# UHNM Co-Production Framework

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## What is Co-Production?

Co-production in healthcare is an equal partnership where patients, carers, communities, and health professionals work together to design, deliver, and evaluate services. It moves away from a traditional provider-led approach and recognises that lived experience is just as valuable as professional expertise.

Co-Production Commitment – "Nothing about us without us"

NHS services should be planned, designed, delivered, and evaluated in partnership with the people who use them, ensuring that lived experience drives meaningful and sustainable improvement.

## What Good Co-Production Looks Like

- People are involved from the beginning, not consulted at the end.
- Diverse communities are represented and heard.
- Power is shared between professionals and the public.
- Participation is accessible and inclusive.
- Involvement leads to meaningful change.
- Contributors understand the impact of their involvement.
- Relationships are built on trust, respect, and mutual benefit.

# Core Principles of Patient and Public Involvement and Co-production

1. Build Trust and Long-Term Relationships

- Develop and maintain long-term relationships with communities.
- Engage consistently, not only when feedback is needed.
- Work alongside trusted community leaders, organisations and networks.
- Foster trust through openness, honesty and ongoing dialogue.

2. Equality, Partnership and Power Sharing

- Patients, carers, communities and professionals work together as equal partners.
- Decisions are made collaboratively wherever possible.
- Lived experience is valued equally alongside clinical, professional and organisational expertise.
- Create opportunities for patient- and community-led initiatives.

3. Inclusivity, Diversity and Accessibility

- Proactively seek and include under-represented voices and communities, recognising the unique experiences, skills and perspectives of different communities.
- Ensure participation reflects the diversity of the population being served.
- Remove barriers to involvement and make participation accessible to all.
- Adapt opportunities and communications to meet individual needs and preferences.
- Consider:
    - Language and translation requirements
    - Health literacy
    - Disabilities and reasonable adjustments
    - Digital access and digital exclusion
    - Large-print and high-contrast materials
    - British Sign Language (BSL) support
    - Location, transport and timing of activities

4. Early and Meaningful Involvement

- Involve people as early as possible in planning and decision-making.
- Ensure involvement is ongoing rather than a one-off consultation.

- Engage patients and communities throughout planning, design, delivery and evaluation.
- Avoid tokenism by ensuring that contributions have a genuine influence on decisions and outcomes.
- Be clear about the purpose, scope and objectives of involvement activities.
- Be clear about what can and cannot be influenced and explain any constraints or limitations.

5. Flexible and Inclusive Engagement

- Offer a range of ways for people to participate.
- Provide both formal and informal opportunities for involvement.
- Use a mix of in-person and online methods.
- Offer sessions at different times and locations, including outside standard working hours where appropriate.
- Enable people to participate in ways that work best for them.

6. Clear and Accessible Communication

- Use plain English and avoid jargon, acronyms and technical language.
- Communicate openly, honestly and transparently.
- Use visual aids and accessible formats where appropriate.
- Maintain regular communication throughout the process.

7. Building Capability and Confidence

- Provide training, support and resources for all participants.
- Build knowledge, confidence and skills among both staff and public contributors.
- Create a safe, welcoming and inclusive environment where everyone feels able to contribute meaningfully.
- Support people to participate effectively and confidently.

8. Recognition, Reciprocity and Mutual Benefit

- Recognise and value people's time, expertise and lived experience.
- Treat all contributors with respect and appreciation.
- Reimburse expenses and offer payment, incentives or other forms of recognition where appropriate.
- Ensure involvement delivers mutual benefit for participants, communities and organisations.

9. Transparency, Accountability and Feedback

- Be transparent about how decisions are made.
- Demonstrate how feedback and involvement have influenced outcomes.
- Share learning, actions and results with those who have taken part.
- Close the loop by showing participants the difference their contributions have made.

10. Collaboration and Shared Learning

- Work in partnership with NHS organisations, local authorities, VCSE organisations, community groups and other stakeholders.
- Share learning, resources and best practice.
- Promote joined-up working across organisations.
- Reduce duplication, minimise engagement fatigue and make the best use of community insights.

# The Co-Production Cycle

## Stage 1: Planning and Engagement

Establish the Partnership

- Bring together staff, patients, carers, communities, and voluntary sector partners from the outset.

Build Relationships

- Develop trust through existing community networks and VCSE organisations.
- Meet people in places where they feel comfortable and safe.

Define the Vision

- Agree the purpose, priorities, and desired outcomes together.
- Be clear about what can and cannot be influenced.

Remove Barriers

- Ensure meetings and activities are accessible.
- Provide:
    - Training and support
    - Accessible formats
    - Interpreters and translators (including British Sign Language support if necessary)
    - Expense reimbursement where appropriate

## Stage 2: Co-Design and Delivery

Understand Experiences

- Listen to patients, carers, and communities.
- Gather insights about current experiences and areas for improvement.

Design Together

- Develop solutions collaboratively.
- Ensure all voices are heard equally.
- Avoid traditional hierarchies and tokenistic involvement.

Implement Together

- Share ownership of delivery.
- Work as equal partners throughout implementation.
- Maintain regular communication and feedback opportunities.

## Stage 3: Evaluation and Improvement

Measure Impact

- Agree success measures together.
- Use both:
    - Clinical outcomes
    - Patient and public experience measures

Review and Learn

- Evaluate what worked well and what could improve.
- Use feedback to make ongoing changes.

Close the Loop

- Demonstrate how involvement has influenced decisions.
- Share outcomes with participants and communities.
- Celebrate successes and share learning across UHNM and partner organisations.

Created using elements from:

- Staffordshire Council of Voluntary Youth Services (Strategic Partner with Staffordshire County Council) – Staffordshire's Co-production One Stop Shop
  - https://www.staffscvys.org.uk/co-production/
- Nottingham and Nottinghamshire ICB – Co-production Toolkit
  - https://notts.icb.nhs.uk/co-production/our-co-production-toolkit/
- Scottish Co-production Network – How to start co-production
  - https://www.coproductionscotland.org.uk/guide/coproduction-in-practice/how-to-start-coproduction
- Tameside and Glossop Integrated Care NHS Foundation Trust – Co-production guide and toolkit
  - https://www.tamesideandglossopicft.nhs.uk/services/co-production-guide-and-toolkit
- NHS England – Co-production
  - https://www.england.nhs.uk/always-events/co-production/
- Midlands Partnership University NHS Foundation Trust – Co-Production, Lived Experience and Community Voice Strategy (CLEVES)
  - https://www.mpft.nhs.uk/CLEVES
- Social Care Institute for Excellence – Co-production: what it is and how to do it
  - https://www.scie.org.uk/co-production/what-how/
- National Institute for Health Research – Guidance on co-producing a research project
  - https://www.learningforinvolvement.org.uk/content/resource/nihr-guidance-on-co-producing-a-research-project/