‘It’s learning all of this together, isn’t it?’:

A qualitative study exploring conditions for embedding a culture of co-production in Integrated Community-based Healthcare.

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A little about me…

- Psychology BA, University of Sheffield 2005-2008

- Health Psychology MSc, University of Derby 2020-2023

- Resources and finance at Alcohol Change UK
- Youth worker
- Community development work
- Trustee at Blue Box Belper

How it all began…

DHP Health Psychology Conference, 2022 → Local Collaboration → Research Idea

Exploring co-production in Integrated Community-based Healthcare…

Objectives

1.To explore staff understanding of and perceived existing culture of co-production in community-based healthcare across an integrated care system.

2.To explore the perceived systems-level social/cultural and organisational conditions that enable co-production, from a staff perspective.

Methods

Nine Participants

Face-to-face, semi-structured interviews

Template Analysis

	Local Authority	NHS	VCSE
Strategic/Tactical	**Strategic/Tactical** level manager from **Local Authority**	**Strategic/Tactical** level manager from **NHS Community Health**	**Strategic/Tactical** level manager from the **Voluntary, Community and Social Enterprise Sector**
	Member of staff responsible for ongoing planning, monitoring, analysis and assessment of what an organisation needs to meet its goals and objectives.		
Operational	**Operational level** manager from **Local Authority**	**Operational level** manager from **NHS Community Health**	**Operational level** manager from the **Voluntary, Community and Social Enterprise Sector**
	Member of staff responsible for the day-to-day outworking of goals and objectives of the organisation, deciding 'who will do what and when'.		
Front-line Staff	**Experienced front-line** staff member from **Local Authority**	**Experienced front-line** staff member from **NHS Community Health**	**Experienced front-line** staff member from the **Voluntary, Community and Social Enterprise Sector**
	Front line staff member ideally with at least 2 years' experience in the role as will be representing a large population of front-line workers in their sector.		

Co-production as a **VALUE** and **BEHAVIOUR**, not just a **TECHNIQUE** or a **TOOL**

Co-production: 'A value-driven approach that blurs barriers between the state, services, and citizens; involves relationships of reciprocity and mutuality; and applies an assets-based model of service users' (Filipe et al., 2017, p.2).

A value: *'something you think is important and want to express through your behaviour.'*

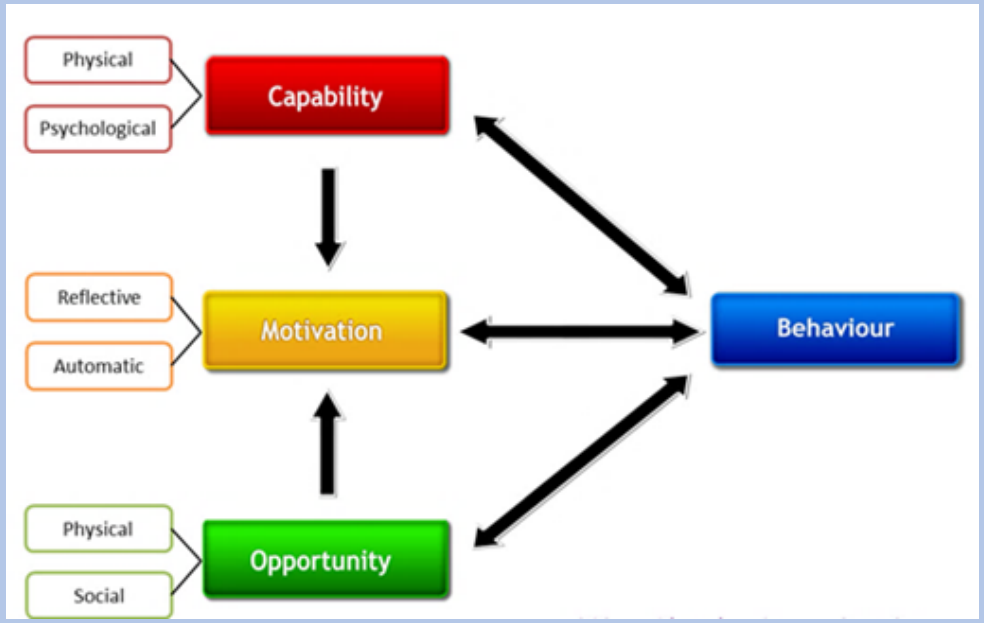
'walking alongside of the marginalised'… 'empathising, understanding, respecting, empowering' (pt3).

'You have to fully understand what it means and what the benefits of it are, before you could start behaving differently to allow it to happen' (pt9).

- Learning not just **how**, but **why**.

Theory

COM-B Model (Michie et al., 2011)



Theoretical Domains Framework (Cane, 2012)

Institutional Logics Theory (Thornton & Ocasio, 2008)

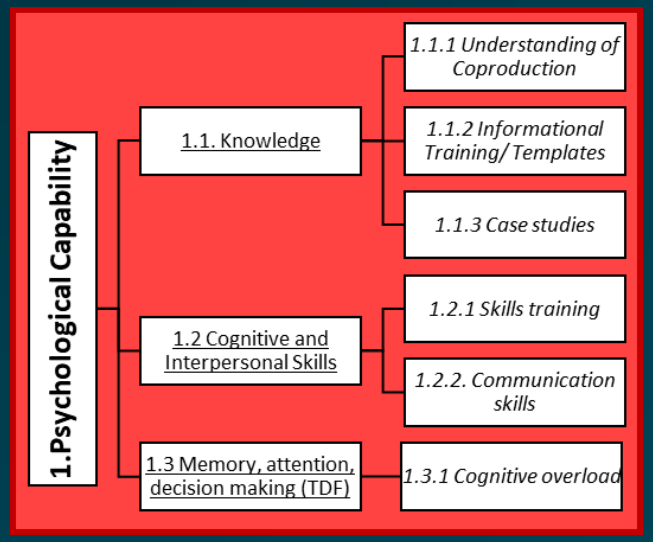
Macro-level
(e.g., legislative mandates)

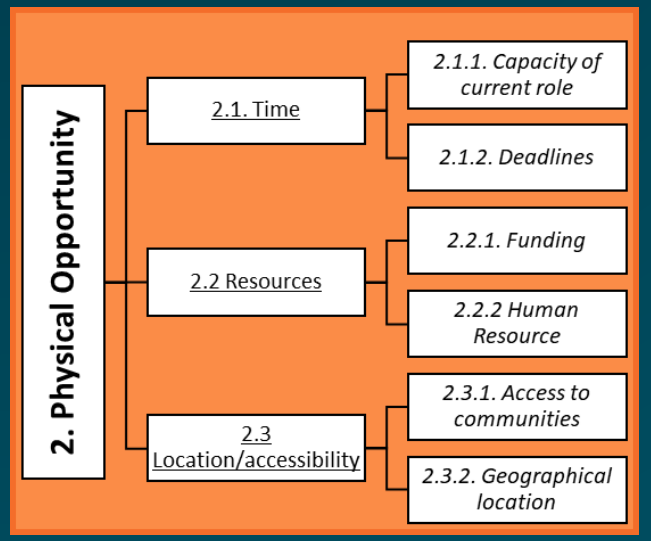
Meso-level
(e.g., organisational leadership)

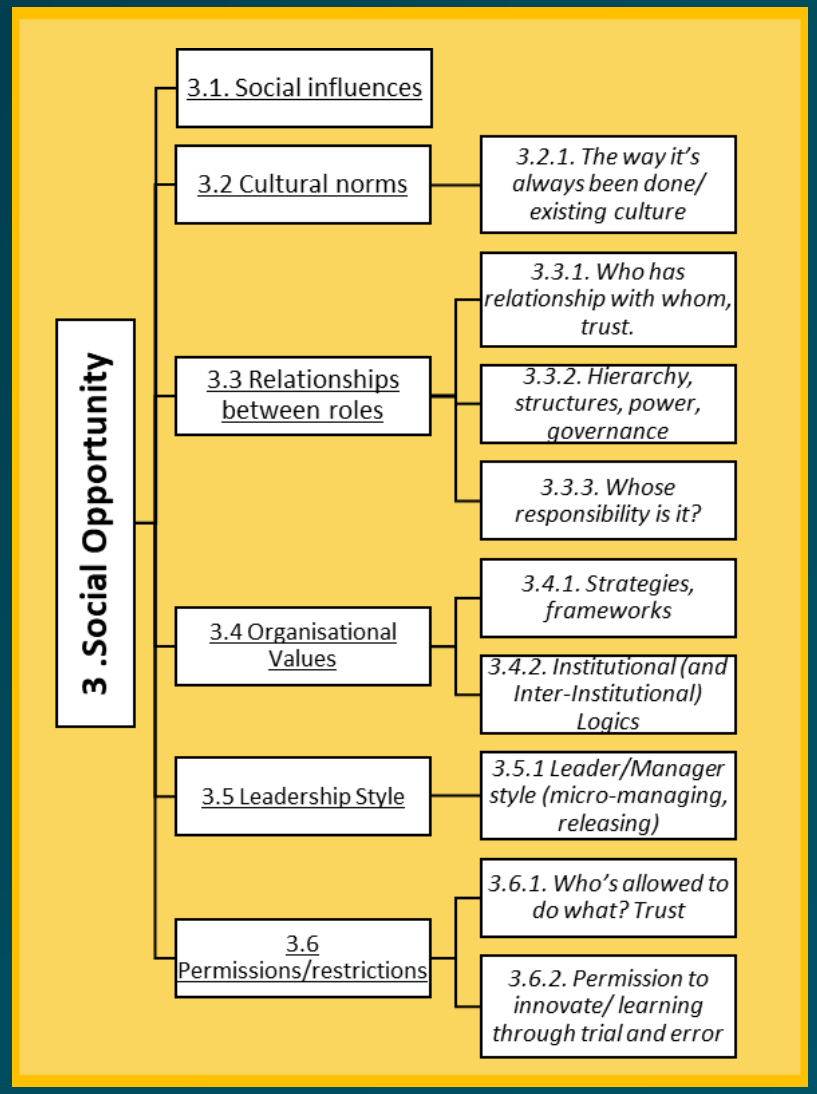
Micro-level (e.g., interactions between healthcare providers and public/patients)

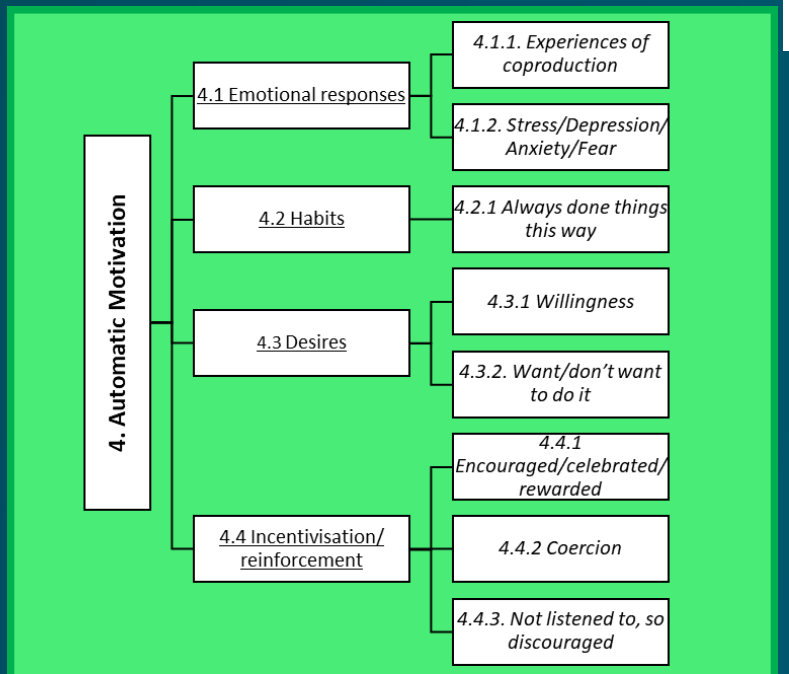
Results

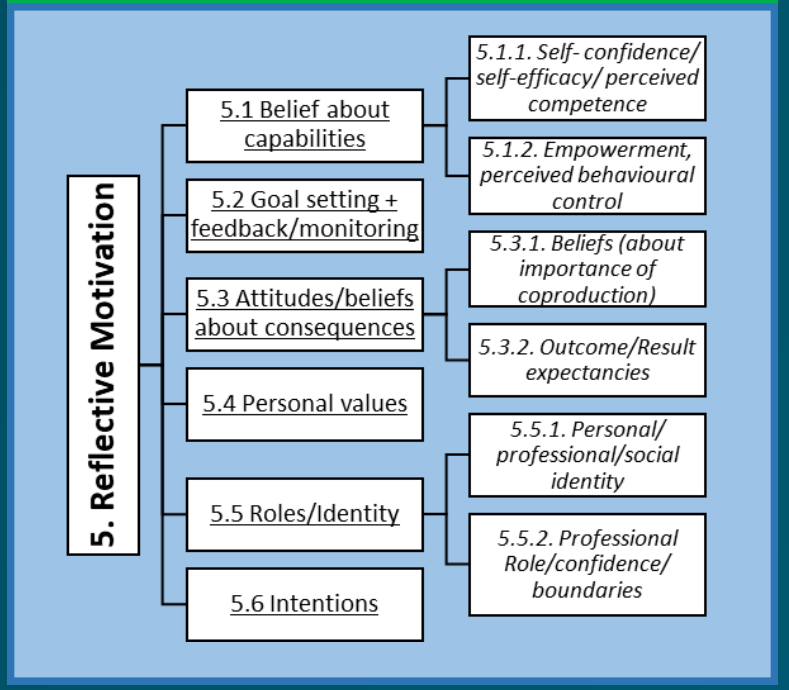
Final Template











Integrative Theme: Diversity

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Key Findings

Psychological Capability

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Barriers

- Lack of knowledge/ understanding of what co-production is.
- Lack of skills (e.g., communication, interpersonal & listening skills)
- Cognitive overload from demand of role and constant change

Enablers

- Increased and consistent knowledge/ understanding of what co-production means through continuous learning environments
- Diversify workforce/volunteers to provide balanced representation of views
- Equipping/enabling staff already interested in co-production to work in this way, and model this to others

‘A lot of people don't even know that it should be included. I don't think they wilfully choose not to. I think they've never thought of it’ (pt 6).

‘Having a place to be creative and bounce ideas off before you can… feel brave enough to so some of this stuff’ (pt2).

Key Findings

Physical Opportunity

Barriers

- Time restrictions (deadlines + capacity of current role)
- Lack of funding for co-production work
- Lack of funding to develop relationships needed for co-production
- Lack of access to communities/ trusting relationships in some sectors of the ICS

‘unless you’ve got different people looking at transformation to who are doing the reactive stuff, you're never gonna move things on’ (pt5).

Enablers

‘…if we don’t take that time, we'll end up doing things, and we do do things, that actually don't create what it is you're trying to create’ (pt4).

- Less restrictive timeframes for co-produced work
- Dedicated funding for co-production
- Dedicated staff to facilitate co-productive ways of working, and community connector roles for longer to allow relationship to develop
- Building networks between professionals and communities. Utilising relationships already built through VCSE sector

Key Findings

Social Opportunity

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Barriers

- Negative opinions of others
- Cultural norms – existing culture not co-productive.
- Service Targets/Priorities not conducive to co-production
- Imbalance of power/hierarchy
- Conflicting organisational values & silo working
- Leadership restrictive/unsupportive

‘Once you've got networks at least you've got the… right place to go and talk with people and ask them for what's going on for them’ (pt2).

Enablers

- Education about value of co-production & transparency about challenges
- Communities of Practice
- Modelling behaviour at leadership level & peer-to-peer
- Permission to innovate
- Understanding community priorities
- Co-production written into integrated strategies & frameworks.
- Leadership becoming more supportive/releasing of co-production

Key Findings

Automatic Motivation

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Barriers

- Emotional response: bad experience of co-production (e.g. stress/anxiety/fear)
- Habits – always done things this way
- Lack of desire to do co-production
- Outcomes of past co-production have not been listened to/utilised, so discouraged

‘although we want to do it and we intend to do it, we don't. It's not embedded… our structures don't… encourage it, don't *incentivise* it (pt4).

Enablers

- Adjusting expectations, learning from past experience
- Attaching personal meaning to co-production by spending time with patients/public (especially at higher leadership level)
- Incentivisation/reinforcement (encouragement, acknowledging & celebrating co-production)

‘We've managed to not do it for so long, that people don't see the importance of doing it’ (pt5).

Key Findings

Reflective Motivation

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Barriers

- Low self-efficacy/perceived competence
- Lack of perceived behavioural control
- Beliefs/attitudes e.g. low regard for importance of co-production
- Instability of intention to do co-production

Enablers

- Goal setting + feedback/monitoring built into staff meetings and line management
- Increase belief in importance & efficacy of co-production through experience & shared learning.
- Increased importance placed upon own role/identity in co-production.
- Consistency of individual and collective intention to do co-production

‘So people, when they hear a new idea like ‘co-production’, it’s… is this another fad and is this something else that is just gonna be lip-service? And very often we don't have exciting, engaging people telling us about it. We'll get something on comms, on the e-mail. Half of us don't read them. Half of us read them and forget about them and then there's just a few of us that are interested’ (pt6).

Key take-aways

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To embed co-productive ways of working:

- organisations and individuals within them need to **value** it;

- those who are **willing** need to be **resourced** and **released** for it (especially where strong community relationships already exist);

- and through cultivating **continuous learning environments** across integrated healthcare, different types of **knowledge** and **expertise** from a diverse range of stakeholders must be shared and equally valued.

- the barriers and facilitators identified in this research could be taken into consideration by individuals, teams and organisations involved in community-based healthcare

‘I just think we’ve just not got to give up on this. I think we’ve got to keep going… I think there’s enough of us in the system that believe in it… I think it is all possible… I feel that the ICS can make that happen… but it really just has got to start listening, and not telling first’ (pt2).