We are Co:Create:
Connecting human stories to strategy

April 2016 – March 2019

Evaluating Co-production: Co:Create

A Department of Health funded health and social care improvement initiative within the Co-Design and Improvement Team, South Yorkshire Housing Association.

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Executive Summary

The Co:Create team was funded for three years by the Department of Health's Innovation, Excellence and Strategic Development Fund to experiment with different approaches to incorporating and embedding co-production into the commissioning cycle. They offered a free resource to commissioners to enable development of co-production skills; trialling co-production on 25 projects in the Sheffield City Region that spanned health, social care and policy.

The programme was based on an overarching theory of change which proposed that creating conditions for people to work together in new ways would promote meaningful engagement between commissioners and local people, which would promote new design solutions for health and social care services.

The evaluation was co-produced by University of Sheffield evaluators and Co:Create staff, using a range of methods to incorporate the views of stakeholders on the process of co-production.

The Co:Create evaluation findings indicate that the ability to participate in learning how to co-produce commissioning is heavily dependent on local context: history, leadership, organisational structure, financing and resources, attitudes toward citizen participation in service development and delivery, and knowledge and experience of collaborative working. These all interact to either promote co-production or hinder it. The final theory of change reveals that:

IF Co:Create models asset-based approaches and challenges traditional forms of engagement, **THEN** all stakeholders in the commissioning process will be active partners in improving health and social care services.

>   **WHEN** there is readiness in terms of:
> - A top down policy supporting co-production
> - Political pressure to increase citizen participation
> - Strategic permission to assume the risk of co-production
> - A sense of urgency (a clear case for doing co-production to solve a pressing issue)
> - Clear incentives (perceptions that it is a win-win situation)
> - Trust that the co-creation process will eventually produce benefits that are valued by individuals and organisations.

IF we create the conditions for people to work together in new ways, **THEN** relationships between commissioners, people who access services and practitioners will be more trusting and equitable, with greater understanding of each other's assets and challenges

>   **WHEN** there is
> - Protected time to plan, to meet, to develop relationships
> - An open attitude toward citizen participation
> - Involvement of co-production facilitators in linking, bridging and modelling how to look after each other during the process
> - Co-construction of meetings
> - Sharing of cultural knowledge, norms and practices
> - Person-centred, relevant and culturally appropriate forms of engagement
> - Time made for dialogue, reflection, disagreement and exploration of different perspectives and views

- Acknowledgment and use of contributions
- Willingness to step outside of organisational boundaries
- Understanding of the personal conditions and circumstances that different user groups face
- Facilitation of power/resource sharing across different groups

IF commissioners meaningfully engage local people and networks, including the seldom heard, **THEN** engagement will lead to:
- The participation of a greater number of people in the project, with more diverse participation, increasing their capacity to be genuinely heard
- The sharing of information via user friendly reports, presentations to service users, providers, Board meetings commissioners, and/or Steering/Task Groups
- Growing realisation of the value of experiential knowledge
- Active debates about the information – a process of collective sense-making where people construct meaning from what has been found
- Invitations to share approach and learning with a wider group of stakeholders
- Service users feeling that their voices have been heard

IF commissioners are enabled to become facilitators of change **THEN** new solutions for service design will emerge **BECAUSE**

- Learning is incorporated into service planning (as evidenced by proposals to create a new service or modify a service)
- Proposals to create or modify a service are approved in principle
- Changes are implemented at the provider-level because commissioners have reflected on the issues and concerns of providers and users
- Collaborative working continues and is used to address other service issues
- Changes are made to policies
- There is buy-in from wider groups/organisation(s) who are responsive, prioritising tasks related to co-production to ensure that it progresses without too much delay

Background

The co-production context

Co-production of health and social care services was originally promoted in the National Health Service (NHS) as part of the Putting People First protocol, which was published by the Department of Health in 2007. The protocol aimed to ensure independent living for all adults by promoting collaborative working across government, the voluntary sector, and healthcare providers.[1] It was a landmark protocol establishing government policies for more effectively including citizens and consumers in the design and delivery of public services. This sort of involvement has arisen because it is now recognised that the effective delivery of public services is dependent upon the quality of the relationships between those who deliver and those who use the service.[2] The principles were subsequently used to inform the Care Quality Commission standards for involving service users and carers in strategic planning, design and delivery for health and social care.[3] The underlying assumption, from a policy perspective, is that public services should be positioning themselves to release and tap into community assets - the knowledge, skills and social support are the informal economy supporting health and wellbeing. This is particularly important in the current economic climate, in which public budgets are severely constrained.[4]

Co-production has been defined as the involvement of the public, as people who use services, in the creation of new services or in decisions about changing them.[5] It is grounded in the understanding that those who use services are best placed to design them.[6] Ideally, what should emerge from the process are reciprocal relationships between people who use services, health and social care professionals, and other designers and stakeholders, and services that are relevant, accessible and appropriate for different populations given that different perspectives and experiences will have been taken into account. One of the key priorities is to include people who are seldom heard.[7] The end result should be services that are person-centred, as well as sustainable interactions between formal health and social care and informal social and community networks, which create effective networks of support.[8]

Promoting reciprocal relationships between the public and public services is a challenging process. The Social Care Institute for Excellence notes that:

> *the organisational context for participation is critical. There is often a tension between allowing the evolution of informal mechanisms of involvement and formalising those structures - both bring advantages and disadvantages.*[9]

In 2017, the Co:Create team were set up to support co-produced commissioning in health and social care. Co:Create was funded for three years by the Department of Health's Innovation, Excellence

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[1] Department of Health (2007) Putting people first: a shared vision and commitment to the transformation of adult social care. https://webarchive.nationalarchives.gov.uk/20130104175839/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

[2] New Economics Foundation. (Undated) Co-production: A manifesto for growing the core economy. https://neweconomics.org/uploads/files/5abec531b2a775dc8d_qjm6bqzpt.pdf [Accessed 28 April 2019]

[3] Care Quality Commission. (2013) Policy Briefing. Putting People First. https://www.thinklocalactpersonal.org.uk/_assets/Resources/Personalisation/Personalisation_advice/Putting_people_first_briefing1.pdf

[4] Ibid New Economics Foundation.

[5] Think Local Act Personal (2011) Making it real: Marking progress towards personalised, community based support, London: TLAP.

[6] National Occupational Standards (undated). SFHMH63: Work with people and significant others to develop services to improve their mental health. https://tools.skillsforhealth.org.uk/competence/show/html/id/3833/

[7] Coalition for Collaborative Care. (undated) A Co-production model. http://coalitionforcollaborativecare.org.uk/coproductionmodel/

[8] Social Care Institute for Excellence. (2011) Towards co-production: Taking participation to the next level. SCIE Report 53. https://www.scie.org.uk/publications/reports/report53.asp [Accessed 2 April 2019]

[9] SCIE Report 53: Towards co-production: Taking participation to the next level. February 2012. https://www.scie.org.uk/publications/reports/report53.asp [Accessed 9 April 2019]

and Strategic Development Fund to experiment with different approaches to incorporating and embedding co-production into the commissioning cycle. Co:Create worked from a starting point that the health and social care commissioning landscape is challenging and requires innovative, whole-system solutions. The team also worked on the basis that existing co-production practice in commissioning is inconsistent and needs to take place early in the commissioning cycle, as well as throughout it to be successful. A variety of approaches were used across 25 projects in the Sheffield City Region that spanned health, social care and policy. These projects are introduced in more detail in a later section of the report (under 'The Projects'). The School of Health and Related Research (ScHARR) at the University of Sheffield was contracted to work with the Co:Create team to co-produce an evaluation of the learning from projects.

Aims and objectives of Co:Create

Co:Create's original aims were to work alongside commissioners, service users and the public, primarily in the Sheffield City Region, to:

- Develop good commissioning practice and innovative commissioning models;
- Design personalised and responsive services that effectively integrate the needs and expectations of the customer; and
- Reduce health inequalities by identifying and including those missing voices to effect the necessary change.

When Co:Create was set up, NHS guidance for co-production presented a commissioning as a cycle (Figure 1), as a way to help identify ways in which patients and the public can engage and participate in different stages of commissioning.

Figure 1: The NHS commissioning cycle

Source: https://www.england.nhs.uk/participation/resources/commissioning-engagement-cycle/

The diagram itself, however, does not illustrate *how* the public and service users can be identified or involved across all stages. Further, it does not differentiate between different levels of engagement. The different levels and ways in which people can be involved in commissioning have been described as a co-production ladder of participation (Figure 2).

As illustrated in Figure 2, co-production can happen at different levels - consultation, engagement, co-design and co-production – and these may occur at different stages of service development and delivery. Commissioners may, for example, involve patients or the public in strategic planning and service procurement, working in an equal, give and take partnership. This is referred to as 'doing with people' or co-producing commissioning. Alternatively, commissioners might engage and involve people in monitoring and evaluation, asking for their views. This is referred to as 'doing for people' or commissioning co-production. Co-production may start with either approach, and each approach may inform the other. Importantly, these approaches are distinguished from commissioners 'doing to' people: that is to say, making decisions to or for people without involving them or asking for their views.

Figure 2: Co-production ladder of participation

Ladder of participation	What does this mean?	Type of commissioning
Co-production	**Doing with people** Working together in an equal, give and take partnership	**This is co-producing commissioning**
Co-design		
Engagement	**Doing for people** Engaging and involving people (asking for their views)	**This is commissioning co-production**
Consultation		
Informing	**Doing to people** Doing things to or for people without involving them or asking for their views	**This is market management/control**
Educating		

In the 25 projects that were completed by Co:Create, which are all introduced in more detail in the next section of this report (under 'The Projects'), the aim was to support commissioners to work with people differently.

The Think Local Act Personal Partnership (TLAPP) highlight four stages where commissioners can work with people (Figure 3). At each stage, Co:Create had the potential to work alongside commissioners, service users and the public to:

1. Analyse: Co:Create could suggest approaches to assessing local needs, reviewing existing services and getting detail from providers and the public on the resources needed
2. Plan: Co:Create could engage people to check what services are needed and mobilise knowledge to provide information to inform the development of a commissioning plan
3. Do: Co:Create could share findings and learning with providers to develop the market
4. Review: Co:Create could involve service users in procurement and in the review of current contracts.

Figure 3: Four parts to commissioning

- Checking the plan and how the market is working
- Checking the outcomes of the plan

- Checking the needs of the population
- Checking how services are provided
- Working out what resources are needed

Review   **Analyse**

Do   **Plan**

- Developing the market and supporting providers to develop
- Managing relationships with provider and between providers

- Checking what services are needed
- Developing a commissioning plan
- Designing services

Source: https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/Co-production-in-commissioning-and-market-shaping/In-more-detail/Co-producing-commissioning-and-commissioning-co-production/

Depending on what commissioners needed, Co:Create could be asked to support a process of:

- 'Doing with people (co-production, co-design)': working together in an equal, give and take partnership, in which commissioning is co-produced; or
- 'Doing for people' (engagement, consultation): engaging and involving people (asking for their views), in which co-production is commissioned.

Using Co:Create in this way sometimes involved a shift for commissioners who had traditionally taken a 'doing to' approach to identifying and resolving problems, and which had relied upon 'professionals' as experts to make decisions and decide upon the strategies to implement; rather than drawing upon the experiential knowledge and abilities ('assets') of the public and service users to design and enable solutions.

Developing a theory of change

A theory of change is a description of what a programme aims to do and how the proposed activities will bring about the desired change in a particular context.[10] It is usually developed by starting with the aspirations of the programme - what it hopes to achieve - and maps backward to show how the different elements of the programme will work to produce the change. The resulting theory is used in evaluation to determine whether, how and why outcomes were achieved. ScHARR provided technical assistance to Co:Create on how to develop a theory of change. The ScHARR team reviewed literature to identify theories of co-production and approaches to evaluating co-production, creating a shared resource of relevant articles. The preliminary review indicated that a wide range of factors can influence co-production, including:

- Compatibility of public organisations with co-production, in terms of infrastructure and

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[10] Rogers P. (2014) Theory of Change. Unicef Methodological Briefs Impact Evaluation No. 2. https://www.betterevaluation.org/sites/default/files/Theory_of_Change_ENG.pdf [Accessed 25 April 2019]

procedures
- Open attitude toward citizen participation
- Organisational reluctance to lose status and control
- Risk-averse administrative culture, which views customers as unreliable resource-draining partners
- Clear incentives for co-production (win-win situation)
- Customer awareness that they can contribute to improvement
- Customer values such as a wish to contribute to public service improvement
- Feelings of being responsible for the quality of what is delivered – a sense of ownership over public services
- Feeling of entitlement in terms of making contributions
- History of organisation/customer relationships (passive roles versus active; positive versus negative)
- Degree of linking, bridging, looking after each other during the process
- Trust in the co-creation process
- Top down policy supporting co-production, as evidenced by enhancement of discretionary autonomy for workers who are actively involved; involvement of co-production facilitators; appointment of policy entrepreneurs
- Subsidising participation costs
- Financing initiatives

The assumptions about how Co:Create would work to promote co-production were discussed by the Co:Create team, with the Project Advisory Group and with the evaluation team. There were several iterations before a preliminary theory was produced for Co:Create overall (Box 1).

Box 1: Co:Create Theory of Change

- **IF** Co:Create models asset-based approaches and challenges traditional forms of engagement, **THEN** all stakeholders in the commissioning process will be active partners in improving health and social care services.

- **IF** we create the conditions for people to work together in new ways, **THEN** relationships between commissioners, people who access services and practitioners will be more trusting and equitable with greater understanding of each other's assets and challenges

- **IF** commissioners meaningfully engage local people and networks, including the seldom heard, **THEN** people will realise the value of their experiential knowledge and the scope of what consumers do will be expanded, increasing their capacity to be genuinely heard

- **IF** commissioners are enabled to become facilitators of change **THEN** new solutions for service design will emerge.

The Theory of Change represents the strategic direction for Co:Create. It was used to define key elements that needed to be implemented at various stages of a co-produced project in order to achieve the desired outcomes. These elements were subsequently used to produce a Co-production Matrix which commissioners and others involved in Co:Create could use to reflect on whether they were making progress towards achieving a 'gold standard' of co-production (Figure 4). The Theory of Change and co-production matrix, together, provided a 'grounded' programme theory for Co:Create; in other words, they outlined what people involved in Co:Create thought would happen if the process of co-production was facilitated in the way that Co:Create was envisaged to work.

Figure 4: Co:Create Co-production Matrix

Co:Create

"GOLD STANDARD" COPRODUCTION

By the term 'coproduction' we mean a collaborative approach to service design, delivery, evaluation and governance which equally involves practitioners and users of the service. This could be within a specific project or a whole organisation.

Gold Standard coproduction is holistic, resourced, transparent, inclusive, iterative, positive, equal and sustainable. The pinnacle of coproduction is where sufficient time and resource is given; the outcome is that individual, project and organisational objectives align and achieve the best results. Although 'GOLD' standard may not always be achievable, we should always be challenging ourselves to work towards and meet this standard.

Holistic: coproduction should happen at every stage
Coproduction takes place at each stage, including planning, delivery, evaluation and governance of the service, project or organisation.

Resourced: meaningful and effective coproduction deserves and requires sufficient resource
Sufficient resource is given to coproducing at every stage. Resources are committed to the activities and allocation is flexible. Project timescales are adjustable to enable meaningful coproduction.

Transparent: coproduction should have a clear and transparent remit i.e.: overall aims, limitations, expectations and commitment
All participants understand why they are involved and the remit of the coproduction. Participants can challenge and reframe as required.

Inclusive: coproduction should involve a wide range of people (e.g.: practitioners, customers, future users, the wider community), capturing individual and differing views
All coproduction activities are designed to be as accessible as possible in order to consider all relevant viewpoints. All participants have relevant experience to draw upon. Extra resource is committed to involving a wide range of people.

Iterative: coproduction should be reciprocal, repeated, and progressive, always adapting and building upon what came before
Information circulates through feedback loops enabling all participants to access feedback, challenge or build upon information, and feed back into the information cycle. Individuals give and receive feedback reciprocally. All feedback is accessible, clearly recorded or evidenced.

Positive: coproduction should be mutually beneficial and an overall positive experience
Participation is valued and individuals feel heard. Participants are engaged, committed and empowered. Participants report positive experiences and feel that their time has been well spent. Participant expectations are established and met.

Equal: each participant and their contribution should be valued equally
All participants of coproduction feel equally valued and heard. Any potential issues relating to power imbalance have been redressed. Problems and solutions are tackled collaboratively.

Sustainable: meaningful coproduction should have a genuine sustainable impact on the service, project or organisation
The impact of coproduction on the sustainability of the project or service is clearly recorded or evidenced. All participants understand and can articulate the impact that coproduction has had.

Co-producing the evaluation

Methods

The Co:Create programme was implemented at a time when there were many initiatives focusing on person-centred care, user involvement, and co-production. Any of these initiatives could have a possible effect on the design and modification of services, making it difficult to isolate the effect of Co:Create. An approach was needed which could be used to identify how Co:Create influenced and whether the outcomes could be attributed to Co:Create. We used contribution analysis, an approach used in evaluation where people are asked whether and how the programme contributed to the realisation of desired outcomes.[11]

As mentioned above, a Theory of Change was initially produced for Co:Create, which reflected the desired outcomes at programme level. It provided a description of what Co:Create aimed to do and how the proposed activities, as a whole, would bring about change.[12] It was developed by starting with the aspirations of the Co:Create programme as a whole. The ScHARR and Co:Create team agreed that we wanted to use the theory of change in the evaluation to determine whether, how and why outcomes were achieved. However, the Co:Create programme was comprised of a number of diverse projects. The contribution of Co:Create for each project therefore needed to be assessed, before the findings could be aggregated at programme level to determine whether the Co:Create model was effective in promoting co-production.

To do this, logic models were co-produced with Co:Create staff and members from each project in order to produce a visual representation of the health or social care problem, perceptions about what needed to be done to move towards a solution, and desired outcomes. The models were a form of annotated illustration that sought to capture the complexity and multi-faceted nature of each project within its wider context. When possible, we used logic models at two stages in each project. *A priori* logic models were used to capture how the project team hoped the project would work. *Post facto* logic models were created to explain how the project actually worked, thereby explaining the interaction between what the team hoped to achieve and the influence of the surrounding context on the ability to reach the original aims.[13] The first two logic models were completed with facilitation from ScHARR evaluators, in order to train the Co:Create team in producing models. A 'crib sheet' was then produced which the team used to independently complete more models (Box 2).

Logic models became a key part of the participatory evaluation, for several reasons. First, they could be used in an interactive way, to reveal why people thought activities would work, getting at the theory underneath a project.[14] Second, they were 'dynamic models': they were iterated and served as a record of assumptions over time for what people involved thought would work before project inception, as well as what did actually work.[15] Third, they were a useful tool for getting people to reflect together. This is because focusing discussion on creating 'the visual' shifted people away from traditional ways of interacting, based on everyday roles, towards new ways that required people to communicate differently. Finally, the discussion that occurred while creating each model surfaced potential issues and risks, leading to critical discussions of what would work and consideration of

[11] Mayne, J. (2008) Contribution Analysis: An approach to exploring cause and effect, ILAC methodological brief, available at http://www.cgiar-ilac.org/files/ILAC_Brief16_Contribution_Analysis_0.pdf

[12] Rogers P. (2014) Theory of Change. Unicef Methodological Briefs Impact Evaluation No. 2. https://www.betterevaluation.org/sites/default/files/Theory_of_Change_ENG.pdf [Accessed 25 April 2019]

[13] Rohwer A, Pfadenhauer L, Burns J, Brereton L, Gerhardus A, Booth A, Oortwijn W, Rehfuess E. (2017) Logic models help make sense of complexity in systematic reviews and health technology assessments. Journal of Clinical Epidemiology. 83:37-47.

[14] Centre for Community Health and Development (2018) Section 1. Developing a Logic Model or Theory of Change, Community Toolbox. https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main

[15] Rogers P. (2008) Using programme theory to evaluate complicated and complex aspects of interventions, *Evaluation*, 14(1): 29-48

contingencies if a project seemed to be going off track. In this way, logic models were a type of creative practice within the Co:Create evaluation, and were thus a vehicle for constructing a road map *alongside* a detailed set of directions on how to navigate the pitfalls of co-production, in order to arrive at the desired destination.

Box 2: Logic model crib sheet

Context:
How did the project start? What were the issues that needed a co-production approach?
What were the drivers for doing the work (political, economic, social)?
What did commissioners hope to get?
What history was there, in terms of working together? In terms of experience in consulting people?

Reflection: Were expectations realistic? Did the original brief need renegotiation and if so, why? Were there concerns?

Inputs:
Which stakeholders had time and resources to contribute to the project?
What did Co:Create agree to contribute?

Reflection: Was it difficult to get key stakeholders involved? Did Co:Create benefit from any leadership to promote engagement? Any discussion of risks and dependencies e.g. what sort of commitment and resource was needed for Co:Create to be effective?

Activities:
What did people do together? Who was involved (relates to history of working together above)?

Reflection: What were their experiences of participating? What went well, what went not so well with the activities?

Outputs:
What happened as a direct result of the activities? What was produced/decided?

Reflection: Were people able to apply the experiences and learning from activities to the process of co-production? What were the barriers and facilitators?

Outcomes:
What was achieved over the longer term in relation to the aims and objectives of the project?
Were there unanticipated outcomes – either positive or negative?

Reflection: How did the process at the stages of Input, Activities, Outputs influence the outcomes? What could be done differently in future? What contributed to success and will be used as a strategy in future projects?

Further reflection:
After the logic model is drafted, consider the following:
- Does it tell a coherent story?
- Are there gaps in the story where more information is needed?
- Is it possible to trace the relationship between what happened at each stage, and the outputs/outcomes?

Logic models that were created at the beginning of projects (*a priori* models) illustrated what the team hoped or assumed would happen if a certain course of action was taken: the possible relationships between Co:Create facilitation, participation in learning about co-production,

engagement, and production of service design solutions. These initial models were used to take stock at the beginning of each project, to see whether the initial plan aligned with the theory of change for the overall programme. This exercise often influenced the trajectory of the project, as the Co:Create team would change their plans or communication with the commissioner as a result of reflective time together. Models were periodically referred back to and updated at a project's end. In some cases, the reflective exercise helped to judge whether a project should be continued. This logic modelling process generated a great deal of reflection on what was learned in each project, as well as key learning points for the Co:Create programme overall. This reflection was captured *via* detailed notes. The interactive modelling was a useful tool to refocus individual projects and ensure that everyone was moving towards the same aims. The team found that the process worked as a clarification and feasibility check, so that the team could then go back to commissioners with a refined and more realistic offer of what Co:Create could do to facilitate co-production.

After logic models had been created, the ScHARR team reviewed them as part of detailed project files that were maintained by Co:Create staff. These project files contained other documents including: the original project brief, modifications to the brief, notes of meetings, presentations and final reports for commissioners. Information on the process of co-design, stakeholder involvement, interactions, activities and outputs for each project was extracted for further review. This document review process triggered questions for the evaluation, which were answered *via* Project Advisory Group meetings, team discussions, individual interviews and meetings of stakeholders. The various data sources (Figure 5) were then used to update the logic model.

Figure 5: Data sources for each Co:Create project case

Capturing accounts of progress within projects

Further reflection on the process of co-production was facilitated using a range of tools, including: individual interviews with people who had been involved in a project; group discussion; and interactive workshops, using tools such as storytelling, photography and drawings. The ScHARR team asked contributors to each project whether and/or how the achievement of outcomes (or lack of achievement) could be attributed to Co:Create. In this way, the relative contribution of Co:Create to each project could be assessed.

The projects

Partner	Project Title	Design Brief
Age Better in Sheffield	Innovation Fund	Utilising a pioneering commissioning process to seed-fund innovative projects to tackle isolation in people over 50 in Sheffield.
Age Better in Sheffield	Core Partnership	Testing a co-governed model of commissioning through a Core Partnership Board of professionals and people over 50 who have experienced isolation.
Barnsley Metropolitan Borough Council	Extra Care Schemes	Co-producing the level and type of care needed in Barnsley's Extra Care Schemes.
Various	Co-production Network for England	Exploring the possibility of a kick-starting a network to support practitioners with 'how' to deliver gold standard co-production.
Doncaster Clinical Commissioning Group	A&E Queue	Review patient views on the new triage system at A&E and its impact on the length of the queue.
Doncaster Clinical Commissioning Group	Intermediate Care	Co-design and co-evaluate new intermediate care interventions.
Doncaster Clinical Commissioning Group	Attendance at A&E	Following on from reviewing the queue at A&E, focusing in on why people in their 20s over-attend A&E in Doncaster.
Doncaster Clinical Commissioning Group	Gypsy Traveller Engagement	Engage with the Gypsy & Traveller community around how they utilise health services.
Doncaster Metropolitan Borough Council	Children's Services Commissioning	Embed coproduction into all stages of the commissioning cycle.
Hague University of Applied Science	Europe 21	Review best practice examples of collaborative commissioning across Europe.
Rotherham Metropolitan Borough Council	Transition	Involving children and young people in the review of services managing the transition from children's to adult social care.
Rotherham Metropolitan Borough Council	Edge of Care	Involving children and young people in the review of services that prevent them become a 'looked after child'.
Rotherham Metropolitan Borough Council	Community Strategy	Hearing children and young people's views on the community strategy for the borough.
Rotherham Metropolitan Borough Council	Child Friendly Rotherham	Involving children and young people in an initiative to work towards Rotherham being Child Friendly.
Rotherham Metropolitan	Young People's Drug &	Co-produce the re-commissioning of a service

Borough Council	Alcohol Service	around Drug & Alcohol support for young people.
Rotherham Metropolitan Borough Council	Young People's Housing	Co-produce the re-commissioning of housing for young people.
Sheffield City Council	Multiple Complex Needs	Working with Public Health Commissioners to co-design service solutions for customers with multiple complex needs.
Sheffield Clinical Commissioning Group	Autism Services	Co-produce the re-design of Autism services to tackle a long waiting list for diagnosis.
Sheffield Hallam University	Module development	Co-design a module with health studies students to learn how to co-produce and engage patients through multi-disciplinary team working.
Sheffield Teaching Hospitals	Patient Engagement	Trial new and sustainable approaches to gathering patient feedback.
South Yorkshire Housing Association	Take Part 1	Testing a co-designed peer support offer for SYHA customers.
South Yorkshire Housing Association	Take Part 2	Second pilot to refine peer support offer for SYHA customers.
South Yorkshire Housing Association	Equality Impact Assessment	Developing an interactive tool to enable more meaningful completion of EIAs.
South Yorkshire Housing Association	Customer Exit Survey	Co-designing the feedback process for customers exiting SYHA's services.
SYHA Enterprise	Doing Care Differently	Developing an innovative model of domiciliary care to influence future commissioning practice.

Analysis

Each Co:Create project was treated as a separate case study of co-production in which the process of co-production, the relative contribution of Co:Create and the desired outcomes were reviewed – a type of 'within case' analysis. This was followed by 'cross case' analysis, in which the factors influencing co-production were compared across different problem areas and local contexts.

Within case analysis

For the within case analysis, a template was created containing the factors that could influence co-production. These factors had been identified from a preliminary scoping review and the theory of change for Co:Create. The template was then independently populated using one of the projects, by two evaluators (JH and AB) and revised. Information for each project was compiled and the completed template was posted in a shared file for review by the Co:Create team. Questions on the emerging findings were flagged up by the evaluator (JH) and answered *via* group discussions and meetings with Co:Create project leads.

Within case analysis indicated that the process for developing the project brief was instrumental in terms of supporting co-production. The Co:Create team noted that in the early days of the programme, there was a steep learning curve in terms of identifying the criterion for agreeing the project brief with commissioners. In some cases, the brief was agreed without much refinement, and it was agreed that spending more time getting shared insight into the nature of the problem would help commissioners to agree the area of focus.

The Project Advisory Group suggested using the Double Diamond Design model as a tool to get insight into the ways in which the early stages of project definition influenced co-production.[16] This model was originally created by the Design Council to show that, regardless of topic, the design process across different projects involves similar underlying processes. During the first stage (Discovery), design teams try to look at the issues in different ways, using divergent thinking to generate fresh insights. Ideas are generated and refined with the eventual aim of agreeing on one idea to be worked on (the Define stage). The team asks 'What matters most' 'Which aspect of the problem should we address first?' 'Is it really feasible to focus on that particular idea?' The product is a design brief which clearly frames the problem to be addressed. The Develop stage is an iterative process where various solutions are developed, prototyped, and tested. The learning is used to improve and refine ideas, but in some cases the idea may be thrown out and the team may move back to revisit the first diamond. If the idea has passed the test, however, then the Deliver stage produces a product, service or environment, which is then launched (Figure 7). As a team moves on to develop possible solutions, the problem definition is revisited, because the process of creating solutions can reveal faults; perhaps because the team moved too quickly to a solution (convergent thinking). Given the value of this model, it was used as a framework for the cross case analysis.

Cross case analysis

For the cross case analysis, projects in Co:Create were reviewed using the Double Diamond Design model to determine how the team contributed to:
- Generating more insight into a problem (Discover)
- Defining or changing the area of focus (Define)
- Discarding and redeveloping potential solutions (Develop)

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[16] Design Council. March 2015. Design methods for developing services. https://www.designcouncil.org.uk/resources/guide/design-methods-developing-services [Accessed 2 April 2019]

● Embedding co-production as part of a solution in the service delivery process (Deliver)

As the next 'Findings' section will go on to illustrate, the Co:Create contribution in some projects was limited to the early stages of co-design, while in others the contribution was across all stages (see Figure 6). The relative contribution of Co:Create - and the reasons for project discontinuation - were compared in order to identify how different factors interacted with each other to constrain or enable the co-design process.

Figure 6: Positioning case studies in relation to the process of co-design
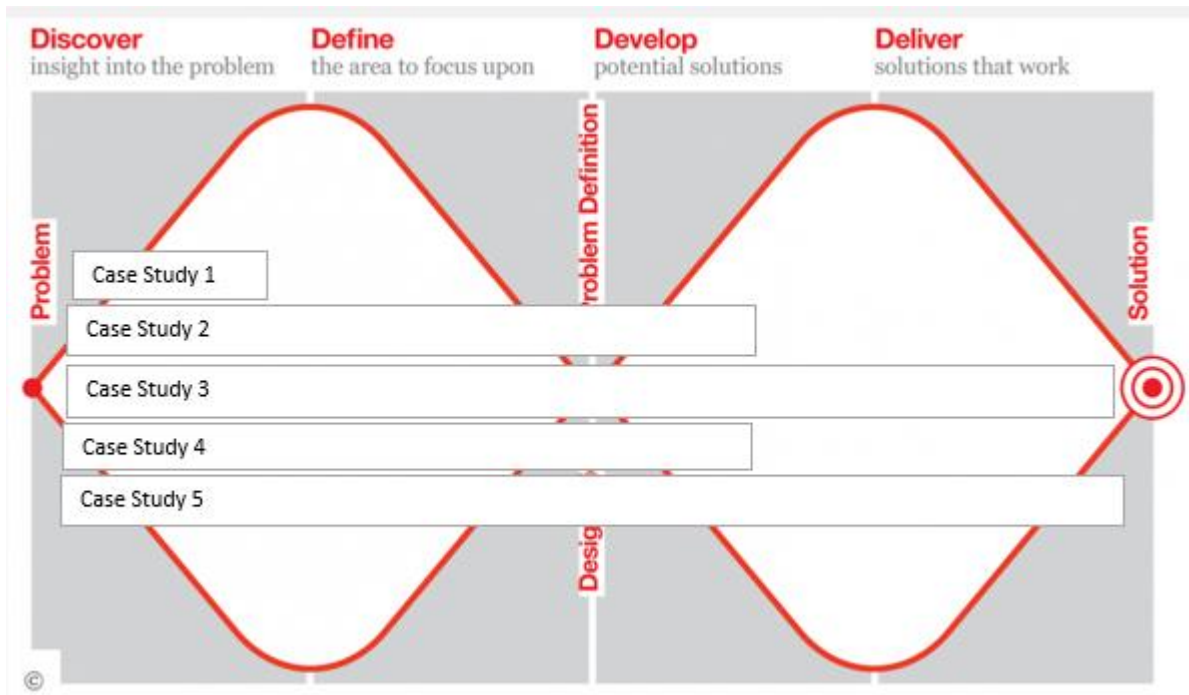
Source: Modified from Design Council https://www.designcouncil.org.uk/news-opinion/design-process-what-double-diamond

Findings

The findings from the evaluation of Co:Create are presented in this section as separate case studies in the first instance, in order to illustrate how a range of different factors constrained or enabled co-production: shaping how co-production worked for different people, according to local circumstances, and within and across different Co:Create projects. Each case study explains what Co:Create's role was in co-production, in relation to other stakeholders.

The factors that shaped co-production are then subsequently brought together as a list to illustrate the key elements that influenced the relative success of co-production across all of the projects.

Finally, these factors are used to revisit the Theory of Change for co-production and in relation to each stage of the Double Diamond Design model (Figure 6).

Case Study 1: Developing shared ownership of the problem

An example of how participation in the process of developing insight about the utility of patient satisfaction information (**Discover**) influences later stages of co-production, such as getting agreement on the definition of the problem (**Define**).

The story: What worked for whom, given the local circumstances and context?

Sheffield Teaching Hospitals approached Co:Create for support in reviewing new approaches to collecting patient feedback. The Service Improvement and Patient Partnership team in Sheffield Teaching Hospitals (STH) felt that the feedback collected through the 'Friends and Family Test', which is completed immediately after discharge, has limited usefulness in terms of making service improvements. The Service Improvement team wanted to explore new approaches to enhance the current methods for collecting patient feedback and use it for continuous improvement across the Trust. It was suggested that 3 different ways of collecting patient feedback would be piloted. Each pilot would be treated like a 'test bed' which could then potentially be used in a number of departments across the trust.

Co:Create asked for a history of what had been done to collect patient feedback and how it was used. Project documents were sent before convening a meeting with stakeholders, who represented key improvement roles in the hospital and department where the pilots were going to be conducted; patient experience and clinical effectiveness. At the meeting people were unclear about the aim of the meeting. Discussion during and after the meeting was used to clarify what STH wanted from engaging Co:Create, and what Co:Create could contribute to enabling staff to engage with patient feedback processes. It was difficult to explain that Co:Create does not take on the role of an outside consultant, who typically is given a brief to carry out, collects data, and delivers a report.

A revised brief was produced after describing how organisations work together to co-produce learning, which stated that Co:Create would facilitate the necessary planning processes for each test bed, by supporting STH staff in conducting the three pieces of engagement work. It was not possible to get agreement on the respective roles of Co:Create and staff, which prevented the project from going forward. A debrief afterwards indicated that an internal consensus needed to be reached about the proposed solution to improving patient feedback.

Key learning from the case:

- **Protected time is needed:** to explore issues, develop insight, and reach a consensus about the definition of the problem and proposed solution.

- **Meetings needed to be co-constructed by involving people in the planning:** One meeting was held for stakeholders to engage in this process, and people were unclear about the aim, indicating that co-construction was needed.

- **Capacity and lack of time were significant**: these constrained communication.

- **Some stakeholders were more ready than others:** to address the issue of how to obtain useful patient feedback.

- **More time was needed, and more communication across a range of stakeholders**: to explain that collaboration means that Co:Create were assuming the role of facilitating co-production e.g. "doing with" rather than meeting expectations of "doing the project for" the client.

Case study 2: The process of discovery - Designing for diversity

An example of co-production as a continuous process, where one thing leads to another: Co:Create coming from a place of not knowing, and with a sense of interest and fun, to support a process of learning about why engagement within health and social care commissioning does or does not happen in particular ways; starting the shift towards being a process that is more inclusive and meaningful. It is an example about generating more insight about issues (Discover), changing the area of focus (Define) and developing potential solutions (Develop). As the case study illustrates however, the delivery of those solutions (Deliver) is limited by the wider health and social care context.

The story: What worked for whom, given the local circumstances and context?

Co:Create had been working with NHS Doncaster Clinical Commissioning Group (CCG) for 12 months on a project to engage people who had used intermediate care services: placing users' experiences at the heart of redesigning a person-centred, efficient and sustainable service. The CCG had received a low NHS improvement rating for involvement and inequality and this work reflected the CCG's readiness, commitment and strategic permission to take the required risks to improve local practices of co-production. Co:Create's collaboration with the CCG on the intermediate care project provided an opportunity to develop personal relationships and an understanding of how each other worked, as well as a rich source of opportunities to test and learn innovative and fun approaches to co-production together. This included how to design for diversity to ensure that future services meet the needs of everyone in Doncaster.

Significantly, the intermediate care work revealed gaps in locally-established processes to understand the needs of BME and seldom-heard groups, as well as real opportunities to begin the long-term process of improving engagement. A key priority to emerge was the need to more proactively develop relationships with Gypsy and Traveller groups in order to address barriers to accessing health services. Co:Create and commissioners completed a stakeholder mapping exercise and, through active questioning, it became clear that there was limited work across the local health and social care sector to engage Gypsy and Traveller groups. A natural progression from this was for Co:Create and key commissioners at the CCG to start a process of learning together: co-developing the skills to engage this community in meaningful ways. As a lead commissioner reflected: 'We appreciated that we needed help' and Co:Create brought a 'breath of fresh air' to established ways of engaging.

Co:Create invited a key commissioner at the CCG to attend a specialist Gypsy and Traveller event and training together, leading to a conversation about understanding the healthcare needs of the

Gypsy and Traveller community. Together, Co:Create and the CCG developed locally-relevant collaborative links and knowledge through conversations with key local contacts and co-developed an innovative project to train individuals from the Traveller community to become community journalists. The journalists co-designed questions to take into their communities in order to help the CCG identify potential solutions to improve Gypsy and Traveller health outcomes. The solutions identified included addressing staff educational gaps - for example, the importance of using culturally appropriate synonyms (e.g. [avoiding 'bad words'](#)) using to enable health professionals to have conversations with Gypsy and Traveller people about their issues - and developing operational strategy and personnel to support active engagement with Gypsy and Traveller communities.

While these solutions have been presented to the CCG Engagement and Equality Committee and will soon be taken to a Practice Managers Meeting, the wider health and social care context is likely to make it difficult to identify the resources to move these solutions into a 'delivery' phase. The CCG took the lead on the project, but the emerging recommendations on strategy and personnel for engagement relate also to public health roles within the local authority. Securing action is therefore dependent on wider progress to integrate health and social care locally. Nationally-driven funding cuts have also led to cutbacks in local health ambassador roles, which was used to support members of the Gypsy and Traveller to be involved in the healthcare system in the past. There are limited opportunities within or jointly across the NHS and local authorities to remunerate community members who get involved in co-production.

Key learning:

- **A mix of creative, experimental and informal forms of engagement can lead to learning about culturally-relevant factors that are critical to developing relationships and in the design and delivery of solutions**: this lead, in this example, to a recognition of the importance using culturally appropriate synonyms to enable health professionals to have conversations with Gypsy and Traveller people about their issues

- **The building of collaborative relationships takes time**: time was critical in this case study to develop locally-relevant knowledge and relationships with the Gypsy and Traveller community. By working together beforehand, Co:Create and the CCG had also built a level of trust that co:creation processes would eventually produce benefits that are valued locally.

- **Committed leaders are important in sustaining co-production:** There was a clear case for the CCG to co-produce in this example to solve a pressing improvement issue relating to equality and diversity. Leaders provided 'strategic permission' to take the required risks to co-produce and also allowing those who were actively involved some autonomy in terms of directing the process.

- **Financing and resourcing issues fundamentally shape the sustainability of co-production**: The delivery of solutions that have been co-designed with the Gypsy and Traveller community may be stopped by limitations on funding - this effectively stops the co-production process. At the same time, resource and capacity constraints can limit willingness to subsidize co-production, including subsidizing participation costs, which may limit future involvement and the ability to maintain meaningful relationships and continued learning with the Gypsy and Traveller community.

Case study 3: Enabling people to co-produce procurement to develop solutions - Drug and alcohol services for young people

An example of how Co:Create was given the lead in preparing young people (Define) to actively contribute to setting the specifications (Design) and making decisions (Develop) on the most appropriate provider to deliver (Deliver) drug and alcohol services for young people. Co-production was used to develop an iterative process where young people's ideas were shared with the commissioners who were responsible to writing the service specification and deciding the procurement process that would be implemented by a provider.

The story: What worked for whom, given the local circumstances and context?

If the public and service users are going to be included in all stages of commissioning, then changes will need to be made to the procurement process. Involvement in procurement is about breaking new ground: people are often familiar with existing, set procedures for procurement, and are not aware that there can be alternative ways to set up panels and presentations to enable interaction with service users.

In Rotherham, Drugs and Alcohol commissioners worked with Co:Create to involve young people in constructing questions that would be asked of providers who were applying for funding, and in developing the criterion for judging each application. They were also helped ensure that young people were prepared to participate in the interview panel.

After the procurement panel, young people, commissioners and Co:Create staff were interviewed to get their views on key elements to developing co-produced procurement:

1. Make service users feel their contribution is valued: Young people were invited at times that were convenient for them, in familiar locations. One meeting was held over dinner. The importance of their involvement was explained, how it could make a difference and how they could contribute.
2. Build relationships: Young people asked for time and support to prepare, and were given it. When they expressed concerns about communication gaps, Co:Create and workers agreed to monitor communication with commissioners and facilitate where needed.

3. Co-develop the criterion for judging applications: Young people were asked what a good presentation would look like. Their opinions were included in the final set of criterion.
4. Collaborate during the assessment of the proposals: Two options were considered: a combined group where commissioners and young people debated the quality of the applications together, or two separate groups where young people could make judgments independent of commissioners. It was decided to go with a combined group.
5. Facilitate a collaborative approach to the process: The provider presentations and panel interviews were preceded by time for commissioners and young people to get together. This was an opportunity to meet each other before making decisions.
6. Debrief: Commissioners and young people were interviewed afterwards to get their thoughts on the process, what went well and what could be improved.

Key learning noted by participants was:

- **Building relationships:** There was an opening round before the panel interviews, which aimed to promote interaction between young people and commissioners. However, some of the interaction was felt to be 'distant'. One commissioner reflected that it would have been good to find more time to get to know each other before the panel. This could have been accomplished over several meetings, where commissioners reflected with young people on what might come up during the panel interviews and where all could plan accordingly. Key learning: Co:Create was employed to build relationships with young people. This may be a good approach in situations where there has been a negative history of interacting. But if an impartial broker is used to build relationships, there can be challenges when it is time to bring people together.

- **The importance of the opening round**: It was felt that promoting interaction in the opening round was important in order to put young people at their ease. But it was difficult for some commissioners to see the value of an opening round, perhaps because the interactions are usually with a set group of (possibly familiar) colleagues. Key point: It is important to reflect on 'the way we always do it' when involving service users, who will not be familiar with tacit rules of interaction.

- **Balancing power in decision making**: Young people were asked to make judgments using the same criterion as commissioners. Co-producing the criterion meant that everyone could be equally involved.

- **Debriefing is essential:** Experiences of service users in procurement can be used to improve the process in the next round of procurement. Showing people that you are using their suggestions continues the cycle of valuing contributions and building relationships.

Factors that enabled successful co-production were:

A history of positive working relationships between commissioners and Co:Create, as well as Local Authority officers who have a clear mandate for involvement. Relationships as well as recognising the importance of the issue facilitated rapid collection of information at the first stage to produce insight into the problem. Commissioners may not see the value, however, of collecting additional information if their time is limited and some consultation has already been completed. A Lead Commissioner, who made a clear case for doing co-production to solve a pressing issue, was instrumental in supporting the collaborative needs assessment for Drug & Alcohol services. Short timescales and procedures for the commissioning cycle made it difficult to have regular meetings to

agree the approach. Prior relationships meant that the Lead Commissioner devolved responsibility to Co:Create to lead on coordinating the preparatory workshop for young people, drafting of questions to put to applicants for the tender, and facilitation of involvement during procurement. Although it was acknowledged that the Co:Create approach - which used coaching, training and a "can do" attitude - kept the project on track, some of the plans put forward by Co:Create were revised by commissioners. Young people felt genuinely involved.

> *I was in that room, I know I was being listened to I was being spoken to and we all got chance to talk and get our thoughts and opinions across. [Young person]*

> *They really do want us here. [Young person]*

Commissioners noted that although the final decision was not one that they had expected, they were in agreement about the process and the selection of provider.

> *When we scored and evaluated the providers, we did have different views. But we talked about that, and actually that was one of the good things about it, because people changed their views, people compromised, we came to a consensus, and the young people were very much a part of that. From my point of view, if it'd been me just doing it, I would've chosen a different provider. But that would've been with my professional hat on. Sitting there with the young people, we came out with a different provider to the one that I'd have chosen if I'd have been just there on my own. [Commissioner]*

Outcomes achieved:

● Proposal to create or modify a service was approved

● Changes were implemented by commissioners, who selected a provider because they had reflected on the issues and concerns of providers and users.

> *I would say that it has affected the specification by about 25%. It's the crucial 25% because it's the elements of the service that weren't previously working in the last contract. [Commissioner]*

● Service users felt that their voices had been heard

> *…it didn't seem like there were any hierarchy so it wasn't like, oh because we're older this is… [a] decision everybody felt, I felt like an equal towards every person in the room. [Young person]*

Table 1: Summary of factors shaping co-production in relation to the double diamond framework:

Discover insight into the problem	Define the area of focus	Develop potential solutions	Deliver solutions that work
Plan: To develop insight through a collaborative local needs assessment of Drug & Alcohol services for Young People (YP)	Produce specifications for a relevant and responsive D&A service for YP	Procurement plan co-produced that is genuinely influenced by YPs' voice	Implemented; to be evaluated
+Historical local involvement of a range of Local Authority officers +Lead Commissioner relationship with Co:Create - Limited time of commissioning officers +D&A Support worker +Incumbent provider supportive - Commissioners felt engagement with YP and provider would not produce any additional information	Difficult to have regular meetings and reflection Workshop with D&A staff Interview with incumbent provider Questionnaire completed by service users via schools and YP clubs produced additional information	Lead commissioner didn't feel YP voice influenced overall process. Others felt it did Some commissioners learned the value and impact of curiosity Commissioning process had to use language that was accessible to all YP felt genuinely involved	
+Co:Create coaching and can-do approach	Agree involvement of YP in tendering process Preparatory workshop with YP; design of procurement questions for provider interviews	Challenges in agreeing the approach to involving YP Challenges in agreeing the format of the provider presentation and co-assessment of applications	

Case Study 4: Factors that constrain development to delivery - achieving better outcomes for adults with multiple complex needs

An example of how Co:Create worked creatively with collaborators to input service users' voices into a local authority business case (Develop) but how contextual factors constrained whether solutions were implemented (Deliver).

The story: What worked for whom, given the local circumstances and context?

Co:Create worked with Sheffield City Council to input service users' voices into a business case to improve and join up how services are provided for people with multiple and complex needs (MCN). Commissioning leads felt that action was needed due to the recognised needs of this group but also the perceived 'problem' of people repeatedly accessing and ricocheting between services in the health and social care system in a context of funding cuts. Co:Create were approached by the Council to support the 'testing' of two propositions for service redesign (a multi-agency team and a navigator model) with service users.

The 'impartiality' of Co:Create was seen as important given sensitivities about the funding relationships that existed between commissioners and providers, and between providers, which undermined partnership-working. For example, as a lead commissioner explained: "*Providers always go into pitch mode when talking to commissioners and it's important that the person doing the co-production is power neutral*" (Commissioner Questionnaire).

Co:Create spent time developing an awareness of how organisational boundaries affected communication within commissioning and sought to step outside existing commissioning boundaries to try to challenge usual ways of working. As one commissioner indicated: "*There was an open, genuine conversation with Co:Create. There was support and challenge.*" (Commissioner Questionnaire)

Central within this process was the development of an understanding of how to engage with people living in vulnerable circumstances. Co:Create did this through work shadowing and developing relationships with local providers; trialling and learning from different approaches to discovering people's views. Co:Create ensured that conversations were structured around service users' views

and needs, and were facilitated by using existing platforms for engagement, as well as creative methods; in some cases, using a local artist to produce portraits and help demonstrate to service users that their time and views were valued.
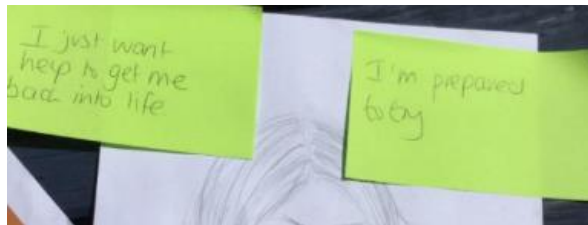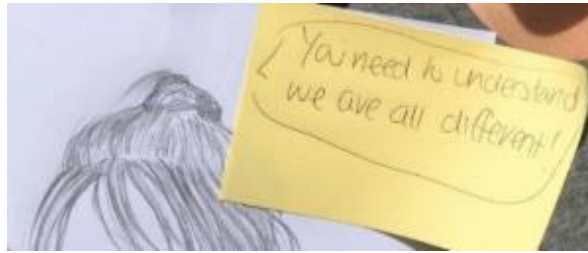
Conversations highlighted the importance of:

- **Service users feeling listened to, being respected and safe**
  I feel like I have just been chucked on the waste heap, like no one can help me, so they have given in, I haven't been listened to

- **The difficulty of re-telling life stories**
  It takes me six months to build trust and open up, usually this is when the support ends and you are moved onto something else with a new worker

- **The need for better communication between services**
  I would like it if workers talked to each other

Portraits, images and quotes were central to the report that Co:Create produced and in the presentation to the local commissioning Steering Group. These supported active debate and discussion within the Group - a type of collective sense-making in which the Steering Group constructed meaning from what had been found:

> *When the findings were presented back to the steering group they talked for a long time afterwards and were clearly impacted by the presentation [Commissioner questionnaire]*

Significantly, there was new learning from this process: propositions for new service design were amended. Most of these were at the granular-detail level or in the use of language, but were 'still imperative to include' (Commissioner questionnaire). Co:Create have also showed that there is:

> *…nothing really to fear from talking to customers… [and] also good to show the benefit of going beyond normal customer feedback and surveys to get that more granular detail…* [Commissioner questionnaire]

A business case was developed based on the findings from Co:Create's engagement work. This was presented to the City Council for funding but unfortunately was not approved due to resource

constraints. The commissioning officers responsible for this area have since changed due to organisational restructures associated with funding cuts. It is therefore currently uncertain how the further joining up of services for people with MCN will be progressed in future.

Key learning:

- **Co-production can happen when leaders feel able to 'let go' and embrace a discovery to learn**: As a lead commissioner indicated that: "Co:Create raised people's expectations and have shown that commissioners don't have to do everything, they can let go a bit".

- **Creative forms of engagement tailored to people's needs can support equality, voices to be heard and reflection within co-production**: The use of an artist and creation of portraits that service users could keep helped service users to feel valued and that their voices had been heard. Incorporating these into the final report to the Steering Group supported active debate, discussion and collective sense-making by the Steering Group

- **Independent and additional resource can support co-production, particularly in the current context of local funding cuts**: a lead commissioner indicated that Co:Create provided three things:

  - Capacity: which all commissioners need, there are no longer staff at the council to carry out engagement other than taking a tokenistic approach - Co:Create offered an additional and free resource supporting development of co-production, which supported a willingness to try it

  - Skill: although this may already exist within organisations

  - Impartiality: which may be needed in contexts where collaborative relationships do not yet exist between commissioners, providers and service users - Co:Create was perceived as 'independent' and offered a type of 'bridging' role to facilitate new ways of co-producing commissioning

- **Limitations on funding co-produced solutions stalls co-production**: the business case not taken forward in this example due to resource constraints.

Case study 5: Embedding co-production into commissioning

An example of how Co:Create used innovative approaches to developing insight into what was needed to effectively engage across stakeholders (Discover) to clarify the focus of a vision for a Child-friendly Rotherham (Define). The collaboration was continued to propose ideas for what was needed to change the current situation (Develop). This led to a number of initiatives, with proposals to continue to involve young people (Deliver).

The story: What worked for whom, given the local circumstances and context?

In June 2016, Rotherham Metropolitan Borough Council's Cabinet ratified a proposal that Rotherham become a 'Child Centred Borough' a vision that:

> *Rotherham become a place where it is understood that children and young people represent the single most important investment that can be made in order to secure a vibrant, healthy and productive future for its people and generations to come.*[17]

The aim of the Child Centred Borough (CCB) is for communities of children, young people and adults, including elected members as locally democratically elected representatives, to combine their resources to support every child to be the best they can. Also, for Rotherham to become a borough that is recognisably child centred in the development of its policies, its community developments, its building programmes, its sports and leisure facilities and in its service delivery.

Co:Create was enlisted as one of many responses to the sexual exploitation scandal, and the borough had already enlisted multiple stakeholders and formed several new groups to realise the vision. One of the aims was to use the idea of a Child Centred Borough to improve the 2014 OFSTED rating of 'poor'.

The first challenge for Co:Create was to explain to commissioners how a survey of staff and young people differed from active engagement. It took time to gain access to and trigger interest from the many stakeholder groups. As outsiders, it took Co:Create six months to bring stakeholders together to co-design the engagement approach. Important insights were gained from these discussions, which revealed that the voluntary sector was already doing important work with young people on engagement. Interactions and discussions not only produced learning about how other people were

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[17] Rotherham: A Child-Centred Borough, RMBC Cabinet Report, 6th June 2016

working, but also helped to clarify what was needed to enhance and build upon the existing work. Meetings with the voluntary sector, the Youth Cabinet, the Child Centred Borough Board and Steering Group led to the co-development of a proposal to support children and young people to become 'community journalists' who designed a short film around the question 'What would make Rotherham child friendly?' https://www.ourrotherham.com/more-about-me Through the use of the community journalist approach, Co:Create effectively worked with young people to produce a film that would help other people develop insight into how young people in Rotherham viewed their town; giving young people a voice in terms of recommending areas of focus and improvements. Skilling young people up to become community journalists demonstrated how co-production can create opportunities for personal growth and development.

Discover insight into the problem	Define the area of focus	Develop potential Solutions	Deliver solutions that work
Actively including young people in defining the problem	Letting young people suggest priorities, in terms of what needed to be addressed first	Giving young people a voice in developing potential solutions.	Asking young people to rate the proposed solutions and critique whether they would work.

Key Learning that emerged from the first year of the project was:

● **Urgency to address an issue can shape co-production in different ways:** When entering an arena where there is an urgent need to solve a problem, it is likely that multiple stakeholders are involved in different ways. The urgency may mean that they are not all aware of what each other is doing - and they may question the inclusion of 'outsiders' in developing solution. In this context, the process of discovery takes time and multiple interactions to build relationships and trust.

● **Translate messages so that they can be more widely understood:** The initial vision needed to be translated into a concrete message that could be understood across the Borough. As a result of the interactions during the Discover stage, the vision was further defined as a strapline "Listen to Children". The strapline was underpinned by four questions for young people. This gave the work more focus and clarity.

- **Nudge decision makers to maintain focus and momentum**: Although urgent issues create their own momentum, complex, messy, large scale problems can also be challenging in terms of coordinating approaches. Providing constructive suggestions to the Steering Group at regular intervals helped to keep a raised profile for the work and **garner leadership support in terms of keeping people on board.**

- **Provide training to increase understanding of co-production:** Although people were all supporting the vision of a child friendly borough, not all people have the skills to engage with children and young people. Offering training in tandem with the process of co-production enabled the project to be supported across a number of key groups.

- **Maintain a presence as responsibility is devolved to other people**: After the initial project, a follow-up event was organised to give young people the opportunity to listen to reports from commissioners on what is being developed, and to critique it. This sort of follow up event keeps awareness of the importance of co-production at a higher level and reduces the chance that people will revert to previous ways of delivering solutions.

Outcomes and Progress to date

In January 2018, Rotherham Metropolitan Borough Council was able to announce that they were given an overall 'good' OFSTED rating, with some outstanding features, quoting an OFSTED inspector who said:

> *The local authority has taken a systematic and rigorous approach to improvement since the last Ofsted inspection in 2014 which identified widespread and serious failures for children in need of help and protection and children looked after. The quality and impact of services for children are transformed.* [18]

An event was held in March 2019 offering an opportunity to see how far the Borough had come since Co:Create's involvement. This was organised to give young people an opportunity to hear how commissioners had responded in terms of implementing ideas for a child friendly Rotherham. Visual recording was done simultaneously – which gave everyone a chance to see the discussion in pictures. The feedback from the event was that group discussions and visual recording helped young people to express their views (Figure 7). Lead officers were asked to present on each project. In retrospect, limited time for the presentations meant that it was difficult to absorb the amount of information. It was felt that a discussion with lead officers could have been more productive. The gathering generated many ideas for how to take forward the plan to the next steps.

This follow up session demonstrated that in order to be successful, co-produced meetings need to become a routine part of service development and planning. Some of the key people involved in the meeting had not been previously involved in the co-produced work. This is likely to happen across many co-produced initiatives, because as ideas rare implemented a different set of people may come on board to do the delivery. People involved in the project work need to maintain awareness of how to involve new people as the initiatives grow and develop.

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[18] Rotherham Council 2018 Rotherham children's services 'good' with outstanding features
https://www.rotherham.gov.uk/news/article/1423/rotherham_children_s_services_good_with_outstanding_features

Figure 7: Visually recording young people's views of the project work

Factors influencing for co-production

The case studies above illustrate a range of factors that shape co-production. These factors were found across the other 20 projects. In each project, they interacted in different ways to support or undermine co-production. Here, we summarise these factors into a list for ease of reference.

History

- History of organization/customer relationships (passive roles versus active engagement; positive interaction versus negative interaction)
- Policy drivers can support co-production which encourages people to buy into it.

Leadership

- There is 'strategic permission' to take the required risks to co-produce.
- Top down policy supporting co-production, as evidenced by leaders allowing workers who are actively involved some autonomy in terms of directing the process.
- Clear incentives for co-production (leaders describe a win-win situation)
- Trust that the co:creation process will eventually produce benefits that are valued by individuals and organisations.
- Sense of urgency: Clear case for doing co-production to solve a pressing issue
- Readiness: people are ready to try it out as a result of the above factors

Organisational structure

- Compatibility of public organisations, in terms of infrastructure and procedures
- Data protection: Confidentiality and ethical issues around data generated with service users.
- Commissioning cycle: short timescales and procedures at each stage work against co-production

Financing and resourcing

- Resource and capacity constraints can limit willingness to subsidize co-production
- A free resource supporting development of co-production skills increases the chances that people will be willing to try it
- Protected time needs to be built into the planning
- Concerns that co-production will not be cost effective
- Securing funding outside the project budget enables co-production
- Lack of funding to subsidize participation costs limits involvement
- Commitment to forging and maintaining meaningful relationships is lower when there is short-term funding
- Limitations on funding co-produced solutions effectively stops the co-production process

Attitudes toward citizen participation

- Open attitude toward citizen participation

- Political pressure to increase citizen participation
- Organisational reluctance to lose status and control. Statutory requirements and 'over-legislating': a desire to 'control' for fear of 'things going wrong'.
- Fear of uncertainty: co-production might challenge the logic of existing services.

Collaboration

- Ideas for engagement are informed by local settings, organisations and people
- Reciprocity is considered – what service users will get back from engaging
- Involvement of co-production facilitators
- Degree of linking, bridging, looking after each other during the process
- Cultural knowledge, norms and practices are shared
- Engagement is person-centred, relevant, culturally appropriate
- Co-constructing meeting e.g. Engaging different stakeholders in planning meetings to develop ownership of them, to reduce the chances that people who are invited feel obligated to attend and/or unclear about their roles
- Allowing time for dialogue, reflection, disagreement, exploration of different perspectives and views
- Contributions acknowledged and used
- Meeting priorities and targets, versus having incompatible aims and agendas.
- Developing awareness of how organisational boundaries constrain communication and stepping outside of those boundaries to challenge the usual "Working in silos".
- Understanding personal conditions and circumstances that different user groups face.
- Facilitating real power/resource sharing across different groups
- Enabling people to be involved across all stages of commissioning
- Lack of skills, knowledge, capacity and time to participate: Fear of not having all the answers to questions that might arise

Outputs

- Engagement leads to the participation of a greater (lesser) number of people in the project
- More diverse (less diverse) participation
- Invitations to share approach and learning with a wider group of stakeholders
- Information generated is shared via user friendly reports, presentations to service users, providers, Board meetings commissioners, and/or Steering/Task Groups
- Information is actively debated and discussed – a process of collective sensemaking where people construct meaning from what has been found
- Learning is incorporated into service planning, evidence by proposals to create a new service or modify a service

Outcomes from co-production

- Proposal to create or modify a service is approved in principle
- Changes are implemented (not implemented) at the provider level because they have reflected (not reflected) the issues and concerns of providers and users.
- Changes are made to policies as well as practices
- Service users feel that their voices have been heard

Sustaining and scaling up

- Collaborative working continues and is used to address another service issue
- Buy in from the wider group/organisation(s) who are responsive, prioritising tasks related to co-production to ensure that it progresses without too much delay.
- Embedding co-production within commissioning activity.
- Scaling up successful approaches.
- Generating evidence of the value of co-production.

Impacts over the longer term

- Culturally-based interventions are sustained over the longer term
- Service users feeling that their voices have been heard; greater willingness to participate in reviewing services
- Skills and/or Capacity of government, health services to co-produce services is increased and the approach is more widely adopted
- Health outcomes: Reduced health disparities
- Transformation of social or economic conditions

Discussion and conclusions: What makes co-production work in health and social care?

The quality of co-produced evaluations is dependent on the active participation of all who are involved in the projects. The strengths of this evaluation included consistent documentation from the Co:Create team of the progress in each project and opportunities to reflect on the challenges and work-arounds needed to continue co-production in different contexts. The combination of visual logic models, documents from meetings, reflective notes and discussions meant that, as a team, we could triangulate information across a range of data sources. It was challenging, however, to get time with commissioners to reflect on co-production. Attempts to follow up with invitations to interview were unsuccessful, even when brokered by commissioners. This is most likely a reflection of the constraints in working environments, as there was initially commitment to use co-production in commissioning.

The learning from the projects indicated that there are a number of contextual factors between the **IF** and the **THEN** in the original Theory of Change, which are inserted below (Box 3).

Box 3: The revised Theory of Change

IF Co:Create models asset-based approaches and challenges traditional forms of engagement, **THEN** all stakeholders in the commissioning process will be active partners in improving health and social care services.

WHEN there is readiness in terms of:
- A top down policy supporting co-production
- Political pressure to increase citizen participation
- Strategic permission to assume the risk of co-production
- A sense of urgency (a clear case for doing co-production to solve a pressing issue)
- Clear incentives (perceptions that it is a win-win situation)
- Trust that the co-creation process will eventually produce benefits that are valued by individuals and organisations.

IF we create the conditions for people to work together in new ways, **THEN** relationships between commissioners, people who access services and practitioners will be more trusting and equitable, with greater understanding of each other's assets and challenges

WHEN there is
- Protected time to plan, to meet, to develop relationships
- An open attitude toward citizen participation
- Involvement of co-production facilitators in linking, bridging and modelling how to look after each other during the process
- Co-construction of meetings
- Sharing of cultural knowledge, norms and practices
- Person-centred, relevant and culturally appropriate forms of engagement
- Time made for dialogue, reflection, disagreement and exploration of different perspectives and views
- Acknowledgment and use of contributions
- Willingness to step outside of organisational boundaries
- Understanding of the personal conditions and circumstances that different user groups face
- Facilitation of power/resource sharing across different groups

IF commissioners meaningfully engage local people and networks, including the seldom heard, **THEN** engagement will lead to:

- The participation of a greater number of people in the project, with more diverse participation, increasing their capacity to be genuinely heard
- The sharing of information via user friendly reports, presentations to service users, providers, Board meetings commissioners, and/or Steering/Task Groups
- Growing realisation of the value of experiential knowledge
- Active debates about the information – a process of collective sense-making where people construct meaning from what has been found
- Invitations to share approach and learning with a wider group of stakeholders
- Service users feeling that their voices have been heard

IF commissioners are enabled to become facilitators of change **THEN** new solutions for service design will emerge **BECAUSE**

- Learning is incorporated into service planning (as evidenced by proposals to create a new service or modify a service)
- Proposals to create or modify a service are approved in principle
- Changes are implemented at the provider-level because commissioners have reflected on the issues and concerns of providers and users
- Collaborative working continues and is used to address other service issues
- Changes are made to policies
- There is buy-in from wider groups/organisation(s) who are responsive, prioritising tasks related to co-production to ensure that it progresses without too much delay.

When trying to achieve co-production in commissioning, the local and national context are key. All of the projects were challenged when it came to the point of developing solutions that could be realistically delivered. The main barriers to emerge were short timescales, having to maintain the raised profile of co-production in the face of many competing demands for time, and limited resources which required very strong justifications if the proposed solutions required funding. One of our collaborators recommended that in order to continue to co-produce commissioning, several things need to be put in place.

Box 4: Recommendations for sustaining co-production

- Department of Health and local authorities invest in ongoing resources to support co-production

- Provision of ongoing, centrally provided resources to support professional and personal development in co-production within the NHS and local authorities.

- Partnerships with universities to provide subsidised credit bearing short courses which support CPD in co-production

- Opportunities supported by national and EU research funders which support development and evaluation of co-produced health and social care