HEALTH

Co-production and engagement with communities

AS A SOLUTION TO REDUCING HEALTH INEQUALITIES

APRIL 2024

INEQUALITIES

CO-PRODUCTION AND ENGAGEMENT WITH COMMUNITIES
as a solution to reducing health inequalities

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KEY MESSAGES

- Co-production is a method of engaging with communities, via partnership and power-sharing between professionals and communities to co-create solutions and decisions, with the intended long-term benefit of improving healthcare delivery and outcomes.
- There are a range of broader engagement methodologies and activities which can also be considered when involving the views of people and communities. Consideration should be given to what the most appropriate engagement method is to achieve the desired outcome.
- Trusts have obligations – legal duties – both to reduce health inequalities and to involve patients in their services. Both tasks can feel complex, due to the scale of the challenge within a demanding operational environment. However, trusts can combine efforts on both fronts, by seeing co-production and engagement as a potential solution for tackling health inequalities.
- Benefits of co-production and engagement with communities became more apparent during and after Covid-19. These benefits include: improved patient experience, empowering patients, improving quality of services, developing trust with communities, and contribution to the reduction of health inequalities.
- Co-production can increase understanding of why particular groups face barriers in accessing healthcare services, helping trusts to understand and overcome inequalities. It can also contribute to trusts' role as anchor institutions within local communities.
- An equity lens to co-production and engagement requires engaging with a diverse group of individuals, who are enabled to effectively share their experiences.
- Working in partnership with voluntary, community or social enterprise (VCSE) organisations is central to the delivery of engagement and co-production.
- Trusts and senior leaders play a crucial role in embedding a culture of co-production and engagement within their organisations by acting as champions for co-production and engagement work. Engagement activities require time, investment and resource.

INTRODUCTION

Responding to the views of patients and local communities and involving them in decision-making processes is viewed as the gold standard of healthcare design and delivery. It is understood to remove barriers to accessing services, ensuring that services are patient-centred and responsive to the community's needs. Yet, despite the term 'co-production' being well known and used among the sector, it is arguably not universally understood or applied by NHS trusts.

This report outlines the principles of co-production and actions trusts can take to apply engagement methodologies across their organisation. It provides an overview of different forms of engagement and summarises the potential benefits to trusts, including improved patient experiences and outcomes, and the delivery of more inclusive healthcare services that better meet the needs of local communities. It also makes the connection between engagement, co-production and the broader health inequalities agenda, unlocking the potential for collaboratively developing solutions to address complex barriers to health services experienced by some communities.

We have highlighted the existing work of trusts that have targeted their community engagement efforts to reduce health inequalities, from East London NHS Foundation Trust, Solent NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust.

THE VALUE OF CO-PRODUCTION AND ENGAGEMENT WITH COMMUNITIES

1

What is co-production?

Arguably, there has been a lack of agreement on a common definition of co-production, particularly within the health sector. It has often been conflated to encompass a range of different engagement methodologies. Essentially, co-production is a method of engaging with communities, whereby individuals or groups are actively involved in making and shaping decisions related to the delivery of public services.

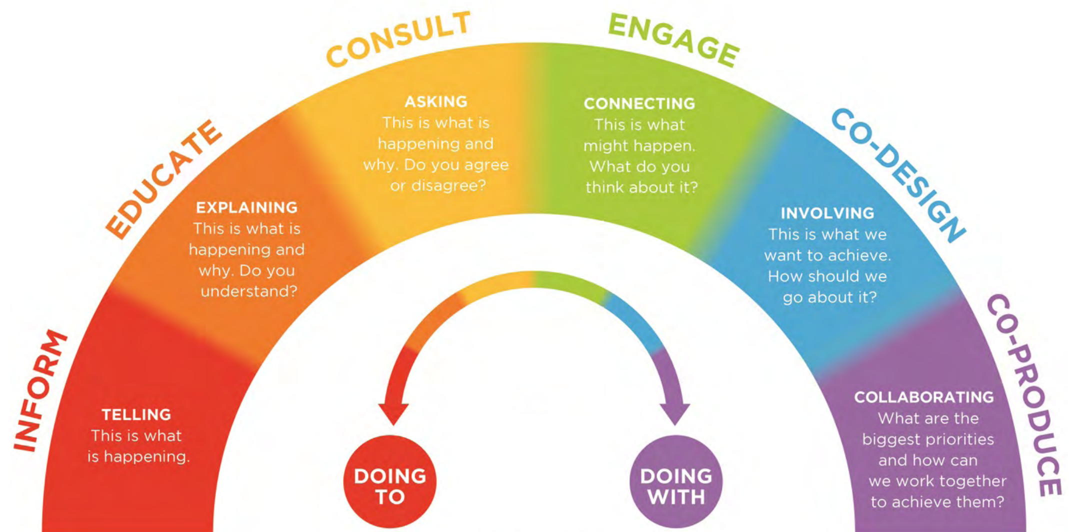
'Community engagement' is a broader process of working with and involving patients or communities in healthcare services or research. This could include a wide range of participation techniques that seek to elicit the views and experiences of patients, service users or wider community members. By listening to and responding to the voices and experiences of the individuals within a community, decisions taken will be more reflective of community needs and so, potentially more effective. Table 1 summarises some of the various terms and models in relation to community engagement and participation.

Table 1
Interrelated and concepts relevant to engagement and co-production methodologies

Active listening	Actively listening requires "fully concentrating on what is being said rather than just passively 'hearing' the message of the speaker" (Skills You Need, 2022). Active listening can be achieved through verbal and non-verbal cues and responses, asking reactive questions, and providing summaries or feedback of what has been heard. Applying active listening methods should result in improved communication and understanding.
Community engagement	Community engagement involves working with and involving patients or communities in healthcare services or research. This could include a wide range of participation techniques that seek to elicit the views and experiences of patients, service users or wider community members.
Co-production	Co-production is partnership and power-sharing between professionals and communities to co-create solutions and decisions, with the intended long-term benefit of improving healthcare delivery and outcomes.
Expert by experience	An expert by experience is a role that allows an individual to share their experiences via engagement methods. This approach recognises that individuals are not expected to be experts in everything, but are experts in their own individual life experiences, which provides legitimacy and authenticity to their views and contributions (Pathway, 2013).
Lived experience	Lived experience reflects an individual's first-hand experiences, views and knowledge based on their life experiences and circumstances.

Patient and public involvement (PPI)	The term PPI is often applied in healthcare research settings. It refers to the involvement of patients, or other people with relevant experience, in research design, delivery and dissemination. This is distinct from research participants who take part in the research itself (Health Research Authority, 2024).
Public engagement	Public engagement refers to the act of sharing information and knowledge about research with the public (Health Research Authority, 2024).
Asset based approaches	Asset based approaches refer to the collective resources within communities and individuals, which promote positive health outcomes. Focusing on these resources encourages a shift away from meeting the needs of communities and towards promoting the existing strengths. Taking an asset based approach should not detract from service improvement or addressing health inequalities (Glasgow Centre for Population Health, 2011).

Figure 1
Spectrum of participation



Source: People Hub, The spectrum of participation, 2021

Figure 1 shows the *Spectrum of participation*, which highlights the variation in different engagement methods, which each have a distinct purpose that can be effective in different circumstances (People Hub, 2021). Co-production represents a distinct approach that equalises the power dynamic between the organisation seeking information and the individual(s) providing their insights. Co-production is not the same as collaborating with individuals – it involves taking action *with* communities, to co-create solutions and decisions, with the intended long-term benefit of improving healthcare delivery and outcomes. This represents a more directive shift towards power sharing.

The Care Act (UK Government, 2014) defines co-production as "*when you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered*".

This may sometimes be referred to as 'collaborative co-production', which emphasises the process of working jointly with individuals and communities at all stages of the engagement process, rather than on an ad-hoc or sporadic basis. In following this method, co-production provides a genuine partnership between organisations and communities. This has often been summarised as "*nothing about us without us*".

Applying co-production and engagement in healthcare settings

Applying engagement and co-production principles and activities to healthcare settings and services is not new (Realpe & Wallace, 2010). Advocates have long encouraged senior leaders and health professionals alike to engage with their patients to improve the delivery of their care. The Covid-19 pandemic highlighted the value of working in collaboration with communities to implement public health measures and contain transmission among communities (WHO, 2021). Research from the Health Foundation and Public Health Wales (2022) which explored the community-led response to Covid-19, found that drawing on community assets and resources was "*instrumental*" in responding to the pandemic, particularly in areas with high levels of inequalities. Following the pandemic, co-production and engagement have been increasingly recognised as a useful method for improving services.

NHS England (NHSE)'s guidance *Working in partnership with people and communities* (NHS England, 2022) sets out principles to enable effective partnership working with communities. The guidance was developed in partnership with NHS Providers, NHS Confederation, the Care Quality Commission (CQC), among others. As statutory guidance that applies to NHS trusts, foundation trusts and integrated care systems (ICSs), it places legal duties on NHS organisations to "involve" the public in their services.

Many trusts are already effectively engaging with their communities to inform their services and the benefits of engaging with communities have been clearly articulated. Later in this report we have included case studies that demonstrate where trusts have applied engagement and co-production methods to target the reduction of health inequalities.

Benefits of engagement with communities in health settings include:

- Improved experiences of care for patients, which is more person-centred and personalised to individual need.
- Empowering patients to better understand their health, connected to improved self-management of treatment and/or conditions. This could potentially prevent the onset of health conditions or the worsening of poor-health.
- Developing trust with individuals and communities, linked to improved access to and engagement with healthcare services and broader preventative initiatives. This could also potentially prevent the onset of health conditions or the worsening of poor-health.
- Improved physical and mental health outcomes for patients, as working in partnership and developing social connections could improve patient recovery (Realpe & Wallace, 2010).
- Improved quality of services and reduced patient safety concerns, potentially resulting in reduced risk of legal challenges.
- Shift within organisational priorities to focus on what matters most to people in their communities, contributing to increased efficiency (McMullin & Needham, 2018).
- Contribution to broader benefits to population health management and the reduction of health inequalities.
- For the individuals involved, there are personal benefits related to the development of skills, confidence, experience of collaboration with professionals and increased peer support.

The New Local have highlighted the benefits of mobilising community assets to prioritise NHS efforts towards prevention, particularly around addressing the wider determinants of health (Lent et al, 2022).

HOW DOES CO-PRODUCTION AND ENGAGEMENT CONTRIBUTE TO REDUCING HEALTH INEQUALITIES?

2

Health inequalities lead to different health outcomes between certain groups and individuals, with some groups more likely than others to experience poorer health outcomes in comparison to others. Legal duties state that trusts must have regard to the health and wellbeing of people and the quality of services provided to individuals, including in relation to inequalities (NHS Providers, 2022). Through their role as anchor institutions (NHS Providers, 2023a), trusts are encouraged to come together with their community partners and local communities to jointly understand and respond to local challenges. Engagement with communities is one way in which NHS trusts can strengthen their role as anchors within communities, by ensuring that they are reactive and responsive to the needs of their local population.

As discussed in this report, the very definition of co-production rests on an equality between the organisations gathering views and the individuals sharing their experiences. The Social Care Institute for Excellence (SCIE) (2022) place equality and diversity as central values to co-production work – as co-production principles recognise that all individuals are equal and can contribute to the process. Similarly, NHSE have explicitly linked patient involvement to "*addressing health inequalities and improving quality*" (NHS England, 2022).

Health inequalities can stem from barriers individuals experience when accessing healthcare services, or poor experiences of healthcare that deter individuals from future engagement. These scenarios can contribute to delayed healthcare access and poorer outcomes as a result. Engagement with communities via co-production can potentially work as a solution to health inequalities, by providing a means for health services to increase their understanding of these barriers and co-developing solutions to overcome them. This approach would ensure that services are tailored to meet the needs of the local population. Engaging with a diverse group of individuals will offer perspectives and insights that are not traditionally considered by healthcare leaders or professionals. This is particularly important where representation from certain groups or communities is low among the NHS workforce and within senior leadership positions.

Yet, applying engagement or co-production methodologies will not in and of itself reduce health inequalities – in actuality, if done wrong, inequalities could potentially be exacerbated. The design and delivery of co-production and engagement activities requires an equality and inclusivity lens.

Individuals involved in engagement should be appropriately reimbursed for their involvement, which could cover payment for their time and necessary expenses. Without this, individuals that face barriers relating to finances will be unlikely to engage, potentially limiting the likelihood of hearing from those that are more likely to experience health inequalities.

It is understood that some individuals will feel more comfortable than others in sharing their views and experiences. Individuals experiencing inequalities may require additional support to participate. This could include language and translation support, sensory considerations, attending engagement sessions with advocates, or other considerations.

SCIE (2022) have identified the following groups as being more likely to be excluded from engagement activities:

- ethnic minority communities
- LGBTQ+ communities
- people who communicate differently
- people with dementia
- older people who need a high level of support
- people who are not affiliated to an organised group or 'community'
- people living in residential homes
- homeless people
- Gypsy, Roma and Traveller communities
- people in prison.

This list is not exhaustive and there may be other groups that also face barriers when accessing engagement activities.

3 THE ROLE OF TRUSTS

Trusts have obligations – legal duties – both to reduce health inequalities and to involve patients in their services. Both tasks can feel complex, due to the scale of the challenge within a demanding operational environment. However, trusts can combine efforts on both fronts, by seeing co-production as a potential solution for tackling health inequalities.

NHSE have identified a specific role for senior leaders to understand their communities, to ensure that there are resources to deliver this work, and to demonstrate how their organisations meet the legal duties to involve people and communities (NHS England, 2022). They have outlined 10 principles for working with people and communities:

1. Centre decision-making and governance around the voices of people and communities.
2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions.
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working.
4. Build relationships based on trust, especially with marginalised groups and those affected by health inequalities.
5. Work with Healthwatch and the VCSE sector.
6. Provide clear and accessible public information.
7. Use community-centred approaches that empower people and communities, making connections to what works already.
8. Have a range of ways for people and communities to take part in health and care services.
9. Tackle system priorities and service reconfiguration in partnership with people and communities.
10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places.

Taking an equity lens to engagement and co-production requires deliberative recruitment of specific groups and/or communities in engagement activities, ensuring that a diverse range of views are represented. Trusts should actively consider whether the views they are hearing from represent individuals from a range of protected characteristics or inclusion health groups (NHS Providers, 2023b). This could involve asking the question '*who is missing from this conversation?*'. When considering health inequalities, trusts should avoid reliance on current patients and expand their co-production and engagement activities to broader communities who can provide a wider view of why they are not engaged with healthcare services. Trusts might also consider how often they hear from certain groups or individuals and look to refresh the range of people involved at different time points.

Trusts might also consider the format in which they conduct engagement, such as whether the spaces are accessible (physically and cost-related, due to transportation) or whether participants have digital access for online engagement. Timings for engagement activities can also be exclusionary for specific groups, such as for children and young people or those with caring responsibilities, which may require hosting engagement sessions outside of traditional working hours.

In 2023, NHSE launched the Patient and carer race equality framework (PCREF), which applies to all mental health trusts (NHSE, 2023). The framework provides a mechanism to support trusts to become actively anti-racist organisations and to reduce racial health inequalities. Co-production is at the centre of the framework to provide visible and effective ways for patients and carers to feedback on services, which is then acted and reported on.

Potential engagement activities

Practically, there are a range of potential engagement activities that trusts could implement. This list is not exhaustive or prescriptive, but provides a starting point for boards to consider when seeking to involve individuals and communities:

- Seeking feedback from patients about their experiences of care to improve decisions about their care (such as 'You said, we did' or 'We said, we did' mechanisms).
- Involving patients and the wider community in strategic decision making (such as contributing to the creation of policy and/or strategy documents, by setting actions for the trust).
- Involving patients in the design and delivery of service improvements (such as clinical practice).
- Employing lived experience experts within roles in the trust, to facilitate peer-to-peer feedback mechanisms (such as in research and/or quality improvement (QI) projects).
- Inviting individuals to join or engage with committees, working groups or board meetings.
- Establishing patient panels, forums or shadow boards within the trust (including dedicated youth forums), which provide a regular opportunity for sharing experiences which are embedded within the trust's governance structure.
- Involving lived experience experts within trust recruitment processes (such as sitting on interview panels or setting recruitment activities).
- Creating volunteering opportunities, or community ambassador/connectors networks, for individuals to reach into wider communities.
- Providing training opportunities for individuals that may need support to enable them to engage and share their views (including providing the skills to constructively contribute and outlining the scope of engagement exercises, what can and what cannot be influenced).
- Involving lived experience experts in the delivery of staff training, where appropriate.
- Facilitating peer-to-peer support networks for patients to meet others and share their experiences.
- Hosting celebration events to share and reflect on the impact that engagement activities have had on healthcare services.

Typically, engagement starts with speaking to individuals or groups to understand their experiences. This could involve interviews, focus groups, questionnaires or surveys to

capture views. When taking an equity lens, it is important that trusts consider the inclusivity of their engagement methods, recognising that not all individuals will be able to engage in traditional formats, and may require appropriate support. Trusts could consider creative engagement activities such as drawing, crafting, poetry, videos, theatre productions or other means. Offering a range of potential ways for individuals to engage will enable trusts to reach a larger group of people. Also, all information provided should be available in clear and accessible formats to ensure inclusivity (for example no jargon or acronyms).

Given the range of potential options for involving patients and communities, it may appear daunting for trusts to decide on the most appropriate action. Trusts are advised to start small in their activities, to explore the benefits of different approaches and expand their engagement offer over time. Trusts are expected to learn from communities about how best to embed engagement activities in their local contexts.

Considerations for trusts

Identify the motivation

Utilising engagement or co-production activities should not be tokenistic. There needs to be a genuine reason for why trusts want to seek the views and experiences of patients, which would add value to the overall aims of the specific project or programme of work. Identifying a specific motivation behind the engagement and co-production will enable trusts to identify the most appropriate method for engagement, recognising that not all approaches are relevant all of the time, and different approaches will be relevant for different individuals.

Trusts are often grappling with similar questions and concerns when it comes to healthcare design and delivery. It is likely that others may have already carried out engagement or co-production with communities to help answer some of these questions. Trusts may want to avoid asking the same questions repeatedly, instead taking learning from what patients and communities have already said on specific topics and sense-checking these findings with their own local communities. Often findings from community engagement are published and shared online, we would recommend exploring the Healthwatch report library as a starting point. This may also involve learning from others trusts about their experiences from approaching community engagement.

Work in partnership on delivery

VCSE organisations provide a key role in connecting the NHS to people and communities. They are rooted in local communities and provide a bridge between health services and community feedback; they play a key role in enabling individuals to share their voices, which contributes to the delivery of inclusive services (Locality, 2024).

Trusts could work in partnership with VCSE organisations to draw on their expertise and reach to deliver their engagement and co-production activities. Often, especially when considering groups more likely to experience inequalities, statutory services (such as healthcare services) may not be trusted by individuals or communities. It is important to acknowledge that there is a historic power imbalance between health systems as the 'experts' and patients as 'service users'. Delivering co-production requires an acknowledgement and redressing of power differentials (People Hub, 2021). In comparison, VCSE organisations have trusted ties and relationships with different community groups. Working in partnership with these organisations can provide a means for trusts to work to establish trust, empowering individuals and communities to share their experiences within engagement activities. This is particularly important when staff within the trust are not representative of the community they are engaging with.

VCSE organisations are also likely to have the skills and expertise to carry out co-production and engagement methods with groups. Trusts will require funding for VCSE organisations where they work in partnership on engagement initiatives.

Organisations – such as Healthwatch and National Voices – are available to support healthcare organisations to utilise and embed patient voice and engagement approaches within their work. They provide tools, training, advice and guidance on how to carry out engagement in healthcare settings. As organisations that seek to raise the voices and experiences of individuals, they have individually conducted numerous engagement research projects with communities, both nationally and locally, from which lessons and insights can be drawn. Trusts are encouraged to connect to their local Healthwatch organisations (there are 150 across England) who can facilitate engagement with local communities. Local VCSE organisations are similarly well-placed to assist with engagement within healthcare settings.

Trusts could also seek to regularly hear and reflect on the views of their workforce as part of their co-production and engagement work, as equal partners with people and communities. Staff are representative of both their local communities and the organisation they work for, and so will offer valuable insights on service delivery and improvements. It is important to hear from a diverse range of voices within the staff workforce too.

Embed a culture of co-production and engagement

It is important that a culture of co-production and engagement is embedded across the work of the trust. The New Local identify culture as a key enabler for strategically collaborating with communities (Lent et al, 2022).

Enabling co-production and engagement activities requires time, investment and resource. The board plays a crucial role in supporting a culture of co-production and engagement within the organisation, by setting precedence from the top, in outlining a set of principles in which co-production and engagement activities take place in the organisation, by enquiring about how the views of communities have been involved, and enabling initiatives that utilise co-production and engagement to be delivered through resourcing. When embedded within the organisation, board members may view the capture of qualitative feedback and experiences of patients as equally important to quantitative data capture and reporting. NHSE have recommended that senior leaders should act as "*champions*" for co-production, building co-production into work programmes across the organisation, and utilising training opportunities to ensure that all staff are skilled in delivering co-production methodologies (NHS England and Coalition for Personalised Care, 2020).

Some trusts have appointed a director of community engagement and experience, or other similar job title, to champion and operationalise the delivery of engagement work within their trust. Other trusts have employed dedicated engagement staff and/or teams to deliver this work, ensuring it is embedded across multiple services and aspects of the organisation. Teams within the organisation could also be trained or coached on the topic of co-production and engagement, to enhance their knowledge and skills on engagement methodologies. Co-production and engagement represent a long-term endeavour for trusts, that requires sustained support and investment over time.

Trusts could also consider evaluating their engagement activities, to measure the impact of the initiatives. However, it can be difficult to ascertain evidence on the impact of co-production initiatives (Perry, 2022), particularly in relation to economic benefits (SCIE, 2022). Where co-production and engagement are well embedded, trusts may look to co-create evaluation and success measures with individuals and communities. Those carrying out engagement should always close the loop and provide feedback to patients and communities about the relevant changes their involvement has contributed to. Feedback and evaluation could inform future iterations of co-production or engagement within the trust to ensure continuous improvement (SCIE, 2022).

CASE STUDY

EAST LONDON NHS FOUNDATION TRUST
Commitment at scale

4

Enabling a culture of co-production and embedding patient voice in quality improvement approaches

East London NHS Foundation Trust (ELFT) is a mental health, learning disability and community trust covering a population of 955,000 in East London and 890,000 in Bedfordshire and Luton. The trust serves a growing population with high levels of deprivation and ethnic diversity. As the trust covers urban and rural areas, there are distinct and varying challenges related to accessing services across the patch. There are also high levels of population growth within the area, meaning more people are requiring use of healthcare services over time.

ELFT are committed to taking action on health inequalities as an organisation. In 2023, they published their first annual population health report setting out the organisation's strategic intent to improve population health outcomes, including a commitment to making their communities a "*fairer place to live and work*" (East London NHS Foundation Trust, 2023). The strategy prioritises actions on children and young people's development, employment, income maximisation, climate change, social justice, and promoting physical health. The recommendations outlined within the population health report were developed in partnership with service users, carers and communities.

Since 2008, the trust has employed a people participation team, dedicated to involving service users in the work of the organisation to improve services. The team has expanded over time and now encompasses a directorate, with a director of people participation overseeing the wider team of 206 individuals. The scale of the growth demonstrates the internal demand for the team's work and the value of working alongside patients to improve patient care.

Centrally, service users are seen as equal partners alongside the team. There are benefits for the individuals involved, with improvements to their wellbeing and recovery, alongside opportunities for peer support and development of social skills. All service users are entitled to payment and expenses.

The team are embedded within the trust's organisational governance structure. Each borough or service has a local working together group that brings together local service users and populations to discuss pertinent issues. These individual groups feed into the trust-wide working together group, which meets every three months to update on local progress and to discuss any common topics. This group reports into the board's people participation committee, which is currently chaired by a non-executive director and has a majority service user membership. The committee holds the board to account for its delivery of the People Participation Strategy (East London NHS Foundation Trust, 2024). ELFT also host an annual people participation conference, bringing together service users, carers, healthcare professionals and partner organisations to connect and celebrate the work. This model has successfully enabled a culture of co-production across the trust, including among front line staff ways of working and up to director and board level recognition.

The people participation team have a broad remit, ranging from providing support for other service users, participating in training activities, sitting on interview panels and providing recommendations for service improvements. Involving patient voice is also embedded within ELFT's approach to QI, which prioritises pursuing equity. The QI projects bring together staff and service users to improve and redesign care. To enable service users to meaningfully engage with QI work, ELFT have developed a specific introductory training module for service users and carers. There are currently 131 active QI projects within ELFT, offering a range of possible areas where service users can share their experiences and views.

One example of this work was demonstrated in central Bedfordshire's QI project on medication flow and communication. The primary aims of the project were to reduce issues related to medication changes, side effects and communication errors between primary and secondary care, and to improve communication on medications to reduce patient concerns. Research has found that there are more than 237 million medication errors made annually in England (Elliott et al, 2021) and that 30-50% of medicines prescribed are not taken as intended (NICE, 2016). The QI project involved four core service users and carers, three clinicians and others. A key recommendation related to improving communication between healthcare partners, including primary care, mental health teams and acute teams. Innovative ideas have included 'drop-in' pharmacy clinics, medication reminders, medication passports and collaborative prescribing approaches between staff and service users. The project has led to improved service user satisfaction with medications.

Advice from ELFT's people participation team is for trusts to start small with co-production and to see where the results take the organisation: "*Start somewhere, go everywhere*".

For more information on ELFT's work, please contact their people participation team:
elft.peopleparticipation@nhs.net

CASE STUDY

SOLENT NHS TRUST Alongside communities

5

Strategic commitment to engagement with communities

Solent NHS Trust (Solent) is a mental health, learning disability and community trust in the South of England, providing services across Portsmouth, Southampton, Hampshire and on the Isle of Wight. Given the size of the area, the health inequalities experienced within communities vary between the different places. The urban areas of Portsmouth and Southampton tend to see clusters of inequalities, with higher levels of deprivation and growing rates of ethnic diversity. For example, in Portsmouth there is a 15-year gap in healthy life expectancy between the most and least deprived areas of the city and 60% of the city's population live in the two most deprived quintiles (Hampshire and Isle of Wight Integrated Care Board, 2023).

In 2020 Solent published Alongside Communities, a five-year strategy for the organisation, setting out the approach for working with people and communities from 2020 to 2025 (Solent NHS Trust, 2020). The strategy, co-created with local people and community groups, sets a commitment to "*improve health, reduce inequalities and improve the experience of care*" by better understanding the health challenges faced by people and communities and what they need from the trust to ensure that services are accessible to all. The trust's objectives for reducing inequalities are:

- Make it easy for our diverse communities to access our services.
- Recruit and retain the right people from diverse communities, offering a local route to employment and career development.
- Value and respect those who use our services and our people as individuals.
- Offer and provide learning and development opportunities to our diverse workforce to help them fulfil their greatest potential.
- Support people with caring responsibilities, those who work with us and those in the local community.
- Further develop our inclusive approach to volunteering, providing step up opportunities into employment.

The engagement approach was developed in partnership with local people, building on trusted relationships that had been built with communities and local VCSE organisations prior to 2020. The trust had previous experience of working in collaboration with local people in research and quality improvement projects, and in improving local services. The strategy marked a step-change in engagement activity, moving to a model where local people are routinely involved across the work of the whole organisation and are integral to decision making processes – "*move from 'doing to, doing for, doing with', to 'community doing for themselves'*". This is underpinned by a strengths-based approach to working with communities, viewing the potential of communities rather than the problems they pose.

The strategy is embedded within the governance structure of the trust. Responsibility for delivering the strategy sits with the board and is sponsored by the chief nurse as the executive lead. Operational delivery is supported by the director of community engagement

and experience, working closely with the associate director of diversity and inclusion. There are also strong working relationships with the research and improvement team. The trust's community engagement group meets quarterly to oversee progress and provide guidance, and reports through to the board via the assurance committee. Explicit commitment from senior leaders within the trust has been key to embedding engagement across the organisation. To measure the impact of the strategy, Solent have co-developed success measures alongside local people.

Since the launch of the strategy, Solent have developed a reach of over 500,000 people within their local area – hosting 14,000 plus conversations with communities over three years, with 6,000 in 2023 alone (Solent NHS Trust, 2024). Engagement activities vary across the trust, including working with service users to improve experiences of care, hosting conversations with communities to identify areas for improvement, 140 active volunteers working in trust sites to improve care, and development of a community hub for partners to come together.

The trust has also developed a network of 320 community partners, members of the community who provide a sounding board, critical companions, for providing feedback. They have established and built connections with previously underrepresented groups and seldom heard communities and have increased these from seven groups in 2020 to 67 in 2023. By engaging with communities, the trust has also increased feedback from people who use services, their families and carers from nearly 18,000 to 35,000 (Solent NHS Trust, 2024). This provides a much better understanding of the experience of using services, what is done well and what needs to improve.

In practice, community engagement involves offering a range of different ways people can participate in activities, recognising that different people will want to be involved in different ways and on different topics. It also involves building trust with local people and going out into communities where people are. A key aim of the approach is hearing from groups that are not traditionally heard from, in order to tackle health inequalities. One example of this has been the use of slam poetry events for children and young people from ethnic minority backgrounds to share their experiences of accessing services.

The Talking change project is another example of working with communities to understand inequalities and barriers faced by communities. The mental health clinical team were concerned that the uptake of and self-referral to support services was not representative, and that ethnic minority groups were more likely to present in acute crises. The engagement team carried out semi-structured interviews with 108 ethnic minority individuals – the interviews were led by team members also from ethnic minority communities. The results found increased levels of stigma related to mental health and lack of appropriate appointment times available for young people living in multi-generational households. As a result, the mental health service reviewed their appointment offers, provided cultural awareness training for all staff, and employed a community engagement worker to reach out to specific groups facing barriers. The trust has since seen higher rates of completion of programmes within the service and is starting to see a reduction in admissions of ethnic minority individuals for acute mental health crisis.

Advice from Solent includes:

- *"Start with what's strong, not what's wrong".*
- *"Discoverables not deliverables – coming alongside communities to work in a very different way".*
- *"Shift from fixing or prescribing".*
- *"Work with small places, or small groups of shared interest is best, and much more effective than large scale".*
- *"Build trusting relationships with the communities we serve".*

For more information on Solent's work, please contact Sarah Balchin (director – community engagement and experience): sarah.balchin@solent.nhs.uk

CASE STUDY

BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

Anchoring on the coast

6

Embedding co-production within anchor institutions work

Blackpool Teaching Hospitals NHS Foundation Trust (Blackpool Teaching Hospitals) is a combined acute and community trust, situated in a coastal area in the North West of England. The trust provides services to a population of 350,000 people across Blackpool, Fylde and Wyre.

In 2021, the chief medical officer's annual report highlighted the health challenges faced in coastal communities, linked to declining employment opportunities, ageing populations, transport barriers, and lack of investment or policy attention (Department of Health and Social Care, 2021). Health inequalities are especially acute in Blackpool, which has some of the highest levels of deprivation in the country and the lowest life expectancy rate in England. Blackpool's Health and wellbeing strategy identifies key areas for improvement around smoking, alcohol and drug misuse, and socio-economic factors such as household income and housing quality (Lancashire and South Cumbria Integrated Care Board & Blackpool Council, 2024) – contributing to high rates of preventable morbidity and mortality. For example, in Blackpool 20% of women smoke at the time of birth, in comparison to 9% of women nationally (Blackpool Teaching Hospitals NHS Foundation Trust, 2022). To address this, the trust has set out strategic commitments to addressing health inequalities, prioritising action in maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension (Blackpool Teaching Hospitals NHS Foundation Trust, 2022).

As part of their overarching organisational commitment to reducing health inequalities, Blackpool Teaching Hospitals has developed its role as an anchor institution within the local area. The Anchoring on the coast programme has been co-designed and co-produced with local communities, staff and wider partners. Taking an anchor approach aims to address the wider determinants of health in the area, such as housing, employment, and boosting the local economy. The project was funded by the Health Foundation and NHSE, via the Test and learn programme.

The co-production approach had multiple strands. Firstly, the trust employed patients with lived experience in the project team, as community researchers. In total, there were four lived experience team members employed within the research and development and public health team. The community researchers were given an induction process and provided with IDs, laptops and email addresses. The trust had not utilised co-production methodologies before and was initially under-prepared for the bureaucracy and length of time induction processes took.

The second stage of the engagement work involved speaking to and hearing from the wider community. The trust engaged with communities facing multiple disadvantage, working in collaboration with VCSE partner organisations, to better understand local wealth creation opportunities. The project team prioritised engagement with economically vulnerable groups in the area, which was defined as including:

- young people aged 18-25 who have experience of not being in education, employment, or training
- young people aged 18-25 who are care leavers
- carers
- people who are insecurely employed or unemployed
- people who are homeless
- people leaving prison
- armed forces veterans
- Travellers
- and people who are from minority communities (Polish, Romanian, Hungarian and Italian).

The project team encountered barriers in trying to recruit and engage with people from some groups, including lack of representation and lack of trust of statutory institutions for some groups. They learned that providing different methods of engagement can work best for different groups, as can meeting people where they are already located in the community. Having community researchers with lived experience helped the project team to understand and overcome some of these barriers.

This stage of engagement also involved understanding the perspectives of staff members within the trust and of system partners, to better understand their role as anchor institutions. The co-production methods used included co-design workshops, surveys, focus groups and interviews. The community researchers took part in all parts of the research process, from designing the research methods, to facilitating the interviews and focus groups, to developing communication pieces, and analysing the feedback. A literature review of other anchor frameworks was also conducted.

Finally, the project team co-created their anchors framework, which was then prioritised with community members and stakeholders via a Delphi consensus survey. The published anchor framework has five priority areas for action (Blackpool Teaching Hospitals NHS Foundation Trust, 2023). Each of the areas has corresponding commitments beneath them, which the trust are currently embedding.

1. Employment
2. Procurement
3. Environment
4. Buildings and assets
5. Partnership working.

The overall project was overseen by weekly project team meetings and monthly steering group meetings, involving the necessary stakeholders – including the deputy chief executive and a non-executive director with community experience from the trust. The weekly team meetings were noted as providing valuable peer-to-peer support and mentorship for the

community researchers. The trust has taken a number of learnings from the co-production approach and plans to embed this way of working across the trust going forwards, including roles in co-production of services and pathways (Blackpool Teaching Hospitals NHS Foundation Trust, 2023).

Taking a co-production approach to developing the anchor framework in Blackpool has provided valuable learning for other trusts, or organisations, seeking to adopt an anchor approach – specifically those in coastal locations.

Advice from Blackpool Teaching Hospitals includes:

- *"Be realistic about the amount of time needed to dedicate to co-production".*
- *"Co-production needs time and money but is worthwhile and gives real value to what is created".*
- *"The best co-production approach has both breadth and depth".*
- *"Maximising involvement needs crafting of messages for each group and taking the work to where they are".*
- *"Co-production cannot be a single exercise – it involves building expectations which must be met. There needs to be a plan for how the engagement and co-production will continue".*
- *"Allow enough time for a proportionate induction process for individuals involved in co-production".*

For more information on Blackpool Teaching Hospital's work, please contact their social value team: bfwh.socialvalue@nhs.net

ABOUT OUR HEALTH INEQUALITIES SUPPORT OFFER

Health inequalities have worsened over the past 10 years, we have seen evidence of inequalities in how people access healthcare and the outcomes they experience as a result.

Trusts have a vital role to play in addressing the systemic challenge of health inequalities, embedding a focus on equitable access to and outcomes from care, alongside work to reduce waiting lists and transform services.

Our support offer for trust boards aims to help trust leaders make sense of health inequalities and embed it as part of core business, with resources informed by our research and engagement with trust leaders, through webinars, briefings and peer learning forums.

FURTHER READING AND RESOURCES

Healthwatch
https://www.healthwatch.co.uk

National Voices
https://www.nationalvoices.org.uk

The Patients Association
https://www.patients-association.org.uk

NHS England: Working in partnership with people and communities: statutory guidance
https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance

NHS England: Co-production: an introduction
https://www.england.nhs.uk/long-read/co-production-an-introduction

NHS England: Patient and Carer Race Equality Framework
https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref

NHS Providers: Co-production with communities as a solution to health inequalities
https://nhsproviders.org/development-offer/health-inequalities/previous-events-and-resources/co-production-with-communities-as-a-solution-to-health-inequalities-february-2024

Social Care Institute for Excellence: Co-production: what is it and how to do it
https://www.scie.org.uk/co-production/what-how

People Hub: Co-production a new definition
https://www.peoplehub.org.uk/wp-content/uploads/2022/11/Coproduction-a-new-definition.pdf

Care Quality Commission: NHS Patient Surveys
https://nhssurveys.org

Royal College of Paediatrics and Child Health: Recipes for engagement (for designing engagement with children and young people)
https://www.nwl-acute-provider-collaborative.nhs.uk/about-us/board-in-common

NHS England's health inequalities and improvement team have collated case studies and best practice for engaging with communities on the NHS Futures forum
https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FInequalitiesImprovement%2Fview%3FobjectID%3D47715536

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Interactive version

This report is also available in a digital format via:
www.nhsproviders.org/co-production-and-engagement-with-communities-as-a-solution-to-reducing-health-inequalities

For more information

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