

<b>7 March 2024</b>		<b>ITEM: 9</b>
<b>Health and Wellbeing Overview and Scrutiny Committee</b>		
<b>Review and development of co-production and co-design</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key	
<b>Report of:</b> Ceri Armstrong, Head of Adult Social Care Transformation and Commissioning		
<b>Accountable Assistant Director:</b> Les Billingham, Assistant Director of Adult Social Care and Community Development		
<b>Accountable Director:</b> Ian Wake, Executive Director of Adults, Housing and Health		
<b>This report is</b> Public		
<b>Version:</b> Final		

## Executive Summary

The report describes how co-production and co-design in Adult Social Care and the local Health and Care system is being reviewed and developed.

### Commissioner Comment:

N/A

## 1. Recommendation

**1.1 That Committee members note and comment on the contents of the report.**

## 2. Introduction and Background

2.1 Think Local Act Personal describe co-production as ‘a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all’.

2.2 Co-production is contained within the Care Act 2014’s statutory guidance:

‘Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community.

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“Co-production” is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioning and delivered’.

- 2.3 Adult Social Care regulator, the Care Quality Commission (CQC), has recently re-introduced an assessment framework and is in the process of carrying out assessments of all councils with adult social care responsibility. Co-production and capturing ‘the voice of the user’ is a key part of that assessment.
- 2.4 This paper provides an overview of work that has taken place and is taking place to ensure that co-production is embedded in all that we do.

### **3. Issues, Options and Analysis of Options**

#### **Better Care Together Thurrock – Adult Integrated Care Strategy ‘The Case for Further Change’**

- 3.1 Thurrock’s Integrated Care Strategy, The Case for Further Change, sets out a new blueprint for Adult Social Care and Health. The Strategy has the principles of Human Learning Systems at its heart. Human Learning Systems is an approach that focuses on ensuring that organisations provide support solutions to people that recognise the complexity of their lives and that recognises that each person is unique.
- 3.2 The traditional approach to providing services has been, on the whole, the commissioning and provision of services that are ‘one size fits all’ and tend to be limited in flexibility. Whilst those services do meet particular needs, they often fail to respond to complexity. For example, people who have a housing requirement, mental health requirement and substance misuse are likely to end up with a number of different services and a number of different assessments and support plans. Due to the way that services are planned and delivered, the outcomes individuals wish to achieve can be found to be lacking or only partially met.
- 3.3 Many years ago, Adult Social Care introduced strengths-based practice. This meant identifying what was ‘strong’ rather than only identifying only what was ‘wrong’. This approach also led to identifying and utilising non-service options as part of the solution – e.g. community assets, friends and family. The approach also looked at what people could offer and contribute towards rather than them being just a recipient of services.
- 3.4 This has been built on over the years with social work teams now based in four localities in Thurrock. The benefits of the teams being based in localities has meant a greater understanding of what is available in the community to those requiring support, and also greater opportunities to find out what people in the community require. The approach has introduced ‘Talking Shops’ which are drop-in sessions for people wanting support or information and advice. The approach has been extremely successful, with teams preventing the need for assessments or service options on numerous occasions.
- 3.5 Following on from social work teams working in localities, networks have been built with an array of front-line staff and community groups and organisations also operating in the local area. This has helped to make significant strides forward in developing responses for people

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that are integrated and meet their individual requirements. A greater understanding of what people want and need has led to a shift in what we provide and how we provide it.

- 3.6 Chapter Four of The Case for Further Change is focused on 'Community Engagement and Empowerment'. It builds on the work already started in localities and shows the power of involving communities in solutions.

#### Case Study One: John

John is 70 years old and lives alone in Grays. He fell down the stairs at home and was discovered on the floor by a delivery driver who called an ambulance. John was admitted to hospital where he was found to have unmanaged health conditions and an addiction to alcohol.

On discharge planning, Thurrock's Adult Social Care Hospital Team referred John to *By Your Side*, the borough's voluntary sector community support service. *By Your Side* worked alongside John's social worker and Local Area Coordinator to enable a smooth discharge from the acute hospital by sorting out practical problems that would otherwise have delayed his discharge home. John's property and possessions were found unsuitable for him to return straight home to, and so the service organised a cleaning team to get the property ready.

Over a six week period, *By Your Side* supported John with volunteers and through community connections by:

- Collecting equipment from Thurrock Hospital prior to John's discharge.
- Sourcing donated bedding and clothing from local projects, to replace items after the clear up of his home.
- Shopping for new clothing on John's behalf.
- Making welfare calls to John every other day, to check in on him and ensure he felt safe and was not anxious.
- Undertaking John's food shopping.

By facilitating a smooth discharge, and providing six weeks' support to John, *By Your Side* used knowledge of community assets and networks to help John regain his independence and confidence whilst he settled back into his home. They encouraged him to look for ways to support himself going forward by signposting to the *Thurrock Micro Enterprises Scheme*. They also connected John to other residents in the community with shared interests to improve his mental and social wellbeing and provide an alternative to drinking alone in the house.

- 3.7 Chapter four sets out how methods used to engage with communities in the past have retained power within organisations and neither shared or transferred it to individuals or communities themselves. For example, many examples of 'engagement' have taken place via set consultations, with the agenda very much set by organisations themselves. As a result, the voice of the community has not been heard or is muted. As expected, communities have become disillusioned and less likely to contribute towards engagement activity. Even when those using services and their carers are engaged, there is a tendency to utilise the same groups of people or individuals and think that those views reflect the views of all.

- 3.8 The approach being taken forward aims to shift power to individuals and communities through posing three clear questions:

- What can communities do for themselves if professional services get out of the way?
- What can communities do with some support from organisations?
- What is left that is appropriate for organisations to deliver?

- 3.9 Work has started, taken forward by the Community Development Team, to test this approach. Communities in Tilbury, Chadwell, East Tilbury, Linford and West Tilbury were asked to put forward proposals for how they could utilise up to £5,000 per 'bid' on community-led initiatives that would help to improve health and wellbeing in their local area. An event was then held

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where residents were asked to vote on each proposal. The learning gained will help to develop a Thurrock-wide approach – with departments identifying budgets that could be used for community priorities and potentially for communities to directly commission or deliver. This is a significant piece of work that will be developed and tested over future months and beyond.

- 3.10 In addition, it is recognised that we gather intelligence from communities on a daily basis – e.g. through front line staff undertaking their roles. We can also gather intelligence from a raft of consultation and engagement events that take place across the Council and beyond. We also know that the Voluntary and Community Sector are an important source of information – particularly for communities who we do not successfully engage with (sometimes known as ‘hard to reach’). We also know that social media is used significantly by communities as a way of sharing their concerns and priorities. Part of the work taking place is to identify how we can gather than numerous conversations taking place and that themes that arise from them. This would provide those providing service solutions with ‘of the moment’ intelligence and also help to identify emerging issues at the earliest opportunity.

### **Co-production within Adult Social Care**

- 3.11 In addition to what has already been described, further work is taking place as part of the development of a new Strategic Commissioning Strategy. This includes designing an approach that adopts the four elements of co-production (each of which will be used as appropriate and relevant) as described by SCIE:

- **co-design**, including planning of services
- **co-decision making** in the allocation of resources
- **co-delivery of services**, including the role of volunteers in providing the service
- **co-evaluation** of the service.

- 3.12 Adult Social Care commissions a user-led commission – Thurrock Coalition. The Coalition’s role is to ensure that it carries out a range of engagement activities with users of services, carers and representative organisations. This has traditionally been carried out through a range of partnership boards. The Coalition is now working on a plan to establish an engagement framework that takes account of the four Thurrock localities – including attracting a broader range of voices and identifying local variations.
- 3.13 The Commissioning Team itself has already linked in with the four locality areas – both in terms of getting feedback from social workers and also linking with the broader integrated locality network teams. This can provide a vital source of intelligence that helps to influence what is commissioned and how it is commissioned. The Commissioning Team also attend the weekly Use of Resources Panel which is where social work practitioners bring support solutions to be reviewed and agreed. This too has been an extremely useful source of information about what is and is not available within the community and again helps to shape commissioning needs analyses.
- 3.14 Whilst there is always more to do, a significant amount of co-production is carried out within Adult Social Care. Examples include:

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- Adult Social Care Carers' Strategy – co-produced by carers themselves through work undertaken by HealthWatch and the Adult Social Care Commissioning Team;
- Co-produced Carers' Assessment – working in conjunction with Thurrock Carers' Service and the Adult Social Care Commissioning Team;
- Direct Payments Policy – co-produced through the Direct Payment user group and held as a model of best practice;
- Contract procurement exercises – with those using services involved in deciding who contracts are awarded to and able to question potential providers as part of the decision-making process.

3.15 As already stated, care and support assessments are strength based and co-produced with individuals and carers, and information gained directly from conversations held with people in localities is helping to shape ongoing strategy and policy.

#### **4. Reasons for Recommendation**

4.1 To enable Committee members to understand how co-production is used within Adult Social Care, areas for development, and future plans to strengthen across the health and care system.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 N/A

#### **6. Impact on corporate policies, priorities, performance and community impact**

6.1 Co-production ensures that resource is used to best effect. Co-production is key to the development of and assessment of all Council priorities.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Bradley Herbert**  
**Finance Manager**

**26/02/2024**

Co-production activity is carried out within existing budgets. Co-production ensures that resources are used to best effect and have the greatest opportunity of delivering on the priorities that are important to communities and on the outcomes important to individuals.

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## 7.2 Legal

Implications verified by: Daniel Lounge  
**Principle Solicitor on behalf of Thurrock**  
**27/02/2024**

Co-production is enshrined within legislative guidance (Care Act 2014) 'Local authorities should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community'. It is a key theme throughout statutory guidance – including Market Shaping and Development.

Co-production is a key element of the regulatory framework for Adult Social Care – which will be assessed through the Care Quality Commission's assessment framework and associated key lines of enquiry.

It is an important aspect of ensuring inclusion and active participation in the service provision for service users including vulnerable adults and their friends and relatives.

The report is for the Committee to note. There are no legal implications that require addressing.

## 7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**  
**Community Engagement and Project Monitoring Officer**  
**20/02/24**

Co-production ensures that how resources are used are aligned to community and individual priorities. This means developing strategy that is reflected of Thurrock's diverse communities and that is sufficiently flexible to deliver to different requirements.

Plans to develop shift greater power to local communities as explained within the body of this report will enable the way that resources are used and prioritised to be further nuanced – reflecting differences between geographical areas as well as enabling communities themselves to take responsibility for decision-making and service delivery.

## 7.4 Risks

Co-production is key to the ability to utilise resources to best effect and achieve the best outcomes for individuals. The risk of not taking forward improvements in co-production is that resources are not spent as effectively or efficiently as they could be, demand is higher than it needs to be and therefore costs are not as controlled as they could be.

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7.5 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

Co-production can help to reduce health inequalities by ensuring that resource is tailored to the priorities of communities and individuals in a way that is equitable to all. Understanding what matters to communities and individuals ensures that resource is used to target the right areas and deliver the right outcomes.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Better Care Together Thurrock Integrated Care Strategy – [Case for further change, 2022-2026 | Health and well-being strategy | Thurrock Council](#)

9. **Appendices to the report**

- None

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Adult Social Care and Community Development

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