Bringing communities to the centre of decision making

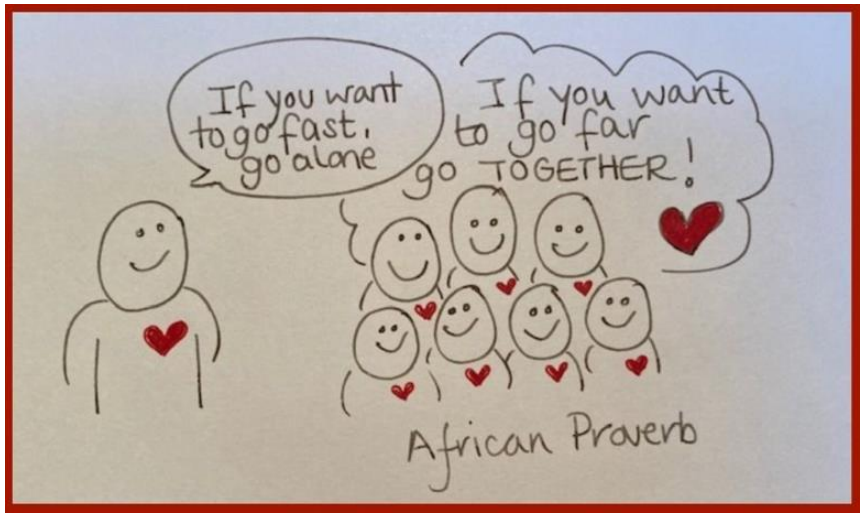
Appreciative inquiry and co-production

NHS Confederation
Delivered by the EDI Group

Housekeeping

- Please stay on mute if you are not participating.
- Please re-name yourself if you have joined under a different name.
- The presentations in the main session will be recorded but the regional breakouts will not.

Leadership Framework – Healthcare Inequalities Improvement Programme



‘Bringing communities to the centre of decision-making’ – masterclass in appreciative inquiry and co-production

Tuesday 28th June 2022

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#ExpOfCare #AlwaysEvents #Coproduction #LivedExperience #WMTY #ImprovingTogether

NHS England and NHS Improvement

What is co-production?

Co-production is a way of working that **involves people who use health and care services, carers and communities in equal partnership**; and which engages groups of people **at the earliest stages of service design**, development and evaluation. Co-production acknowledges that **people with 'lived experience'** of a particular condition are often **best placed to advise on what support and services will make a positive difference** to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

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NHS England and NHS Improvement and Coalition for Personalised Care (formerly Coalition for Collaborative Care) (2020)

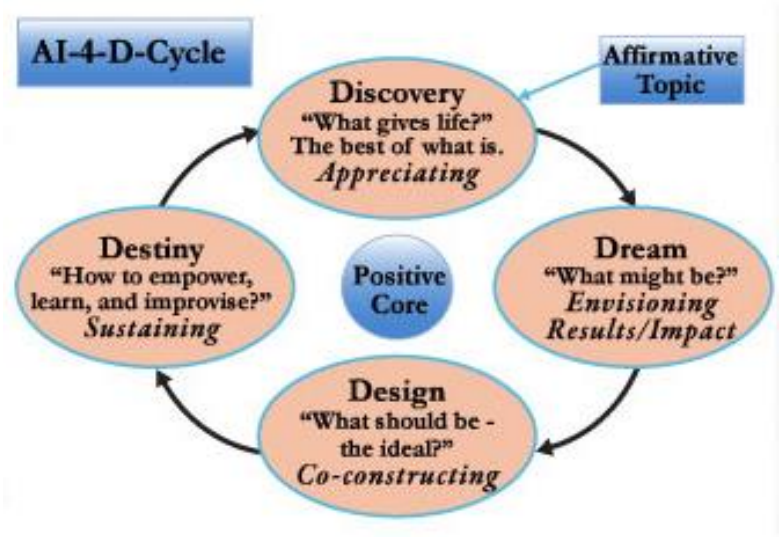
Appreciative Inquiry (AI)

•AI focuses on maximising an organisation's core strengths, rather than seeking to overcome / minimize weaknesses

•Organisations move in the direction of what they study

•AI is a conscious choice to study the best of an organisation- the positive core

•AI is not a “top down” or “bottom up” change process – it’s a “whole system” approach



David Cooperrider, 2012

Power sharing

Nurturing capability

The land of co-production

Co-production & our learning from the pandemic response

Capturing the innovations made during the pandemic that we don't want to lose

Independently evaluated - 'Co-production as default': a critical ingredient for change in implementing COVID-19 related beneficial changes and recovery

Critical ingredients for change	
1.	Co-production as default
2.	Prioritise reducing health inequalities
3.	Leadership for innovation
4.	Innovation – friendly environment

A paper went to the Quality and Innovation Committee at NHSE/I in March 2021 and there is now work to co-produce how we bring this recommendation to light and shift the culture of the way we work to ensure it is co-production as default.

Our shared goal

Introducing our new co-production resources

The resources are being shared to help people who want to co-produce improvements in health and care services. Including:

- A co-production introduction
- Supporting literature review
- Resources guide
- QI Venn diagram
- QI Postcards
- A suite of films and animations

Strong Leadership & culture change

The successful alignment of co-production, quality improvement and experience of care requires a cultural change and needs to be driven from the highest level in an organisation or system. Effective, strong leaders need to explicitly align co-production and QI priorities together as part of an organisation's strategy. All members of the executive team need to own and be committed to the alignment, and successful co-production and QI work needs to be recognised and celebrated. Cultural change can be uncomfortable but leaders should model being comfortable with discomfort and recognise it as a natural part of the process.

'Bringing communities to the centre of decision-making' – masterclass in appreciative inquiry and co-production

Strong leadership and culture change

Community, system & organisational alignment

A conversation with Prof Don Berwick

‘Bringing communities to the centre of decision-making’ – masterclass in appreciative inquiry and co-production

Our Co-production Journey

Starting with what matters to people

Just as successful alignment of co-production and QI requires 'top-down' cultural change, change also has to come from the 'bottom up', starting from what matters to people. Far too often QI projects are determined by senior managers and only involve staff, when true co-production requires that the questions and focus for improvements are defined together in partnership. Methodologies that are built around what matters to people can provide an approach, direction and structure for the process of working together.

Power sharing

If co-production and quality improvement are effectively aligned, sharing power will be inherent in how the work is undertaken. Taking a curious and reflexive approach allows for a non-defensive exploration of why people may resist sharing power and building new and different types of relationships. People may feel uncomfortable as individuals with shifts in power but need to accept both discomfort in not knowing the answers and solutions at the start and in accepting differing opinions as a natural part of the process. Conversations about power can enable people to identify and explore what is hidden or implicit.

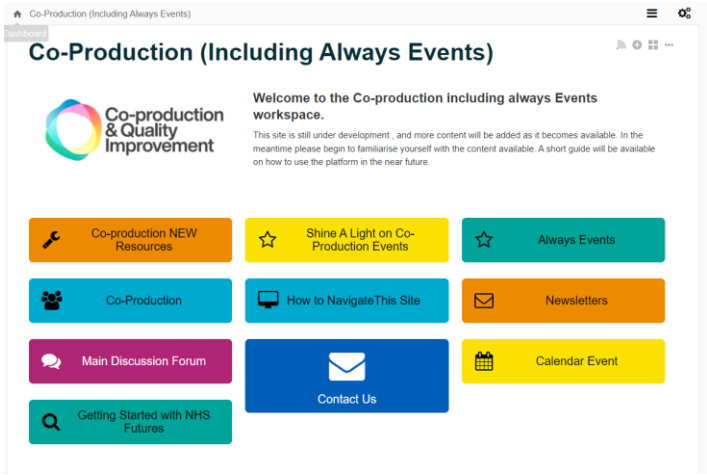
Further information

The resources are available to download on the FutureNHS Platform
[Co-production NEW resources April 2022]

Membership via this [link]

Please contact us at:

England.EOCCoproduction@nhs.net

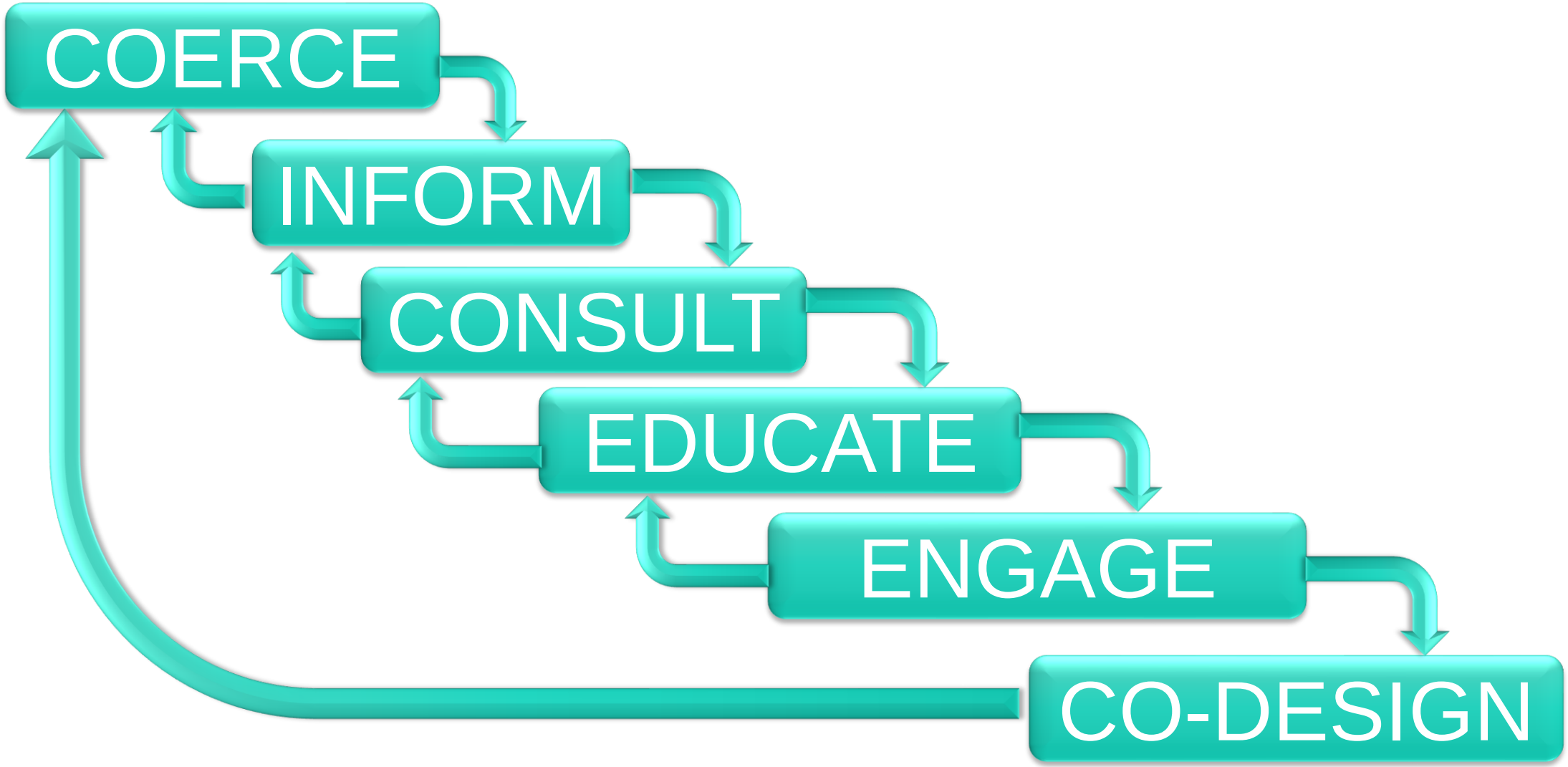


Co-production
The practical approach

Wayne Farah
Carol Hill

EDI Group

Traditional Approaches



ref : Think Local, Act Personal)

Co-production

Change power structures & relationships

Partnership of equals

Shared view of problem & solution

Ownership of design delivery & evaluation

Role of Board members in co-production

- Why use co-production to take action on health inequality?
- Understand the issues for all the people served
- Improve **Access, Experience, Outcomes**

Board steps for real co-production – setting the conditions and culture

Setting the conditions and culture for success will take time

Leadership behaviours: everybody's business

Board to frontline

Listening and acting

Board decision making process: expectations, clarity, methodology

Resource: staff with co-production skills and experience

Training and developing

Core team and/or seeding throughout organisation.

Time/resources for staff and patients/public/ VCSE groups

Resource everyone fairly, not for free.

Risk taking – learning organisation

Accept unexpected outcomes

Open and honest relationships.

Board steps: How to start – the question or theme?

Early identification of an issue, service, theme, to be explored for co-production

Where to start:

- Results of previous work eg. recommissioning or service redesigns
- Surveys, meetings, forums, networks – key themes coming through?
- Incident reports and quality themes e.g. particular services?
- Poorer outcomes than expected, using segmented data, public health insights/reports
- Complaints, feedback, patient stories

Board is looking ‘outwards’ and working with the community and workforce, bringing back insight and intelligence. What are people out there saying?

Board steps: Who to involve?

Trust and relationships with the community – linked to culture of the organisation and leadership behaviours, from Board down and bottom up. Inclusive and collaborative leadership.

Know your communities and local organisations, formal and informal routes

Wide range of ‘voices’ required – vary due to theme area, not always the same groups or individuals. Seek out those with lived experience.

System levels – ICS, Providers, Place, PCNs and commissioners.

Understand the scope before starting BUT be ready to be flexible – you don’t know what you don’t know!

Board steps: Checklist for Board Assurance

Description of co-production activities prefacing the proposal/business case - before and after redesign
Who?
How?
Outcomes?
New unexpected questions to explore?
How will co-production continue to be used in implementation and evaluation of the change?
Evaluation of the co-production process used – how can it be improved next time?
If not satisfied with the process followed do not proceed – the outcome will not give the improvement needed! Be prepared to start again.

Welcome

NHS Confederation

Andrew Fenton
NHS South, Central & West CSU

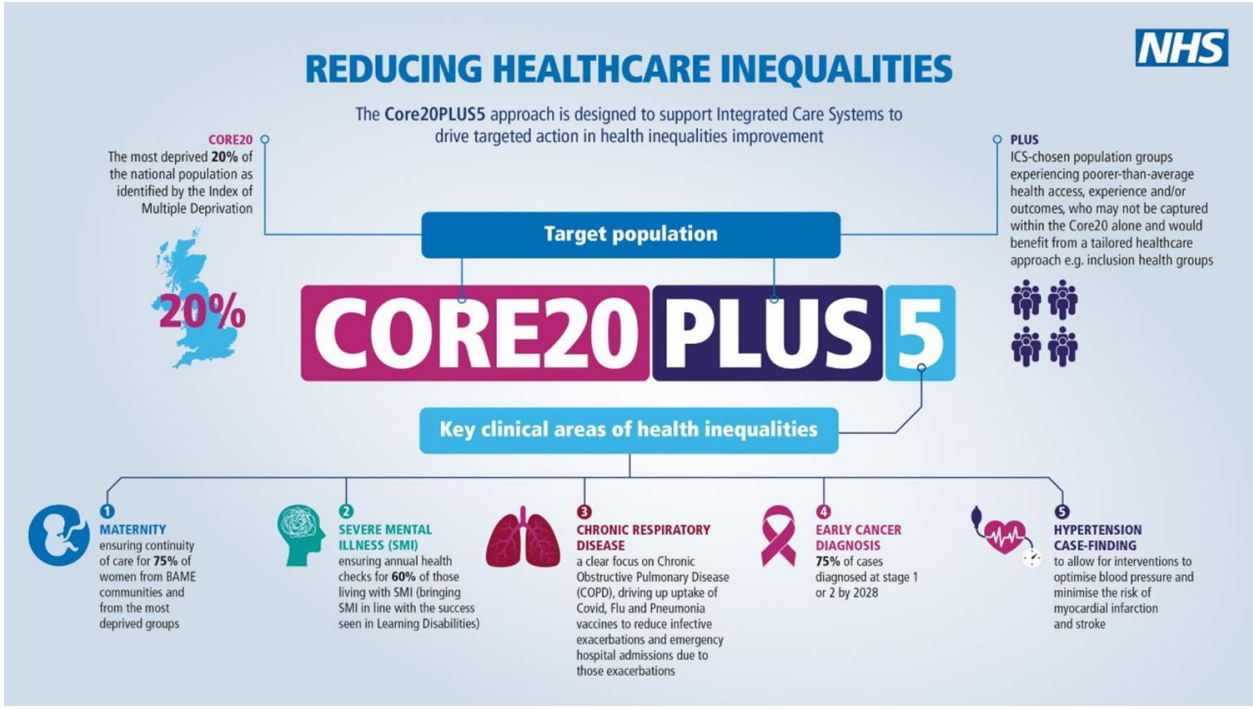
Core20Plus Connectors

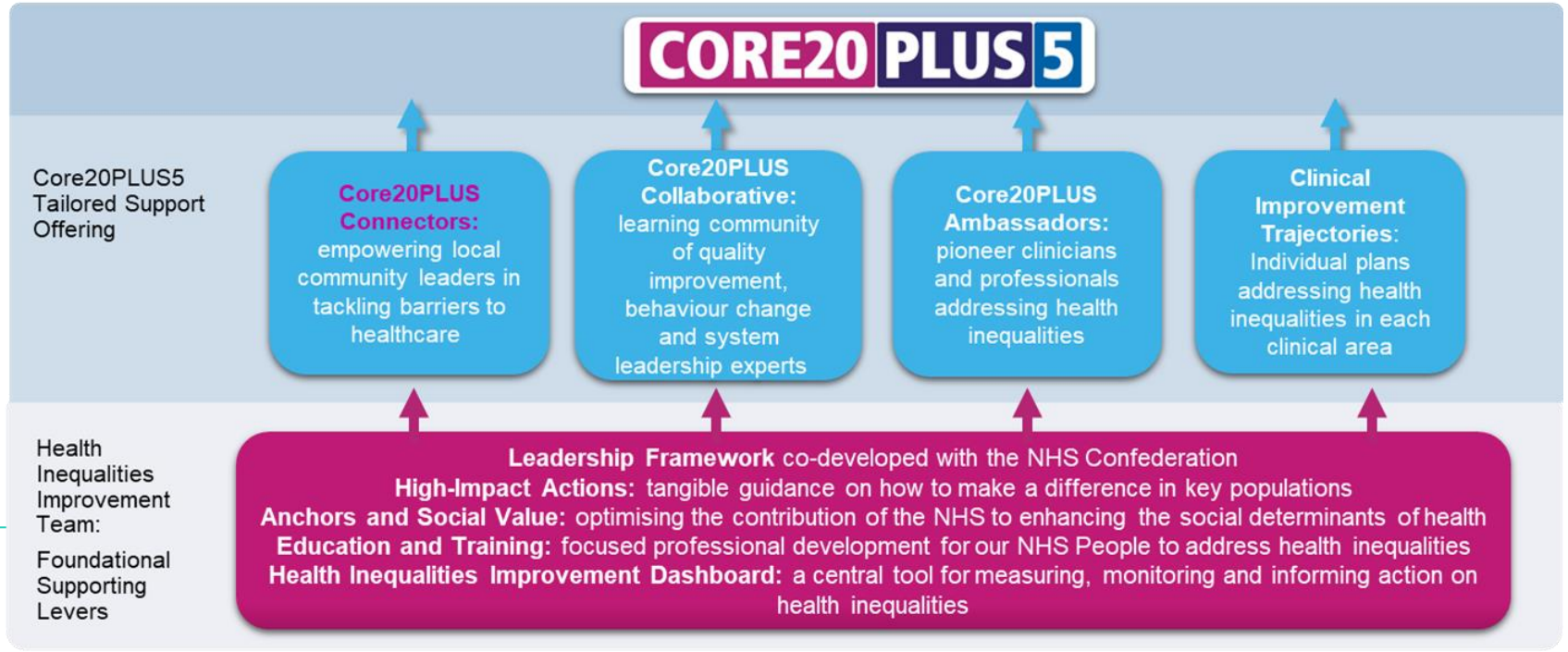
www.scwcsu.nhs.uk

Overview

Core20Plus Connectors

- Design and establish programme of community-based ‘Connectors’ impacting on local health inequalities.
- SCW on behalf of HII Team, NHSE.
- **Co-design phase Oct ‘21 to Jan ‘22**.
- On-boarding / mobilisation from Feb ‘22
- 3-years funding, 2021/22 to 2023/24



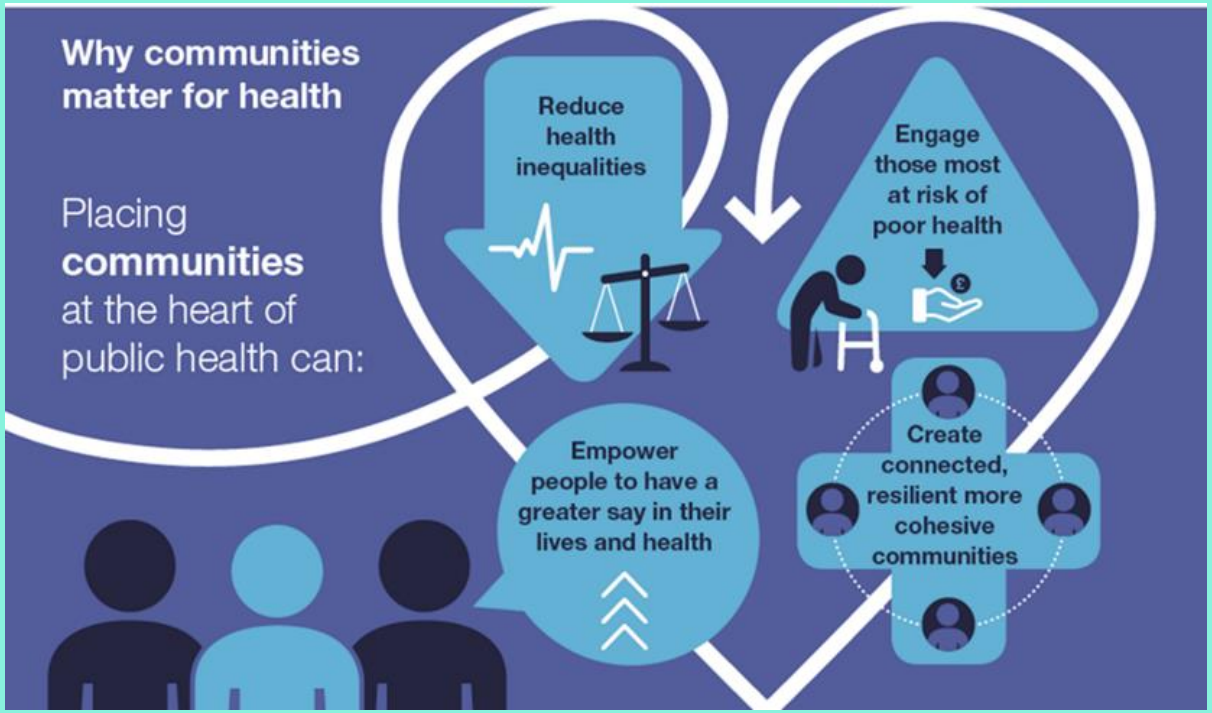


Background – why we took action

The Connectors programme will develop and support community-based roles to impact on the goals of Core20PLUS5 - **acting as a voice to focus on barriers and enablers to reduce health inequalities** and connect people with decision-makers.

Co-design of the Connectors programme

- Design Principles
- VCSE / HW partnership
- Active involvement of people with lived experience
- Early engagement with ICS colleagues, inc Public Health, and local VCSE delivery partners.



Design principles

- The programme itself should develop with **co-design at its heart**, and include people with lived experience of disadvantage and exclusion and of carrying-out community champion / ambassador roles.
- Ensure the programme is **fully informed by similar initiatives** and programmes that support / fund community champions, and the lessons and experience across partners that has built up.
- Apply an **appreciative inquiry approach**, enabling local partnerships to build on positive strengths and assets to develop and support community-connector roles.
- Recognise that **local system partnerships are likely to choose and develop differing approaches** and models to recruiting and supporting HI ambassadors.
- Ensure a **focus on real life outcomes**, that also includes the experiences and ambitions of community members and volunteers, rather than on mechanisms and process.
- **Local determination**: the roles identified and recruited in local systems should be situated in the context of wider partnership working and structures / processes for decision making and prioritisation
- A **legacy for participants**: the roles created (both salaried and on a voluntary basis) are meaningful and participants get the support to enable development into future roles that enrich their own personal goals.

Inputs to co-design phase

National Voices | healthwatch | The Health Creation Alliance

- Informal Community Organiser – Dartmouth
- Informal Community/Agency Connector and Lived Experience of Mental Ill-Health – North Yorks
- Informal Community Leader – Salford
- Informal Community Connector and PPG Chair – Cornwall
- Social Prescribing Link Worker and Lived Experience of Mental Ill-Health – Wakefield
- Integrated Care Community Development Lead – Morecambe Bay
- Social Prescribing Link Worker – London
- Local Area Coordinator – York
- Researcher and Community Connector – Exeter
- Pharmacist & Self-Care/Health Inequalities ICS Lead – Milton Keynes
- Time-bank Broker, former Care Navigator and Community Link Worker – London
- Health Influencer Change Worker for female street sex workers – Yorkshire
- Chair of Calderdale Council for Mosques

- **Groundswell**
- **Roma Support Group**
- **Doctors of the World**
- **Thrive Teeside**
- **LGBTQ Foundation**
- **Routes Change**
- **Grenfell & Brent Community Connectors**

Mobilisation

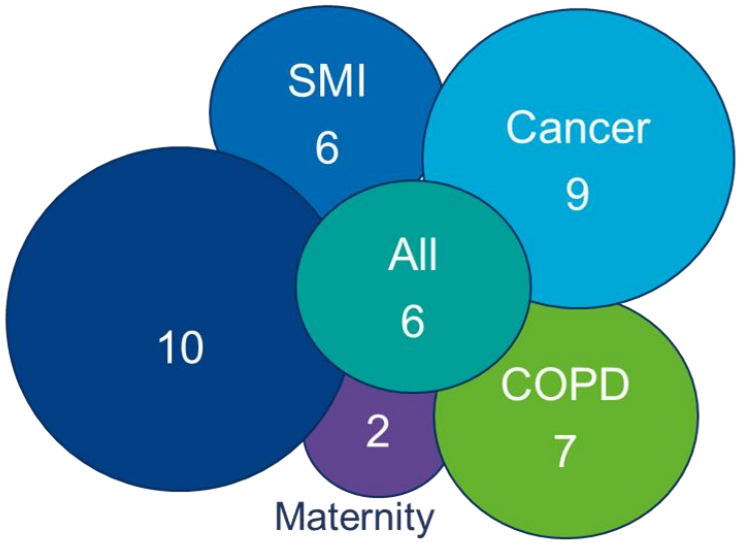
Core20PLUS Connectors Programme update

21 live Core20PLUS connector sites

30+ VCSE or Healthwatch delivery partners

400 + Connectors planned to be recruited

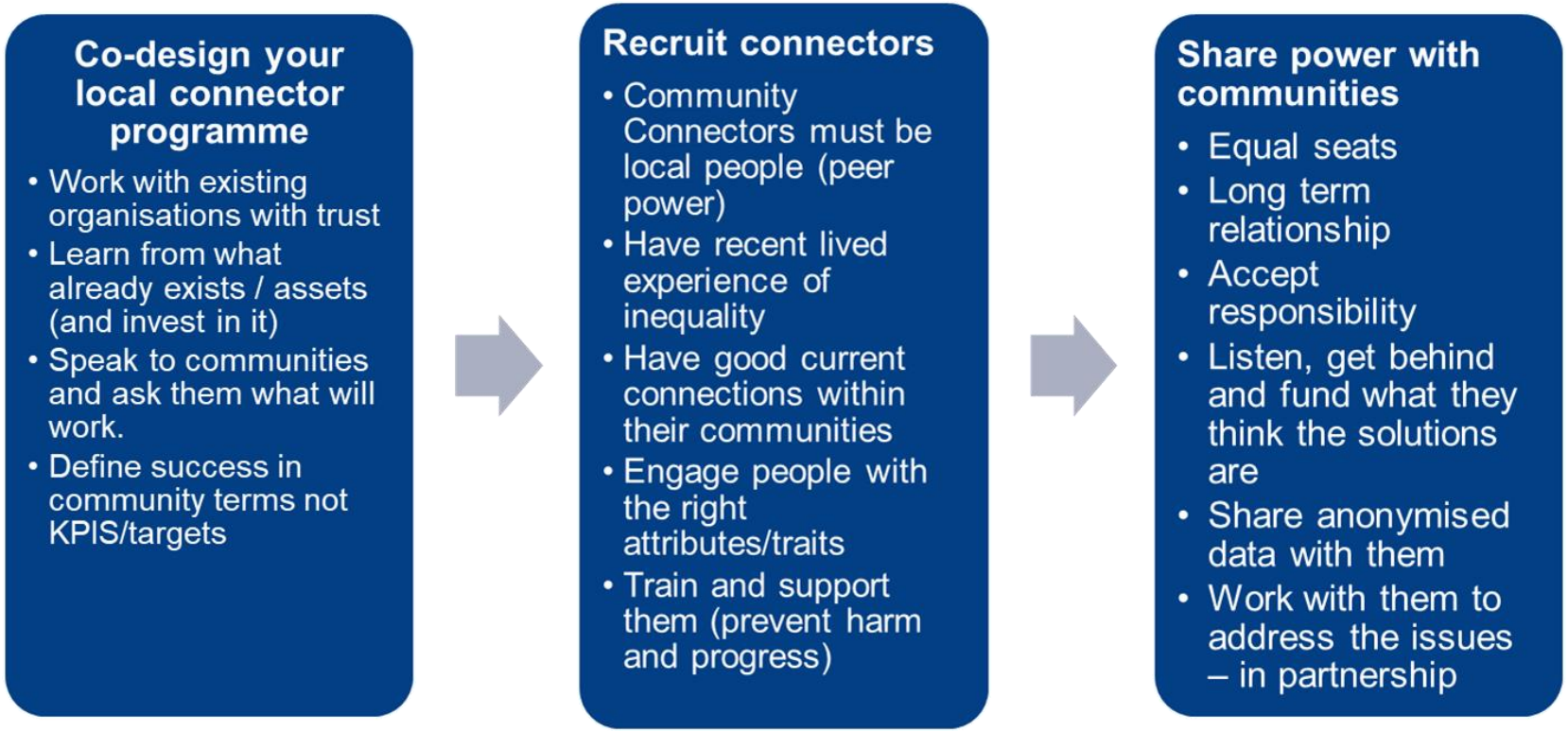
Focuses across the live sites



- Ethnic minorities
- Refugees and asylum seekers
- Gypsy and Traveller populations
- Black, African and Caribbean communities
- Marginalised groups
- Learning Disabilities
- Inclusion health groups

Our learning

- Convening and facilitating a wide network of people and organisations to co-design a programme.
- Partnership working with VSCE and Healthwatch.
- Engaging with colleagues within Integrated Care Systems to inform design of the programme.



Next steps – our plan for the future

- The Connectors programme will extend to further ICSs later this year.
- Links with the Community Champions programme across 60 L.As funded by Dept for Levelling Up, Housing and Communities.
- Long term sustainability: links to scope and investment in related community-based & PCN action and roles, including Social Prescribing, Cancer Champions, Community Health Workers, Peer-Support.
- How it can be developed / expanded

https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011854/A_rapid_scoping_review_of_community_champion_approaches_for_the_pandemic_response_and_recovery_V8.pdf

Thank you

- Any questions?
- Andrew.fenton@nhs.net
- scwcsu.healthimpandineq@nhs.net

NHS Confederation

Welcome

Ash Alom

Head of Partnership Development
Bradford District Health & Care Partnership
BD&C Reducing Inequalities Alliance

An ‘Open Space’ approach to community engagement and co-production

Healthy life expectancy

It's not just about how long people live, it's how well they live too. If we take away the time people are living with poor mental wellbeing and ill health – we get what is known as **healthy life expectancy**.

10 miles

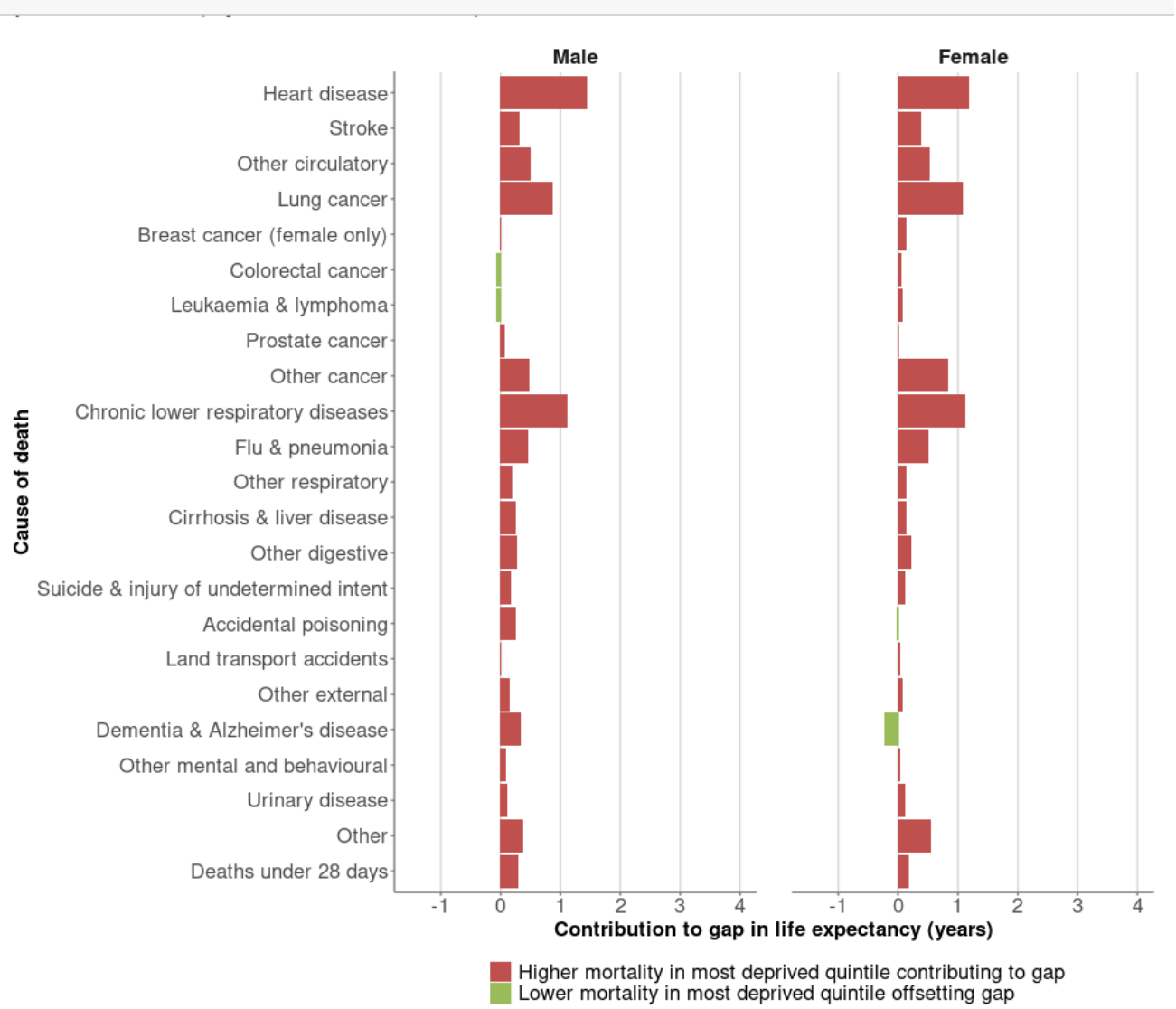
20 years less healthy life

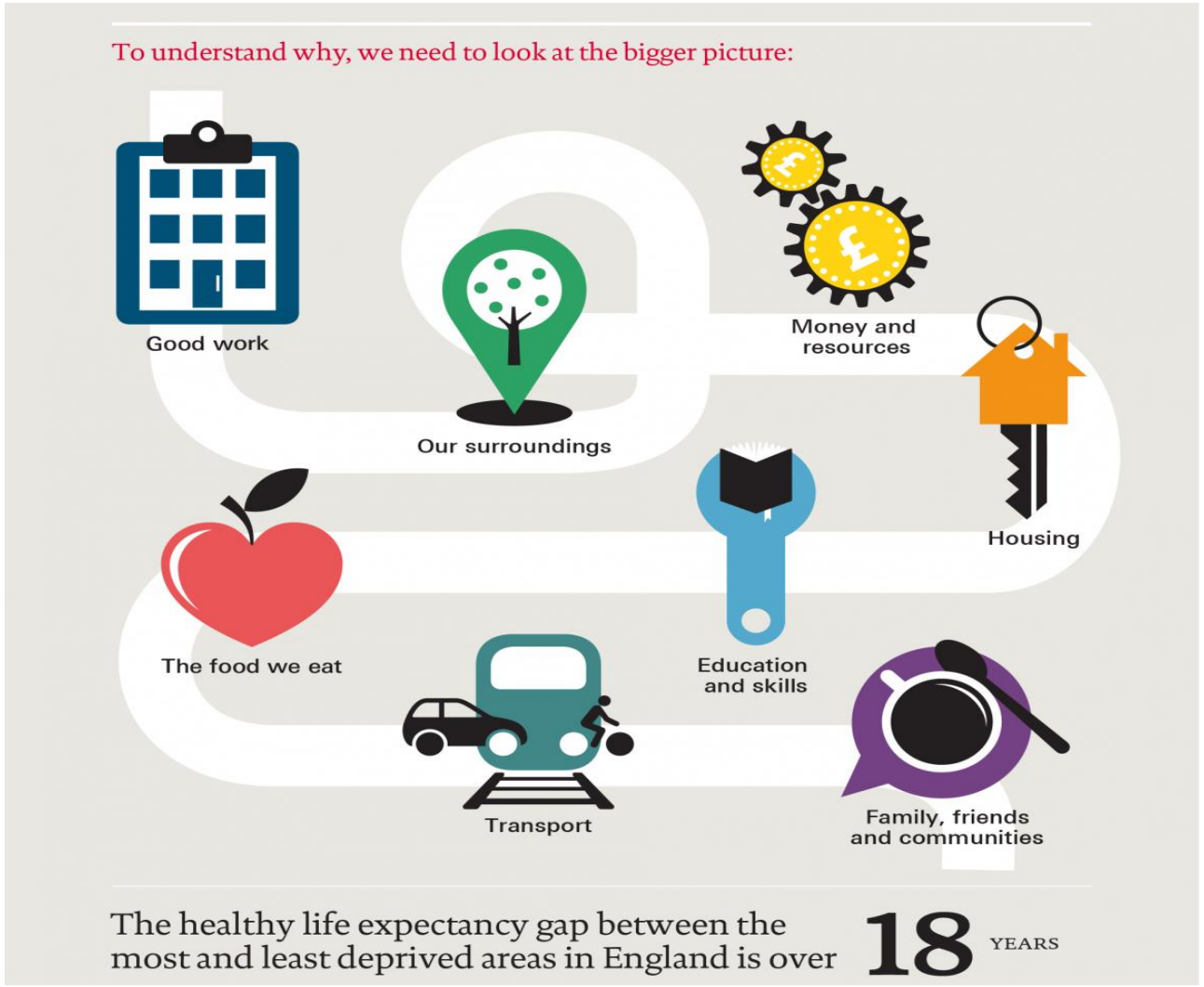
Data source: Office of National Statistics, 2009 - 2013

	Healthy life expectancy in years	
	Female	Male
Wharfedale	**72.1**	**71.1**
Bingley	68.9	67.4
Shipley	64.3	62
Heaton	58.1	60
Manningham	**48.5**	**50.6**

Life expectancy gap between the most and least deprived parts of Bradford District

<u>Detailed</u> cause of death)





Creation of **community partnerships** for each locality area (14) each involving health, Social Care, Locality Services, Voluntary and community, faith and social enterprise sector services

Data & community profiles - but need to test with lived experience and co-create sustainable solutions

We wanted to take a fresh approach

Premised on the principles of focusing on:

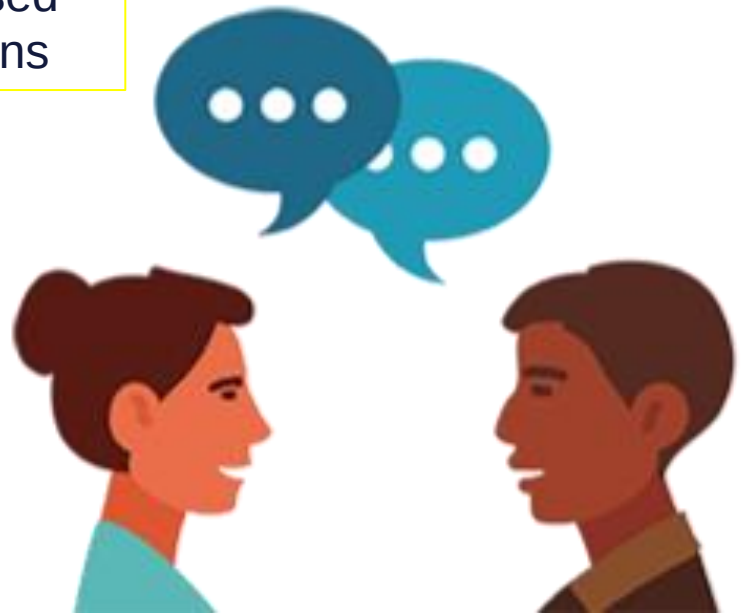
- What's strong rather than what's wrong
- What matter to you rather than what's the matter with you
- Doing ‘with’ rather than do ‘to’
- Avoiding ‘one off’ engagements and focusing on fostering relationships and activating the power of communities

Trialled the ‘open space’ approach…

Action focused conversations

No preconceived ideas or solutions

No Agenda



1. What can we do for ourselves
2. What do we need to do together with services
3. What do we need services to do for us

What matters to me for my wellbeing…

Setting up the ‘open space’ session…

- Work with community influencers, faith leaders, voluntary sector leaders, community activists who know the community well and are trusted
- Involve NHS staff who are from the community, have connections
- When engaging a particular ethnic group engage professionals who are in the same ethnic group to benefit from their community insights and lived experiences.
- Use community friendly venues in the community rather than bringing them to unfamiliar, professional environments.

What matters to me for my wellbeing living in …

Keighley

Open Space in a few simple steps

Everyone invited to share their impressions at the end **7**

Discussion highlights and ideas for action captured on-site **6**

5 Multiple groups convene simultaneously

1 Host welcomes the group

Use Open Space if there is...

- A real issue of concern or interest
- Lots of diversity: People and points of view
- Real passion and yes, even potential conflict
- Urgency and complexity - part of the mix too

2 Facilitator describes Open Space process

3 Participants propose topics, create agenda

4 People choose where they want to go

Successes

- Activates communities
- Community Led action plan
- Builds greater understanding of local health services
- Local people often have solutions that would work better for their communities
- Empowers communities to address health issues in sustainable ways
- Enabling people to have ‘ownership’ of their local services and support empowers them and is ‘health creating’
- Real motivating affect

Challenges

- Initial receptiveness to the approach and concept
- Time required to build relationships
- Skills of facilitator

Opportunities

- Applicable across specific disease and services areas - diabetes
- Connects other community assets in to the local health family - including decision making forums

- Concept: Co-production widely used in the NHS - Reality: Consultations on predetermined views, ideas and solution
- The role of people and communities in creating health and wellbeing has increasingly been advocated in health and social care.
- Never has this been realised more profoundly than during COVID19.
- We must never forget the lessons from Covid

Thank you

- Any questions?
- ash.alom@bradford.nhs.uk

Welcome

NHS Confederation

Michael Crilly
Mersey Care NHS Foundation Trust
The Life Rooms Social Model of Health

Overview – what we did

The Life Rooms Social Model of Health

• Brief description:

- Improve population health by addressing the social determinants of poor health.

- An infrastructure for non-clinical, patient public facing services in the organisation.

- Co-designed, co-delivered and co-evaluated service.

- Celebrated our 6th Birthday in May 2022

Background – why we took action

The Life Rooms – A Social Model of Health

- Outline of how the need was identified and who was involved:

    - Review of Service User & Carer Engagement

    - Trust-wide Active Listening Process

    - Side-by-Side Working

    - how local data was used

A Social Mission

Evaluation!

Pre-pandemic

The LIFE ROOMS

Life Rooms Activity
April 2019 to March 2020

2,562 LEARNING OPPORTUNITIES DELIVERED

53,866 VISITS TO LIFE ROOMS SITES

16,155 LEARNING OPPORTUNITIES ATTENDED

1,224 Appointments took place with pathways advisors

9,776 Social prescriptions were delivered as a result of these appointments

3,292 Volunteer hours in our sites

64.8% of Life Rooms users that completed a pre and post Short Warwick Edinburgh Wellbeing Scale (SWEMWBS) during this time period showed an IMPROVEMENT IN WELLBEING

Pandemic

The LIFE ROOMS

Life Rooms Activity
April 2020 to March 2021

96% of people accessing learning around mental wellbeing were **SATISFIED OR VERY SATISFIED** with course content.

6,575 CONTACTS took place with pathways advisors, which led to...

4,596 SOCIAL PRESCRIPTIONS

461 ZOOM sessions delivered (started October 2020)

2,109 HOURS of companionship **delivered by 35 volunteers**

20,415 VIEWS on The Life Rooms online learning videos since March 2020.

483 people signed up to The Life Rooms online learning platform (launched October 2020)

1,579 CMHT service users were proactively supported by The Life Rooms Support Team

Emerging

The LIFE ROOMS

Life Rooms Activity
April 2021 to March 2022

11,022 visits to Life Rooms sites since reopening for face to face learning and pathways appointments in October 2021

4,820 CONTACTS took place with pathways advisors, which led to...

8,507 SOCIAL PRESCRIPTIONS

644 ZOOM sessions delivered to **2,870** members

4,006 PEOPLE ATTENDED **728** face-to-face learning sessions in Sefton

2,141 PEOPLE ATTENDED **316** face-to-face learning sessions in Liverpool

2,210 successful proactive contacts were made with Mersey Care service users by the Wellbeing Support Team

"As far as I'm concerned this is a **really useful service** and I can't thank you enough"

"I will definitely **recommend this service** to others in the future"

"As soon as I stared accessing groups, life started getting a lot better... **Life is a lot better than it was** because of The Life Rooms"

Our learnings

- What worked well – ‘Having a go!’
- What hasn’t worked – ‘Not having a go!
- What have been the most useful learnings – ‘Having a go!’
- Barriers identified – Building the trust and the religiosity of the NHS!
- Limitations – The Pandemic and The Post-Pandemic World
- Opportunities identified – Getting Upstream

Next steps – our plan for the future

- Independent evaluation
- 6 Years and 6 boroughs
- A response to Marmot and the challenge of ICS system change.

Thank you

- Any questions?
- Michael.Crilly@merseycare.nhs.uk

Breakout sessions

Please select the breakout room for **your own region** BEFORE you take a comfort break of 5 minutes.

Meeting close

- Thank you for participating today

- Any feedback to: edi@nhsconfed.org

NHS Confederation