

Scottish Co-Production Network

Case Study Development

Criteria for new case studies:

Background

Key points of connection between co-production and person centred care are:

- Both are grounded in relationships between people as their core principle
- Both emphasise mutuality
- The purpose of both is human flourishing (and so wellbeing of the workforce is a shared concern).

Co-production is essential to person centred care because:

- it acknowledges and supports the person as the main producer of their own health and supports a cultural shift to enablement and control
- it considers the care experience from the perspective of the person's health and wellbeing, driving a focus on outcomes
- it focuses on the strengths and capabilities of people who use services and staff, enabling constructive solutions to develop (from impossibility to possibility)
- it offers approaches to sustaining or increasing people's resilience by supporting or increasing their connectedness with family, friends and other social contacts and by building capacity in communities
- it enables the conditions in which people can work together to develop and design services and supports, building on all the information, resources and assets that they can create together in order to arrive at services that make the best use of resources to meet needs.

Person Centred Care and Co-Production

Co-production is not the same as person centred health and care, but can add value to it. By drawing on the assets of everyone – staff, people who use services, neighbours, local community groups – person centred health and care will have greater capacity to contribute to reducing inequalities and improving health and wellbeing.

Case studies – core criteria:

The chart below shows examples of how and where co-production can add value to person centred care: These co-production components will be used as the main criteria to choose the next 3 case studies to be produced by the Scottish Community Development Centre (SCDC).

Person centred care	Examples of co-production added value
Improving outcomes	Identifying personal outcomes and supporting staff to respond
Person centred assessment	Enabling meaningful conversations that lead to outcomes owned by people and staff
Preventing admission	Maximising resilience and control through self- management Identifying and investing in local supports that keep people well through asset mapping and community capacity building
Care experience	Creating the conditions for the person's experience to be valued Bridging to what matters to the person Responding to feedback
Staff experience	Valuing staff as a crucial resource Building on creative capacity of staff to build strong relationships with people
Promoting recovery and delaying discharge	Assisting staff to signpost to local and peer support Enabling people to build their own resilience Drawing on family and community assets
Developing services	Processes of co-design

It may also be helpful to consider the key 'offers' within the PPHWB programme as potential themes under which a case study may sit.

Suggestions and ideas for new case studies should be sent to:

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