Commissioners in health and social care need to take the plunge to enter the new landscape of co-production

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About the research

Co-production in Adult Social Care and Health is a process which would enable those who use services to work together with local authorities or health trusts, to ensure that the services and support commissioned meet their needs as they arise in everyday life. The statutory guidance for the 2014 Care Act promotes co-production, and this is reflected in the involvement duties in the Health & Social Care Act 2012. But just how easy, or even realistic, is it for commissioning teams in statutory organisations to work with disabled service users to genuinely co-produce services?

Research led by Disability Rights UK focused on disabled people as commissioners of the services they use, or any (wider) initiative disabled people may take to ‘get things changed’. The aim was to explore the barriers and drivers of true co-production between disabled people and statutory services, the impacts it has on disabled people’s health outcomes and independent living and the professional styles and attitudes of managers and frontline staff. The research team carried out qualitative action research with six disabled people’s organisations (DPOs) with the goal of supporting, observing and following through specific co-production projects they were undertaking with local authorities and NHS organisations.

Learning from successful co-production needs to be embedded in council strategy.
Key findings

- **Relationships and trust** are key to success in co-production, both within the user led Disabled People’s Organisations (DPOs), and between the contracting authority and disabled people.

- **Power** is key to the processes of co-production and this was evident in the way information was withheld or kept confidential from certain groups of people. It is easy for disabled people to accept their lack of power, even when they are organised with a collective identity. When there was an offer of involvement, DPOs often said ‘yes’, but that sometimes pulled them into less meaningful consultation instead of genuine co-production.

- In some instances, local authorities conducted their business more **openly and transparently**, communicating in a way that empowered the service users to see they were being treated as equals. This included meeting on people’s own territory, or in an informal way. Even the tone of emails was important.

- What disabled people really cared about was the **service provided** for them and others, and the outcomes they and their peers would be able to achieve.

- It required **skills and confidence** to take part in commissioning, both for commissioners and DPO members.

- The process of commissioning could be done differently, with **shared goals** between commissioners and disabled people, really building on what people need in order to feel good about themselves. However, there was a very **risk averse culture** in local authorities, where professionals felt restricted by the need to be accountable – regardless of actual outcomes achieved or failed.

Policy implications

- DPOs need core financial support to form their own terms for exploring what matters, self-representation and impact.

- Time scales for co-production initiatives need to be honest, upfront and flexible so that decisions are not made just on the basis of expediency.

- The agreed scope of change needs to be flexible but commissioning teams in statutory organisations should still make upfront commitments on power-sharing, such as what percentage stake is allocated to the DPO on a commissioning decision.

- User-led projects sometimes need independent facilitation to foster genuine dialogue and impact between people and systems.

- Local authority managers need to step down from positions of power and work in a more informal way with clients. That should include making information more accessible and working with disabled people to ensure mutual understanding. Commissioners should establish outcome measures (‘what does good look like?’) which are co-produced and also seek service user input in contracting models (‘what does the provider need to do in order to be paid?’)

- All partners should source and keep alive opportunities for co-delivery of services, as well as co-monitoring provider contracts.

- Council contracts should incorporate the personal views of disabled people on their own outcomes.
Further information:

This research was part of a large grant, ‘Tackling Disabling Practices: co-production and change’, funded by the Economic and Social Research Council (ESRC) ES/M008339/1, led by Val Williams. For more information about the project: http://www.bristol.ac.uk/sps/gettingthingschanged/about-the-project/

Email: gtc-sps@bristol.ac.uk

For information about Disability Rights UK and the work that they do: https://www.disabilityrightsuk.org/about-us

“Faulty by design: the state of public service commissioning (produced by Reform): http://www.reform.uk/publication/faulty-by-design/

“Right here right now” (produced by Nesta): https://www.nesta.org.uk/publications/co-production-right-here-right-now

“Public services inside out” (produced by Nesta): https://www.nesta.org.uk/publications/public-services-inside-out

Papers published


“...The whole thing has opened lots and lots of doors for me personally, to then influence the wider area. (Member of Disabled People’s Organisation)

I think it’s all about ... not sitting in an office, making decisions on something you don’t really know anything about. You know, they’re [disabled people] the experts at the end of the day (Commissioner in local authority)