

# *The* **AHSN** *Network*

## Involvement and co-production strategy

May 2021



# Contents

- 4 The AHSN Network - background
- 5 The development of this strategy
- 6 Approaches to involvement and co-production
- 8 Strengthening involvement and co-production agenda
- 9 Commitment to meaningful involvement and co-production
- 10 Our way of working
- 11 Our priorities in 2021-23
- 13 A note about language

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I will feel properly engaged if the following conditions exist:

I will know that you have listened to me because you will behave differently because of what I have said to you. I will know that you have heard me.

I will know that you have heard me, because I will be able to do something that I could not do before you engaged with me. I will have more power, control, authority. You will have transferred that to me.

I will be able to see and feel for myself that you have put me at the heart of your thinking. It will not be something that you say, it is something that I will be able to feel.

Please do not pretend that you know what good looks like. I am your service user, and I will be the judge of that.

”

This statement is attributed to Baron Victor Adebowale CBE who was the Chief Executive of Turning Point (from the Yorkshire and Humber AHSN Patient and Public Involvement Policy).

# The AHSN Network – background

England's AHSNs aim to transform lives through innovation, delivering better health outcomes, improving patient experience and safety, driving down the cost of care and supporting economic growth.

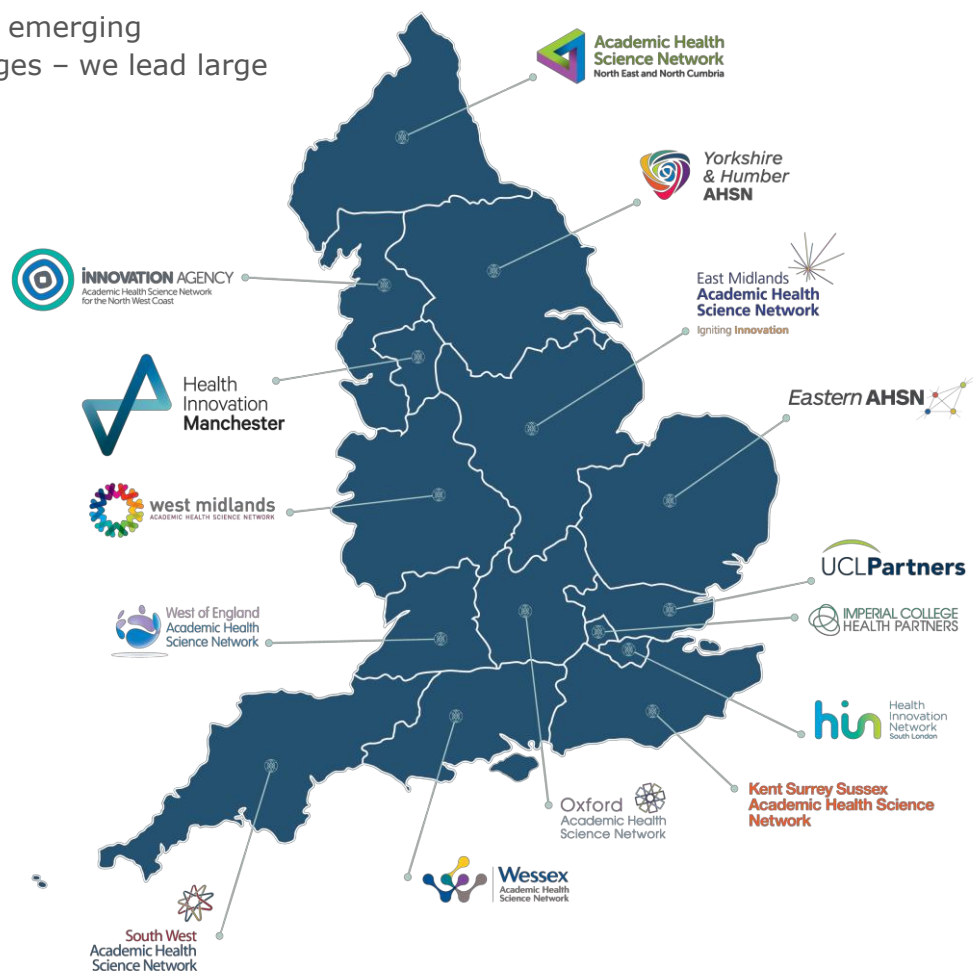
As the only bodies that connect NHS and academic organisations, local authorities, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

This means we are uniquely placed to identify and spread health innovation at pace and scale; driving the adoption and spread of innovative ideas and technologies across large populations. Although small organisations – which ensures we remain flexible and responsive to emerging opportunities and challenges – we lead large regional networks.

Hence our impact rests in our ability to bring people, resources and organisations together quickly, delivering benefits that could not be achieved alone. [This Innovation Pathway](#) summarises how AHSNs support the entire innovation life cycle.

Ours is not a short-term challenge but, as our [latest impact report](#) shows, we are already making a difference for patients and the public, for innovators, for clinicians and for the healthcare system.

Read more about our work and achievements to date in our magazine, [The Innovators](#).



<https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities>  
<https://www.ahsnnetwork.com/about-academic-health-science-networks/patient-safety>  
<https://www.ahsnnetwork.com/supporting-innovation/accelerated-access-collaborative>

# The development of this strategy



We should be great at this.  
We can shift the system.



The Academic Health Science Networks (AHSNs) came into being in 2013 and quickly formed a national network to co-ordinate their approach, and to share and learn. Involvement and co-production was part of this early thinking and planning and the Patient and Public Involvement Forum (PPI Forum) was one of the first cross-AHSN groups to form.

Eight years on, involvement and co-production with people, public, carers, and communities is a growing and thriving agenda, and is even more important than it has ever been, given the experiences of the COVID-19 pandemic.

This strategy is for the AHSN Network and its fifteen member organisations and has been written following a listening exercise. A series of thirty five interviews and two workshops have been carried out with AHSN colleagues, patients, carers, and members of the public involved in AHSN programmes, and other national stakeholders, including commissioners of the major programmes. This has enabled us to establish the current state, to understand people's hopes and expectations for the future and how involvement and co-production add value to AHSN work.

It has been a great privilege to hear people's experiences of involvement and co-production from across the AHSN Network and national organisations. We particularly valued hearing the experiences and views of those patients and carers who have been involved in the work of the AHSNs, many of whom are quoted in the document.

This is a network that cares about this agenda, is eager to reflect and wants to continue to improve and innovate.

There is a great deal of support for an AHSN Network Involvement and Co-production Strategy that provides clear expectations and improves what has been achieved already.

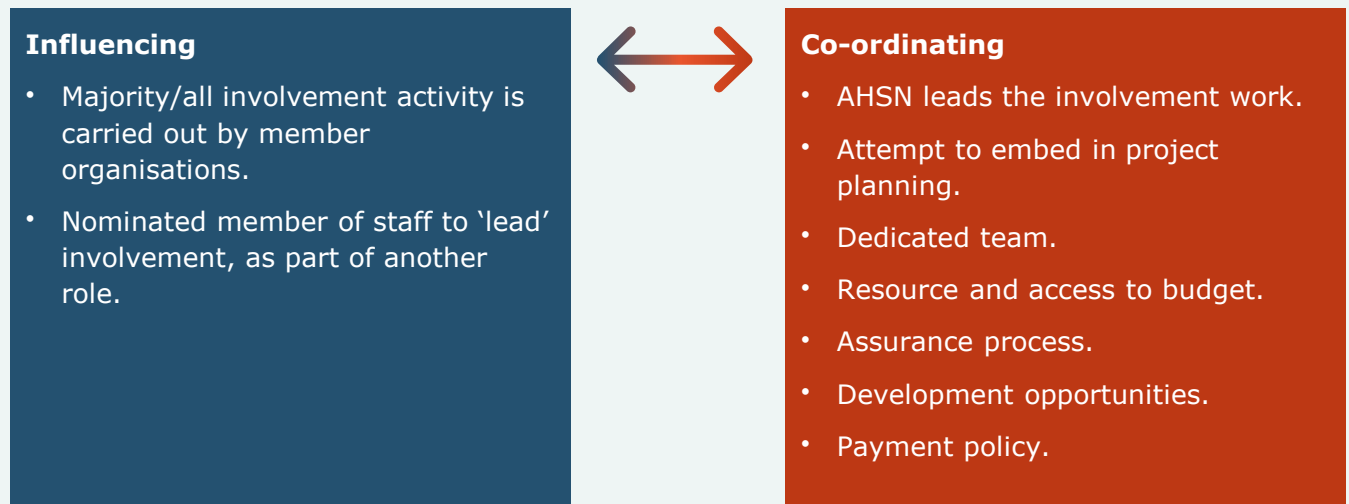
There are, as we would expect, opportunities for improvement, that it has been useful to surface:

- Feedback indicates a need for a shared ambition, with a clear commitment to providing additional resource and support to help with consistency across the Network.
- This appetite for consistency sits alongside a clear message that the individual AHSNs need to retain a local focus and the freedom to decide how they will deliver this agenda.
- Using the [AHSN Network Diversity Pledges](#) as an example, many supported a strategy that sets out expectations, with shared assurances, whilst enabling each organisation to flex their approach according to local need. This is especially important as commissions will change from year to year.
- AHSNs are in a unique position to be at the forefront of this agenda, to innovate, and be able to support the wider NHS in this space, whilst consolidating current expertise.
- The AHSNs are also keen to continue to form effective partnerships and learn from others in this space.

# Approaches to involvement and co-production across the AHSN Network

Across the AHSNs there are a range of approaches to involvement and co-production, each developed as a result of organisational models, local circumstances, and local relationships.

**They exist along a spectrum from influencing to co-ordinating:**



- Some AHSNs have a **dedicated role(s)** for involvement, the seniority and reporting lines of these roles vary.
- Many have a **strategy or framework** in place, an annual plan, groups, systems, and processes to support the work.
- The AHSNs all have a good sense of relative advantages and disadvantages of their approaches and are keen to **continue to evolve and improve**.
- There are some lay-members at AHSN board level, and **representatives** from charities, and other patient groups, including Healthwatch.
- Some AHSNs have **payment principles** in place, with plans for regular reviews.
- Some AHSNs have created or sourced a training and **development offer** for both AHSN colleagues and the people they involve.
- Some have started to build the need for **skills** in this area into human resource planning.
- Many AHSNs offer people they work with access to events and **knowledge sharing** activities.
- There are emerging examples of **evaluation and impact** tracking.
- Some AHSN have a focus on involvement and **community driven research**.

- Many AHSNs have developed close relationships with patients, public and carers through **group membership**. These groups are often co-chaired. Some act as a sounding board and knowledge source for the wider system.
- Some AHSNs have lay representatives assigned to programmes to **support on an ongoing basis**.
- **Patient Safety Collaboratives** have a commitment to patient and carer co-design as an underlying principle within their entire programme.
- There are emerging examples of involvement activity embedded in needs articulation, user-centred design and **spread and adoption** programmes across the AHSN Network.

## AHSN Network PPI Forum

The Patient And Public Involvement (PPI) Forum has been a way to bring together people from across the AHSN Network to share, learn and co-ordinate activity.

The role of chairing the forum and providing the secretariat has been rotated.

This group meets at least three times per year and is co-chaired with a patient partner/lay representative working alongside the member of AHSN staff. Membership includes AHSN staff alongside patient partners/lay representatives.

Knowledge sharing is supported by the Future NHS Collaboration Platform where the group can share products, such as payment policies, strategies etc and have discussions about new activities.

What does good involvement look like?



# The case for strengthening the involvement and co-production agenda across the AHSN Network:

There are a number of reasons for involvement and co-production in the development and diffusion of innovation:

**It enhances the quality of our programmes** – working in partnership with people and communities helps us to deliver programmes that will make healthcare safe, effective, patient-centred, timely, efficient and equitable.

**It's the right thing to do** – working with people who use and deliver services reminds us of what we are here to do – improve healthcare for individuals and communities.

**It builds trust** – by demonstrating good governance, accountability, and public value.

**Patients, public, carers and communities want to help** – by supporting our work and helping us to include people who might be marginalised.

**AHSNs occupy a unique position** – we have a real chance to improve the things that make a significant difference for people.

**AHSNs can demonstrate impact** – positive benefits both to individuals who are involved in change and the experience of care improved as a result of our programmes.

“

“Work with people, help them with problems they have.”

Interviewee

“We are good at this; we are doing it in a meaningful and ethical way.”

Workshop Participant

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<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>  
<https://www.pointofcarefoundation.org.uk/evidence-library/>



# Our commitment to meaningful involvement and co-production

We will design and spread innovation that transforms healthcare in partnership with patients, public, carers, and communities. We will bring diverse perspectives together. We will demonstrate how our work has been enhanced by listening to and acting on people’s experiences and insights.

- **Showcase the high-priority placed on involvement and co-production.**
- **Invest in this agenda.**
- **Use this strategy to drive improvement.**



- **Listen to a range of experiences.**
- **Focus on those with the greatest need.**
- **Co-assess the equality impact of our work.**
- **Partner with groups who represent marginalised voices.**



- **Strengthen how we share knowledge and emerging practice across the AHSN Network and beyond.**
- **Recognise and develop the potential of colleagues and people involved.**
- **Value ambassadors of this agenda and support them to be effective and embed a culture of effective involvement.**



- **Strengthen how we evaluate quality and impact.**
- **Tell the story of how involvement and co-production makes a difference to our work.**
- **Seek and act on feedback about the quality of our interactions.**
- **Celebrate success.**

# Our way of working

## Based on feedback we have developed the following principles:



We will be creative, take risks and try new things.



We will get better at understanding people's needs and perspectives in order to prioritise our work, through greater involvement at all stages of research and implementation.



We will share challenges and ideas with people and communities early in the process.



We will coproduce information (opportunity, purpose, roles and responsibilities) so that people make informed choices and take part in a meaningful way.



We will ask people how they want to participate and share decisions about involvement methods.



We will be inclusive and provide opportunities for a diverse range of values and perspectives to be freely expressed and heard.



We will make time and space for consideration of options, re-framing and to develop a shared sense of ownership and commitment to the outcomes.



We will make decisions transparent.



We will be clear about how people want to be supported to participate (reimbursement, carers, interpreters etc).



We will support capacity and confidence building for people to participate meaningfully.



We will evaluate the experience and impact of involvement.



We will celebrate and share.

# Our Priorities in 2021-23

We have identified a range of priorities for the next two years to enable us to deliver on our commitment:

## 1. Visible leadership:

- 1.1** Strengthen and share decision-making and governance:
- AHSN Network groups embed inclusive involvement and co-production in their ways of working.
  - Involvement and co-production activities expected in all AHSN programmes, including:
    - Spread and adoption programmes to evidence involvement and co-production in their development and implementation plans.
    - Innovations from needs articulation, through design, testing and implementation.
    - Patient Safety Collaboratives delivering patient and carer co-design as a key enabler across the whole of the National Patient Safety Improvement Programme.

## 1.2 Involvement and co-production forum:

- Formed from existing PPI Forum membership.
- Lay partner membership and co-chair model to be retained.
- This group will be for strategy, information exchange, operational issues, and planning.

## 1.3 Recruitment of a head of involvement, and co-production:

- Act as a thought leader and spokesperson for the AHSN Network.
- Role to:
  - Inspire and boost knowledge sharing, improvement and innovation.
  - Share insights and latest developments from across the AHSN Network, and other health and social care organisations.
  - Develop partnerships with Community and Voluntary Social Enterprise (CVSE) sector.
  - Develop action plan for strategy implementation and monitoring.

“AHSNs are a unique convenor.”

Interviewee

## 2. Diverse perspectives:

- 2.1 Form effective partnerships with groups and individuals who represent marginalised voices.
- 2.2 Link closely with and contribute to the equality, diversity and inclusion agenda.
- 2.3 Consider ways to involve people and those with the greatest health and social need.

## 3. Continuous improvement:

- 3.1 Provide more opportunities for learning and sharing:
  - Develop a national Community of Practice to bring together people from across the AHSN Network who share a passion for involvement and co-production to learn, share and innovate.
  - Share emerging practice and adopt across the AHSN Network.
- 3.2 Deliver involvement and co-production development opportunities for AHSN colleagues, patients, carers and families who are involved.
- 3.3 Identify ways to bring the AHSNs closer to national stakeholders:
  - Opportunities and support for people to join relevant national networks and groups to represent the AHSN Network.
  - Process and requirement to share insights and information gathered on a regular basis.

“ Don't do it in isolation, there is so much expertise in the NHS.

We need to talk to each other, be open.

”

## 4. Evidence of change:

- 4.1 Priority focus on understanding and sharing how we evaluate the quality and impact of involvement and co-production activities, including evidence of change.
- 4.2 Communicate involvement and co-production outcomes:
  - Features in Innovators Magazine, website, newsletters and social media.
  - Share case studies of involvement and co-production across the AHSN Network.
  - Challenge stereotypes and champion the positive impact of diversity on innovation.

“ We need to be able to look at our programmes and show that involvement adds value.

We need to know what is being done, learn from it and take it seriously. ”

# A note about language

We use the following descriptors in this document:

***Patients, public, carers, and communities, service users, care home residents*** describes the people who get involved in supporting the work of AHSNs.

***People who work in the system*** describes people who work in health and social care.

***People*** describes both of the above when working together.

***People who might be marginalised, excluded or seldom-heard*** describes people who might face discrimination or other barriers, (on the basis of gender, ethnicity, culture, belief, sexuality, age, disability, and class) or may be excluded in some way (homeless, living in residential services, in prison, travellers), or those who face communication issues (deaf people, blind people, people for whom English is not their first language).

***Involvement*** describes activities that engage people in AHSN programmes, seeking their feedback and using their insights to inform design and delivery.

***Co-production*** describes activities where people work together in an equal way, from the beginning, sharing decisions, designing, and delivering programmes.

***Involvement and co-production*** describes the full range of methods along the spectrum from engaging and informing people, through consultation, involvement, co-design, and co-development.

It is important to acknowledge that there is no one way of describing this agenda, activity, and those involved.

There is a necessary tension about the descriptions we use, and the language associated with this agenda is constantly evolving.

We are not proposing that AHSNs adopt the terms we have used, as many will have worked closely with local groups to decide on the most appropriate and favoured language for that setting.

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<https://www.thinklocalactpersonal.org.uk/assets/COPRODUCTION/Ladder-of-coproduction.pdf>  
<https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-is-co-production/>



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