Local Government Association
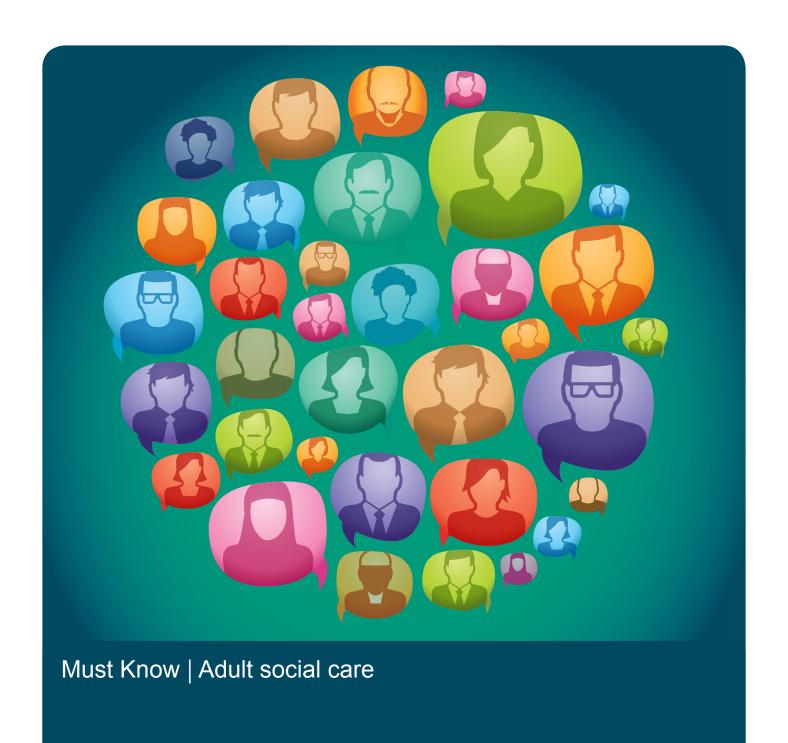
Making it real

Must Know | Adult social care

How do you know you are playing a leadership role in working with service users to enable them to stay healthy and actively involved in their communities?

Key messages

Ensure you are familiar with the Making it Real 'I' statements and that you understand the concepts of co-production, community capacity building and social capital.

Ensure your council and your health and wellbeing board have made a public declaration, co-produced with people who use services and their carers, that they support the move towards Making it Real.

Ensure you have a good relationship with service user and carer groups, with local Healthwatch and other voluntary and community groups representing the interests and views of people who use services and their carers.

Ensure the council and the health and wellbeing board develop a co-produced Making it Real action plan confirming the actions and priorities that have been identified, and how and when these will be taken forward.

Ensure that progress towards Making it Real is regularly reported on publicly.

Ensure that Making it Real runs as a 'golden thread' throughout all your health and wellbeing board priorities, involving people who use services and their carers in your work on personalisation including:

- implementing the Care Act
- promoting integration
- using the Better Care Fund
- developing strong and inclusive communities
- improving services for people with perceived challenging behaviour in response to the Winterbourne View scandal (see Must Knows on personalisation, the Care Act and Winterbourne View for more detail).

Making it Real should not be seen as a separate workstream or 'add-on' to these priorities – it is an approach which should underlie all your work on social care and health.

Ensure you keep up to date with and develop action plans around the specific versions of the Making it Real Framework for young people, mental health, older people and end of life care being developed by the Think Local Act Personal (TLAP) partnership.

Ensure that the skills needed for co-production are recognised in your workforce development strategy.

Why you need to know

One of the lessons from the inquiries into abuse and ill treatment at Mid Staffordshire NHS Foundation Trust and Winterbourne View assessment and treatment centre is that service providers need to develop more equal partnerships with people who use services and carers. This sort of partnership is often called 'co-production' (see below). 'Think Local Act Personal' (TLAP) is the local government and social care sector-wide partnership committed to transforming adult health and social care through personalisation and community-based support.

The TLAP partnership has developed 'Making it Real' (MiR), a framework that describes the outcomes that genuinely personalised care and support should achieve. In the spirit of equal partnership, MiR has been led by the members of the National Co-production Advisory Group, which is made up of people who use services and carers. The aim of MiR is for people to have more choice and control so they can live full and independent lives.

The MiR framework is built around a number of first person 'I' statements or 'progress markers'. These express what service users and carers want to see and experience, and what they would expect to find, if personalisation is really working and supporting them to be active, healthy citizens. MiR is not just a performance management tool. It is part of a voluntary movement for change. Since the official launch of MiR in 2012, organisations involved in social care have been invited to:

• declare a commitment to use the markers

• publicly share actions they will be taking to make progress towards achieving them.

MiR is designed so that partners can use it to check their progress and guide their actions towards a more person-centred service and as a way of letting others – especially their local community and the people they serve – know that they are committed and what they are doing.

The 'I' statements or markers can be used to develop business or improvement plans. Councils and health and wellbeing board members can use MiR to look at their current practice, identify areas for change and develop plans for action. Moreover, MiR can be used by people who use services and carers to check out how well their aspirations are being met. MiR supports co-production with local commissioners and providers.

What is co-production?

The term 'co-production' expresses the idea that commissioners and providers of services should work in partnership with service-users, carers and citizens to improve commissioning strategies, design, procurement, evaluation and individual experience of public services. Failure to listen to the voices of people who use services and carers has been a key theme in all the high-profile scandals in health and social care in recent years.

Conversely, research suggests that co-production networks can help to build capacity and social capital in communities – increasing awareness and understanding of community issues, bridging social divides and encouraging a willingness to challenge authority. The research by the Joseph Rowntree Foundation referenced in the link below suggests that being involved in co-productive social programmes can make an important contribution to people's physical and mental health, especially people with long-term conditions.

Co-production provides a framework to develop more equal and meaningful relationships. Collaborative co-production in social care assumes that service users and their families are experts in their own circumstances and capable of making decisions and seeing how services could be improved, while professionals must move from being fixers to facilitators. To be truly transformative, co-production requires a redistribution of power towards service users.

This necessitates new relationships with front-line professionals, who need training and empowerment to take on their new roles as co-producers. Successive government policies such as personalisation have been influenced by the idea of co-production.

Research suggests that the most valuable co-production takes place in communities and neighbourhoods – therefore the form it takes needs to fit local situations.

The reach of MiR is broad and, applied well, it can demonstrate progress made on a whole system basis. It legitimises the work organisations do because it ensures developments are co-produced with service users and carers. It marks a clear steer away from 'engagement exercises' to an approach that is more about genuinely equal partnerships.

A review by TLAP of MiR demonstrated that those councils who have signed up and completed their MiR action plans:

- have a greater increase in the numbers of people who use direct payments
- have higher satisfaction levels of people who feel they have control over their life
- provided more support to carers.

Questions to consider

Are you familiar with the Making it Real 'I' statements?

Are your council and your health and wellbeing board registered with the Making it Real website, and have you made a public declaration of commitment and developed action plans for Making it Real?

Are you satisfied that the Making it Real, co-production approach is embedded within your council's and your health and wellbeing board's planning, design, commissioning and evaluation of services, and that it is part of your service specifications? If not, what can you do to make this happen?

How is progress towards Making it Real monitored and reported on to the council and the health and wellbeing board?

How do you learn from, build on and share best practice in a co-produced approach to personalisation?

Do you have a good personal relationship with organisations such as local Healthwatch and other voluntary and community sector organisations of service users and carers and those that represent the voice of service users and carers?

Is there an understanding at a senior level that Making it Real and co-production is not about consulting or engaging with people who use services, but is about developing an equal relationship between citizen and state; and is this built into your workforce strategy?

Do the council's and the health and wellbeing board's structures embed co-production in the development of the joint strategic needs assessment (JSNA) and joint health and wellbeing strategy (JHWS) and in overseeing and evaluating the implementation of the strategy?

How do you keep up to date with new developments of the Making it Real Framework?

How will you know if power has shifted towards service users and away from commissioners and providers?

How will your health scrutiny committee engage in this process and monitor policy change?

Useful links

The Making it Real 'I' statements:
www.thinklocalactpersonal.org.uk/downloads/
mir/Markers_for_change.doc

Making it Real website (which includes
support materials, case studies, films and
examples of Making it Real action plans):
www.thinklocalactpersonal.org.uk/Browse/mir

Disability Rights UK (2014), Inclusive
Communities: A guide for Local Authorities:
www.disabilityrightsuk.org/
sites/default/files/pdf/1%20%20
InclusivecommunitiesLAguidance.pdf

The Health Foundation (2010), What is co-
production?:
personcentredcare.health.org.uk/sites/default/
files/resources/what_is_co-production.pdf

Boyle D., Clark S. and Burns S. (2006),
Hidden work:
co-production by people outside paid
employment. London: Joseph

Rowntree Foundation:
www.jrf.org.uk/sites/files/jrf/9781859354674.
pdf

Related 'Must Knows'

Personalisation: How do you know you are
making progress

in the personalisation of social care?

The Care Act: How do you know you are
implementing the care and support reforms
effectively?

A place I call home: responding to
Winterbourne View: How do you know you
are doing everything you can to promote the
wellbeing of people with learning disabilities,
autism and behaviour that challenges?

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