

North Cumbria Co- production Survey: Report

2023



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Introduction

Health and care systems often focus on a person's ill health and their treatment, however only 10-20% of health outcomes are influenced by clinical care. The remaining 80-90% is linked to healthy choices, social and economic factors, and our environment¹.

To create healthier communities, there is a need to focus on what we can do to prevent ill health. Local communities and the people using health and care services are best placed to understand what they need to help them thrive. Therefore, we need to listen and involve our communities as active partners in decisions about their wellbeing, as they know what is working and what could be made better.

After all, when we work together, we are more likely to create the right plans to improve the health of our population, deliver more effective services and reduce the inequalities that exist in North Cumbria.

Background

Healthwatch has worked with Suzanne Hamilton, ICB and Clare Edwards, Cumbria CVS to explore the public's understanding of co-production to inform a new focus for North Cumbria. In North Cumbria co-production means 'working together'. Health and care organisations don't have all the answers and we want to harness the energy, ideas, and enthusiasm of our community to help us tackle the issues that are challenging our services. From experience, services are better when the voice of the patient, the community and the staff help shape the delivery of our health and care.

National strategy, is supporting us to work in more collaboratively and there is a real opportunity now to improve how we work together. Co-production refers to a way of working where citizens and professionals work together to develop and shape services.

Since 2016 North Cumbria has been working to listen and involve the people who use our services in service improvement and change. It has been challenging but there are some well-established community forums, a co-designed toolkit and training for co-production, stronger relationships with the third sector and some active patient groups. However, it is clear that more could be done.

Therefore, it was agreed that now was a good time to pause and reflect on what has been achieved so far and consider how we can move forward to build on what we have started.

¹ Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. (Accessed 28/06/2023 < <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>>)

Methodology

Healthwatch Cumberland and Healthwatch Westmorland & Furness (previously Healthwatch Cumbria), hosted a survey aimed at both members of the community as well as organisations in the area, with the purpose of gathering people's thoughts on coproduction.

The following questions were agreed by the working group. They were then asked to every respondent via an online survey:

1. Are you answering as an individual or representing an organisation/community group?
2. If you are representing an organisation, what organisation is this?
3. What does co-production mean to you?
4. Have you ever been involved in co-producing work with public bodies, e.g. NHS, Local Authorities?
5. If yes, please could you tell us a bit more about this?
6. If you have been involved in co-production, were you informed about what happened after the consultation?
7. How would you expect organisations to communicate with you when making changes to services they deliver?
8. Would you like to be involved in changing, developing, and improving services?
9. If so, do you know how to get involved?
10. How would you like to be involved?
11. Is there anything else you would like to tell us?

In total there were **62 respondents to the survey**. Of which 55 answered as an individual and 7 as someone representing an organisation or community group. These organisations/community groups were:

- Step Forward into Employment and Volunteering (hosted by Cumbria CVS)
- Parkinson's UK
- Cumbria Deaf Association
- Eden Valley Hospice and Jigsaw Children's Hospice
- Carlisle Macular Group
- Macmillan Cancer Support

Findings

What does co-production mean to you?

There are several definitions of co-production, however, 'Involve' provides a clear and concise definition of the term:

*"The term co-production refers to a way of working where service providers and users work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best to help design it."*²

When we asked our respondents what 'co-production' meant to them, 69.35% of respondents shared that they felt the term involved some degree of collaboration. With over 50% of respondents (53.23%) using the term "working together" specifically in their response.

However, of the total respondents, only 22.58% mentioned that co-production was about collaborating with service users. This indicates that whilst the majority of respondents understand that co-production is about different people/groups working collectively. Most do not know that is specifically about service user and service provider collaboration.

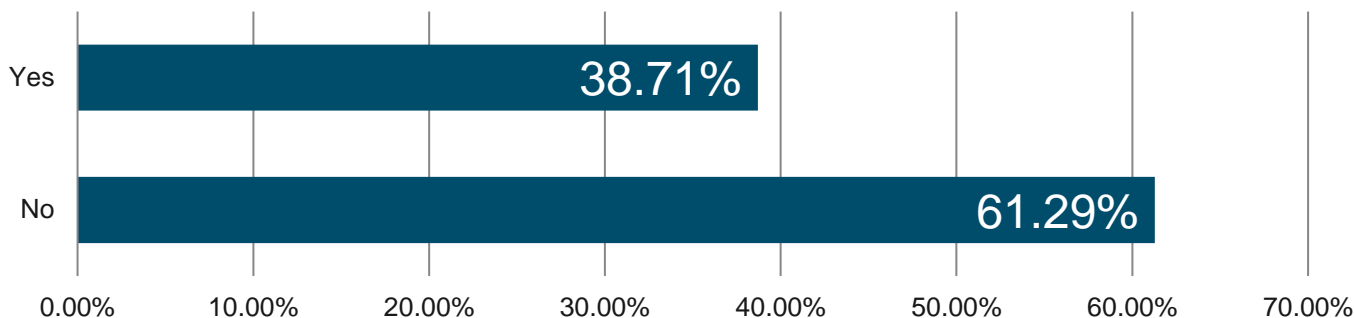
Additionally, 6.45% of respondents shared that they either were not sure what co-production meant or that they had never heard the term before. While a further 4.84% of respondents stated that the term meant 'nothing' to them.

Therefore, the survey responses evidence that more work needs to be done to highlight what co-production is, who it involves and how it can be done.

Previous co-production involvement

The majority of respondents shared that they have not been involved in co-production with public bodies, such as the NHS or Local Authorities before.

Have you ever been involved in co-producing work with public bodies?



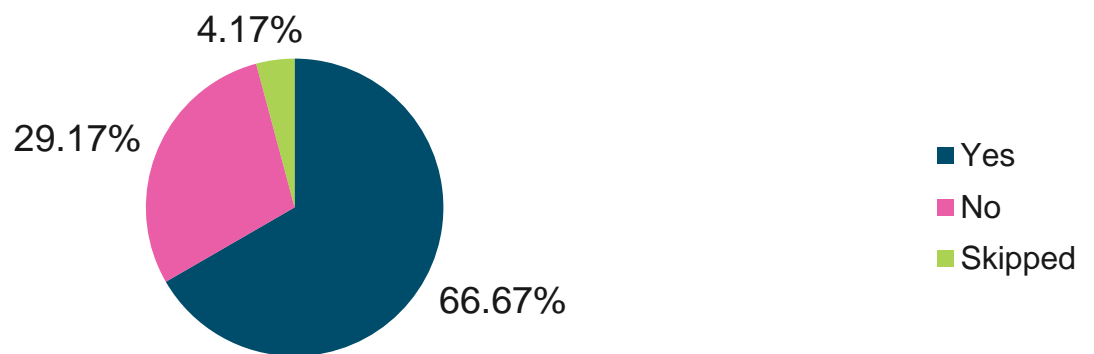
² Involve, CO-PRODUCTION. (Accessed 26/06/2023 < <https://involve.org.uk/resources/methods/co-production>>)

However, of those who answered 'yes', they have co-produced work with public bodies, all 24 provided further insight into what this work was. Below is a selection of examples given:

- *“Building up a GP surgery’s patient participation group – bringing together representatives of the patient population, the practice manager and clinical staff – to improve communication, services and health outcomes.”*
- *“Attending forum meetings and individual co-production meetings during the success regime time and the 2 years after.”*
- *“Working with the SENDAC group to engage with parents/carers/local authority regarding the SEND Inspection.”*
- *I worked on a number of co-production projects including the formation of the Carlisle and Eden Community Forum.”*
- *“Macmillan work closely with the NHS to improve cancer services. We do this by working with expert patient panels ensuring we have intelligence led data and insights to help steer us in the right direction.”*

Furthermore, of the 24 respondents that shared that they have been involved in co-production previously 66.67% were informed about what happened following the consultation.

If you have been involved in co-production, were you informed about what happened after the consultation?



While most of these respondents were informed about what happened after the consultation they were involved in, nearly 1/3 of respondents were not. The concern is that if people do not hear about the outcomes or the impact of co-production, they are at risk of becoming disillusioned with the concept. This could result in them not believing that co-production is worth the time and/or effort.

“Having an avenue to ask some questions or convey if you think something can be improved, I think people would welcome that, providing there was a

return. If people feel it's a waste of time, they're not going to put the energy into it."

Communication

When we asked respondents how they would expect organisations to communicate with them when they are making changes to the services they deliver, there was a mix of communication methods suggested. The most popular communication method suggested was via email updates.

The table below lists the 5 most popular communication methods suggested by respondents that they would like to receive updates via:

Communication Method Ranking		
1	Email	37.10%
2	Letter/Post	29.03%
3	Face-to-Face	27.42%
4	Social Media	9.68%
5	Newspaper/Press	8.06%
X	Other	



Other methods suggested by respondents included:

- Phone
- Newsletter
- Text
- Posters (displayed in community hubs)
- Flyers
- TV
- Information films (with subtitles)

It was clear that the type of communication method favoured by respondents would be dependent on how directly impacted they would be by any changes made. The information would have to be delivered in a more personal style the more direct the impact would have on the individual.

"Directly if I am a user, or staff member. Through the press and social media if it is a community change."

*“Flyers, social media, TV. But if **more personal** then via face to face, and letter.”*

Other details respondents stressed, was that when sharing information, it is necessary to communicate:

- *“**Effectively**”*
- *“**Clearly** and within a **good amount of time**” (preferably “before it happens” and not to “leave it too late to reply back”)*
- *“As **fully** as possible via a **variety of means**”*
- *“In a way that is **inclusive and open**” (including in different accessible formats such as BSL information films with subtitles)*
- *“With **regular updates** and feedback”*
- *By using “plain English, so **easy to understand**”*
- *“**Honestly and authentically**”*

But most importantly, from the responses it was evident that people felt that communicating changes to services is essential, especially when co-production is involved.

“The communication of the decisions made as a result of co-production should be part of the continuing communication between the service users and the service providers. If there is no continuing relationship, it is not co-production.”

As one respondent summarised:

“Doubling up information is better than not receiving any at all.”

Future coproduction involvement

61.29% of all respondents stated that they would like to be involved in changing, developing and improving services. Which shows that there is a significant desire for co-production.

A further 4.84% of respondents shared that whilst they would like to be involved, they would not be able to as they would not have the time to do so. Indicating, that time is a key consideration for individuals when making the decision to commit to co-production involvement.

Some respondents said that they would not be interested in being involved in future co-production due to previous negative experiences:

"I was asked previously, but it didn't happen because organisations struggle with change. It ended up being a tick box exercise and not a collaboration of community minds."

"I have tried over the years, but nothing has improved."

"I have been through this sort of thing [co-production] before but not seen any results."

Out of the 38 respondents that said that they would like to be involved in changing, developing and improving services, only 21.05% know how they could get involved. Meaning that the vast majority (78.95%) do not know how to. This shows that organisations need to significantly improve how they are advertising their co-production offers (particularly around how people can get involved).

The table below shows the top 3 suggestion these individuals made on how they would like to be involved:

Method of Involvement Ranking		
1	Part of a working/ steering/ focus group	31.25%
2	Providing opinion via a survey	13.16%
3	Volunteering	5.26%

When asked 'how would you like to be involved', 15 respondents said that they would like to be directly involved in the decision-making process.

Additional comments

The co-production survey provided a space to respondents for further comments, asking them 'is there anything else you would like to tell us?'. Below is a selection of these comments:

"Co-production relies greatly on the enthusiasm of the service provider for the process. There is no point in having meetings which are rarely attended by those working in or managing the service which is being coproduced. If there is no sign-up to the process by the service provider, the whole thing would be a waste of time and money."

"It would be great to feel that we've been listened to, and our opinions actually matter, something which has been sadly lacking for a long time."

"Don't be skewed by vocal pressure groups with political agendas. They are not the voice of the majority. Listen to the quiet voice too."

"It is the best way of making services work for people and our community and should be at the heart of service development and service improvement."

Conclusion

62 people responded to our co-production survey, of which 55 answered as an individual and 7 as someone representing an organisation or community group.

In summary, the findings indicate the following:

- People understand that co-production is about different people/groups working collectively, however, many do not know that is specifically about service providers collaborating with service users.
- While many people have not been involved in co-production with public bodies, such as the NHS or Local Authorities, previously. There appears to be a desire amongst individuals to be involved in future development and improvement of services.
- However, most people admitted that they do not know how to get involved in co-production even though they would like to.
- Of those who have been involved in co-production before, roughly 2 in 3 were informed about what happened after the consultation. But this does mean that a notable amount of people were not informed of the results following their contribution.
- This can have a significant impact, as for some of those who have been involved in co-production before, feel that it was not worthwhile as they have not been informed of or witnessed any improvement/outcomes.
- Most importantly, from the responses it was evident that people felt that communicating changes to services is essential, especially when coproduction is involved. With the most popular communication method suggested being via email updates.

These findings will be used to inform a co-production event in early September.

Recommendations

1. Raise awareness of what co-production is, who it involves and how it can be done.
2. Organisations to improve how they are advertising their co-production offers (particularly around how people can get involved).
3. Organisations to develop a process to enable them to commit to informing everyone involved directly in the co-production process of the results, impact and outcomes.
4. Creation of a communication tool/checklist, which ensures that any changes in services are effectively and widely shared.

Healthwatch Cumbria ceased to exist in April 2023 following the reorganisation of Cumbria into two new local authority areas: Cumberland and Westmorland & Furness.

Two new organisations have been set-up, Healthwatch Cumberland and Healthwatch Westmorland & Furness to champion the views of these two new communities on health and social care.

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