual look of the [My Care North Tyneside](#) ASC website.
- Developing [Easy Read](#) and [BSL versions](#) of key information.



### 2. **Delivering a conference**

- The group delivered a conference for Adult Social Care practitioners in collaboration with Autism Better Together.
- There were four themes to workshop sessions, chosen by members and delivered by



people with lived experience of these issues:

- **Seen**
  - Understanding and responding to hidden disabilities.
- **Heard**
  - Understanding goals and outcomes: 'wellbeing' is individual.
- **Understood**
  - Increasing awareness of neurodiversity.
- **Supported**
  - How to implement the principles of trauma-informed care.

### 3. Redesigning assessment and support planning materials

- To support service user satisfaction, a redesign of the practice model 'Ways to Wellbeing', its suite of assessment and support planning materials, and associated training and is in progress. The project overview is [available here](#).
- Members of the Inspire forum have co-designed the content of the assessment and support planning framework, which is currently in build stage (at the time of completing this document).



The image shows a screenshot of a form titled 'Ways to Wellbeing' and 'Adult Social Care Assessment'. The form is for 'Conversation One: What's Important to You'. It includes a section for '1. Personal Information' with fields for Name, Date of birth, Address, Telephone number, Email, Legal sex, Gender identity, and Ethnic background. There is also a section for 'Communication needs' with a list of questions: 'How do you prefer to be contacted?', 'How do you want to receive information?', 'What support do you need during meetings?', and 'This may include information relating to sensory impairments, ...'.

- The group will be co-delivering training to support implementation.

Additionally, Inspire have delivered webinars for North East ADASS to share perspectives on co-production and good practice advice. They have influenced the development of a new Adult Social Care strategy and the Direct Payments policy.

For more detail on the work of Inspire Adult Social Care Improvement Forum, their 2023 annual report can be [read here](#).

## Impact

- The proportion of people who found it easy to find information improved from 59.9% to 72% in the latest Adult Social Care Survey (ASCS).
- The Lived Experience Conference received 100% 5\* feedback from attendees.
  - Comments included:

Hearing first hand about real lived experiences of service users really makes an impact on how you approach your role and helps you to consider changing practice.

It has been a refreshing session to think again about the impact of our involvement on people's lives. The simple things are important in terms of how someone would like to be communicated with.

I was in awe of the service users and their honesty in their life telling. I am proud on our openness to service user groups and our forward thinking in working with service users to improve services.

Thought about social work values and being person centred and in the moment with people and challenges faced. Positivity came through from all groups attended. Strengths to share stories to hopefully make change. A lot of work had gone into the day.

Meanwhile, there have also been a positive impact on Inspire members' lives:

The group has made me more confident to work with others in a team setting and be able to express my thoughts and feelings. Now I feel more confident to speak up and ask for what I need.

The forum makes me feel like I am doing something useful. It gives me an opportunity to share my views and have influence. It also gives me something to apply my mind to and help improve things.

Inspire has made me feel safe and secure. The forum has given me insight and realisation that I am empowered to take an active role in care.

The forum has helped me not feel as alone. It has given me the confidence to speak in front of others - something I would never have done before.

## Autism Better Together

The [North Tyneside All-Age Autism Strategy](#) established working groups to deliver its key objectives. An Engagement Working Group, including autistic people and carers as equal contributors from the outset, shaped the 'Supporting through life changes' workstream.



A priority was action to address social isolation and poor mental health outcomes for autistic people. From this, an idea for a peer-led support and friendship group was developed. From small beginnings as a small group of people getting together for a monthly cuppa in Wallsend Library, this grew into **Autism Better Together**.

### Activities

- **Peer support and friendship**

Support, activity and friendship groups by neurodivergent people, for neurodivergent people now operate in four venues in North Tyneside, providing a free weekly opportunity to form friendships and spend time in an inclusive, understanding environment. There are activities and quiet spaces provided.

- **Developing professionals' skills**

Autism Better Together committee members co-delivered the Learning from Lived Experience conference for professionals in October 2023, alongside Inspire ASC Improvement Forum.

Developing on this success, members worked with North Tyneside Carers' Centre and North Tyneside Council Organisational Development to co-produce and deliver 'Understanding Autism' training for ASC professionals in 2024. The workshops will provide improved understanding of the support needs autistic people may have, and how to support autistic people to achieve positive outcomes.

This further develops Adult Social Care's objective of shifting from training delivered by professional experts alone, to one where the voice of people with lived experience is given equal importance, providing people who



draw on care and support with a platform to directly influence our workers' practice.

- **ASC supporting autistic people & autistic people supporting ASC**

Adult Social Care fund room hire, refreshments, and provide staffing from our Care & Connect service, and a senior member of Adult Social Care staff to give members direct access to qualified social work advice if they need it.

This approach also helps managers to learn from group members, through opportunities to directly hear the lived experience of autistic people.

Adult Social Care senior managers are part of the Autism Better Together steering group – providing consultation, advice and support, but do not direct the group's activities and direction. Senior representatives also attend from North Tyneside Parent Carers' Forum and local NHS trusts, in an atmosphere of collaboration and mutual support.

The steering group has also been supported by VODA (the local CVS infrastructure organisation) to seek grants for activities.

### **Impact**

- Autism Better Together has received excellent qualitative feedback from group members, e.g.

**It's open and relaxed**

**I get to socialise and it makes me feel good**

**I feel less alone**

**Makes me feel stronger meeting similar people to me**

## **Next steps**

The Autism Better Together group has ambitions to expand further, establishing evening activities to be more accessible to neurodivergent people who work during weekday daytimes.

## **Learning Disability Carers Forum**

The Learning Disability Carers Forum is a well-established group of carers and family members of people with a learning disability, with an interest in developing services both for adults with a learning disability and those who provide unpaid support.

- **Activities**

The group provides ideas, feedback, scrutiny and challenge to operational and strategic managers and commissioners in relation to services for adults with a learning disability.

The group were actively involved throughout the process of creating the operating model within the Whole Life Disability Service, have remained active in monitoring its impact, and focus particular interest in ensuring commissioned services meet the needs of people with a learning disability and carers.

- **Next steps**

To expand the voice of adults with a learning disability, Inclusion North have been commissioned to recruit adults with a learning disability to co-design a new Learning Disability Strategy.

This will be the first step towards the creation of an ongoing co-production group of adults with a learning disability, whilst retaining the voice of carers.

The Learning Disability Carers Forum is currently recruiting new members and intends to refresh its terms of reference and methods.

## **Community Mental Health Transformation**

Community Mental Health Transformation work has included a number of engagement events from 2022 to the present, facilitated jointly with Healthwatch North Tyneside and Launchpad North Tyneside (a user-led organisation for people who have used mental health services), to enable

people with lived experience of mental health services and carers to shape new pathways and models of service delivery.

Priorities identified from service users included:

- Easier access mental health services.
- Joined up services.
- Clearer information and advice for people with mental health needs, families and carers.
- Improved transition from children's to adult services.

As a result of this work, the following work programmes were established:

- Mental Health Alliance: a two year programme of joint strategic planning and service development, bringing together public sector and VCSE organisations.
- Safe Havens: Support for adults experiencing mental distress from a physical base.
- Peer Support: Developing peer support and group activities, especially outside working hours.
- Ongoing steering groups to guide and monitor implementation, featuring independent representation from Healthwatch and user-led input from Launchpad North Tyneside.

Following the recommendations of the independent Review of Drugs by Dame Carol Black, a survey approach was taken to gain the views of people with drug and alcohol services, with a subsequent round table approach for a smaller group of people with lived experience of residential rehabilitation to jointly develop a new residential rehabilitation pathway.

This led to a specialist role within the Adult Mental Health Social Work team to deliver access to these services and a refreshed clear criteria and pathway for access to these life-saving and life-changing services.

## **Transition Improvement**

Transition improvement has been an improvement priority for Adult Social Care over the last two years, led by the Head of Mental Health, Learning Disability and Complex Needs.

Significant activity has taken place to improve multi-agency frameworks and processes to promote information sharing, coordination of input, and

senior management oversight and advice to frontline workers. Ongoing input has been secured from Children's Services, Adult Social Care, Commissioning, SEND and health services. This is outlined in the [Transition Advisory Group operating guidance](#).

Now that improved operational systems and processes have been embedded, the next priority is practice improvement. A workstream has been established to identify principles for positive transition to adulthood and shape action planning around this:

### **1. Establish baseline data**

- Adult Social Care have undertaken deep dive transition audits 6 monthly since mid-2022 to examine quality of practice, but understanding the experience of young people holistically was needed.
- A multi-agency transition audit framework has been developed in collaboration with partner agencies and implemented in spring 2024, with results being analysed in summer 2024.
- Alongside multi-agency audit, we are seeking feedback from the young people whose experiences have been audited, with Healthwatch North Tyneside undertaking semi-structured interviews or other methodologies as per the young people's needs and preferences.

### **2. Agree principles of good transition**

- The ASC Practice Assurance Specialist is working alongside young people who are members of the Inspire Adult Social Care Improvement Forum, North Tyneside Parent Carers' Forum, and the Children in Care Council.
- The data gathered about young people's experiences, the personal perspectives of contributors, plus existing good practice advice (e.g. from National Institute for Clinical Excellence) will shape local standards and performance indicators, developed alongside young people and parents.

### **3. Create an improvement plan**

- We will set aims, targets and action plans, based on identified areas for development.

- Senior leaders will be asked to sign up to work together to achieve these, with ongoing monitoring against targets via the Transition Steering Group.

## Next steps

The Adult Social Care Strategy 2025–2026 is currently under development. It will be co-designed with the Inspire Adult Social Care Improvement Forum and consulted on with the general public, stakeholders and partners. A key element of this strategy is for Adult Social Care to develop co-production from individual to strategic levels.

Rather than having a standalone action plan for this document, enhancing co-production will form part of numerous workstreams across Adult Social Care. This reflects our ambition for co-production to be business as usual across the department, rather than a standalone activity. Key actions will include:

- **Hearing people’s voice in assessment, promoting choice in support planning**
  - Achieved through a new Ways to Wellbeing assessment framework, to be launched in late 2024, with co-produced training on practice skills continuing through 2025.
  - This work and an accompanying action plan is outlined in our ‘Ways to Wellbeing Refresh: Project Overview’ document.
  - A full review of our approach to self-directed support during 2025, which will form part of the implementation of our Adult Social Care Strategy 2025–2026.
- **Including people with lived experience in the commissioning of services within:**
  - **Service design:** making sure we have views on how services should be delivered and understand the outcomes for individuals.
  - **Procurement:** including people with lived experience in the evaluation of tenders and award of contracts.
  - **Monitoring and review of services:** including developing the quality criteria that we use, and involvement in the process of reviewing services.
  - This work is outlined in more detail within our latest Commissioning Intentions plan.

- **Co-production as 'business as usual'**
  - Establishing co-produced service improvement groups to influence developments in each service area's work during 2025.
  - This work will be developed through implementation workstreams established by the Adult Social Care strategy.
- **Developing relationships with decision makers**
  - Facilitating regular opportunities for senior management and our elected members to learn directly from people with lived experience of social care.
  - Opportunities will be established for senior decision makers to engage with our core coproduction groups outlined above, including the Lead Member for Adult Social Care and the Director of Adult Services.