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# Why Co-Production and Lived Experience Are Transforming Care

Raf Hamaizia, Expert by Experience Lead, Cygnet Health Care

I am pleased that co-production has its own awareness week, but it should be more than just a diary date, it should be a mindset and a culture.

When I first entered services as a patient, decisions about my care were made 'for' me. Today, I am privileged to lead a nationwide network of Experts by Experience (EbEs) who support our service users and residents to make decisions \*with\* our clinicians and wider staff every single day.

That shift, from consultation to genuine collaboration, is what should be meant by co-production. It is the difference between services that simply treat symptoms and services that improve lives and enable people to hope for a brighter future.

### Why co-production matters now more than ever

Co-production is vital in health and social care because it places the voices of those with lived experience at the heart of service design and delivery. When we collaborate as equals, we create more responsive, compassionate and effective care.

It builds trusts, empowers individuals, and leads to better outcomes because services are shaped by real insight rather than assumption. Importantly, I believe it leads to;

- 1. Better outcomes; Research shows that services designed with service-user insight achieve higher engagement, lower restrictive practice and faster stepdown.
- 2. Equity and voice; Co-production rebalances power, ensuring historically marginalised groups shape the care they receive.
- 3. Efficiency; When the people who use a service help design it, we get it right first time. Spaces are tailored to real needs and it helps to improve the overall patient experience.
- 4. Staff morale; Embedding co-production fosters a sense of shared purpose and collaboration, making staff also feel valued and heard. Positive change is shaped collectively, leading staff to have greater job satisfaction and pride in their work.

### A year of action and achievement

Over the last 12 months we have further embedded co-production into the fabric of our daily lives at Cyanet. Here are some highlights;

## 1. Social Hubs – co-designed spaces, award winning impact

Together with service users we converted underused clinical spaces into over 30 vibrant social hubs around the country. These hubs feature arcade games, gaming consoles, sensory lighting, music areas, comfy seating, board games, aromatherapy, and sometimes even recording studios or coffee bars. They were born from direct service user feedback expressing the need for relaxing, homely places to unwind, far from the ward environment, and each hub is tailored to the preferences of its users, with wish lists, shopping trips, and one-day transformations involving everyone.

The results are widely praised: social hubs promote meaningful engagement, reduce isolation and incidents, foster peer and staff relationships, normalise the inpatient experience, and even enhance staff morale by enabling them to meaningfully connect in a therapeutic way.

Last month the project even won the Low Cost–High Impact award at the 2025 Design in Mental Health Awards which we were particularly proud of.

### 2. Experts by Experience shaping new hospitals

Last year we expanded our expert by experience programme across healthcare with the support of our CEO for health care, Stephen Firn OBE. We now work alongside more than 40 Experts by Experience nationally, who made more than 1,000 visits to our hospitals last year, ensuring service users are supported from peers at all stages in the planning and delivery of recovery pathways.

In particular, 2024 marked an exciting year of growth, dedication and innovation at Cygnet. We proudly opened four new hospitals in 2024 with more opening in 2025 . Every new build or refurbishment now has Expert by Experiences on the design panel. The  $\pounds 2.2$  million expansion of Cygnet Wallace Hospital is a recent example where our EbEs influenced everything from colour palettes to sensory lighting to wayfinding signage.

The physical environment plays a key role in how safe, respected and supported people feel. Thoughtful design influenced by those who have used services can reduce anxiety, promote recovery and create spaces that feel therapeutic and homely, rather than clinical.

3. Turning talk into collective learning - the Co-Production in Commissioning Conference

On May 1st 2025 we welcomed commissioners, service users, Experts by Experience, carers and clinicians to our inaugural Cygnet Co-Production in Commissioning Conference at Villa Park. The CPD-certified event, designed for commissioners, clinicians, and Experts by Experience, was attended by over 150 delegates and

aimed to reshape how care services are developed through genuine coproduction.

We are doing some incredible things at Cygnet which demonstrate the value of coproduction and I hope the conference inspired other health and social care leaders and organisations to commit to embedding its principles too.

4. Embedding the Patient & Carer Race Equality Framework (PCREF)

March saw the launch of our PCREF implementation programme, co-led by EbEs and carer leads. The framework challenges us to hardwire racial equity into governance, training and outcome monitoring. To quote my colleague Kaajal Kotecha Chotai, "PCREF is about accountability; it's about meaningful change."

Service users and Experts by Experience are working alongside staff, carers, and community partners to identify where inequalities exist, and engage with communities, helping to build trust and foster genuine partnerships with local communities. We have hosted forums, listening events, and workshops to ensure their voices guide our approach.

5. Celebrating lived experience – national recognition

Eight Cygnet service user projects were finalists at the 2024 National Lived Experience Awards, with two taking home category wins. Seeing people who once felt unheard now collecting national trophies is the clearest evidence that coproduction changes lives and we are looking forward to celebrating more powerful stories at the 2025 awards.

#### The difference you can feel

When I ask people who use our services today, they describe practical changes - a calmer ward because their invaluable ideas are implemented; a discharge plan that starts on admission; and menus that respect cultural needs. But the real magic is less tangible: it is the sense of empowerment that comes when your ideas move from Post-it note to policy, culture and the built environment.

I often say that co-production is like flipping the light on in a dark room. Once you've seen care in this way, you can never go back to old power dynamics.

Whether you are a commissioner, clinician, family member or someone on your own recovery journey, I invite you to do one thing this week: Instead of "What is wrong?" ask "What could we build together?" The answers will surprise you, and they will change care for the better.

Thank you to every person with lived experience who has lent their voice to Cygnet this year. Our progress is yours.