



National
Academy
for Social
Prescribing

ROYAL
VOLUNTARY
SERVICE



Co-Production
Collective

How to get started with Co-Production in Social Prescribing



Findings and recommendations by the National Academy for Social
Prescribing Co-Production Group (March 2023)

Introduction

In Spring and Summer 2022, the National Academy for Social Prescribing and the Co-production Collective brought together a working group to share experiences and reflect on the role and value of co-production in making social prescribing effective and meaningful.

The group was made up of people from across the social prescribing movement:

- link workers
- staff and volunteers from local, regional and national charities
- local health system workers
- researchers
- people with personal experience of social prescribing

Together the group met in a series of workshops. This guide is the result of the conversations that we had discussing:

- What does co-production look and feel like in social prescribing settings?
- What does co-production mean within our sector?
- What are the key ingredients required?
- How do you go about it?
- What are the benefits of working in this way?

About this document

This document is an introduction for applying co-production in social prescribing settings. It outlines what social prescribing and co-production are, and the philosophies and values of both, and how they complement each other. It looks at some key ingredients to create effective social prescribing through co-production, and suggests a 'recipe' which puts them into practice.

This document was created through conversations with the Co-production Group exploring how co-production can be applied in social prescribing, covering how to bring the two together, and options for doing this in different ways. It captures the start of a conversation and is a snapshot of our exploration of this topic. It's not a definitive look at the subject and doesn't contain all the answers!

We hope this report will act as a jumping off point for further work exploring the value of co-production in social prescribing and how to bring the two together in practice. This document also includes recommendations for further work to support people to embed co-production as part of social prescribing.

At the start of this project we also ran an online webinar to introduce Co-production and Social Prescribing. You can watch back the recording of the webinar on [our website](#).

Who is this document for?

Our Co-production Group brought together people from across the social prescribing movement, and showed that co-production matters to people in a range of roles and positions. In particular, this document is for people who are familiar with social prescribing, but want to know more about how co-production can make their work more effective.

This includes:

- People from voluntary organisations and providers of activities and support
- Social Prescribing Link Workers
- People working in local health systems
- People involved in social prescribing and looking to co-produce their care
- Researchers
- People who fund or commission social prescribing services

What is social prescribing?

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[Social prescribing means] thinking outside the box, pushing beyond our own boundaries and limits - Co-Production Group member

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[There's] not just one episode of social prescribing and then the patient is left alone: continuity of care is very important - Co-Production Group member

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Social prescribing can be described as a way of actively connecting people to activities, information, and resources to help address an unmet health and wellbeing need or risk.

It is an approach that recognises the impact of wider social factors on people's health and wellbeing. These can be very wide-ranging and can include issues like loneliness, isolation or stress due to financial pressures or poor housing, which can seriously impact our health and wellbeing but cannot be treated by doctors and medicine alone.



You can find out more about social prescribing and how to get involved on the [NASP website](#).

What is co-production?

There are many different definitions of co-production. In the discussions we held to inform this report, the group talked about:

- Co-production as a way to really engage a diverse group of people in creating something
- How co-production is an opportunity to see challenges and obstacles as chances for learning and improvement, rather than reasons to give up

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Key ingredient is the human factor, compassion, thinking outside the box, trust, kindness - with a view to making it as good as possible as an offer - Co-production
Group member

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Co-production can be described as “an approach to working together in equal partnership and for equal benefit”. This means asking the people who use health and care services what changes they would like to see, and acting on these.

Co-Production Collective believe that this approach to co-production is underpinned by the core values of being: human, inclusive, transparent and challenging (of ourselves and of the system within which we operate).

The National Co-production Advisory Group (NCAG) define co-production as:

“A way of working, where everybody works together on an equal basis to create a service or come to a decision which works for them all. It is built on the principle that those who use a service are best placed to help design it”

We believe that the key principles of co-production are:

- Developing trust and relationship building
- Sharing power and decision making
- Make sure all voices are included and valued and listened to
- Ensuring that there is something in it for everyone
- Reflective and reflexive practice[1]

Co-production is therefore crucial in providing the connection to what is happening at the receiving end of services. By discussing with those that use the services what is needed, the services can be developed to be a better fit for the people that use them. This makes the services more relevant, useful, and accessible; and in turn increases everyone’s confidence in the service and the outcomes from them.

[1] Reflective Practice is where a person reflects on what they have learned and how they can apply it or learn from it. Reflexive Practice is where a person reflects on what they have learned and considers how the implications of their learnings can impact the broader context they work in.

To implement co-production successfully, these points must be considered:

1. Come to the table with a blank agenda and build it with people who use your service, their carers and families; ensuring everyone has an equal voice.
2. Involve people who use services, carers and their families in all aspects of a service – the planning, development and delivery.
3. In order to achieve meaningful, positive outcomes, everybody involved must have the same vision, from front line staff to management/board members.
4. Start small and build up to bigger projects, letting people lead, not professionals.
5. Acknowledge that a range of skills are needed for co-production.
6. Recruit the right people that support co-production.
7. People who use services, carers and families should be clear about what their expectations are and be fully engaged in the process.
8. People who use services and their carers know what works, so you can't get it right without them.
9. Don't take responsibility for solving every problem—allow the group to find collective solutions

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Trust is absolutely
fundamental - Co-production
Group member

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Challenges and obstacles are a normal part of co-production, and an opportunity for learning rather than a reason to give up!

Recommended resources for finding out more about co-production:

[Co-Production Collective Resource Library](#)

Bringing together social prescribing and co-production

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Co-production should be in
all stages of social
prescribing - Co-production
Group member

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How to bring together social prescribing and co-production is not a simple question. Both terms cover broad, open and flexible approaches that are used differently in different places and circumstances. The NASP Co-production Group members brought their own understanding, experiences and perspectives of both approaches. This led to a very rich discussion that, in some ways, opened many more questions than it answered.

At its core, however, the Co-production Group felt that successful social prescribing meant taking a holistic approach to supporting someone as a whole person and empowering them to be part of their programme of support. It opens the door to shared decision-making, positive risk-taking and positive-self management.

If a person being supported by social prescribing isn't part of making decisions about their experience – if the prescribing journey isn't co-produced with them – then so much of the potential benefits of social prescribing can be lost.

“

When you find a link worker who is passionate and driven, the entire outcome tends to be different ... we need to establish a culture that embraces a creative prescription over a medical one - Co-Production Group member

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Similarly, when local social prescribing programmes are designed, co-production is essential in bringing together everyone who can make a difference and who will be effective. Putting voluntary organisations, link workers, commissioners and individuals on an equal standing, and sharing decision making, strengthens the activities and networks in a place.

Putting co-production at the heart of both the experience of individuals and the design of systems is an opportunity to really bring together people with both living or lived and learnt experience (or a combination of both) to co-produce thriving communities.

In our co-production conversations, we talked a lot about the importance of time and money to enable co-production in social prescribing. Giving co-production the time it needs is an absolutely crucial ingredient to all of the recipes below. Co-production can't be rushed, and it isn't a quick fix.

Investing in co-production is important because it pays off in the long term by creating services with a diverse group of people that work better for the people they are designed to support.

As a result people engage more. However, you don't always need lots of money to get started straight away with co-production, so long as you can fund the participation of the people who need to be involved. As outlined in The Value of Co-production Research Project 2022, “better decisions are made [when you co-produce], enabled by cognitive diversity[2], which prevents wasted energy and resources. The report goes on to say “co-production enables innovation, you are more likely to come up with new / different solutions, as co-production is a more independent, challenging and disruptive process than traditional methods”.

[2] Cognitive diversity means including a variety of people with different thought patterns, ideas, problem-solving methods and mental perspectives.

What does social prescribing mean to me?

Isaac's journey



Social prescribing not only helped me regain control of my health. It also helped me to understand what practical steps I could take to start that journey in relation to managing my health.

To have a facilitated conversation with a social prescriber was empowering for me, it helped me to identify some real tangible steps that I could take on the road to achieving my aims.

These steps were centred around my own needs and that of what was available locally. Having a person that you can trust to really start to think about what things that you can do to regain control of your health and being able to reach out in a safe way has been life-changing. In addition, being able to check in on the way and get that realtime support has been very impactful for me.

What is the value of co-production?

Co-production is already a key part of how social prescribing works. However, implementing it further and more deeply takes time and money, and core funding often doesn't cover the resources needed. Sustainable funding for co-production and social prescribing is urgently needed.

In a recent research project conducted by Co-Production Collective about 'The Value of Co-production' they outlined that the value of co-production lies in the following areas, all of which are important in a social prescribing setting.

The value of co-production lies in:



Delivering outcomes that actually matter to people



Efficiency, in the long run



Working towards social justice



Empowering people and building capacity*



Connecting us as humans, working towards shared goals

Credit - The Value of Co-production Research Project, Co-Production Collective, 2022

Potential challenges and solutions

Here are some common challenges that came up in the Co-production Group conversations, as well as ideas on how they could be overcome:

Challenge	Solution
<p>People who are passionate about the value of co-production in social prescribing sometimes struggle to make the case to decision-makers, commissioners and funders about the value of these approaches</p>	<ol style="list-style-type: none"> 1. Use The Value of Co-production Research Report evidence base to back up your ideas and proposals. 2. Connect with others who already use co-production locally (including link workers and voluntary organisations) to find the points of contact with social prescribing and highlight them. 3. Use language that makes sense to decision-makers, commissioners and funders – talking about effectiveness and impact, and referencing their strategic aims. <p>Remember - this work would need to be funded and properly supported with resources and skills.</p>
<p>Social prescribing is not always well understood by the people who need to be involved in co-producing it.</p> <p>The term “social prescribing” can feel like jargon, and gives the impression that there is no room for shared decisions.</p>	<ol style="list-style-type: none"> 1. Refer to other terms that make social prescribing more easily understood: ‘connecting to community’, ‘building on strengths’, ‘non-clinical support’. 2. Use more neutral language that emphasises the shared nature of the process, ‘personal plan’ or ‘referral’, rather than the clinical ‘prescription’. 3. Work together with others locally to co-produce a language around social prescribing that makes sense to people who are new to the approach. Create a set of jargon-busting support documents using this shared language.

Challenge	Solution
<p>Engaging people in co-production needs to be done in an inclusive and accessible way, otherwise “seldom heard” or “seldom listened to” voices will be excluded from the process - doing this well takes (and deserves) real investment of time, funding and resources.</p>	<ol style="list-style-type: none"> 1. Ensure that co-production is captured in your plans - as cost, time and personal resources. Make sure it's clear in funding applications that this additional investment is worth it to create a tailored, inclusive, and effective service. 2. Remember that funding should be made available to pay people for their contributions and cover accessibility costs, including translation of materials.

You may also want to review the NHS / Coalition for Personalised Care [guide](#) on co-production.

Social prescribing and co-production in action – a recipe for success

As part of developing this report, we have created a 'Recipe Card' exploring how to apply co-production within the social prescribing journey. This recipe, 'A "What matters to me" conversation' brings together the advice and reflections from this guide to a specific moment in a social prescribing journey.

- What would your recipe for co-production in social prescribing look like?
- What ingredients and methods are important for your part of the social prescribing journey?

Take a look at the recipe and the video where Link Worker Azra talks about the importance of a "What matters to me conversation".



A “What matters to me” conversation

Co-production in Social Prescribing Recipe Card

Ingredients

First secure a mixing bowl and the following ingredients:

- **Human factors:** build trust over time, listen, be kind. Meet people where they are without preconceptions
- **Fairness:** take into account people’s lived experience and how different aspects of their lives intersect
- **Don’t forget to preheat the oven:** ensure you have knowledge of resources and social prescribing options and how they work



Method

Now create your dish, remembering to adjust as you go.

- **Start by listening:** together work out what the person you are working with wants to achieve, what they want their life to look like. Keep them in the driving seat.
- **Add a large dollop of trust:** keep contact links open and be clear about how often you can meet together and what your conversations will cover, create a safe environment to talk about difficult things
- **Fold in connection:** share your knowledge and links relationships with activities and services that may help, explaining what the person can expect from them, and make connections
- **Throughout, ensure you are folding in the learning:** develop how you work together as you go along being open about what is and what isn’t working. Follow up with people and the organisation’s you’ve connected them with

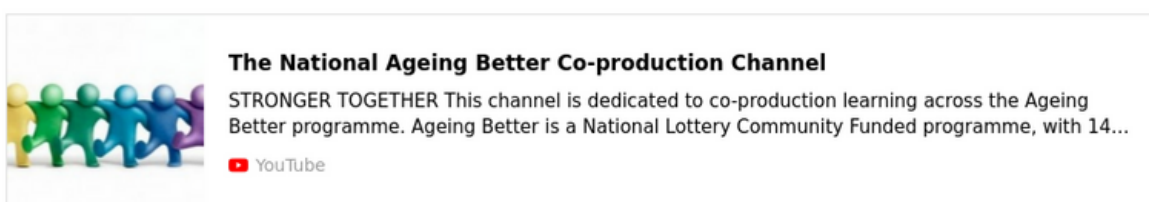
Recommended resources for finding out more about social prescribing and co-production in action:

- [Co-Production Collective Case study: Hearing Birdsong](#)
- [Co-Production Collective Case study: Black and Minoritised Women's Voices in Maternity Care](#)
- [TLAP Glossary](#)

Co-Production Collective CoPro Stories



The National Ageing Better Co-production YouTube Channel



Recommendations for future resources and communications

This process is only the start of exploring the relationship between social prescribing and co-production. Our Co-production Group has come up with many more ideas for interesting and useful work that could help to further embed social prescribing in co-production.

Our recommendations for creating future resources and communications on this topic include:

- Further co-production of additional resources, involving more frontline link workers and more people with a diverse range of lived experience - these additional resources could be aimed directly at link workers on the ground and members of the public interested in getting involved in co-producing social prescribing
- These additional resources could be even more visual and creative than our recipe cards, and the work could include creating more accessible versions (e.g. resources in languages other than English, easy-read versions) and testing these versions with a diverse reference group to make sure they really are accessible

- Communicating these resources more widely and in more innovative ways e.g. over online and offline channels, going out into communities, supporting GPs to share these resources with their local population
- Creating additional recipe cards to cover more points of the social prescribing journey - building a library over time
- Developing resources to help “sell” co-production and social prescribing to a range of audiences, with input from marketing experts

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We shouldn't assume we know what the ingredients are - we need co-production to understand what an individual would need to take part; we need to do this through co-production - Co-production group member

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Thank you

This project is part of the Accelerating Innovation in Social Prescribing Programme which is a partnership between National Academy for Social Prescribing (NASP), Royal Voluntary Service (RVS) and NHS England. You can find more information about Accelerating Innovation on [our website](#).

We are grateful for everyone who contributed to developing this work, especially the members of our Co-production Group, whose conversations informed the content of this work.

This report was edited by Niccola Hutchinson-Pascal, Isaac Samuels and Ingrid Abreu Scherer.

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