



St Andrew's  
HEALTHCARE



# Co-production Framework 2023 - 2028

Just like bees, we  
know that working  
together benefits  
everyone



St Andrew's Healthcare



Co-production... Together We Care

Transforming lives together

# Co-production Not just a buzzword!



## Why Bees?

Bees work together to produce honey. They all play a part in the process. A person in our care thought this was a great analogy to bring co-production to life and make it more understandable.

Just like bees, we know that working together benefits everyone

## Aims

- To support a **common understanding** and shared language for co-production.
- To create a **culture** in which those with **lived and living experience** are also seen as **experts** and in which everyone is treated as an **equal partner**.
- To ensure everyone is **respected** and **valued** and that their input **actively contributes** to decision making. This includes inpatients and community service users, partners-in-care (families and carers), and staff.
- To embed co-production so it becomes **everyday practice**.

## Our Framework

- We wanted a structured, whole system approach to co-production across the Charity.
- This framework was co-created based on workshops with experts-by-experience and staff. Best practice was established from the evidence-base, and the key models of co-production were identified for St Andrew's.
- It provides a structure for Charity and service level quality improvement plans with clear priorities and measurable criteria to help describe, track and provide recognition for what good co-production practice looks like.
- It secures the right infrastructure to support the monitoring and delivery of high quality co-production initiatives, underpinned with a robust governance structure and named executive sponsorship. It is supported by high quality co-produced training.
- The framework ensures our co-production approach is **established** (2024), **implemented** (2026) and **reviewed** (2028).

## What is Co-production?

*"We, all of us, make decisions together, to improve what we do and the way we do it, with trust and faith in someone's ability, no matter who they are or where they are in their recovery."*

*"We recognise and value the diverse knowledge, experience and perspective of all partners, and the vital contribution every person can make."*

*"Every person may have something different to give; we listen to all of our people, because we know everyone has an important experience to share."*

*"Everyone's skills are put to use."*

*"It's about us being equal and inclusive, fully involving the people in our care, and their carers, with their recovery."*

A set of values that ensure equal partnership, with active collaboration between those who use services and those who provide them.

Where patients, service users, partners-in-care and staff are empowered to influence and shape decisions.

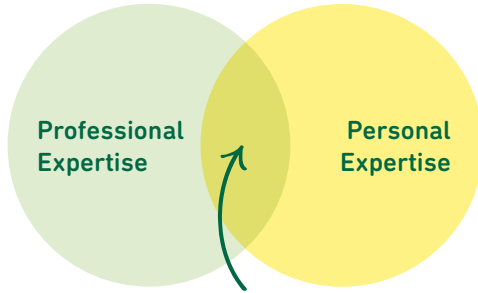
A culture in which we "do with" and not "do to" those who use our services.



# Co-production creates wise expertise

## Professional Expertise

Knowledge of staff and professionals at all levels of the Charity gained from years of studying and working in mental health.



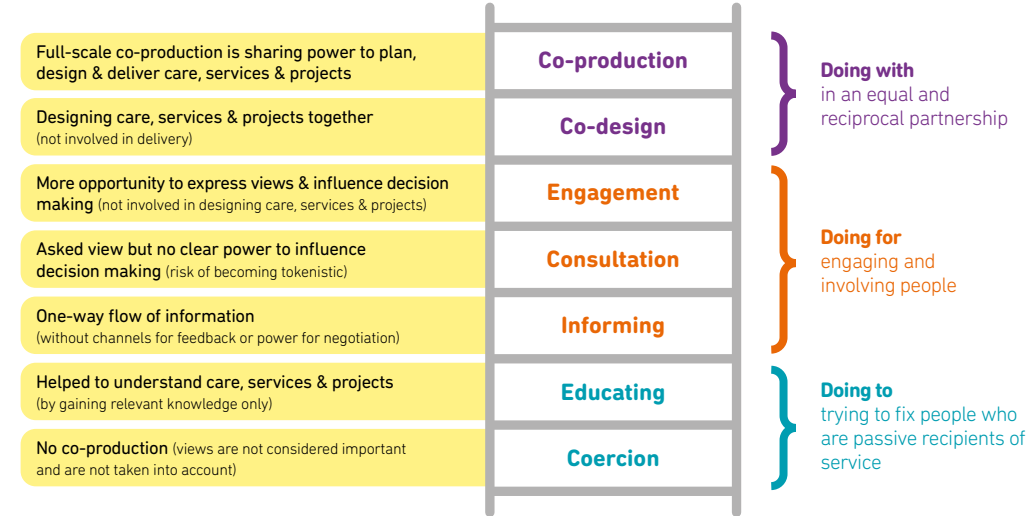
The wisdom that results from combining diverse views and knowledge about a subject. This results in creativity and solutions that neither expertise (professional or personal) alone could reach.

Stephen Parker,  
REDS Recovery College Lead

## Personal Expertise

Knowledge and practical information from those with experience of living with mental illness, or caring for people with mental ill health.

# The Ladder of Co-production



Adapted from <https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/in-more-detail/what-makes-co-production-different/>

The Ladder of Co-production describes a series of steps towards full co-production in health and social care.

Full co-production isn't just about talking through things together, but about doing things together using people's skills and expertise.

Involvement, consultation, engagement and co-design encourage people to participate to differing degrees in different ways. Each asks for their ideas, experience and opinions. However, 'full co-production' also needs people's **actions**.

Crucially, there is acknowledgement that while the top of the ladder is where power shifts take place, a ladder does represent a sense of a progressive journey. Therefore, the importance of taking those steps up the ladder must be appreciated; every step up the ladder contributes to achieving the highest level of co-production.



## Co-production is when...

*"we changed the Ward Round Form ourselves!"*

*"my knowledge, experience and perspective is genuinely sought, and not as a tick-box exercise."*

*"we are genuine partners on staff interview panels."*

*"I have been supported to chair my CPA Meeting or to contribute in whatever way that I feel confident for right now."*

*"I am being asked what recovery looks like to me."*

*"I feel that I have a voice that will be listened to. I believe that co-production could herald a new direction in care."*

*"I have written my care plan, helped with whatever level of support I need from staff at this stage in my journey."*

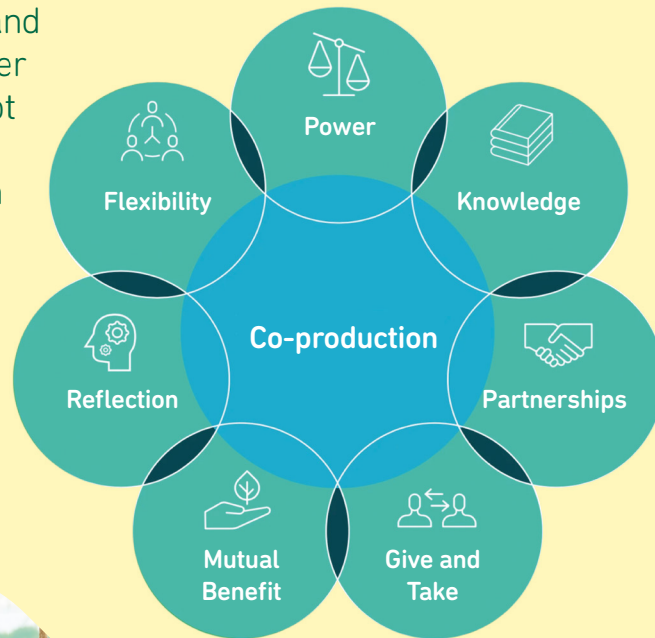
*"we create OUR recovery sessions, using our own experiences and sharing what we know to support each other and give hope."*

*"I feel like I am an equal partner in learning to manage my own risk."*



# Principles of Successful Co-production

A team of patients and staff worked together to identify and adapt a model to support the implementation of co-production at St Andrew's.



Adapted from Lokot & Wake (2021)  
<https://doi.org/10.1186/s13031-021-00399-w>



## Principles

**Power** refers to **tackling unequal power dynamics**. This is about recognising that the balance of power has traditionally sat with clinical expertise. Co-production aims to ensure that power is equally shared between all involved people wherever possible.

**Knowledge** refers to **challenging knowledge hierarchy**. This is about shifting from seeing staff as the experts and patients or service users as the ones who need to learn. Everyone has equally valuable expertise to share in the co-production process. Staff have academic and work-related knowledge. Patients, service users and partners-in-care have knowledge of what it is like to live with mental illness. Staff, patients, service users, and partners-in-care can contribute their own knowledge to the process.

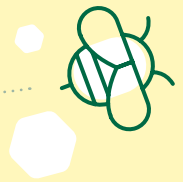
**Partnerships** refers to **ensuring more equitable partnerships**. This is about ensuring there are fair partnerships and everyone feels listened to and valued. This means making sure everyone is included within each step of the process in a fair and equal way. The inclusion of people in the process should not be a tick box exercise, but rather a genuine effort to include their viewpoint and equally value their different strengths and perspectives. The process should be made accessible to everyone, with reasonable adjustments made as needed. Decisions about the process and services should be shared between all parties.

**Give and Take** refers to **ensuring there is equal give and take in the process**. This means everyone should give their time, effort, knowledge and expertise and should gain something from the co-production process, whether that is knowledge, confidence, self-esteem, improvement in services or something else.

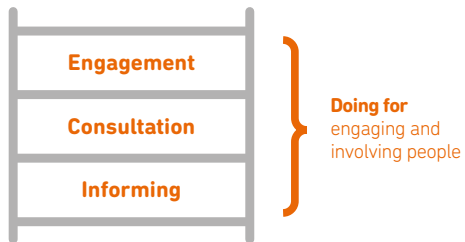
**Mutual Benefit** refers to **promoting mutual growth**. This means everyone should grow and learn from the experience. The knowledge and expertise exchanged throughout the process will mean that everyone's knowledge will grow and the experience may also help people grow as a person. This will result in improved care and empathy within the organisation as a whole if people embody what they have learnt.

**Reflection** refers to **reflecting on all aspects of the co-production process**. This means reviewing what is working well, what is not and what can be improved. It also means thinking about our place in the co-production process, challenging our own biases or assumptions, and recognising our own privilege.

**Flexibility** refers to **enabling flexible ways of interacting and working**. This means being flexible in the ways we work and being open to changing them before and during the process. This will help people build trust, accept uncertainty, be responsive to 'real world' demands and help break down boundaries where appropriate.



## Example of "Engagement"

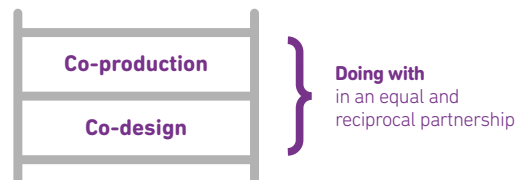


Current inpatients are members of recruitment interview panels, including the appointment of the Chief Executive Officer. Patients participate at the engagement level of co-production, constructing their own questions and expressing their views to influence the decision making around the appointability of candidates. They are also involved in feedback to applicants. Patients offer a unique perspective that differs from that of the service provider. Their questions often lead to a more dynamic and robust recruitment process for the service. Additionally, their involvement enables them to learn new skills, build confidence, and directly influence the care they receive. The candidates have an interview experience that better reflects the values of the Charity and sets the scene for the co-production culture in which they would be working.



## Example of "Co-design"

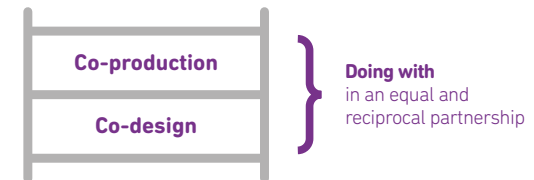
Young people co-designed the decor in their new building with the Estates & Facilities team. They chose every piece of artwork in the building, the font that the signage would be in, the style, colour and fabric of the furniture, the paint on the walls, the fabric for the curtains and the choices for flooring. The co-design process also explored the sensory experiences (acoustics, touch, smell) created by each item, alongside the function and aesthetic. The young people gained new knowledge of decor design and increased their confidence, while the service was able to improve the environment they provided.



Patients and staff co-designed an inclusive Wellbeing Decathlon event. Together, they deliberated on and chose the activities. Patients were involved in preparing for, promoting, and setting up the event, as well as supporting and taking part in some of the activities on the day.

## Example of "Full-scale co-production"

People living with and alongside Huntington's disease fully co-produced an e-learning package. Patients with HD were the first to contribute on content and how this should be represented and communicated. Partners-in-care shared their views including on the use of language and perspective taking. Staff also shared their knowledge. Decisions about what content was kept, removed and adapted was held as equally important regardless of identity or professional role. Patients were supported with adaptations to ensure information was understood, processed and retained. Patients co-facilitated the training via verbal and visual content, including video. Patients were able to challenge assumptions made about a relatively rare condition, and they experienced a sense of mastery and pride through reflecting on their ongoing journey, resilience and expertise. It also provided a forum for partners-in-care to share their experiences, while the service benefitted from improved training and education.



REDS Recovery College offers recovery-focused educational courses to support the wellbeing and recovery of those attending. Recovery College Trainers have a wide range of professional experience as well as personal insight of mental health challenges, and work with clinicians and subject matter experts to design and deliver training. Working alongside Patient Trainers, each course is centred on real life experience. There is an emphasis on full co-production, co-delivery and co-participation in the learning. All learners, whether patients, services users, staff, partners-in-care or members of the public, are treated equally.





# Co-production at St Andrew's



## For patients, service users, and partners-in-care...

Working together as equal partners in decisions about care.

## For colleagues...

Genuinely valuing patient, service user and partners-in-care lived and living experience and knowledge. Proactively encouraging and enabling active and meaningful participation where the person wishes. Looking for and supporting opportunities to co-produce as a member of staff.

## For our Charity...

Becoming a leader in implementing co-production values in mental health care. Standing side by side with people with lived or living experience by creating platforms for people to have a voice both inside and outside of the organisation. Working actively together and valuing those who use our services as experts who are equally well placed to design them.

## Peer Support

At St Andrew's, Peer Support Workers are members of staff who are specifically hired and trained to use their personal experiences of recovery from ill mental health to support the recovery of others. Some have themselves been inpatients and have insight into both being a patient and a staff member. They are members of the multi-disciplinary team who are trained to use their lived experience to bring a new area of expertise to the team. They work across the Charity, and directly with patients to help them identify and achieve their recovery goals. They are living proof that recovery is possible, which in itself is inspirational and promotes hope for patients, partners-in-care, and staff.

*"Working in a co-productive way is at the heart of everything we do."*

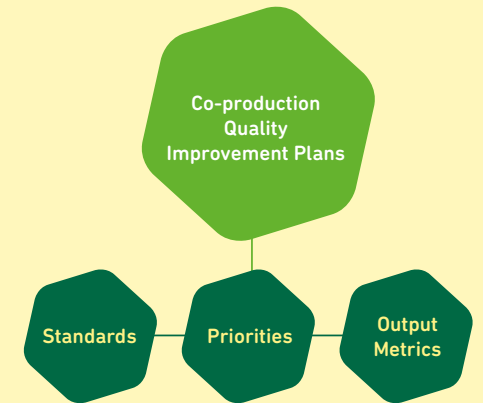
Peer Support Worker at St Andrew's

# Co-production Growth Plans

What co-production looks like depends on what the purpose of the co-production activity is, who the partners are, and what their needs are at that time.

Our framework sets out the structure to incorporate co-production quality improvement plans across the Charity.

Together, our co-production plans define what good co-production means at St Andrew's. An understanding of the quality of co-production, as well as operational oversight and assurance for co-production performance, is achieved through our governance structures and processes.



Each quality improvement plan reflects co-production **standards** for the area, guided by the 'Principles of Successful Co-production' model.

Clear **priorities** are set and co-production activity is described according to the levels represented on the 'Ladder of Co-production' model.

Distinct **output metrics** measure and provide recognition for good co-produced practice.

## Quality

Our quality improvement plans are peer reviewed. Quality is evidenced against the priorities set in the plans, and outcomes are monitored through a Charity-wide **data dashboard**.

Good co-production practice is celebrated through the '**St Andrew's Co-production Award**' as part of our CARE Awards.



COMPASSION



ACCOUNTABILITY



RESPECT



EXCELLENCE



# Framework Timeline



Establishing and communicating the plans and governance to support co-production

## 2024

Develop the plans, including standards, priorities and output metrics for each area, and Charity governance

Promote and commit to a culture that ensures working together in equal partnership

Implementing standards to empower people to actively influence decisions

## 2026

Determine baseline and report on progress through established lines of assurance

Apply plans and Charity governance

Reviewing practice and evaluating future direction

## 2028

Evaluate initiatives according to outcomes and review Charity governance structures and processes

Co-production is everyday practice, with commitment to continuous improvement

For more information on co-production:

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