

Coproducing Health: Our framework and implications for the Health and Wellbeing Board

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Link to Health and Wellbeing Strategy principles..

1. Resources to support health and wellbeing should go those who most need it
2. Feeling connected is vital to wellbeing and importance of this should be built into services and programmes
3. Being treated equally, respectfully and without discrimination should be the norm when using services
4. Health and wellbeing information and advice should be clear, simple and coproduced with those who it is targeted at
5. People should feel that they have equal power in shaping and designing services
6. We should all be working together to make the best use of the assets that we already have

Overview

- Nine coproduction principles
 - What are these and how have they been developed?
- Implications
 - What do these principles mean for our approach as a Health and Wellbeing Board?

Draft Coproduction Guidance



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How we got here 1

- Coproduction Task and Finish Group
 - Mapping Coproduction in Tower Hamlet
- First event in April – barriers and opportunities to coproduction
 - Barriers
 - Time and capacity
 - Feedback
 - Reward and Recognition
 - Information is power
 - Opportunities
 - This is not rocket science – and we are not alone
 - Power Sharing – creating solutions collectively
 - Health and care – focus on health inequalities
 - Engagement is everyone's business
 - Transparency

How we got here 2

- Second event in May – understanding coproduction in practice
 - Diabetes focus
 - Real barriers to raising people’s awareness of diabetes, their time to care for themselves and challenges of changing to healthy diets.
 - Top down interventions need to end - we must work with people with diabetes/potential to develop diabetes to develop solutions; *all interventions must start with the people we seek to support, i.e. coproduced*
 - Food promotion is over powering and should be tackled by working with communities to explain high risks of certain foods
 - Diabetes should be tackled at ‘whole family’ level
 - There needs to be a consistent approach to services offered across the borough
 - Mental Health support needs to be better incorporated as part of the treatment pathway
 - Social prescribers better supported to signpost to diabetes services and early intervention opportunities

More detailed report being prepared for Public Health

Draft Coproduction Guidance

General overview - Practical Guidance on Coproduction

- Draft Guidance based on ActEarly Principles – Tower Hamlets and Bradford
- Principles provide a framework for coproduction.
 - ‘top-down approach is not effective, inclusive or equitable’.
- ActEarly three core values, to ensure the inclusivity of the coproduction:
 - Equality:** people make as equal a contribution to design and delivery of services as staff
 - Agency:** people’s values should be respected and enabled by coproduction and not defined by staff
 - Reciprocity:** All parties are supported to contribute and thereby benefit from the coproduction.

Principle 1: Power should be shared amongst all partners

Avoid tokenistic engagement – people must be the starting point for any service improvement.

If this does not happen there would be a continuation of a ‘top-down’ approach, which is viewed as ineffective and undermining coproduction.

A clear sense the only way forward was working inclusively with people who use services.

Principle 2: Embrace a wide range of perspectives and skills to ensure these are represented in the project

Effective coproduction happened when all voices who had an interest were heard.

How this can happen should be creatively developed within a project.

The important point here is an ability of a project to create a space(s) for all voices to be heard.

There was a particular recognition that people who use services and frontline staff voices remain undervalued.

Principle 3: Respect and value the 'lived experience' and how different forms of knowledge can be expressed and transmitted

A strong recognition for the need to value 'lived experience' and for creative ways for knowledge to be shared and expressed.

People highlighted concerns about community feeling disconnected and engagement being tokenistic.

Openness and use of 'lived experience' and other forms of knowledge were seen as a way to build trust with communities in service improvement.

Principle 4: Ensure there are benefits for all parties involved in the co-production activities.

Effective coproduction happened when everyone could see the benefit from their involvement in coproduction.

There can be wider gains when all parties benefit, as this builds trust that communities are listened to, and can see actions as a result of their involvement. Important to support people and the voluntary and community sector through effective reward and recognition.

This supports them to have the time and space to be involved the coproduction.

Principle 5: Go to communities. Do not expect communities to come to you.

Community involvement needs to significantly improve and communities feel far away from services.

There is a clear need to build community confidence in engagement and overcome the view it is only tokenistic.

Given the distance communities feel, it is important that time is invested into gaining community confidence.

Principle 6: Work Flexibly

Important everyone working in a coproduction activity agreeing the pace of the work.

Everyone has other commitments; however, staffs' institutional commitments can push them into a position of wanting to stick to their timescales.

Recognition staff can use quite rigid processes, e.g. sticking to an internal reporting schedule.

Coproduction is an evolving process of discovery that can change as the activity is carried out.

Being rigid undermines both the coproduction and people's trust that their concerns are being addressed appropriately.

Principle 7: Avoid jargon and ensure communities have access to the right information at the right time

The use of jargon was recognised as a key barrier to building effective and enduring relationships between staff and people.

Language used needs to be inclusive.

Staff presentation of information is a barrier - people struggling or not understanding information, can make them disconnect and undermine their willingness to take part or fully engage

Principle 8: Relationships with communities should be built for the long-term and not for the short-term.

People feel the relationship with services and providers was transactional. Statutory organisations struggle to build long-term trusted relationships with communities.

Voluntary and community sector organisations appear to be different; this sector's approach is more effective at building trust with the community.

Communities need to be seen as active partners, rather than as passive providers of information. Where communities help services, services need to feedback to them about how their information had impact.

Principle 9: Co-production activities with communities must be adequately resourced.

Funding is seen as a very challenging issue. Funding tends to be short-term and usually insufficient (e.g. voluntary and community sector struggle to recover their full costs).

Engagement and coproduction, whilst seen as one of the key ways the services need to build their community connections, struggle to have sufficient resource to move beyond small scale coproduction and engagement activities.

First pass on implications for HWB Board 'Walking the walk'

Principle	Implications for Health and Wellbeing Meetings
Power should be shared amongst all partners	Coproducton of the agenda
Embrace a wide range of perspectives and skills to ensure these are represented in the project	Bring a range of voices into Health and Wellbeing Board meetings
Respect and value the 'lived experience' and how different forms of knowledge can be expressed and transmitted	Use creative ways to bring in community insight to the Board
Ensure there are benefits for all parties involved in the co-production activities.	Ensure people's time for involvement with Health and Wellbeing Board is properly recognised
Go to communities. Do not expect communities to come to you.	Think about having meetings outside the council, widen IT access and promote within communities
Work Flexibly	Being realistic about available resources to take forward work, prioritising what comes to the Board
Avoid jargon and ensure communities have access to the right information at the right time	Hold ourselves to account to use inclusive language and call out jargon
Relationships with communities should be built for the long-term and not for the short-term.	Health and Wellbeing Board playing its role to bring together commissioners, providers and communities in long term relationship
Co-production activities with communities must be adequately resourced.	Health and Wellbeing Board playing its role in working as a system to ensure coproduction integral and resourced

Proposal for discussion – what would this look like?

Implications for Health and Wellbeing Meetings

Coproduction of the agenda

Bring a range of voices into Health and Wellbeing Board meetings

Use creative ways to bring in community insight to the Board

Ensure people's time for involvement with Health and Wellbeing Board is properly recognised

Think about having meetings outside the council, widen IT access and promote within communities

Being realistic about available resources to take forward work, prioritising what comes to the Board

Hold ourselves to account to use inclusive language and call out jargon

Health and Wellbeing Board playing its role to bring together commissioners, providers and communities in long term relationship

Health and Wellbeing Board playing its role in working as a system to ensure coproduction integral and resourced

Six HWBB events a year

Jan – sharing JSNA with residents

March – sharing THT progress and coproduced priorities with residents

May to Dec – 4 deep dive events – topics coproduced with residents (Localities, Children/Families, Living Well, Promoting Independence)

Events approach

1. Community café type methodologies
2. Participation by residents and stakeholders
3. Simple structure
 1. What do we know?
 2. What are we doing?
 3. How can we improve?
4. Board member debrief at end
5. Session written up, shared, actions followed up
6. HWBB network set up to continue discussions

Questions

- Does this seem the right direction?
- Balancing formal roles
 - BCF
 - HWBB
 - JSNA
 - Consultation on a range of strategies