



## **Integrated Personal Commissioning**

# **Co-production for personal health budgets and Integrated Personal Commissioning**

### Summary guide



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# 1 Introduction

Integrated Personal Commissioning (IPC) and personal health budgets are part of a wider drive to personalise health, social care and education.

They promote a shift in power and decision-making to enable a changed, more effective relationship between the NHS and the people it serves, aligning to the [Five Year Forward View](#).<sup>1</sup>

IPC is a partnership programme between NHS England and the Local Government Association (LGA). It supports the improvement, integration and personalisation of services, building on learning from personal budgets in social care and progress with personal health budgets.

This guide provides best practice advice, not statutory guidance. The IPC operating model sets out the essential components of IPC and provides a template for local areas to follow. It provides a best practice approach for implementing personal health budgets.<sup>2</sup>

The model is aimed at IPC areas, but will be of interest more widely. This includes NHS commissioners and others involved in providing health, education and social services, including the independent and voluntary sectors, as well as people interested in personal health budgets or IPC.

## 1.1 Who is this document for?

This summary guide is aimed at people who are leading local implementation in IPC areas. The content will be relevant also for people implementing personal health budgets across England, leading implementation of the Care Act 2014 and of the Special Educational Needs and Disability (SEND) reforms. It is also directly relevant to people with lived experience of care and support and voluntary, community and social enterprise (VCSE) organisations.

## 1.2 What is co-production?

Co-production fundamentally recognises and understands how people can contribute to care and support at all levels. It increases the scope for people to profoundly influence and shape the support they receive as an individual and as a community. It also enables strong working relationships built on direct, regular contact with senior managers and proximity to decision-making. This models the changed relationship between people with complex health needs, the VCSE sector and statutory services that is central to IPC.

Co-production enables people with lived experience and their carers to play an active role in:

- improving their own health and wellbeing, including through supporting people to self manage
- supporting others in their local community or community of experience
- working with practitioners in IPC and personal health budgets alongside other key stakeholders to design the support and resources available
- working with practitioners to ensure that what is being offered to people is clear, empowering, and outcome-focused.

NHS England and the LGA's approach to co-production is a developmental process with six key phases and good facilitation at its heart (see section 2.1). While the approach recognises that co-production involves working at a strategic and commissioning level with a broad range of stakeholders, the main focus of the approach is on empowering people with complex health needs to co-produce IPC and personal health budgets as part of a co-production peer network. This enables co-production to be put into practice at organisation, peer network and individual levels.

### **1.3 Co-production: What this looks like for people**

- People with lived experience have an equal status with practitioners to influence key decisions.
- Everyone will know that co-production is at the heart of IPC. People will understand what this means in practice at three levels: organisational; collective (peer network); and individual.
- A range of people will have heard about the opportunity to co-produce IPC and will receive a positive response when they make contact.
- People are clear about the purpose of co-producing IPC and how they will be involved.
- People will have the necessary knowledge to understand their own lived experience in the context of the 'bigger picture' and the skills and confidence to influence and champion IPC at a strategic level.
- People will be actively contributing in a range of ways to co-produce the key shifts of IPC. People will be recognised and rewarded for their input.
- People will be satisfied that they have made a significant impact towards achieving the aims of IPC.

### **1.4 Co-production: What needs to be in place**

- Facilitation and implementation of the six key phases of the IPC co-production development process (see section 2.1).
- Fully consider potential risks to personal information of any new approaches through completing a privacy impact assessment to ensure that people's privacy and confidentiality are respected and Data Protection requirements are met. See the IPC and personal health budget finance and commissioning handbook for more information.<sup>2</sup>



## 2 What needs to be in place

### 2.1 Facilitate and implement the six key phases of the IPC co-production development process

#### 2.1.1 What is this?

The six key phases in the approach to co-production are as follows:

1. Develop a co-production strategy that demonstrates leadership, values and commitment to practice.

As part of a common approach to co-production, it is important to develop a clear strategy that shows how IPC and personal health budgets will be co-produced in a local area and how adequate time and resources will be made available to support the process. This includes nominating a lead person and an organisational commitment to developing a co-production peer network.

2. Connect with local people with lived experience of personalised approaches to health and social care to develop a co-production peer network.

Connecting with local people recognises the importance of co-producing IPC with people who have lived experience of care and support. It is a chance to explain what people can expect and what is expected of them.

3. Develop a statement of purpose that describes how everyone will work together to co-produce IPC and personal health budgets at a local level.

A statement of purpose makes clear what the co-production peer network is for. It is underpinned by the principle of reciprocity. It enables people to understand the context in which the co-production peer network is working and what the group wants to achieve alongside what the health and care system wants to achieve.

4. Ensure everyone in the co-production peer network has the knowledge, skills and confidence to participate in transformational change.

People will need to understand their own lived experience in the wider context and have the skills and confidence to influence and 'champion' IPC and personal health budgets at a strategic level.

5. Work with the co-production peer network to develop and implement IPC and personal health budgets.

Working together to develop and implement IPC and personal health budgets should be a reciprocal relationship. Reciprocal relationships are about 'give and get'. The co-production peer network will be keen to have the opportunity to take on key roles on relevant programme boards and in working groups and to engage in the further development and aims of IPC.

6. Ensure there are tangible outputs that are measurable and outcome-focused, and demonstrate the difference co-production has made at all levels.

This is about reviewing and recognising the role of co-production within IPC in a local area, and using this understanding to further inform the development of IPC and the contribution people with lived experience of care and support make.

### 2.1.2 Why do this?

The importance of co-production is outlined in section 1.2. For IPC in particular, a co-production peer network supports the development of people's knowledge, skills and confidence to co-produce personalised approaches to health and social care by addressing the power and information imbalance between people and families and statutory services

### 2.1.3 What does this mean in practice?

As well as the six key phases outlined in section 2.1.1, there are a number of other complementary factors to put the IPC co-production approach into practice at the different levels, as follows:

- Organisational:
  - Organisations are committed to sharing power and decision-making and to an organisational culture of openness and transparency.
- Co-production peer network:
  - A co-production peer network is established with the full backing of all relevant local organisations.
  - People are supported to understand what IPC and personal health budgets are and feel confident that their experience will inform local developments.
  - There are positive expectations of the co-production peer network, enabling a range of opportunities for people to co-produce IPC and recognising and rewarding people for their input.
  - There are trusting and productive working relationships. People are clear about their role, what they are being asked to be involved in and how a co-production peer network differs from a peer support group.
  - There is investment in people's knowledge, skills and confidence – including by sharing relevant information and understanding what is open to change and what is not.
- Individual:
  - The IPC co-production approach considers both practical and psychological issues for individuals in relation to co-producing IPC and personal health budgets well.
  - Organisations should proactively reach out to people with an IPC personal budget in a local area. This approach should reflect what motivates people with lived experience to co-produce IPC and how to nurture emerging relationships.
  - People feel confident and competent to contribute on a 'level playing field'.
  - People with lived experience of IPC and personal health budgets can see how being an active participant in the co-production approach has changed their relationship with statutory services and influenced the development of IPC and personal health budgets in their local area.

### 2.1.4 What advice and tools are available?

- Co-producing IPC framework<sup>2</sup>
- [Think Local Act Personal resources on co-production](#)

### 3 Ensuring equal access

Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it
- given regard to the need to reduce inequalities between people in access to and outcomes from healthcare services, and to ensure services are provided in an integrated way where this might reduce health inequalities.

Co-production is an important aspect in helping local authorities and the NHS to meet the needs of all sections of the population, including people who have been poorly served by conventional health and social care services. Examples of how co-production can work for different groups are available on the NHS England website.

Steps that sites can take to help ensure co-production works well for groups with protected characteristics under the Equality Act 2010 include:

- making information about co-production available in a range of formats
- working with VCSE organisations, peer support networks and community groups to ensure that all local people have the opportunity to be a part of co-producing IPC
- ensuring people who co-produce IPC are drawn from all parts of the local community
- ensuring the approach to co-production is well facilitated and accessible
- reviewing who is involved in local co-production of IPC, ensuring it includes people with protected characteristics.

IPC also adopts a whole life, whole family approach, which takes into account the needs of carers, including young carers. NHS England has published advice on carer health and wellbeing, setting out the responsibilities of local authorities and the NHS.

### 4 More information on co-production

The Personalised health and care framework provides more detailed advice and practical tools to support local implementation.<sup>2</sup>

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## 5 Annex A: A guide to co-producing IPC

### 5.1 Introduction

This section is intended to take a wide range of people on a walk-through of the co-production journey. This includes people with lived experience of care and support, their families and carers, system leaders, commissioners, strategy leads, programme managers, VCSE organisations, peer networks and facilitators.

It provides the following:

- an introduction to the six phases of the IPC approach to co-production
- a reflective tool to support areas to think where they are on the co-production journey, including what's going well, and where there needs to be more focus
- a set of insights from those further ahead on the journey, including practical tips and pitfalls to avoid.

### 5.2 Co-producing IPC

#### 5.2.1 Key concepts

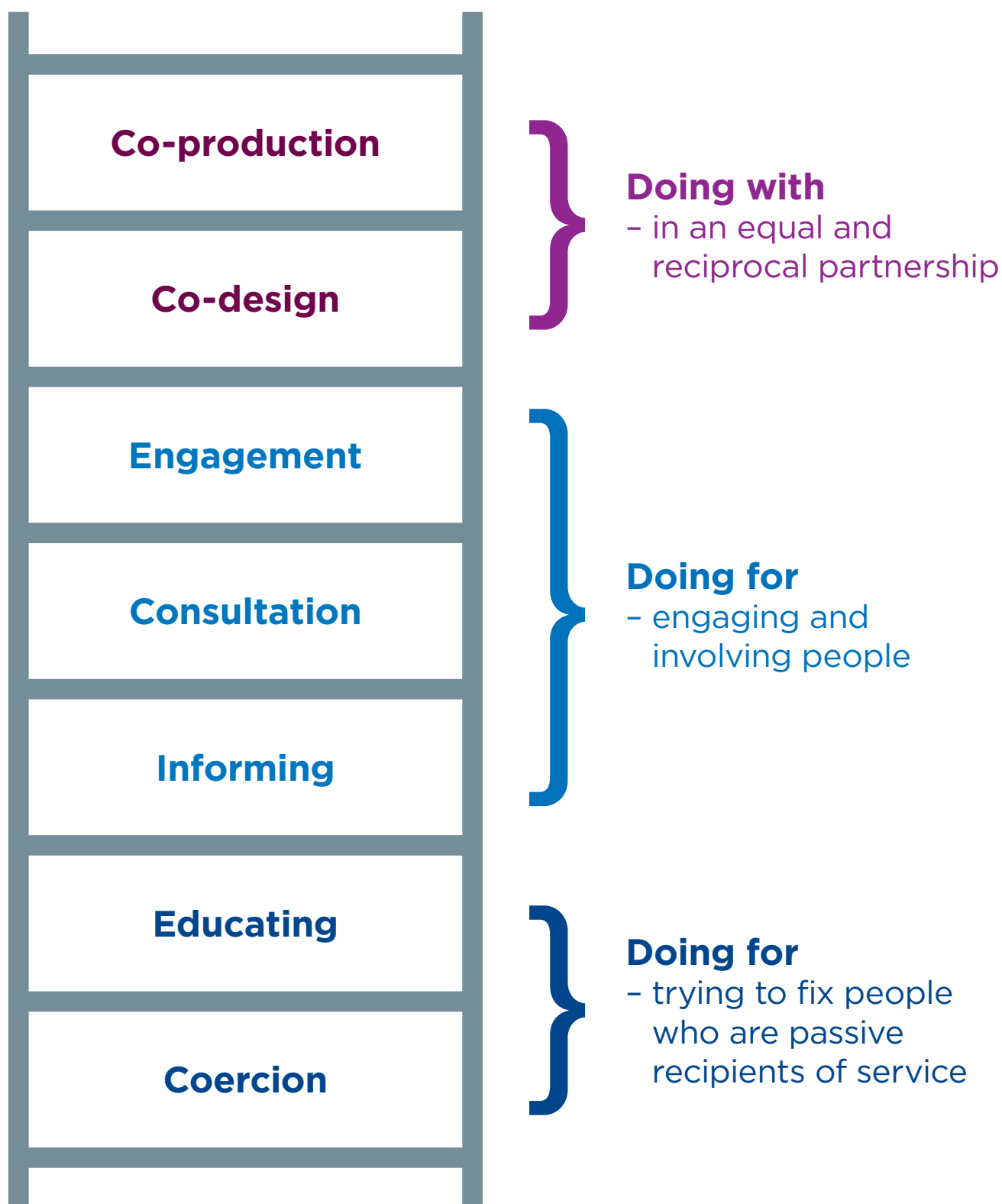
It is important to situate co-production in IPC within key co-production concepts, including the co-production ladder, a co-production peer network and the role of change agents in creating impact.

Co-production is distinct from engagement or consultation. The purpose of consultation is often to gather the views and experiences of a wide group of people; the focus is on breadth of knowledge and experience. Conversely, co-producing IPC emphasises depth of knowledge and experience to enable transformational change. It increases the scope for people to profoundly influence and shape the support they receive as individuals and as a community. It also enables strong working relationships built on direct, regular contact with senior managers and proximity to decision-making.

The Think Local Act Personal (TLAP) co-production ladder (Figure 1) is a useful tool for illustrating how co-production shifts the relationship with people with health and care needs from doing for to doing with.



Figure 1: The TLAP co-production ladder



What is distinct in IPC is that it approaches co-production through an IPC lens. It has people at its heart and takes a community and peer focus to build knowledge, skills and confidence. It harnesses the potential for people to be active co-producers of health and wellbeing, rather than passive recipients of services. While the approach recognises that co-production involves working at a strategic and commissioning level with a broad range of stakeholders, the main focus is on empowering people with complex health needs to support each other, build social capital and co-produce IPC within a co-production peer network.

This approach complements other approaches to the strategic development of community capacity building within the overall IPC framework for community capacity and peer support.

Throughout the framework – co-production is considered at three levels:

1. An individual level: people with lived experience.
2. Co-production peer network: people with lived experience working strategically to co-produce IPC.
3. Organisational and system level: enabling and facilitating co-production within IPC.

This framework, and the central role of people with complex health needs and their family carers in co-producing IPC at an individual and strategic level, aligns closely with the IPC emerging framework that aims to empower people to play an active role in:

- improving their own health and wellbeing, including through self management
- supporting others in their local community or community of experience
- working with practitioners in producing IPC alongside other key stakeholders to design the support and resources available
- working with practitioners to ensure that what is being offered to people through IPC is clear, empowering and outcome-focused.

### 5.2.2 The co-production peer network

The people who are best placed to co-produce IPC are:

- empowered with knowledge, skills and confidence about their health condition and how it impacts on their life.
- connected to other people in their community of experience or peer support group.
- have relevant and recent experience of IPC and personalised approaches to health and social care either directly as a budget holder or as a family carer.
- are knowledgeable about the aims and purpose of IPC.

The primary mechanism for co-production within IPC is by bringing people with lived experience of a personal health budget or personal budget together into a co-production peer network. Their role can be likened to the role of a change agent in organisational change. A change agent is anyone who acts intentionally but without formal line authority to facilitate change in an organisation. The single most effective skill of a change agent is that of establishing highly effective working relationships.

Setting up a co-production peer network with sufficient investment of time, resources and relationship building can be highly effective. Empowering people with health and care needs to understand the context in which they are co-producing IPC is important because the most effective change agents are those who are sensitive to the culture within which the change is happening.

Change agents have to rely on 'personal power' which flows from two sources. One source lies in the distinctive insights and expertise they can offer. The other is fundamentally relational: it is seen in people who are authentic, who are clear about their own thoughts, needs and wants, yet are genuinely able to engage with the ideas, needs and wants of others.

While it will be important to engage in broader stakeholder engagement, change management suggests a small group of informed co-producers of IPC can stimulate a ripple effect. As IPC begins to thrive in a local area, other stakeholders will notice and, like the ripple effect, the impact will spread. A co-production group can effectively model the changed relationship being created through IPC so that other people experience the impact.

### 5.2.3 Preconditions for co-production

The common approach for co-production is underpinned by necessary preconditions in order for co-production to work well. These conditions are important for supporting personal growth and development and for enabling people to be active participants in co-producing IPC.

#### 1. Skilled, enabling and facilitative leadership

Skilled, enabling and facilitative leadership is at the heart of co-production. It requires a leadership style that is organic, collaborative, and facilitative and that simultaneously responds to the needs of the programme and the people involved. Effective facilitation can enable people to find their voice by ensuring that people with lived experience feel safe and comfortable to contribute.

The IPC approach adopts a co-facilitation model that brings together a person with lived experience of personalised approaches to meeting complex health needs and a person with good facilitation skills and a sound knowledge of IPC. There are things they both should do:

- Pay close attention to group process. Key stages of group process are forming, storming, norming and performing, and all are considered necessary in order for a group to grow, meet challenges, find solutions and effect change.
- Enable a positive culture within the co-production peer network. Co-production peer networks are not campaigning groups. Their aim is to work collaboratively with clinical commissioning groups (CCGs), local authorities and VCSE organisations to shape IPC.
- Create a group that is underpinned by values such as mutual respect, openness, honesty and peer support.
- Maintain a strong sense of purpose that is evolving and responsive.
- Believe in the potential of people with lived experience to become effective change agents across the whole system.

**“When people not used to speaking out are heard by people not used to listening then real change is made.” John O’Brien**

#### 2. Building relationships that enable power to be shared and trust to develop

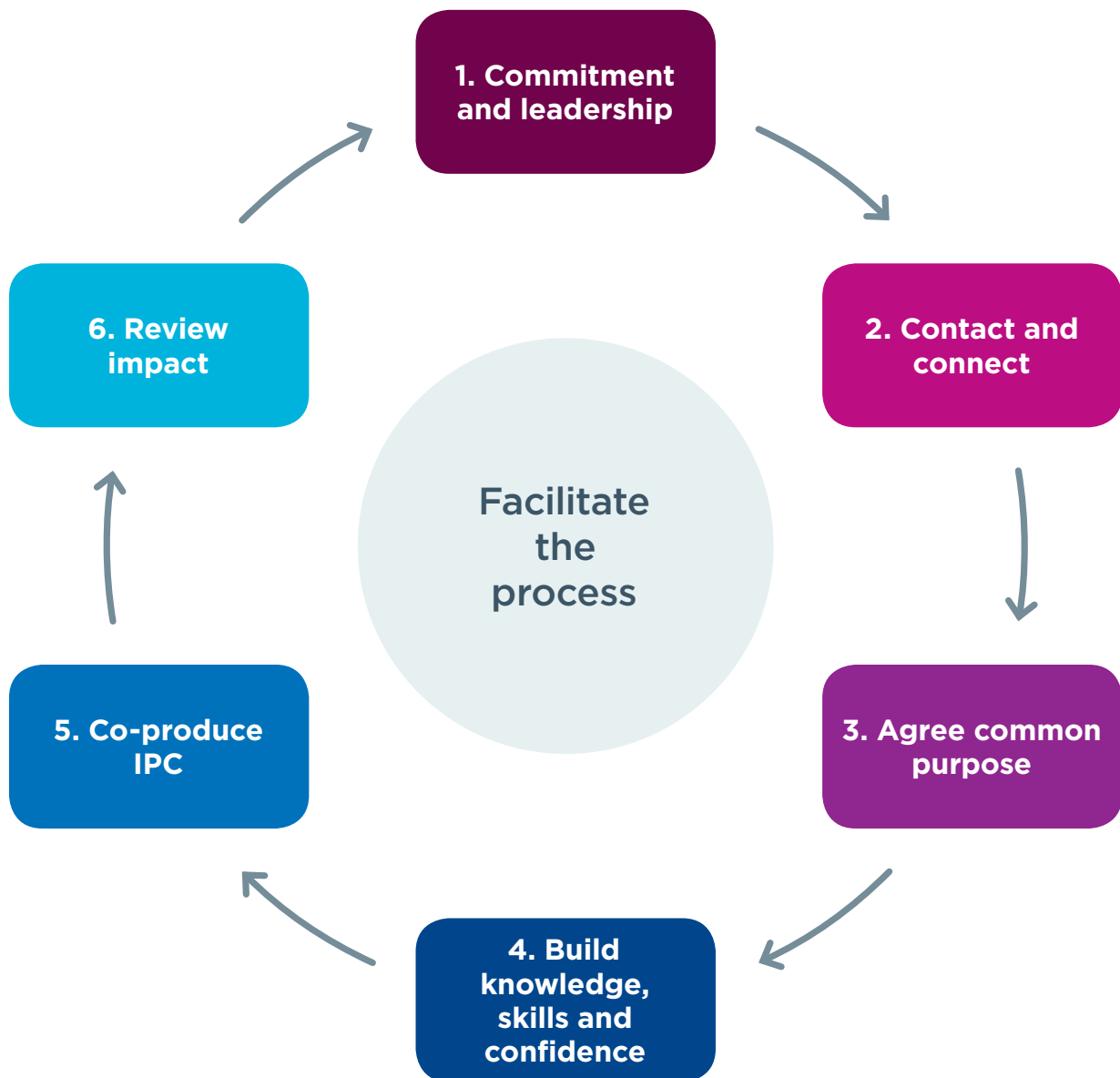
Building relationships is central to an effective co-production approach, with the aim to develop trusting and productive working relationships where people are clear about their role. The approach also aims to build the knowledge, skills and confidence of people with health and care needs so they can effectively draw on their own lived experience in the strategic context. While all are equal as people, not all are able to contribute equally if they don’t feel they have the necessary knowledge, skills and confidence. Bringing people with lived experience together, in a safe space where they can test their thinking and understanding with others in a similar situation, is a helpful means of achieving this.

Building effective relationships within a co-production peer network is also a significant way to model the ‘changed relationship’ that is central to IPC, between people with complex health needs, the VCSE sector and statutory services.

### 5.3 The six key phases for co-production

Co-producing IPC is a developmental process with six key phases and skilled facilitation at its heart, as outlined in Figure 2.

**Figure 2: The six phases of co-production**



The approach requires people to make a commitment to each other and to IPC. It also relies on skilled leadership to establish the right conditions and facilitate the process of co-producing IPC at a collective or co-production peer network level.

The approach is best understood as a cyclical, dynamic approach that is evolving. In many instances, different phases will need to be revisited and strengthened to ensure a robust approach. This recognises that people will be at various stages on their IPC journey with different levels of knowledge, skills and confidence and wide-ranging motivations and aspirations. Understanding the framework and the role of a local co-production peer network as an ongoing and dynamic process is closely related to systems thinking, which sees organisations or change programmes as a complex array of interdependent systems that influence each other. It also highlights the role of levers and leverage.



### 5.3.1 Breaking down the six phases

The following table provides a breakdown of the six phases of the co-production approach and highlights what will be different as a result of each phase.

**Table 1: The six key phases**

Phase	The action: what needs to happen to facilitate the co-production process	The aim: what will be different when this is achieved
1. Commitment and leadership	Develop a co-production strategy that demonstrates leadership, values and commitment in practice: <ul style="list-style-type: none"> <li>• Make adequate time and resources available.</li> <li>• Model a culture of openness and transparency.</li> </ul>	Everyone will know that co-production is at the heart of IPC. People will understand what this means in practice at three levels: organisational, collective (peer network) and individual level.
2. Contact and connect	Connect with local people with lived experience of personalised approaches to health and social care: <ul style="list-style-type: none"> <li>• Explain the opportunity: what people can expect and what might be expected of them.</li> <li>• Nurture emerging relationships and have a key contact.</li> </ul>	A range of people will have heard about the opportunity to co-produce IPC and will receive a positive response when they make contact.
3. Agree common purpose	Develop a statement of purpose that describes how everyone will work together to co-produce IPC at a local level: <ul style="list-style-type: none"> <li>• Identify which areas for co-production matter most to people individually and collectively.</li> </ul>	People are clear about the purpose of co-producing IPC and how they will be involved.

Phase	The action: what needs to happen to facilitate the co-production process	The aim: what will be different when this is achieved
4. Build knowledge, skills and confidence	<p>Ensure everyone has the knowledge, skills and confidence to participate in transformational change:</p> <ul style="list-style-type: none"> <li>• Paying particular attention to enabling people with lived experience to contribute on a 'level playing field'.</li> </ul>	<p>People will have the necessary knowledge to understand their own lived experience in the context of the 'bigger picture' and the skills and confidence to influence and champion IPC at a strategic level.</p>
5. Co-produce IPC	<p>Working together to develop and implement IPC:</p> <ul style="list-style-type: none"> <li>• Mutuality - offer people a range of incentives to engage which enable reciprocal relationships.</li> </ul>	<p>People will be actively contributing in a range of ways to co-produce the key shifts of IPC. People will be recognised and rewarded for their input.</p>
6. Review impact	<p>Ensure there are tangible outputs that are measurable and outcome-focused and demonstrate the difference co-production has made.</p>	<p>People will be satisfied that they have made a significant impact towards achieving the aims of IPC.</p>
Facilitate the process	<p>Develop a facilitative, organic and collaborative approach by investing in skilled leadership to develop:</p> <ul style="list-style-type: none"> <li>• a safe environment to explore and test new ideas</li> <li>• strong and reciprocal relationships</li> <li>• effective group dynamics.</li> </ul>	<p>A successful working group will have been established with positive group dynamics and effective leadership.</p>

### 5.3.2 Understanding the different levels

Considering co-production at different levels (individual, co-production peer network, and organisations/systems) highlights the different needs and ways of working that need to be addressed and implemented. At times they may have different and competing goals and priorities, however all three levels are necessary and interdependent for co-producing IPC. While the ultimate aim is for everyone to contribute equally – whether a person or a practitioner – initially the mandate sits with systems leaders to champion and commit to co-production. In turn, individuals will typically need to experience the difference IPC can make at an individual level before they are enthused to co-produce IPC within a co-production peer network.

- Organisational level

This focuses on what an organisation needs to think about in order to co-produce IPC well. The reflective tool (see section 5.4) can be used by CCGs, local authorities and VCSE partners as a self-assessment exercise, to establish whether the necessary commitment, values and behaviours are established within their organisations and across the communities they serve. Once completed, it can form the basis for a constructive discussion with local people about the process and impact of co-producing IPC.

- Co-production peer network

This focuses on what needs to happen to grow a local co-production peer network that can work effectively with commissioners to develop IPC in their local area. The reflective tool (Part 2) can be used by a co-production peer network to consider how well the approach to co-producing IPC is being implemented. Once completed by the co-production peer network, it is the basis for a constructive discussion with local leadership.

- Individual level

This level recognises the importance of building people's knowledge, skills and confidence to co-produce their own personalised care and support plan. Moreover, it recognises that once people have experienced the benefits of IPC and understand what works well, they might want to contribute to co-producing IPC at a strategic level through joining a co-production peer network. IPC involves a changed relationship between the NHS and people who use health and social care services. Enabling this shift in relationship at an individual level is the first step towards co-producing IPC at a collective level.

### 5.3.3 Understanding the different phases at the different levels

Table 2 highlights some of the things people would need to do, feel and see at each level for each phase in the co-production process. It is written from the perspective of a person at each level.

**Table 2: The six phases of co-production at each level**

Phase	Organisations/systems	Co-production peer network	Individual
1. Commitment and leadership	As an organisation we need to commit to sharing power and decision-making and to an organisational culture of openness and transparency. We also need to commit sufficient time and resources to enable good co-production. It is important to develop a co-production strategy that shows how we will demonstrate this commitment in practice. This strategy should be co-written with people with lived experience.	As a co-production peer network we need to feel sure that this approach to co-production has the organisation's full backing. One way to do this is to ensure we have a skilled leader/facilitator to get the group going because we won't be ready right away. Good co-production doesn't just happen! Another practical way of showing commitment is to make sure our travel expenses are covered and we have refreshments when we meet.	As an individual, I need to feel that my local area is committed to developing IPC well. I need to know what IPC is all about and 'what the deal is' and that my experience of IPC will inform local developments.
2. Contact and connect	We need to think how we are going to reach local people with direct experience of IPC and personal health budgets. We also need to focus on quality and outcomes because a small, fully engaged group works better than a large group with limited interest.	We need to know what we're being asked to be involved in. This approach is about working strategically to develop IPC so we need to be clear about what co-production means and how a co-production peer network differs from a peer support group.	I need access to a knowledgeable point of contact in my local area who can connect me in a range of ways to people in a similar situation. That way I can influence and shape my own personalised care and support plan.

Phase	Organisations/systems	Co-production peer network	Individual
2. Contact and connect continued	With good facilitation a group will grow. We need to nurture relationships, make people feel welcome, address logistical issues and pay attention to group process. This phase is about growing a group of effective change agents and we need to enable it to happen.	We need to be clear about the incentives for joining in and the level of commitment. It's especially important for the organisation/system to take the time to understand what matters to us, i.e. our hopes and priorities. We also need to feel able to contribute to strategic co-production on a level playing field.	I will also know what opportunities there are locally to influence and shape the development of IPC if I choose to get involved.
3. Agree common purpose	We need to co-create a vision for IPC. We need to be clear about the scale and ambition and need to work with people to strategically identify areas where co-production can have a genuine impact. It's important to be clear about what we are trying to achieve and how that will happen through developing a statement of purpose.	We need to co-create a statement of purpose with the organisation so we are clear about the scope of everyone's commitment. In doing so, we need to identify which areas for co-production matter most to people individually and collectively.	I need to see how good co-production will enable me to achieve the outcomes for IPC: I want a better quality of life; I want to go to hospital less often; I want my care to be better coordinated; people working with me need to see me as a person not a medical condition.
4. Build knowledge, skills and confidence	We need to invest in building people's knowledge, skills and confidence by sharing relevant information, what is open to change and what is not, so people with lived experience can offer realistic and informed input. This will ensure that people feel confident and competent to contribute on a level playing field.	We need to have the necessary knowledge to understand our own lived experience in the context of the bigger picture. This helps us to work strategically to co-produce IPC. It also builds our knowledge, skills and confidence to share our personal experience and champion IPC.	If I choose to co-produce IPC, either as an individual or as part of a collective, I will need the knowledge, skills and confidence to be fully engaged as an active participant.



Phase	Organisations/systems	Co-production peer network	Individual
5.Co-produce IPC	We need to ensure that we develop a reciprocal relationship with people with lived experience. Reciprocal relationships are about 'give and get' and ensuring that we pay attention to both system level issues and priorities and what matters for people with lived experience in co-producing IPC.	We want the opportunity to take on key roles on programme boards and working groups and to engage in purposeful projects and activities that interest us and that will further the development and aims of IPC.	I want to be central to the personalised care and support planning process and co-producing my individual experience of IPC.
6.Review impact	We need to ensure that there are tangible outputs from co-producing IPC which are transparent and outcome-focused.	We need to see tangible outputs that are fit for purpose so we can see the difference our input has made. This means seeing a clear and transparent IPC offer that makes sense to people.	I can see how being an active participant in IPC has changed my relationship with local services and influenced IPC developments in my area. I can also see how what matters to me and how I am choosing to manage my health condition has helped shape what is being offered in my local area.
Facilitate the process	We need to be clear that the organisation understands the importance of skilled facilitation and invests in ensuring the necessary skills and resources are made available.	We need the necessary facilitation to enable our co-production peer network to develop. Groups don't just happen; we need support to grow and become effective change agents.	I need to have the right level of support from someone who understands what's important to me to develop an effective personalised care and support plan.

## 5.4 Co-production reflection tool

### 5.4.1 What is the tool?

The reflective tool is a practical tool for IPC sites, their delivery partners in the VCSE sector and local people with lived experience of personalised approaches to health and social care. It offers an opportunity to take stock and to consider progress on a journey towards genuine co-production. It includes early indicators that the process is on track as well as warning signs that would need attention. It is best used to demonstrate and encourage progress.

It is a simple and practical way to reflect on the process and impact of co-producing IPC alongside people with lived experience in a local area. It will enable everyone to recognise what is going well, what could be done differently and where further energy, resources and time need to be invested to enable good co-production.

### 5.4.2 How to use the tool

People can use the tool to capture different perspectives. It is best completed separately by:

- a professional at an organisational level with responsibility for co-producing IPC
- a local co-production peer network.

The tool is designed to create a space for honest and open reflection. Scores don't have to be made public, but should provide a helpful prompt for establishing the next steps for co-production locally.

Each phase is a separate section:

- reiterating the key aims and what will be different
- including signs that there is progress in the right direction as well as warning signs to watch out for
- based on the indicators, consider progress locally – on a scale of 0 to a maximum of 5.

When finalising scores:

- think through what has been achieved, progressed or produced locally to support the answers
- consider that this is more of an art than a science
- take the average score for each phase (where there is more than one box) and then take the score from each phase to plot on the spider diagram at the end of the section.

This process is best followed by an open and transparent conversation.

- Share thoughts around scoring and the accompanying evidence.
- Don't be discouraged if there are differences in the answers, this is the value of exploring from different perspectives!
- Collecting evidence to support scoring helps build a clear picture of progress and is a helpful basis for further reflection when the tool is revisited.

Again, action planning tends to be most effective when done collaboratively. The section on considerations and next steps below includes tips and suggestions to aid action planning going forward.

## Phase 1: Commitment and leadership

<p>Overall aim: Develop a co-production strategy that demonstrates leadership, values and commitment in practice.</p> <ul style="list-style-type: none"> <li>• Make adequate time and resources available.</li> <li>• Model a culture of openness and transparency.</li> </ul>		<p>What will be different: Everyone will know that co-production is at the heart of IPC. People will understand what this means in practice at three levels: organisational; collective (co-production peer network); and individual level.</p>	
Early indicators we're on the right track	What are the warning signs?	Self-assessment score (0-5)	Why? (Supporting evidence)
Strategy has been co-developed with people with lived experience.	No clear vision and strategy for co-producing IPC.		
<p>People with lived experience are:</p> <ul style="list-style-type: none"> <li>• motivated to get involved</li> <li>• clear about the opportunity</li> <li>• believe their contribution will make a difference.</li> </ul>	Implementation is top-down.		
Adequate resources have been set aside to enable good co-production.	There is no dedicated time to take forward co-production or resources for reward and recognition.		

<p>Overall aim: Develop a co-production strategy that demonstrates leadership, values and commitment in practice.</p> <ul style="list-style-type: none"> <li>• Make adequate time and resources available.</li> <li>• Model a culture of openness and transparency.</li> </ul>		<p>What will be different: Everyone will know that co-production is at the heart of IPC. People will understand what this means in practice at three levels: organisational; collective (co-production peer network); and individual level.</p>	
Early indicators we're on the right track	What are the warning signs?	Self-assessment score (0-5)	Why? (Supporting evidence)
There are identified leaders (from CCG, local authority, VCSE sector) who are working to enable leadership from people with lived experience.	Lack of openness and transparency around decision-making for IPC, .e.g. no opportunity for participation by people with lived experience on local IPC board/work groups.		
Senior leaders are pro-actively seeking contributions to co-produce IPC.	Senior leaders are not visible to people developing IPC.		
<b>Overall average score – services as overall score for Phase 1: Commitment and leadership</b>			

Completed by:

Last completed (date):

## Phase 2: Contact and connect

<p>Overall aim: Connect with local people with lived experience of personalised approaches to health and social care.</p> <ul style="list-style-type: none"> <li>• Explain the opportunity: what people can expect and what might be expected of them.</li> <li>• Nurture emerging relationships and have a key contact.</li> </ul>		<p>What will be different: A range of people will have heard about the opportunity to co-produce IPC and will receive a positive response when they make contact.</p>	
Early indicators we're on the right track	What are the warning signs?	Self-assessment score (0-5)	Why? (Supporting evidence)
Local people are showing an interest in finding out more about co-producing IPC.	The 'wrong' people are involved, e.g. people who are unlikely to benefit directly from IPC.		
Local people are showing an interest in finding out more about co-producing IPC.	Groups of people are excluded because staff have made wrong assumptions about who can make a useful contribution.		
CCG, local authority and VCSE sector colleagues are working together to share the opportunity with people with lived experience to co-produce IPC, and staff feel confident to invite people.	Too few people come forward because the opportunity has been communicated impersonally and in an unenthusiastic way.		
<p><b>Overall average score – services as overall score for Phase 2: Contact and connect</b></p>			

Completed by:

Last completed (date):



### Phase 3: Agree common purpose

<p>Overall aim: Develop a statement of purpose that describes how everyone will work together to co-produce IPC at a local level.</p> <ul style="list-style-type: none"> <li>Identify which areas for co-production matter most to people individually and collectively.</li> </ul>		<p>What will be different: People are clear about the purpose of co-producing IPC and how they will be involved.</p>	
Early indicators we're on the right track	What are the warning signs?	Self-assessment score (0-5)	Why? (Supporting evidence)
People will be starting to identify what they see as important. They will also be recognising that there may be different perspectives.	People invited to co-produce IPC are unclear about their role and how they can make a useful difference.		
People will understand the importance of a shared purpose which they are beginning to explore and negotiate.	There are conflicting agendas and competing priorities leading to wasted effort and no progress.		
People are aware of the importance of reciprocity or 'give and get'.	A common purpose is not agreed.		
<p><b>Overall average score – services as overall score for Phase 3: Agree common purpose</b></p>			

Completed by:

Last completed (date):

#### Phase 4: Build knowledge, skills and confidence

<p>Overall aim: Ensure everyone has the knowledge, skills and confidence to participate in transformational change.</p> <ul style="list-style-type: none"> <li>• Paying particular attention to enabling people with lived experience to contribute on a level playing field.</li> </ul>		<p>What will be different: People will have the necessary knowledge to understand their own lived experience in the context of the bigger picture and the skills and confidence to influence and champion IPC at strategic level.</p>	
Early indicators we're on the right track	What are the warning signs?	Self-assessment score (0-5)	Why? (Supporting evidence)
People have had some opportunities to learn about IPC.	People with lived experience feel uninformed and are hesitant to contribute.		
People have been encouraged to consider the broader context within which their personal experience is located.	People's views are dismissed because their contributions aren't valued.		
People are starting to contribute their views more openly and to demonstrate more confidence in suggesting an alternative perspective.	People are angry, frustrated and confused about personalised approaches to health and social care.		
People are starting to become less angry and more constructive.	People describe feeling powerless.		
<p><b>Overall average score – services as overall score for Phase 4: Build knowledge, skills and confidence</b></p>			

Completed by:

Last completed (date):

## Phase 5: Co-produce IPC

<b>Overall aim: Working together to develop and implement IPC.</b> <ul style="list-style-type: none"> <li>• Mutuality – offer people a range of incentives to engage which enable reciprocal relationships.</li> </ul>		<b>What will be different: People will be actively contributing in a range of ways to co-produce the key shifts in IPC. People will be recognised and rewarded for their input.</b>	
<b>Early indicators we're on the right track</b>	<b>What are the warning signs?</b>	<b>Self-assessment score (0-5)</b>	<b>Why? (Supporting evidence)</b>
Some joint work is taking place and people are being involved in a meaningful way as work commences.	It's hard to see any joint working taking place.		
People are encouraged to think creatively and to offer fresh perspectives informed by their experiences.	Decisions about systems and processes are being made without the input of people with lived experience.		
People are being asked to engage in developments relevant to their knowledge, skills and confidence.	People are frustrated because there's nothing concrete to work on.		
<b>Overall average score – services as overall score for Phase 5: Co-produce IPC</b>			

Completed by:

Last completed (date):

## Phase 6: Review impact

Overall aim: Ensure there are tangible outputs that are measurable and outcome-focused and demonstrate the difference co-production as made.		What will be different: People will be satisfied that they have made a significant impact towards achieving the aims of IPC.	
Early indicators we're on the right track	What are the warning signs?	Self-assessment score (0-5)	Why? (Supporting evidence)
People can point to where they've made a tangible difference. They can see for themselves and can show other people where their input has made a difference.	There is little evidence that the voice of people with lived experience is being heard and making a tangible difference.		
People continue to be motivated to contribute.	People withdraw and stop making a contribution.		
Relationships are deepening and trust is developing.			
<b>Overall average score – services as overall score for Phase 6: Review impact</b>			

Completed by:

Last completed (date):

### Facilitate the process

<p>Overall aim: Develop a facilitative, organic and collaborative approach by investing in skilled leadership to develop:</p> <ul style="list-style-type: none"> <li>• a safe environment to explore and test new ideas</li> <li>• strong and reciprocal relationships</li> <li>• effective group dynamics</li> </ul>		<p>What will be different: A successful 'working' group will have been established with positive group dynamics and effective leadership.</p>	
Early indicators we're on the right track	What are the warning signs?	Self-assessment score (0-5)	Why? (Supporting evidence)
Collaborative and trusting relationships are developing, particularly between people with lived experience and statutory organisations.	Co-production activity lacks leadership and direction.		
People feel comfortable and safe to explore and test new ideas.	Relationships between the CCG, local authority, VCSE sector and people with lived experience are not developing and are characterised by mistrust.		
	People are not pulling in the same direction.		
<p><b>Overall average score – services as overall score for Facilitate the process</b></p>			

Completed by:

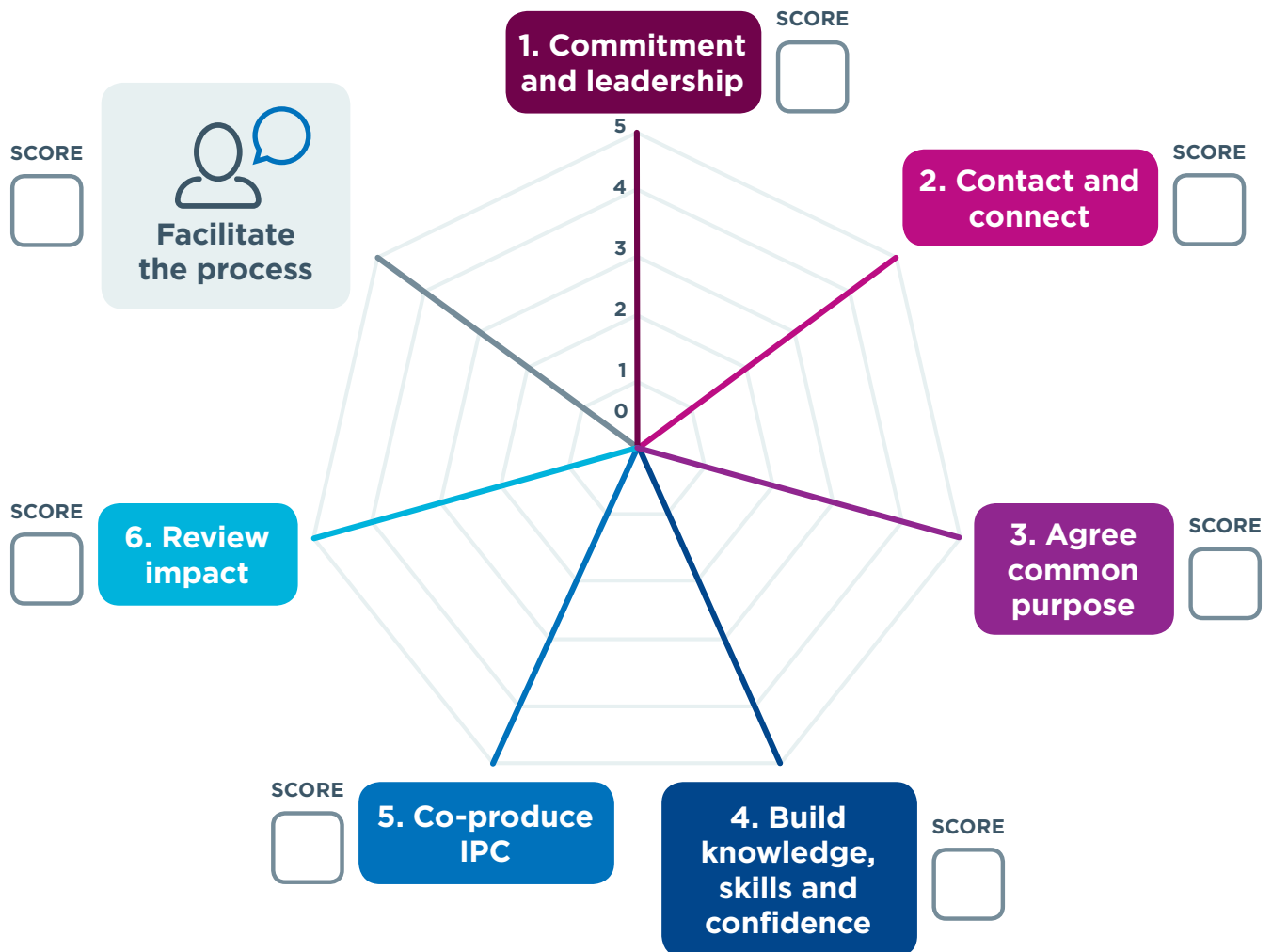
Last completed (date):



### 5.4.3 The co-production web

After completing the reflection tool:

1. Insert scores for each phase in the boxes.
2. Plot the scores in the grid.
3. Connect to create a spider diagram: a visual snapshot of current progress in co-production.
4. Use as a prompt for further conversation and action planning



### 5.4.4 Reflections and next steps

Based on the experience of filling in the tools, and subsequent conversations, reflect on some key learning (what was surprising, what challenged, what was learnt, etc.) as well as some of the emerging priorities for co-production going forward.

## 5.5 Considerations and top tips

The following table provides some things to consider and some actionable tips offered by people who have learnt from both good and bad experiences about how to make this work. They may be useful for helping shape next steps.

Phase	Bear in mind	Top tips
1. Commitment and leadership	<ul style="list-style-type: none"> <li>• The most important starting point for developing a strategy is to have many conversations amongst the key people responsible for effecting the growth of IPC within the CCG, the local authority, VCSE organisations and healthcare practitioners. Everyone needs to come to a shared understanding about what co-production within IPC means and how it differs from and complements peer support networks.</li> <li>• Developmental change and shifting culture takes dedicated time and leadership; it won't happen without an identified lead person and a facilitator to develop a co-production peer network.</li> <li>• The lead person needs to be fully committed to the culture shift which co-production requires. They need to be confident and secure in sharing and shifting power and valuing the contribution of disabled people and people with lived experience of complex health conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Share and discuss the IPC co-production approach.</li> <li>• To drive and facilitate these conversations identify a lead person agreed by the chief executive of the CCG and the director of the local authority who will be responsible and have their full backing to develop co-production in IPC.</li> <li>• Ensure that the facilitator role has ring-fenced time to develop a co-production peer network based on the aims and phases of co-producing IPC, allowing sufficient time to achieve them (at least a year).</li> <li>• If it is proving difficult to develop a shared understanding of what co-production is and how it differs from peer support, seek out external support and input to explain, clarify and demystify.</li> <li>• The strategy should be kept short and simple: The strategy should include: <ul style="list-style-type: none"> <li>• setting out the shared understanding between the key organisations for making a new relationship with the communities they serve</li> <li>• outlining the resources they are committing to make that happen</li> </ul> </li> </ul>

Phase	Bear in mind	Top tips
1. Commitment and leadership continued		<ul style="list-style-type: none"> <li>• outlining the aims they are seeking to achieve together with disabled people and people with lived experience of complex health needs</li> <li>• stating the first steps they are going to take to get started – after which people with lived experience will shape the strategy with them.</li> </ul>
2. Contact and connect	<ul style="list-style-type: none"> <li>• People need to be motivated to want to participate. In order to contact and connect with people who might wish to become involved in a co-production group, take time to consider what motivates people to join any group.</li> <li>• People's experiences and perceptions of health and social care services will influence the way they perceive the invitation to participate. Be aware of the potential level of distrust and cynicism there may be in order to work through it. People will want to 'check things out', and listen closely to what is being said, to see if they believe that there really is an appetite to work with them in a different way.</li> <li>• Other staff and organisations may be keen to get involved, which is good. However, it's important to be very clear in communication that the co-production peer network is for people with lived experience who need time to develop together as a group and to learn about the programme and the context.</li> </ul>	<ul style="list-style-type: none"> <li>• Let people know their travel expenses will be reimbursed and that there will be some refreshments. Ideally, a simple lunch so that people can chat and make relationships over lunch as well as through an informal meeting structure.</li> <li>• Have meetings in an informal accessible community setting not an office.</li> <li>• Make any invitation short and friendly. Be clear about what is being offered to people.</li> <li>• The best way to contact people is through personal contact. It is helpful for the facilitator to build relationships with key local services who are in touch with people who are being offered IPC.</li> <li>• Be clear with everyone that the contacting and connecting is to people with lived experience, and why. The invitation is not for VCSE colleagues and other health or social care practitioners. If those practitioners want to know more about IPC that needs to happen in different places, set up other information and training for key practitioners.</li> </ul>

Phase	Bear in mind	Top tips
2. Contact and connect continued		<ul style="list-style-type: none"> <li>• However, a workshop for everyone to launch the process can also be helpful; it allows people to share their different perspectives. This needs to be well facilitated as many issues can be raised all at once.</li> <li>• The first contact someone makes to the lead person is critical. They need a warm and timely response and to feel they can come along and find out what's happening without having to make a commitment.</li> <li>• People need to know that the complexity of their lives is understood and that they may need to dip in and out of attending meetings in the future depending on their own health or the health of the person they are caring for.</li> <li>• Keep any first meetings very informal with an outline for the session and some structure but without a formal agenda.</li> </ul>
3. Agree common purpose	<ul style="list-style-type: none"> <li>• The aims of agreeing a common purpose and building knowledge, skills and confidence are interdependent – people will need to have grown some knowledge skills and confidence to be best placed to create a statement of purpose for their co-production group.</li> </ul>	<ul style="list-style-type: none"> <li>• Once there is confidence that people have sufficient understanding of the context within which change is happening, then set some structured time aside in a network meeting to allow people to explore and agree their priorities for development.</li> <li>• Invite the programme lead/senior decision-maker to join the next part of the meeting to listen to people's views and ideas and then to negotiate and agree together priority areas of work to focus on and how people will contribute.</li> </ul>

Phase	Bear in mind	Top tips
3. Agree common purpose continued	<ul style="list-style-type: none"> <li>It's very important for organisations to appreciate that growing a functioning co-production peer network takes time, since it involves fostering the growth of relationships and working through the commonly understood phases of development of any group process: forming, storming, norming, performing.</li> </ul>	
4. Build knowledge, skills and confidence	<ul style="list-style-type: none"> <li>Building knowledge, skills and confidence in a disparate group of people who are likely to have detailed knowledge of their own health conditions but limited knowledge about the NHS and social services, requires some clear and well communicated input.</li> <li>The lead needs to input themselves, or call on others to explain and re-explain what IPC is, what its purpose is, how it may be delivered and what role people can play to influence its development and positive impact.</li> <li>People need to gain an understanding of how their personal experiences fit within the bigger picture and what some of the expectations and limitations are on statutory services. There needs to be plenty of time for discussion, questions and debate.</li> <li>People need to be given information about what co-production is and the strategic function of the group, so they understand the role they can play.</li> </ul>	<ul style="list-style-type: none"> <li>One of the very best ways to grow people's confidence is to bring someone into the group who has had a good experience of co-production and can describe their own journey as someone with lived experience. If there is no one locally, consider connecting with a national peer leader.</li> <li>If there is someone who has lived experience who is willing and skilled to work with the lead to co-facilitate the sessions then this will model co-production in practice.</li> <li>Talk to the group in ordinary language about IPC.</li> <li>Be sure to explain any acronyms – it is usually better to avoid using them.</li> <li>Think how what is being explained would sound to someone who is not part of the health and social care world.</li> </ul>

Phase	Bear in mind	Top tips
4. Build knowledge, skills and confidence continued	<ul style="list-style-type: none"> <li>• People need to know that the role of the group is to work collaboratively with statutory agencies. They need to be supported to manage the inevitable frustrations that exist within any big system.</li> <li>• The lead facilitator can expect some people to feel angry and frustrated by their experience of the system. The facilitator should encourage the expression of those feelings, while still keeping the group focused on working constructively to make useful change happen.</li> </ul>	<ul style="list-style-type: none"> <li>• Make no assumption that people have knowledge about things like eligibility criteria, the names of various assessment processes, the roles and responsibilities of healthcare practitioners and commissioners, why there isn't enough money for everyone's needs to be fully met and why there are several different funding streams all operating differently (health, social care and education).</li> <li>• Keep some summary notes of sessions so that people who can't make it that time are kept in touch.</li> <li>• Be careful to keep any notes about people's concerns, complaints or anger generalised, e.g. "Some people in the group felt...", "There were some comments about the bad practice of...", rather than "Mary said she hated how...". If people feel that what they say is going to be ascribed directly to them they may feel unable to speak freely for fear of what the consequences might be.</li> <li>• Help people to see the things that can't be readily changed (other than through long-term political action) and the things that can, so they don't waste their energy and so that they can begin to see an impact from their input.</li> </ul>

Phase	Bear in mind	Top tips
5.Co-produce IPC	<ul style="list-style-type: none"> <li>• For people to be able to make a meaningful contribution to any co-production work they need to have had time to learn and to test out some of their thinking.</li> <li>• The lead person needs to have a positive expectation that group members will have useful insights and creative suggestions to offer.</li> <li>• Group members will not be able to solve endemic problems but they will frequently offer practical and creative solutions to some knotty issues.</li> <li>• It's vital for there to be a clear and direct connection between the group and the senior decision-makers.</li> <li>• Enabling two or more people from the group to become part of the steering group for the programme will help to ensure that people can be active participants in different ways and at different levels of the system.</li> </ul>	<ul style="list-style-type: none"> <li>• Bring real work about the development of IPC into the group within a reasonable timescale but don't expect that a group will be ready to offer deep insights right away.</li> <li>• Think about how work is approached within the group and create a process or structure to support the group to tackle the issues presented. Make it as lively and engaging as possible, not always whole group discussion.</li> <li>• Make a good summary record of work done in the group and feed back to the statutory agencies directly – either by a senior decision-maker for the programme coming to part of the meeting to listen to the feedback and/or two or more group members being part of the steering group for the programme.</li> <li>• It is helpful for the group to have time to work independently, with facilitation by the lead, and also to have some time when the senior lead of the whole programme comes to the group so there can be a shared dialogue and negotiation around key issues.</li> </ul>



Phase	Bear in mind	Top tips
5. Co-produce IPC continued		<ul style="list-style-type: none"> <li>• Aim to make a range of opportunities available to people, not only through becoming members of a co-production peer network, but also through inviting two or more people to join the steering group; offering opportunities for people to 'tell their story', and to become involved in training sessions with staff to start to 'model' co-production with people moving into leadership roles.</li> </ul>
6. Review impact	<ul style="list-style-type: none"> <li>• People will only remain engaged and committed to participating if they can see what difference their input has made.</li> <li>• As the group matures, there will be a greater appreciation between everyone that this is about shared solutions. There will be genuine debate and compromises all round.</li> <li>• It will be important to consider not only the tangible outputs from co-production in terms of systems and process changes but also to consider the changed relationship between commissioners, providers and people with lived experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Create a two-way dialogue so group members hear back directly from the senior programme manager about what has happened on the issues they have contributed to. Where two or more group members have become part of the steering group and been able to influence decision-making, encourage them to tell the co-production group about their experiences and perceptions.</li> <li>• Celebrate success and progress with the group.</li> <li>• Give credit to the group for the insights and suggestions they make and acknowledge the value they are offering to the change process.</li> <li>• Measure the shift in relationship and the way co-production is progressing, using this reflective tool.</li> </ul>

Phase	Bear in mind	Top tips
Facilitate the process	<ul style="list-style-type: none"> <li>• The main goal of a facilitator is to make the co-production peer network a collaborative and effective group. This means that everyone is engaged, time is well used, people are respectful of each other, all ideas are heard and issues are thoroughly explored, and discussions result in clear strategies, solutions and outcomes.</li> <li>• The role of a facilitator is very different from any traditional chairing role. They provide structure for discussion and manage participation to ensure all voices are heard. Instead of making decisions, facilitators provide methods for group members to formulate their own solutions. Facilitation is providing structure and process to draw on group members' expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the content/process model which is at the heart of facilitation. The content of any meeting is what is being discussed and is expressed in the outline and words spoken – and is mostly obvious to everyone. In contrast, the process deals with how discussions are managed, and the methods, procedures and tools used. The process also refers to the style of the interaction, the group dynamics and the climate that's established. A facilitator will pay close attention to the process and will listen actively, reflect back and summarise what they hear to encourage understanding and new reflections. They may also ask prompt questions and recap key points.</li> <li>• Focus on how the facilitator role can help a co-production peer network to work effectively by: developing an outline for the day to structure the work and conversations; surfacing and testing people's assumptions about the health and social care system and IPC; helping group members to communicate clearly; creating an atmosphere in which people feel comfortable to share their ideas; keeping discussions on track; managing conflict and capturing what people are saying on paper or flipchart so there is a record of the discussion.</li> </ul>

Phase	Bear in mind	Top tips
Facilitate the process continued		<ul style="list-style-type: none"><li>• Use a co-facilitation model that brings together a person with lived experience of IPC and a competent facilitator. People experiencing IPC will be encouraged to see someone with lived experience co-facilitating a co-production peer network. It helps ensure that the group focuses on what matters most to people. However, it can't be assumed that people will be willing to take up the role immediately. It tends to be a role that people grow into. Since developing a group can be challenging and time-consuming, it is important to have a skilled, effective facilitator involved from the outset. This person can help grow the group and can then provide support and encouragement to people with lived experience who decide to take on a leadership role.</li></ul>

## References

1. [NHS Five Year Forward View](#), NHS England, October 2015.
2. The IPC Operating Model, Co-Production Summary Guide and wider framework documents can be found on the [personalised health and care section of the NHS England](#) website.

**Co-production for personal health budgets and  
Integrated Personal Commissioning  
Summary guide**

[www.england.nhs.uk/personalisedcare](http://www.england.nhs.uk/personalisedcare)

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