Commissioning Across Partner Organisations

Engagement, Co-Production and Communications Strategy for Commissioning 2017-2020

V0.1

Children, Families and Adults
## Engagement, Co-Production and Communications Strategy for Commissioning

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**Background**

As part of the development of commissioning services for social care and other services commissioned by Cornwall Council and the NHS through the Kernow Clinical Commissioning Group (KCCG) it is expected by government through acts including the Care Act 2014 that Co-Production will be done in partnership with clients, providers, Communities, Families, front line services and partners from the Voluntary and Community Sectors. This Strategy has been Co-Produced to support this process and ensure meaningful services that will enable people to achieve positive outcomes, supporting commissioners and all partners to aspire to the principles of Engagement, Co-Production and Communication.

Key documents highlighting the importance and benefit of this approach are:

- Cornwall Council Communications and Engagement Strategy 2017-2020
- IPC (Institute of Public Care) Model of Commissioning

This Engagement, Co-Production and Communication Strategy will be for all of those involved in services. These include:

- People who use services
- Carers and Families
- Service Provider organisations
- Education, Health and Social Care Commissioners
- Other Cornwall Council Directorates and family of companies
- Elected Council Members
- NHS Kernow Commissioners
- Other NHS organisations
- Voluntary and Community Services (CVS)
- Frontline and operational staff

**Aim of the Strategy**

The aim of the strategy is to promote good practice and develop consistency across the whole commissioning cycle for all services by explaining how and why working towards a Co-Productive approach is important and by being part of a tool kit that will enable workers and partners to work towards this. It sets out aspirations for Engagement, Co-Production and Communication in commissioning practice and will clearly and openly explain to all the reasons behind the aspirations by looking at the key theories and guidance relevant to them.
Objectives
The strategy aim will be achieved though the delivery of the following objectives:

- Set out the definition and principles of Engagement, Co-Design, Co-Production and Communication

- Demonstrate how these aspirations support the commissioning cycle

- Provide examples of good practice locally and nationally which form the bases for the other documents in the tool kit

- Be a working document that is reviewed on an annual basis to ensure it is up to date and that all the tools reflect best practice through the ongoing understanding and learning made through all the practice and experience all partners and stakeholders in Co-Productive practice.

- Enable all partners to be aware of the requirement of Engagement and Co-Production for all commissioning practitioners. Ensuring that work is specific, relevant and proportionate with enough time given for this to happen.
The Principles of Engagement and Co-Production

Ideally we should be moving away from one off big engagement to a consistent regular small group Co-Production focused model. This will reduce cost and planning as once set up it is much simpler to maintain and small group/small step approaches make change more acceptable and builds positive relationships, it will also give the opportunity for more creative input and sharing of ideas and networking.

The Ladder of Participation gives a way to measure the participant engagement levels working up to Co-Production. The difference between the Co-Design/Co-Production and Engagement step is that it moves from the participation being more than just expressing opinions and views for others to implement to a joint responsibility where everyone has a role in implementation of ideas and the relationship moves from one of hierarchy and doing to others to one of an equal partnership and doing together.

For more explanation on the definitions of Co-Design and Co–Production see the relevant sections below.

We know that we are always aiming for Co-Production involving stakeholders and partners in the commissioning of services. However the approach taken will be dependent on a number of factors including the specific tasks being undertaken, the nature of existing relationships and the timescales.

Ladder of Participation


You can use the guide and planning proforma’s from the tool kit to help plan your engagements, reflecting on current engagement and communication, previous engagement and research, resources and time available.
**Co-Production**
The new economics foundation has defined Co-Production as:

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

Nesta and new economics foundation worked in partnership to develop six principles of Co-Production, which are intended to underpin all participation activities. Partners will aspire to adopting these principles in working with people in creating new and innovative solutions.

**6 Principles of Co-Production**

- **Assets:** Recognising people, places and community as assets: transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services.
- **Capacity:** Building on people’s existing capabilities: altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people’s capabilities and actively support them to put these to use with individuals and communities.
- **Mutuality:** **Mutuality and reciprocity:** offering a range of incentives to engage that enable people to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities, outcomes and expectations.
- **Networks:** Peer support networks: engaging peer and personal networks alongside professionals as the best way of building knowledge and supporting change.
- **Blur roles:** Breaking down barriers: dissolving distinctions between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.
- **Catalysts:** Facilitating rather than delivering services: enabling public service agencies to become catalysts and facilitators of change rather than sole providers of services themselves.

Embedding Co-Production

The Social Care Institute for Excellence (SCICE) has produced a guide that explains how to put Co-Production approaches into practice in organisations and projects. The guide breaks down Co-Production into four areas that will be used to inform Co-Production Plans.

1. **Culture** - Ensure that Co-Production runs through the culture of services and that this is based on a shared understanding of what Co-Production is; ensuring that organisations develop a culture of being risk aware rather than risk averse.

2. **Structure** – Develop a Co-Production Plan that sets out intentions regarding Co-Production and communication and how existing resources and groups will be utilised. Value and reward people who take part in the Co-Production process - this does not need to be a monetary reward but can be ensuring that people are involved from the start, given a purpose, listened to and can see that their contribution is valuable; however expenses should be covered.

3. **Practice** - Ensure that everything in the Co-Production process is accessible to everyone taking part, everyone has enough information, understands the principles, has the necessary skills and nobody is excluded. Think about whether an independent facilitator would be useful and ensure that time, resources, support and flexibility are allowed for Co-Production to take place.

4. **Review** - Carry out regular co-produced reviews to ensure that the process is making a real difference and is following the agreed principles. Use the review findings to improve ways of applying the principles of Co-Production, so that continuous learning is taking place. During reviews and evaluations, work with people who use services and carers, to think about ways of showing the impact that Co-Production has, as well as the processes that are involved.

Whilst we do not expect all of this to be achieved immediately it sets out the goals for the strategy and what we hope we will work towards over the next few years as we develop our Co-Production, Co-Design and communication practice. There is also a self-assessment tool available to help reflect on and measure development towards Co-Production [https://www.seemescotland.org/media/7287/co-production-self-assessment-framework.pdf](https://www.seemescotland.org/media/7287/co-production-self-assessment-framework.pdf)
Co-Production in Commissioning

The statutory guidance for the Care Act 2014 identifies Co-Production as an important consideration for commissioning and market shaping. It says that this should be a "shared endeavor" with "commissioners working alongside people with care and support needs, carers, family members, and care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions".

Standard 4 of the https://www.local.gov.uk/icbo, which supports the implementation of the Care Act, says that:

'Good commissioning starts from an understanding that people using services and their carers and communities are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and shape of services locally’.

The Care Act guidance explains that involving people, service providers and other stakeholders in the whole commissioning process brings a range of benefits for all of those involved.

- People with lived experience often feel more valued and increase their self-confidence and social connections.
- Commissioners feel more confident that they will get future services right for people the first time. This saves time and money and enables people to get on with living their lives.
- People who provide services find that there are more opportunities to recognise the skills and assets that they have and to collaborate with other local agencies.
- Helping everyone to understand what outcomes really matter for people locally, ensuring that all interventions can be shaped to support these (Co-Producing an outcomes framework).
- Identifying the assets and resources (physical and human) that are already valued locally (Asset mapping and Appreciative inquiry).
- Developing ongoing conversations between local people, commissioners and service providers that will support commissioners to understand and intervene in the local market (market shaping).
- Making it easier to co-design new services and strategies when this is needed.
- Builds a network of people with lived experience that can help to evaluate the quality of local Co-Production work (Co-Producing quality assessment).
- Provides a forum within which innovation can take place. For example new support interventions can be identified and shaped to respond to needs identified by local people or service providers.
SCIE has developed a commissioning tools website, which will be used by the Council to support the Council in its Co-Production activities. Information can be found at http://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/.

SCIE suggests a collaborative approach to commissioning, which focuses on a new way of working with service providers and of providers working with service users.

**SCIE Collaborative Commissioning Approach**

This directly links to the four components of the Institute for Public Care Commissioning Cycle, which is adopted by Cornwall Council and NHS Kernow. It is important that in considering how we co-produce services this moves beyond just the ‘Plan’ and ‘Do’ components of the cycle and considers how we extend this to Review and Analyse. Additionally, it is important that everyone is involved from the outset of commissioning activities to ensure the full benefit of the approach.

**Institute of Public Care Commissioning Cycle**
Communication:

Both the NHS and the Local Authority have Accessible Information Standards

- Accessible information standards: [https://www.england.nhs.uk/ourwork/accessibleinfo/](https://www.england.nhs.uk/ourwork/accessibleinfo/)

It is also considered good practice to get independent support where possible with communication. Especially where creating easy read documents or other formats, having these assessed by those for whom they are aimed at, by using groups such as experts by experience, will help ensure you make your communication as effective as possible. For example sharing anything easy read with the CHAMPs (Cornwall Health and Making Partnerships) team.

The 'Five Good Communication Standards: Reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings' from the Royal College of Speech and Language Therapists 2013 also gives good guidance to how and why Communication is important to the commissioning process of all Health and Social care services.

**Standard 1:** There is a detailed description of how best to communicate with individuals.

**Standard 2:** Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

**Standard 3:** Staff value and use competently the best approaches to communication with each individual they support.

**Standard 4:** Services create opportunities, relationships and environments that make individuals want to communicate.

**Standard 5:** Individuals are supported to understand and express their needs in relation to their health and wellbeing.
Collecting Informed Consent and Ethics

With any engagement, Co-Production or Communication the collecting and recording of consent for any process is an important part of any plan/session and will need to involve identifying hard to reach groups (such as those in the criminal justice system or in hospital) and ensuring that access is granted and informed consent provided. This should also cover information sharing and the policies of the Local Authorities, NHS and Partner organisations and can be collected as part of the process. This may also mean establishing links with involved workers, advocates and family members in order to facilitate contact.

When thinking about the Ethics you need to consider the data you are collecting, its sensitivity and security of it, how you are collecting it and from whom. Making sure you are using appropriate methods and activities that are assessable and inclusive especially when working with vulnerable or sensitive groups.

More information about consent and Ethics can be found in the Tools and Guidance sections on Data Quality, Collecting Consent and Diversity and Equality (hyper link when set up)
Examples of Good Practice

It is important to consider that Engagement and Co-Production takes time and needs to be specific and proportionate to each project or piece of work. It should also be done sensitively building on where relationships and practices are with those involved, small steps in the right direction improving over time can be a more suitable approach than trying to force big steps on those you need to work with, but don’t be afraid to think and do things differently.

In 2015, Cornwall Council created a Co-Production video with Learn to Lead. This sets out the journey of Co-Production in Cornwall and our aspirations for future commissioning of services.

There are also many good examples of how local authorities and provider organisations are Co-Producing services with people who use them, with carers, families and with communities. Tin Arts, KeyRing and Holy Cross are to mention a few.

Support for good practice can be found on the Commissioning Engagement, Co-Production and Communication website. These include the Guidance tools, planning tools and a library of activities and experience. Please follow the link here (Add Link when set up)
Reference of documents about engagement, research and communication

There are plenty of documents supporting engagement and communication approaches from the Local Authority and the NHS that impact any commissioning engagement activities, these include:

NHS
- Accessible information standards: https://www.england.nhs.uk/ourwork/accessibleinfo/

Cornwall Council
- Research Governance Framework: http://www.cornwall.gov.uk/rgf