



South East Maternity and Neonatal Co-Production Resource Pack

v0.5 July 2022

Introduction

- This co-production resource pack has been designed for you to have useful resources all in one place and to support the embedding of co-production into the culture and practice of maternity and neonatal services
- There are links throughout the pack and where possible documents and videos are embedded on the slides (denoted*)
- Use of these resources is optional; please feel free to adapt to your needs
- Please share any resources you would like to be included in the pack
- This resource pack will be updated as new resources are shared or at least every 6 months
- We welcome your feedback and comments to england.sematernity@nhs.net
- Acknowledgements: Thank you to all who have contributed to this resource pack

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*You can navigate directly to any of the slides by pressing CTRL and clicking on the link

What is co-production?

Co-production involves people, carers, families and communities who use local health and care services, sharing power with professionals in the design, development and evaluation of those services.

It acknowledges that people have valuable knowledge, experience and insights that can be utilised to help improve service delivery and outcomes, for the benefit of themselves and others who may come to use those services .

The [New Economics Foundation](#) recognises the six key elements of co-production as:

- Recognising people as assets
- Building on people's capabilities
- Developing two-way, reciprocal relationships
- Encouraging peer support
- Blurring boundaries between delivering and receiving services
- Facilitating rather than delivering to

Why do we need co-production?

- Organisations who co-produce maternity and neonatal services with the women, birthing people and families who use them can experience its value in several ways.
- Co-production can help to change the culture in which maternity and neonatal services operate, to become catalysts and facilitators rather than simply providers.
- This leads to service innovation and improvement, and operational efficiencies including reduced complaints, better communication, improved relationships, and service users reporting feeling listened to and involved, which helps contribute to safer care.
- It enhances staff development and the creation of new relationships between staff and service users, where both are recognised as experts in their own right. Service users can also help to increase the effective use of resource, innovate, and maintain the co-production approach.
- Through co-production, users become more aware and informed about important issues (e.g. personal risks) which leads to positive changes in behaviours, perceptions, and attitudes as recipients of services. It also improves the knowledge service users have about services and the operational challenges they face.
- Co-production can also bring value to the women, birthing people and families involved which is directly linked to the value experienced (and provided) by the organisation. For example, users can gain new skills and new possibilities for employment. They can also enhance their personal qualities such as; turning a negative birthing experience into something helpful, achieving a greater sense of autonomy, and enhancing empowerment and trust in local maternity services.

How do we do co-production?

- The principles of equality, diversity, accessibility and reciprocity are critical values for putting co-production into action
- [A Co-Production Model – Coalition for Personalised Care](#)
- 5 values and 7 steps to make this happen [C4CC Steering Group v5 \(elft.nhs.uk\)](#)

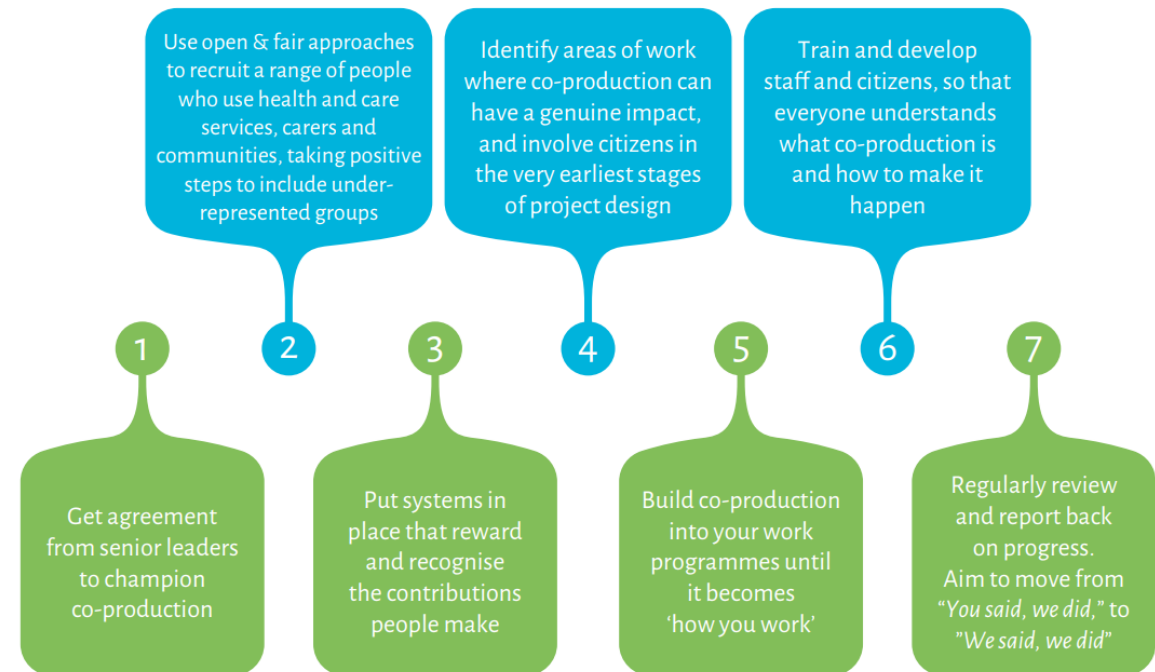
Values and behaviours

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:

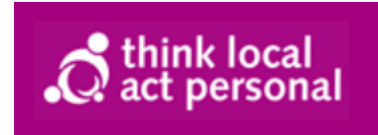


How to do it?

Seven practical steps to make co-production happen in reality:



How do we do co-production?



[Ladder of Coproduction | TLAP | social care \(thinklocalactpersonal.org.uk\)](http://www.thinklocalactpersonal.org.uk)

‘The ladder of co-production describes a series of steps towards full co-production in health and social care. It supports greater understanding of the various pre-steps such as *access, inclusion and consultation*’

The Ladder of Co-production
Where are you on the ladder towards co-production?

7 Co-production
Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.

6 Co-design
People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in strategic decision-making.

5 Engagement
Compared to the consultation step below, people who use services are given more opportunities to express their views and may be able to influence some decisions about how services are designed or delivered, but this depends on what the people responsible for services will allow.

4 Consultation
People who use services may be asked to fill in surveys or attend meetings, however this step may be considered tokenistic if they do not have the power to influence or affect change.

3 Informing
The people responsible for services inform people about the services and explain how they work. This may include telling people what decisions have been made and why.

2 Educating
The people who use services are helped to understand the service design and delivery so that they gain relevant knowledge about it. That is all that is done at this stage.

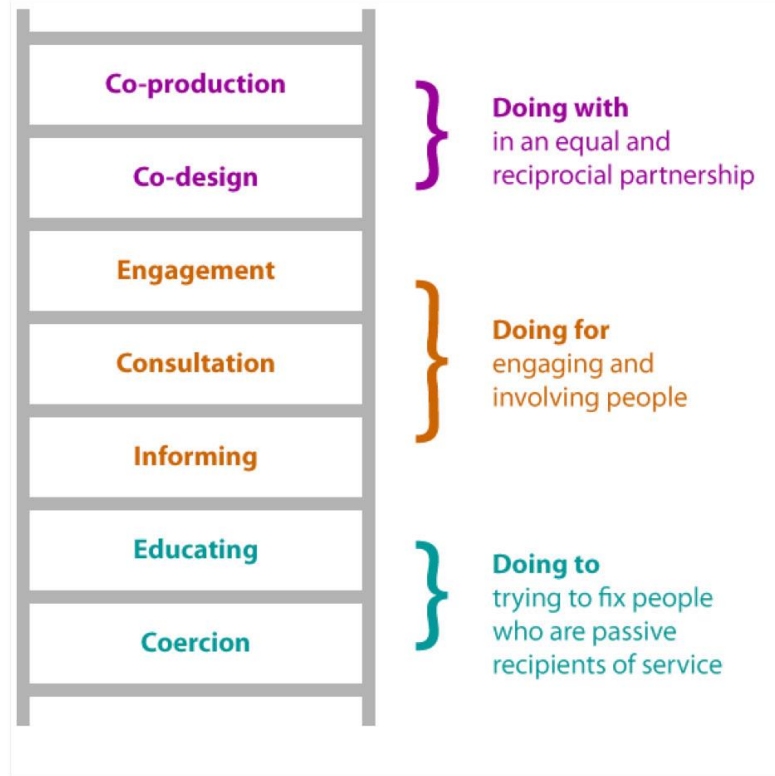
1 Coercion
This is the bottom rung of the ladder. People who access services are made to attend an event about services as passive recipients. Their views are not considered important and are not taken into account.

Co-production: It's a long-term relationship
Based on Arnstein's Ladder of Participation, the TLAP ladder of participation describes a series of steps towards co-production which can be used in strategic commissioning across health and social care. It is designed to support greater understanding of the various stages of access and inclusion before full co-production is achieved.

www.thinklocalactpersonal.org.uk

web: www.thinklocalactpersonal.org.uk
email: info@tlap.org.uk
facebook: www.facebook.com/thinklocalactpersonal
twitter: @tlap1

NCAAG
National Commissioning Advisory Group



CO-PRODUCTION: It's a long-term relationship!

Co-production
Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.

Co-design
People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in 'seeing it through'.

Engagement
Compared to the consultation step below, people who use services are given more opportunities to express their views and may be able to influence some decisions, but this depends on what the people responsible for services will allow.

Consultation
People who use services may be asked to fill in surveys or attend meetings; however this step may be considered tokenistic if they do not have the power to influence or affect change.

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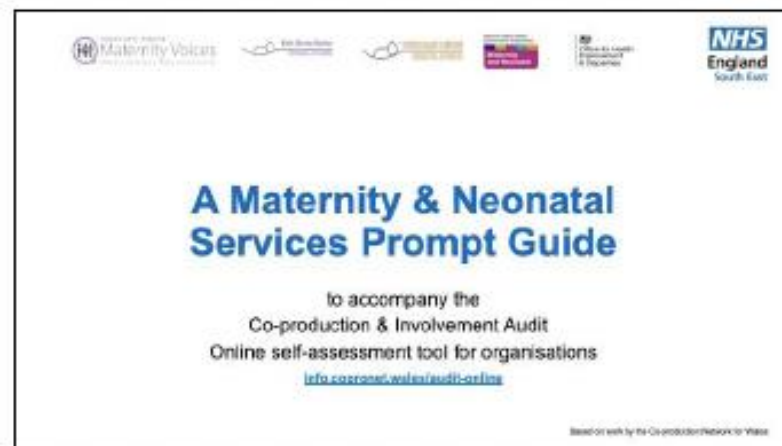
Gap analysis tool

A tool designed to help providers and service users to self assess their current position with co-production and identify areas for improvement.

The tool , the Co- production & Involvement Audit Online Self assessment tool for Organisations, was developed by Co- production for Wales.

It can be accessed through this link <https://info.copronet.wales/audit-online/>

To accompany this tool the SE region have developed a maternity specific prompt guide with suggestions on how to use it , help focus the areas reviewed and questions asked when completing the tool.



[Click here to view the Prompt Guide](#)

Co-production good or promising practice templates

- These templates have been designed to help you share good or promising co-production learning and practice
- It may also be used where evidence of co-production is required to be submitted e.g., Maternity Incentive Scheme safety action 7 (CNST), Ockenden immediate and essential actions from the interim report 2-Listening to women & families and 7-Informed Consent, Perinatal Equity action plans

For projects and programmes

Co-production good or promising practice examples template – projects & programmes

This template has been designed to help you share co-production learning and practice. It may also be used where evidence of co-production is required to be submitted e.g. Maternity Incentive Scheme safety action 7 (CNST), Ockenden immediate and essential actions 2-Listening to women & families and 7-Informed Consent, Perinatal Equity action plans.

Title of project/programme or service area	
Aims and objectives	
Scope and target audience	
Date commenced	
Date completed	
Stakeholders e.g. <ul style="list-style-type: none"> • Who? (include equality, diversity and inclusion (EDI) best practice) • How identified? • How involved? 	
Description/additional information	
Training or guidance provided to support the co-production process (include name and details of training provider if applicable)	
Evaluation, main impact and outcomes	
Learning points e.g. <ul style="list-style-type: none"> • What went well? • Challenges and resolutions 	
Future plans e.g. <ul style="list-style-type: none"> • Learning and practice presented where and to whom? e.g. Trust, LMNS website, FutureNHS platform • Review (e.g. after 12 months) • Maintaining relationships • New areas of work identified 	

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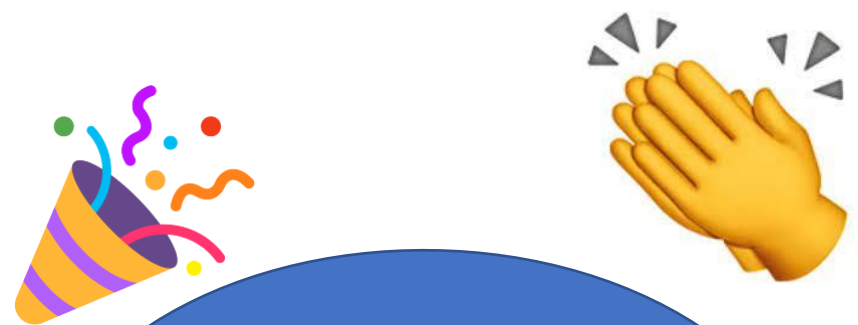
For 'business as usual'

Co-production good or promising practice examples template – business as usual

This template has been designed to help you share co-production learning and practice from ongoing work that isn't a specific project or programme. It may also be used where evidence of co-production is required to be submitted e.g. Maternity Incentive Scheme safety action 7 (CNST), Ockenden immediate and essential actions 2-Listening to women & families and 7-Informed Consent, Perinatal Equity action plans.

Description of co-production topic (e.g. MVP chair invited to key meetings; Regular conversations with MVP chair and Non/DoW/consultant midwives; Meetings with MVP chair to discuss complaints/Six/maternity dashboard; involvement of service users in reviewing maternity information, etc.)	
Aims and objectives	
Scope and target audience	
Stakeholders e.g. <ul style="list-style-type: none"> • Who? (include equality, diversity and inclusion (EDI) best practice) • How identified? • How involved? 	
Description of how work is achieved and works	
Training or guidance provided to support the co-production process (include name and details of training provider if applicable)	
Evaluation, main impact and outcomes	
Learning points e.g. <ul style="list-style-type: none"> • What went well? • Challenges and resolutions 	
Future plans e.g. <ul style="list-style-type: none"> • Learning and practice presented where and to whom? e.g. Trust, LMNS website, FutureNHS platform • Review (e.g. after 12 months) • Maintaining relationships • New areas of work identified 	

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Please share your examples with us! We would love to hear about and share all your good co-production work

Email england.sematernity@nhs.net

Co-production good or promising practice examples

Sussex - Personalised care and support plan

Sussex – Peer support

Kent and Medway – Thrive

Co-production good or promising practice example – projects & programmes *

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Title of project/programme or service area	Personalised Care and Support Plan in Sussex
Aims and objectives	Under Better Births and the NHS LTP, 100% of maternity service users need to have an active Personalised Care and Support Plan (PCSP) by 31 st March 2021. Our aim was to ensure that we had a wide range of service user voices, particularly those who we don't often hear from, and a wide range of health care professionals to review and provide input to the PCSP before it was used. Our objective was to ensure that the PCSP was user-friendly, both for the service users and the staff, and was going to achieve what we wanted it to, which was to offer a personalised plan for every woman and birthing person. We also wanted to ensure that it was available in a range of different formats, both digitally and in hard copy and that it was translated into the most commonly used languages in Sussex.
Scope and target audience	<ul style="list-style-type: none"> All service users of maternity services across Sussex Midwives and other health care professionals who would be using the PCSP with the woman or birthing person.
Date commenced	January 2020 (SUV appointed September 2020)
Date completed	March 2021
Stakeholders e.g. Who? (include equality, diversity and inclusion (EDI) best practice) How identified? How involved?	Chairs of MVPs PCSP SUV Lead Service users across Sussex Midwives and health care professionals across Sussex Commissioner from personalised care and maternity Project manager at LMNS Better Births Lead Midwife from each of the Trusts Initial discussions, formulation of business case, presentation to LMNS Programme Board, Personalisation team An SUV was recruited to the role to capture the service user experience in relation to the PCSP. She worked across Sussex engaging with as many people as possible to hear their thoughts

Co-production good or promising practice example – projects & programmes *

This template has been designed to help you share co-production learning and practice. It may also be used where evidence of co-production is required to be submitted e.g. Maternity Incentive Scheme safety action 7 (CNST), Ockenden immediate and essential actions from the interim report 2-Listening to women & families and 7-Informed Consent, Perinatal Equity action plans.

Title of project/programme or service area	Peer Support in Sussex for pregnant women and people who are Black, Asian or from another ethnic minority group
Aims and objectives	<ul style="list-style-type: none"> Filling a gap by providing a service that helps to meet the needs of those suffering from mild to moderate perinatal mental health (PNMH) issues (estimated to be approximately 20% of birthing parents, but potentially more during the pandemic and for those of BAME background); Raising awareness and understanding of perinatal mental health issues and removing the stigma associated with this for a specific cohort of maternity service users; Increasing awareness of and access to other services, e.g. SPMHS, IAPT, for a specific cohort of maternity service users who are potentially more at risk of perinatal mental health issues; and Mitigating the risk of PNMH issues going undetected amongst Black, Asian and Mixed Ethnicity parents or of the services that are accessed not providing those parents with the appropriate or necessary support.
Scope and target audience	Ethnic diversity varies across Sussex with relatively small numbers of BAME maternity service users in East Sussex and parts of coastal West Sussex, but much more significant numbers in North Sussex (Crawley) and Brighton & Hove (PHE Fingertips data used).
Date commenced	July 2020 – EOI invited March 2021 – Started June 2021
Date completed	Due to be evaluated and reviewed in June 2022
Stakeholders e.g. Who? (include equality, diversity and inclusion (EDI) best practice) How identified? How involved?	Chair of MVP - Strategic Lead Commissioner from personalised care, maternity and mental health Project manager at LMNS Clinical Lead for PNMH Clinical Network and MH Trust Lead Obstetrician for PNMH Better Births Lead Midwife Specialist PNMH Midwife and Health Visitors Community groups, voluntary organisations working within this area Initial discussions, formulation of business case, presentation to LMNS Programme Board, Personalisation team, PNMH Clinical Network and Disparities Group of ICS

Co-production good or promising practice examples template – projects & programmes *

This template has been designed to help you share co-production learning and practice. It may also be used where evidence of co-production is required to be submitted e.g. Maternity Incentive Scheme safety action 7 (CNST), Ockenden immediate and essential actions from the interim report 2-Listening to women & families and 7-Informed Consent, Perinatal Equity action plans.

Title of project/programme or service area	Co-production in setting up the Maternal Mental Health Service (MMHS) - known locally in Kent and Medway as: 'Thrive – Psychological Support for Birth Trauma and Loss'.
Aims and objectives	The NHS Long Term Plan includes a joint PMH and maternity transformation objective: by 2023/24, 'Maternity Outreach Clinics' (now known as 'Maternal Mental Health Services') will be available across the country; combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience. During September 2020, NHS England (NHSE) invited proposals for the testing and development of a Maternal Mental Health Service during 20/21 and 21/22. The commissioner (Kent and Medway CCG) and the providers (the Kent and Medway NHS and Social Care Partnership Trust (KMPT) and the East Kent Hospitals University NHS Foundation Trust (EKHUFT) worked together to complete and submit an Expression of Interest (EOI) to be an Early Implementer to test the new service within East Kent. Following a period of consultation with healthcare staff, colleagues and those with lived experience of birth trauma and loss, this service was named 'Thrive – Psychological Support for Birth Trauma and Perinatal Loss'. Being a completely new NHS service, we needed to ensure this service was developed from the outset with those who had lived experience of birth trauma/birth loss or tokophobia (severe fear of childbirth) who could provide valuable, key information on a number of items such as where the service should be held (so not to potentially retraumatise people by asking them to revisit a building where they may have experienced trauma for example), the types of intervention / treatment they felt would be most beneficial and what the clinical working model should look like. The objective was also to co-produce service items such as information leaflets and posters, the service name and imagery and the language used in internal and external communications about this new service. Ultimately, we wanted to ensure we were building a service <i>with</i> people who had experienced birth trauma or perinatal loss, <i>for</i> people who experience birth trauma or perinatal loss, to make sure it was equitable, inclusive and fit for purpose.

National Maternity Voices



- [National Maternity Voices](#)' (NMV) is the association of independent lay MVP chairs in England
- They have developed a comprehensive toolkit which gives guidance to support you with setting up, developing and maintaining your MVP [Maternity Voices Partnerships Toolkit – National Maternity Voices](#)
- There are webinar recordings to:
 - Support the perinatal equity work: [Ensuring MVPs are safe spaces for all ethnicities – National Maternity Voices](#)
 - Support the outreach work in local communities: [Participatory appraisal: facilitating women in their own communities to gather feedback on maternity experiences – National Maternity Voices](#)
- More [Examples of MVP co-production – National Maternity Voices](#)
- There is a space for NMV to share and collaborate on the Maternity Transformation Programme's (MTP) Hub: [National Maternity Voices on the MTP Hub - Maternity Local Transformation Hub - Maternity \(future.nhs.uk\)](#)

The King's Fund – Understanding integration

How to listen to and learn from people and communities

- [Understanding integration: how to listen to and learn from people and communities \(kingsfund.org.uk\)](https://kingsfund.org.uk)
- This document focuses on:
 - understanding 'integration'
 - bringing service users, carers & communities together to collectively deliver health outcomes that are based on what matters most
 - listening to service user experience to support a culture of listening & learning together
- It offers a practical and evidence-based approach to help partners come together to work with communities to identify what people need, what is working and what could be improved to provide joined-up care
- Includes 10 guiding principles (page 7) and a roadmap to understanding people's experiences
- Top Tip start with people and communities and work backwards!

Understanding integration

5

Ten principles for partners and leaders to work to

Following these 10 guiding principles will help ensure that people and communities are at the heart of how integrated care works and develops.

1

Build a shared purpose for this work across systems

2

Place this at the heart of your organisations

3

Set the right culture

4

Place the work on an equal footing with other data and information

5

Be clear that this work is everyone's business

6

Build on the resource that exists locally

7

Ensure you have the right skills, capacity and resource in place

8

Ask the right questions

9

Who you hear from matters

10

Turn understanding into action

Other resources

[Healthwatch | Your spotlight on health and social care services](#)

Healthwatch Oxfordshire has made a short film which focuses on the maternity services experiences of Black, Asian and Mixed/Minority Ethnic birthing women and people [Our videos - Healthwatch Oxfordshire](#)



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- The Royal College of Midwives worked to co-produce the RCM Maternity Voices Network [Maternity Voices Network - RCM](#) which aims to improve the experience and outcomes for all involved in maternity services: [Co-creating the RCM maternity voices network](#) This network was paused due to Covid-19, and has now been renamed the Shared Voices Network and is being rescoped before a relaunch due in 2023. These resources show the coproduction work done in the initial phase pre-pandemic.

Session 1



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Session 2



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Session 3



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Other resources

- [Welcome to the Co-Production Collective! \(coproductioncollective.co.uk\)](https://coproductioncollective.co.uk) a community of people interested in co-production, working together to create better outcomes for all
- [Co-production in action: number three \(nihr.ac.uk\)](https://nihr.ac.uk). This is a series is all about co-production in research. Key principles and features of co-producing a research project are outlined including the importance of extra time & resources must be factored in for genuine co-production to happen & the sharing of power.
- NHS Personalised Care [Co-production Factsheet \(england.nhs.uk\)](https://england.nhs.uk)
- Coalition for Personalised Care. [Coproduction](#)

