Co:Create

Piloting and developing approaches to co-production in Primary Care Networks

Evaluation report for NHS England and NHS Improvement, 2020


Introduction

Introduction

About the project

Between September 2019 and March 2020, Co:Create was funded by NHS England and NHS Improvement to work with three Primary Care Networks (PCNs) to pilot approaches for developing and adopting co-production techniques, including those from 'Asset Based Community Development'. The pilots tested out ideas for how staff within PCNs and local organisations can be supported to take these approaches forward, as well as ways to have meaningful conversations with local people.

About this report

Focusing on the pilot areas, this evaluation report sets out:

- The context for this work;
- What we did and where we did it;
- What we learned in each pilot area about making approaches stick and the resources required to do this;
- What we learned that can be transferable to other areas;
- What we recommend as next steps.

Introduction

About Co:Create's approach to this work

The core components of our approach in each area were focused on:

- Understanding the landscape and, where possible, building on existing practise;
- Experiential learning and regular reflection when trying things out;
- Evaluating and adapting as we go.

This approach has helped us to:

- Test and refine models for supporting people, both front-line staff and those in the wider community;
- Understand the resource(s) required to adopt different models;
- Make recommendations based on an understanding of what has and hasn't worked;
- Create flexible, tested tools and resources that support people in different types of PCN.

Introduction

A note on COVID-19

At the time of writing, the COVID-19 pandemic is at the forefront of everyone's minds and daily lives. And this is clearly the immediate priority for the NHS. In terms of this project, we recognise this. We also acknowledge the impact that the pandemic has had on our collective ability to carry out the full scope of the intended work in all pilot areas, as well as collect all of the evaluation data in the original plans. This is worth noting as a backdrop to this report and evaluation activities.

"We were able to build a good relationship with Co:Create and use their experience to understand what co-production is and how to do it. It helped us engage better with patient groups and evolve our questions to them, after reflection."

Clinical Director, Area 1

Headlines

Themes

Themes

This work has piloted, iterated and learned from a number of approaches in three locations for embedding co-production in Primary Care Networks. Through this work, five core themes have emerged:

1) Getting 'buy in' locally within PCNs and wider partners before you start is crucial. We have identified a number of ways to make this happen, as well as learned from approaches that can hamper this.

"[If everything was working perfectly with the community we would] have plenty of feedback, all have the same shared vision of what to achieve, and [be] reaching everyone including the hard to reach groups."

Clinical Director, Area 2

Themes

2) There are many different ways of speaking with people and communities. The most effective ways of doing this come from conversations and jointly testing with people to understand meaningful shared language and priorities.

3) The wider health and commissioning system has a significant role in enabling co-production to take place. This includes how it resources the time required for effective co-production to take place, the flexibility of approach it promotes and how it frames concepts for decision-makers.

4) Supporting PCNs to co-produce is not simply about providing tools to do it. PCNs also require wraparound support to feel motivated, equipped and confident to try things out, often in ways that are new to them.

5) There are additional support needs and areas for further development that have not been explored through this project. These should be considered for future iterations of similar work with PCNs.

These five themes are explored in more detail as part of the findings section.

Recommendations

Resource development

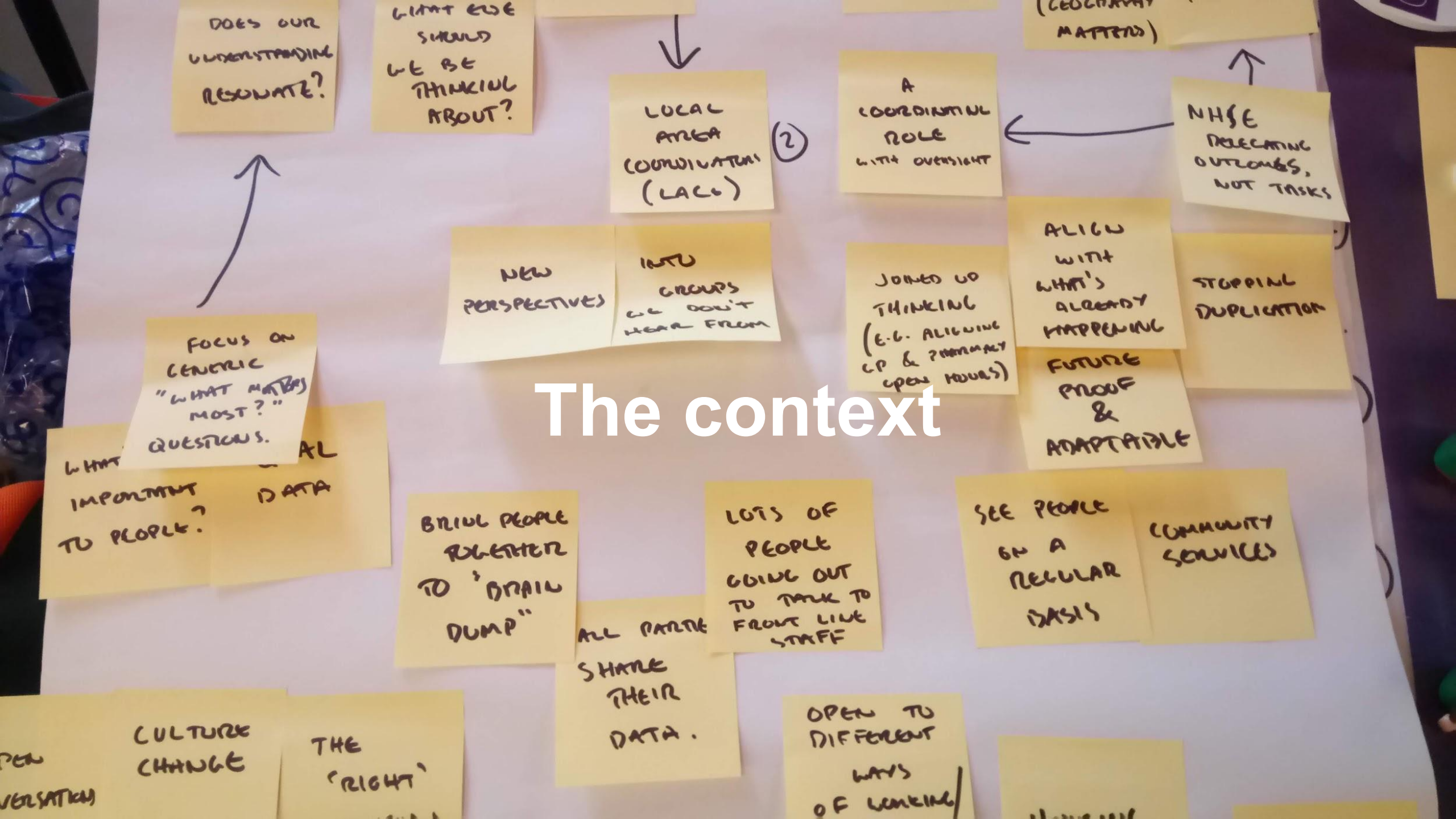
This project has tested and refined a number of resources designed to take PCNs on a co-production journey. The resources fit into a recommended model of support (see next page), some of which won't apply to all PCNs who will be at different stages. The level of support should always be informed by an understanding of the PCN's needs at the start of an intervention.

This model is based upon our understanding to date, from the relatively limited exposure afforded by this project. As such, it is recommended that the model and its associated resources be tested and refined further in new PCNs at different stages of development.

Other next steps

- Refine the **aspiration** of what co-production is in a PCN and develop **clear standards**;
- Further develop a **shared** vocabulary between NHS England, CCGs and practitioners around co-production;
- Establish a **sustainable commissioning model / vehicle** for PCN support from third parties around co-production.

A recommended model of support for PCNs


DOES OUR UNDERSTANDING RESONATE?
WHAT ELSE SHOULD WE BE THINKING ABOUT?
LOCAL AREA COORDINATION (LACo)
2
A COORDINATING ROLE WITH OVERSIGHT
NHSE DELEGATING OUTCOMES, NOT TASKS
NEW PERSPECTIVES
INTO GROUPS WE DON'T HEAR FROM
JOINED UP THINKING (E.G. ALIGNING GP & PHARMACY OPEN HOURS)
ALIGN WITH WHAT'S ALREADY HAPPENING
STOPPING DUPLICATION
FUTURE PROOF & ADAPTABLE
FOCUS ON GENERIC "WHAT MATTERS MOST?" QUESTIONS.
WHAT IMPORTANT TO PEOPLE?
DATA
BRING PEOPLE TOGETHER TO 'BRAIN DUMP"
ALL PARTIES SHARE THEIR DATA.
LOTS OF PEOPLE GOING OUT TO TALK TO FRONT LINE STAFF
SEE PEOPLE ON A REGULAR BASIS
COMMUNITY SERVICES
CULTURE CHANGE
THE 'RIGHT'
OPEN TO DIFFERENT WAYS OF WORKING

The context

The context for this work

Primary Care Networks

Primary Care Networks (PCNs) bring together local health and care organisations within a particular area to coordinate ‘joined-up’ activities and address the complex needs of communities. To do this, there is a focus on health prevention and to do this in partnership with communities. Co-production and asset based community development are core threads of this function - alongside social prescribing - and they feature in the PCN support prospectus from NHS England and NHS Improvement, as well as the ‘PCN Maturity Matrix’.

Most PCNs formed in 2019 but some have been around for longer. Each PCN is formed to cover a population of 40,000-50,000 people. While most have a purely geographic focus, others may include a wider remit for particular support services if they naturally fit in their local area already.

The NHS Long Term Plan

The NHS Long Term Plan sets out priorities for Primary Care that specifically focus on “improving the ‘whole person’ health of a local population.” Furthermore, the plan recognises

The context for this work

that social prescribing will be promoted to “support patients with their wider health and wellbeing, connecting people to community groups and services for practical and emotional support.” It is within this national plan that co-production with local people and the community infrastructure is key to ensure that this works as intended.

A recognition of existing practice

Co-production and asset based community development are not new concepts in health and social care. There are plenty of examples of how these approaches are being effectively utilised to develop services, improve patient outcomes and support NHS strategic objectives. The scale, however, of the formation of Primary Care Networks across England represents a unique opportunity to refine and embed a culture within the health and social care system in a consistent but also adaptable manner.

It is within these contexts that this work takes place and seeks to learn the most effective ways to support people to develop their motivation, skills and confidence in this regard.

Evaluation aims and objectives

Evaluation aims and objectives

The evaluation question

At the heart of this project and its evaluation is a desire to begin answering the following question:

What are the most effective ways to support all people within a Primary Care Network (area) to further embed workable, appropriate and sustainable levels of co-production and asset-based community development across their different activities?

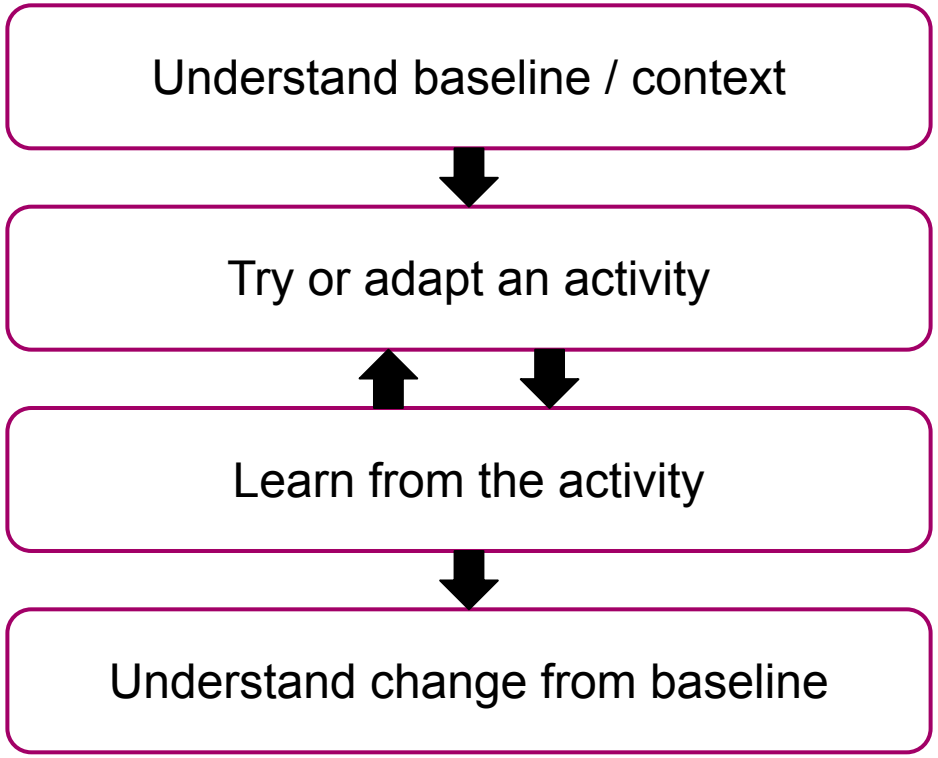
Different things in different areas

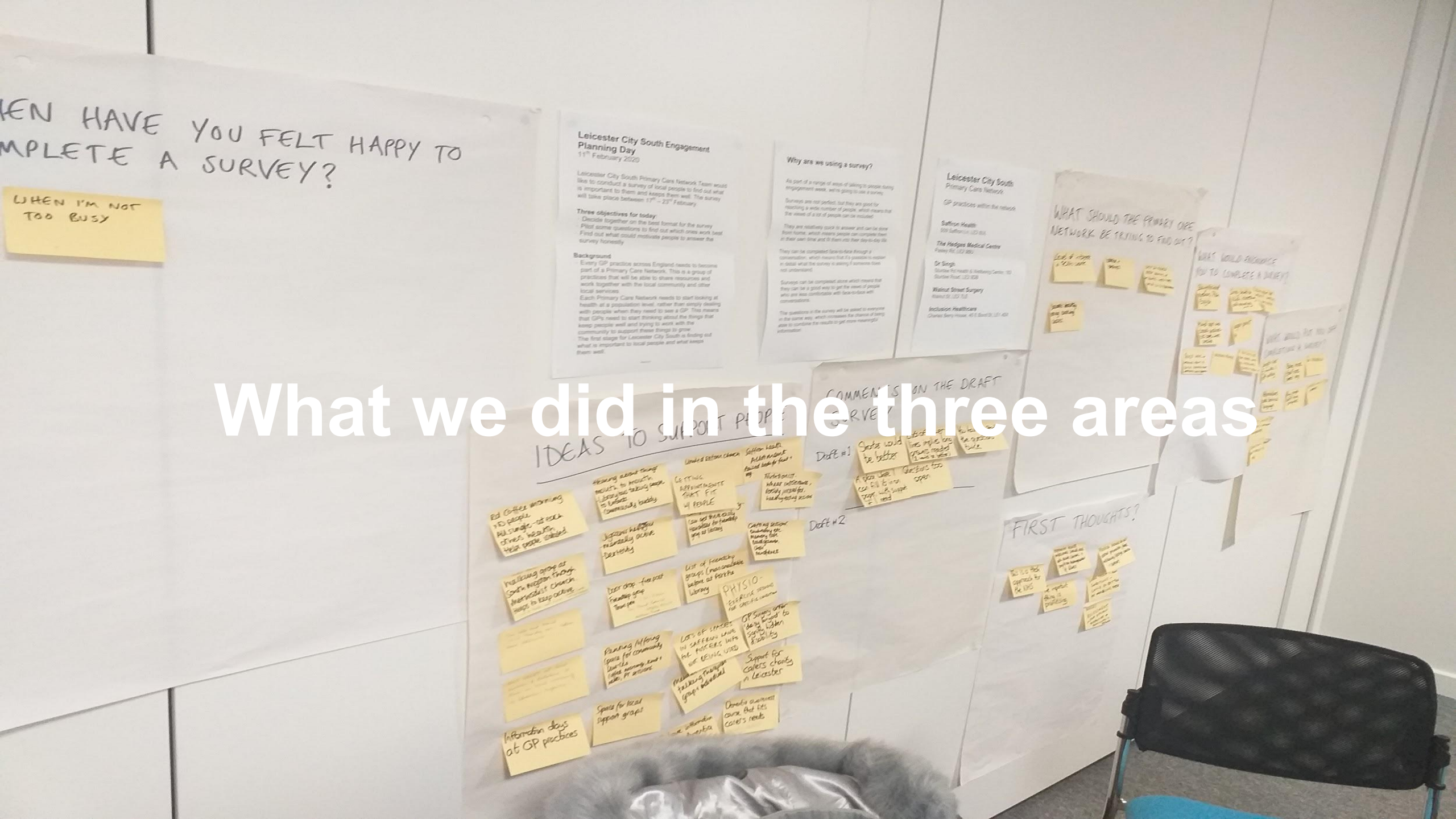
To begin unpicking this question we undertook different support activities in each pilot area. The activities we tried were devised based on an initial session we held with representatives of each PCN. The purpose of this initial session was to understand a baseline of where people felt they were in terms of their motivation, skills and confidence relating to co-production. It also helped us to understand their local context and needs.

Evaluation aims and objectives

We then tried and iterated activities in each area based on formative feedback. We then assessed the effectiveness and efficacy of these activities in moving people within the PCN along a ‘scale’ of motivation, confidence and skills with regards to co-production. We also tested different ways to communicate across and within a PCN and evaluated this as part of the package of support.

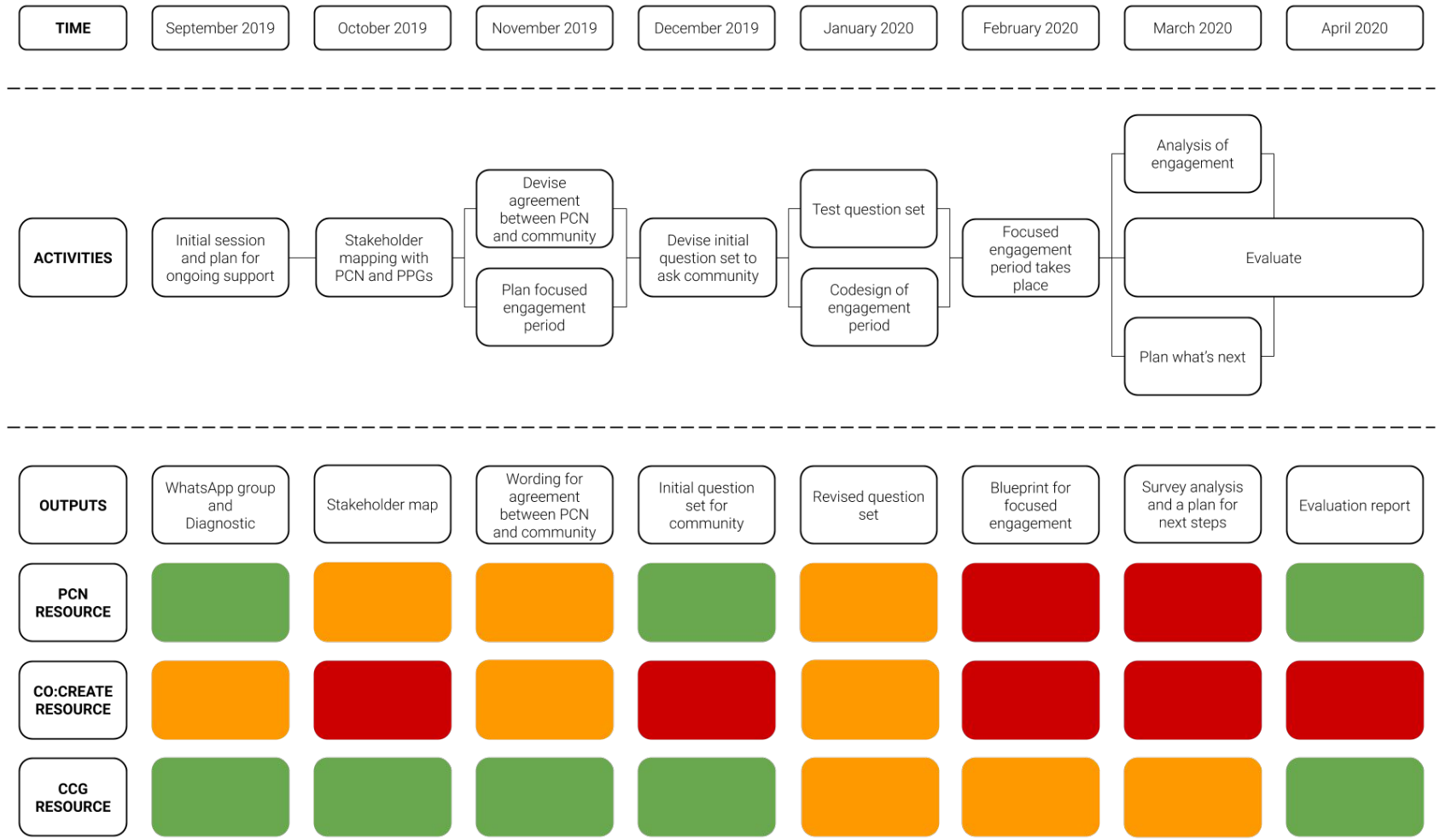
The evaluation model in all areas



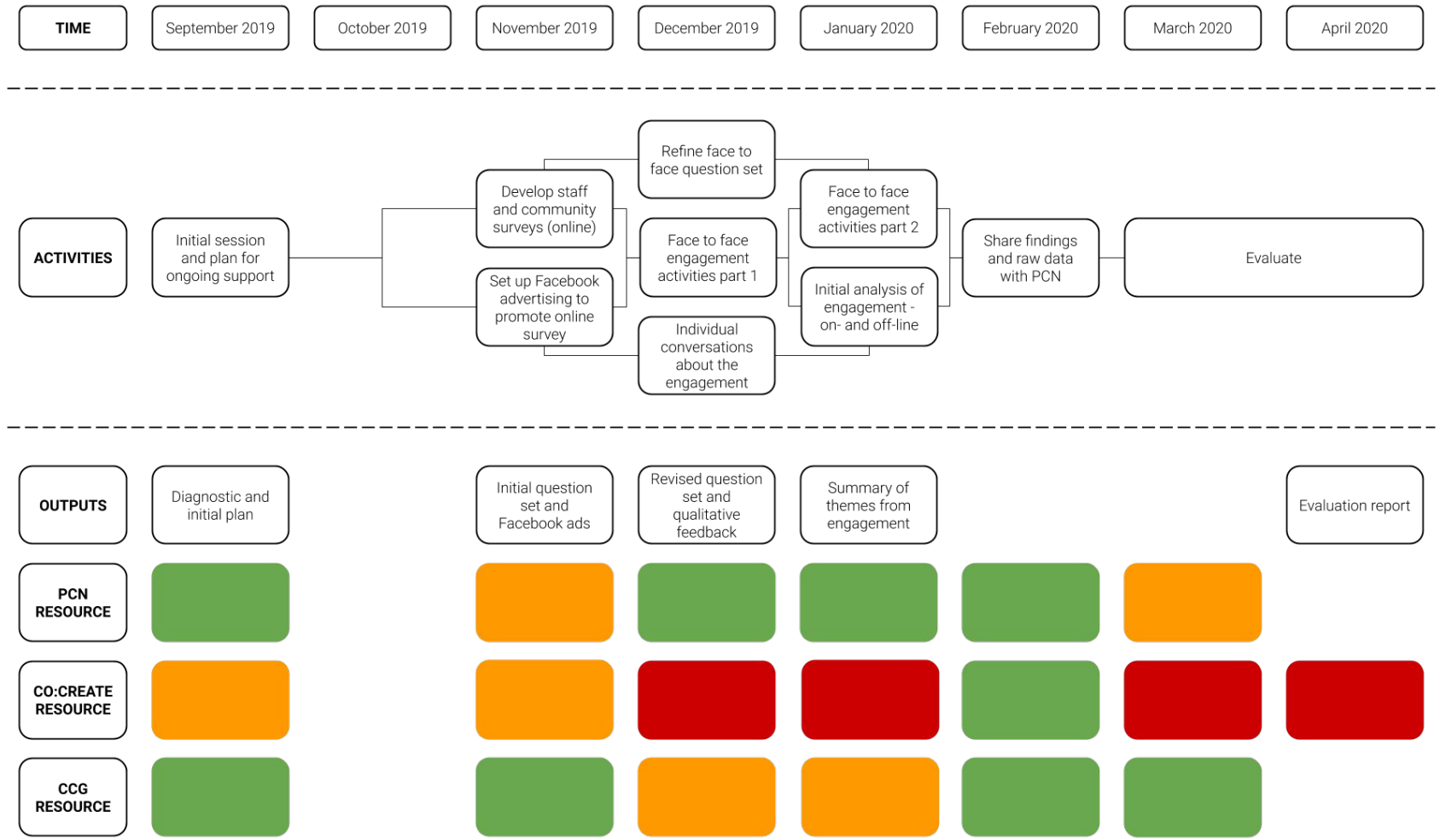


What we did in the three areas

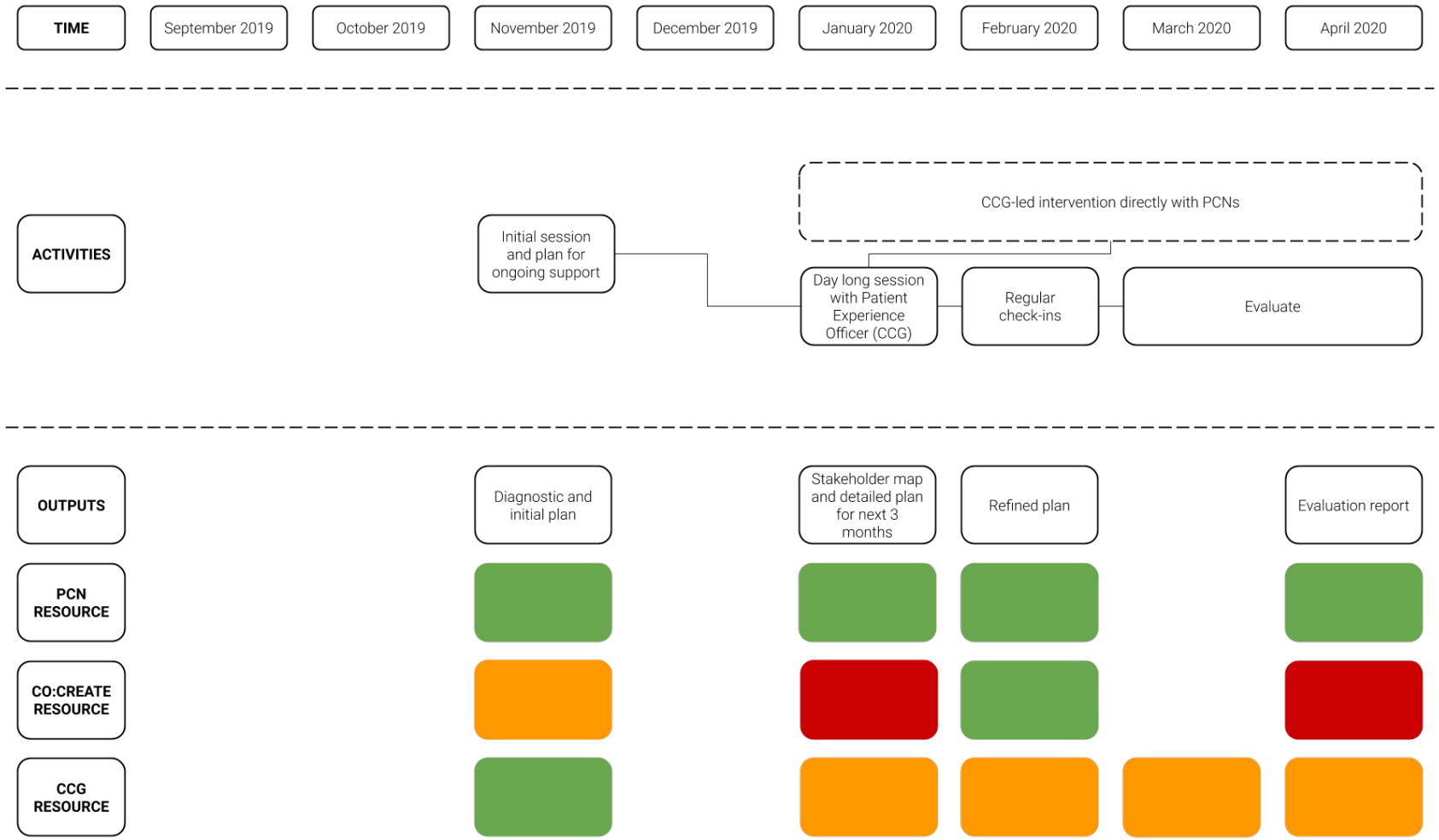
Area 1 - Activities Map



Area 2 - Activities Map



Area 3 - Activities Map



Findings and recommendations

Findings

About our findings

Throughout the evaluation process it has been clear that the things we have learned fall into two main camps:

1) **Transferable**: Findings that we believe apply to any PCN;
2) **Other**: Findings from the process of carrying out the work or how it was commissioned that are worth noting.

This section of the report takes each of these groupings in turn and details what we have learned. It also includes the main recommendations that arise from these findings.

"The biggest finding for us was around using words and language that resonate and mean something to our patients."

Clinical Director, Area 1

Transferable Findings

Our transferable findings fall into five main themes:

1) Getting buy in locally before you start and why that's important;
2) The different ways of speaking with people and communities;
3) The role of the wider health and commissioning system in enabling co-production to take place;
4) How to support PCNs to feel motivated, equipped and confident;
5) Where further development and exploration is required.

Getting buy in locally

This process has shown that it is important to have people - from the PCN, its partners and wider community - on board with you before you start offering around co-production. Without this groundwork, it is harder for relationships to build and for any change to be adopted. Here's our summary of findings with regard to this theme.

Transferable Findings

The more people say they're already good at co-production the more defensive they might be when offered support

It became apparent from our experiences that there are a range of experiences and definitions of what people may mean by co-production. This means that any support that is offered to develop capacity, its objectives and the expectations around it must be clearly articulated and why it does not threaten any existing activities. Without this clarity, communication can break down and the support rejected as interference.

Before doing anything in an area assess where people are in their co-production 'maturity'

Understanding how people feel about co-production and what's already going on helps to target support for them effectively. Through this process we have been able to do this better in some areas than others. We have learned that people's views and feelings towards co-production are as significant in achieving a successful outcome as their skills and experiences. It takes time to reach this understanding but it is worth the effort.

Transferable Findings

PPGs can help if given agency but they are tough nuts to crack

In both areas 1 and 2 the role of Patient Participation Groups (PPGs) was highlighted as crucial. At the practice level, however, they can be used to playing the role of being in opposition to initiatives and interventions, as opposed to active participants in decision-making. Time and consultation should be given to sharing responsibility for wider community consultation with them and PCN staff in order to flatten perceived power imbalances.

People aren't quite sure what a PCN is and this affects how you can engage with people

Everyone we spoke to described a PCN in different terms, from the area it represents to why they exist. This confuses people and means that people don't necessarily see the relevance to them of conversations about PCNs. As such, conversations should be focused on what is important to people rather than their relationship to structures to which they don't necessarily relate.

Transferable Findings

Spend time understanding what people are doing or have done already in this regard so that you can align any new activities

To foster buy-in locally it is key to gather and, where possible, work within existing PCN plans or strategies to involve people. This gathering exercise must happen at the start so any new activities complement existing plans and vice versa. During this project, there were instances where this didn't happen. In those cases, it resulted in conflicting priorities in some areas which made it hard for different activities to work alongside each other effectively.

Co-production will not be a priority for Clinical Directors, particularly in the early days of a PCN's formation

Clinical Directors in a PCN, have very little time or resource dedicated solely to these kinds of activities. They have lots of new admin and red tape to deal with, as well as a lot of interpersonal and system level considerations just to get the basics ticked off for their PCN, particularly in these early stages of formation. This makes it hard - if not impossible - for them to prioritise this work. It is, therefore, essential to make things as easy and clear as possible to adopt.

Transferable Findings

Focus on the desired outcome not the process (or at least a named version of a process)

The term ‘co-production’ comes with baggage and its use can alienate some people if you’re not doing the absolute best version of it. Through this process we have found it much more successful to frame activities around the shared thing you’re actually trying to achieve, rather than the process by which that is brought about. This focuses people on a shared vision and helps to move away from potential conflicts that can arise when there is a sense that not absolutely everyone has been involved in the conversation.

“We were already doing a lot [of] co-production. The barriers we faced before the project were: knowing who the right people are to engage, including and involving hard-to-reach groups, particularly young people and people who are not on the internet.”

Clinical Director, Area 2

Transferable Findings

Ways of speaking with people and communities

Throughout this process we have tried out a number of different ways of engaging with and hearing the views from people in the communities to which the PCNs in pilot areas belong. Due to the approach we have adopted, we have tried some things that have worked better than others, from both the PCN perspective as well as for the people in communities with which we have brokered conversations. Here's our summary of findings with regard to this theme.

<u>Design ways of collecting views with the people whose views you seek and brand them as NHS</u>

Testing and developing questions together with people who might be answering them is actually quite quick and relatively light on resources, as long as you have people nearby to test and iterate with. It's also really effective at ironing out problems that you couldn't have anticipated. This worked particularly well in Area 1 ahead of their community period. The CCG's Head of Engagement and Experience in this area also highlighted that it is good to design surveys with patients and brand them NHS, as far as possible.

Transferable Findings

Consultation and engagement are not the same as co-production

This project has highlighted a number of instances where consultation, engagement and co-production have been used interchangeably but with varying degrees of success. This particularly happens where engagement or consultation activities have highlighted an issue but then go on to assume what the response should be without any further conversation with those affected. This challenge is often embedded structurally within CCGs, where co-production practitioners are part of the engagement team.

People fill in paper forms still so build in processes to collect and analyse this

It is easy to assume that digital means of collecting people's views, thoughts and ideas are the most effective. We have found, however, that:

- Many people are not confident with digital devices/tools;
- People can be excluded from co-production if paper-based or face-to-face methods are not employed alongside digital means;
- Non-digital data collection allows thoughts and ideas to be expressed differently.

Transferable Findings

Allow opportunities for people to talk about things they can offer

Not all of the responsibilities for developing relationships, having meaningful conversations and acting on what people say lie with staff within a PCN. Everyone has something to offer in this regard and it is important to find ways to uncover what these things are and who can offer them. This informs how questions are framed when holding community conversations. Ask what responders can offer the community, rather than asking what the PCN can do for them. These two approaches yield very different responses.

People will have negative things that they want to get off their chest given the opportunity and it's important for these things to be aired - and heard - before conversations develop more constructively

We have observed that people often have a "pet peeve" or a really specific health-related thing about which they will want to talk to you when given the opportunity. This is not the same as genuinely engaging and exploring what's important to them in a constructive way, but it needs to be heard before you can get to that stage.

Transferable Findings

<u>The questions you ask and the ways you ask them matter</u>

There is a balance to be struck between having a focus in how you structure conversations and allowing a breadth of responses to be explored. In face to face conversations, one question might be enough to get a really comprehensive, insightful response which may be better than from responses to multiple questions in a survey. Really open questions can be too broad, however, and mean you get unhelpful or unclear results, as well as frustrating the people who are trying to respond. This was the case in Area 2.

“Gaining people's trust can be a barrier to co-producing. So do what you say you are going to do. The important thing is giving feedback if people give up their time.”

Patient Experience Lead, CCG, Area 3

Transferable Findings

The role of the wider system

For new approaches to embed - or for existing good practice to develop further - in complex systems, it is helpful for the relevant bodies, structures and processes to flex accordingly to foster an environment that is more conducive to making this happen. In the context of the health system, there are many such things supporting and integrated with PCNs to which this applies. Here's our summary of findings with regard to this theme.

<u>There are people within CCGs that can coordinate well across PCNs and it is useful to have that consistency</u>

Having a positive, enthusiastic and bought-in person at the CCG made things much more possible across all areas. Harnessing this is key to embedding approaches. Without the expertise and connections of staff in those CCGs, in particular, it would have been a very different project. One staff member in particular became increasingly involved as time went on and helped to steer activities and relished the opportunity, telling us, "I was surprised at how much I knew."

Transferable Findings

Allowing effective co-production requires trust and a change in mindset amongst management at the CCG level

This project has highlighted a number of ways that CCGs can support their staff to promote this kind of work locally. Co-production needs space to breathe but it also needs to fit into a strategy. Within this, CCG staff have also highlighted that trust is key from management, allowing the freedom of approach and remit required due to the informality of some of the community links. It has been suggested that CCGs should delegate outcomes not tasks to accommodate this.

Humility in decision makers is essential

It's hard to say you don't know what you're doing but sometimes it's important for this to happen:

- It paves the way for support to be shaped around needs and encourages others in PCNs to be receptive to similar support;
- It flattens expertise gradients between PCNs and their communities, promoting collaboration.

We believe that this is one of the reasons for the successes observed in Area 1.

Transferable Findings

<u>The language used to frame co-production matters when speaking with decision makers</u>

Co-production as a term may not always land as it may be seen as wooly and a luxury. But, as the patient experience lead from Area 3 told us, saying ‘business intelligence’ will get traction. And this is what co-production gives you. Furthermore, she highlighted that it’s important to relate this intelligence to the “high impact action and quick wins” you can do on the back of it. She was also keen to stress that the benefits for service users are at least matched by the benefits seen for organisations and the wider health system too.

“Seeing [the] value [of co-production] first hand is key”

Patient Experience Lead, CCG, Area 3

Transferable Findings

Supporting PCNs to feel motivated, equipped and confident to co-produce

As well as focusing on methods for having conversations with people and communities around a PCN, it is essential to understand and address the support needs, concerns and constraints facing the staff within the organisations making up a PCN. This relates to motivation and confidence to try things, as much as the methodology itself. Here's our summary of findings with regard to this theme.

Don't do things for people to demonstrate what you could do; work with people to find a joint way of doing things

Co:Create tried two broad approaches during this project: catalysing conversations on behalf of a PCN; and supporting PCNs to structure and hold their own conversations. We learned very early on that the first approach doesn't work and, in reality, alienated people from the process, particularly in Area 3. Transferring that learning and adopting the second approach elsewhere was much more effective in supporting and bringing people together on a journey.

Transferable Findings

Stakeholder mapping works well at the individual role level as well as across an entire PCN

Our experience in Area 3 demonstrated that wider stakeholder mapping exercises - ones that we adopted with representatives from across a whole PCN - can be adapted and work well at supporting individuals to understand their specific role. Furthermore, the exercise acts as a vehicle to plan co-production activities for those with that remit (in a CCG, in this instance) and to highlight who needs to be influenced internally and how to do that within a realistic timescale.

Focus on building confidence within the health profession to let people collect data and views on their own

We observed that some health professionals and practice staff feel that it is their responsibility to collect data and feel unsure about allowing others to do it locally within the context of health. The activities in Area 1 demonstrated that there is a willingness from PPGs to support this data collection autonomously. Supporting people at the PCN to feel safe to transfer this responsibility and providing resources to do this proved successful.

Transferable Findings

Momentum of support is critical, even if it's at a low level, so keep checking in

Checking in to keep things on track is important so that people don't feel left on their own and don't do anything as a result. Don't assume people are talking to each other or getting on with things when you're not there or checking in. Even when co-producing, someone has to take responsibility for driving things forward and that's OK. We have learned that it pays to set out a really transparent process with clear steps so people know what was coming. This supports people within PCNs to take a bit more ownership.

Supporting people to co-produce, and co-producing tools to do so is more effective than doing it for them

Alongside the finding that it is more effective to support people to broker their own conversations, rather than do it for them, we also learned that there is a need for co-production while designing the tools to have these conversations before they take place. By doing this in Area 1 we quickly revised question sets and arrived at a more streamlined process which gave us more meaningful responses from the community.

Transferable Findings

Work on people's motivations too and don't assume that anyone is bothered about this stuff

It's hard to get some people within PCNs to be interested in co-production or similar approaches. It's important to do this, but it doesn't mean people need to buy into or grasp it as a big, academic, world-changing concept. The challenge lies in framing activities better and in a way that anyone can relate to and be enthusiastic about. During this project, this has meant using less aspirational language and a bit more down to earth reality, focusing on achievable practicalities.

Clarity about the medium- to long-term comes from trying things out in the short-term

It is easy to perceive co-production activities as overwhelming and having to cater for everyone's needs while fitting onto strategic objectives. Our experiences have shown that small steps are the most effective at both supporting people in PCNs to try things out, but also develop the longer term plan. Scaling back the vision often breaks down initial barriers for people. And once some feedback begins to arrive the next steps become apparent more organically.

Transferable Findings

Having a focused project helps PCNs

At the end of the activities, one of the strongest themes that emerged through the survey responses from all three pilot areas was the positive changes seen in terms of how people were now:

- Focusing on the things that are most important to them;
- Working towards a real, tangible thing.

This suggests that the focus fostered by the support is one of the key benefits to PCNs.

"Listening to the community and having that mutual understanding of what the aim of the project is. Specifically for us it meant explaining what we are doing as a PCN into language they use."

Clinical Director, Area 1

Transferable Findings

Areas for further development

This pilot and evaluation process has identified a number of places where further clarity or opportunities to test things in more detail would be beneficial. These have fed into our recommended support model as highlighted earlier in the report. Here's our summary of findings with regard to this theme.

<u>Focus on a realistic, aspirational next step; not the 'gold standard' (although it's useful to recognise what that might look like)</u>

Having a clear, achievable next step has helped in all areas. The structure of the intervention in Area 3 helped to understand this in particular as, through that work, the size of task became quite discrete when repeatedly focusing on what was actually possible over a three month period. There is still work to do, however, to understand what this looks like as a transferable standard or expectation for all PCNs.

Transferable Findings

The ‘gold standard’ may look different in different places

Following on from the previous finding, some more work is needed to understand what good looks like as a transferable standard for different PCNs with:

- Different capacities and experiences;
- Different histories of working together collaboratively;
- Different populations.

How to communicate this will be essential.

Set expectations around the support that can be offered

Our experiences during this project have shown us that we need to be more explicit about what we offer in terms of support. Over-promising resource to demonstrate value meant that disappointment was perhaps inevitable in some areas. Furthermore, the test and learn nature of the project could have been communicated better. Some pilot areas were always going to benefit from others where things didn’t work so well. The key recommendation arising from this is to set and manage expectations at all stages.

Transferable Findings

GP or Clinician aspirations for engaging communities might be really different from NHS England's

A number of conversations were observed during this project about how to describe 'communities' in the context of this work. This extended to whether they even exist in the way intended by PCNs and NHS England, or if it's a helpful way to talk about groups of people (unless they self identify as a specific one). As such, work is required to ensure a common understanding of what is meant by this between practitioners and NHS England.

There is more work to be done to understand how approaches can be embedded for the long term

Part of the evaluation question related to the sustainability of activities and how they may be workable in the longer-term. Practically, however, it has not been possible to understand if and how this might happen during the course of this project, primarily due to the onset of the COVID-19 pandemic and the understandable shift in priorities. Survey respondents expressed a desire to continue the work, but also said that they did not know how at present.

Transferable Findings

"Under normal circumstances the ways of engaging and communicating with patients would continue as that is stuff we have now learnt. It's too hard to say what is sustainable at the moment… Funding is limited but is it best to use funding on patient care or co-production? One thing that would make it more attractive would be having Co:Create working around our time scales and limit what they were doing with other people so that we could almost have exclusive access to one person to help and troubleshoot whenever we needed them."

Clinical Director, Area 1

Other Findings

Other findings

Flexibility of support and in the way it is commissioned facilitates rich learning

Feeling truly trusted makes lots of stuff possible. The way Co:Create has been commissioned has had a dramatic and positive effect on what we are able to do with relatively little money. The openness of the team at NHS England and NHS Improvement to the potential for different outcomes than anticipated and the support and curiosity they've consistently shown has meant we can be completely free to adapt and learn as we go. We think this freedom has made it possible for us to do considerably more than we would have otherwise.

Fostering a culture of honesty and openness means that everyone can acknowledge and learn from mistakes

It is as important, if not more so, to learn from things that don't work as those that do. But this is hard, particularly when there are pressures around demonstrating value for money, time and other resources. During this project, however, the most valuable insight has come from accepting

Other Findings

feedback and adapting the approach accordingly. And this has been facilitated by the openness and honesty from those within PCNs taking part in the pilots, the CCGs, NHS England and NHS Improvement. We believe this culture should be encouraged and explicitly promoted in any future iterations of this type of work.

<u>To support people effectively in line with the aspirations for PCNs, it takes time and resource</u>

Throughout this project everyone has recognised that there are no shortcuts or silver bullets for taking this work forward and supporting people to develop in line with the PCN maturity matrix. To build people's motivation, enthusiasm, skills and confidence to try new things takes time and ongoing dialogue. These requirements are not always resourced explicitly, however, so there is a challenge for the NHS and commissioners to ensure people have the adequately-backed agency and space to develop PCNs and the conversations they have in their local area.

Methodology

Evaluation Methodology

Baselines

Initial sessions were held in each pilot area. These sessions were structured around a number of key questions:

- What is unique about your PCN?
- What is co-production in a PCN?
- What is a PCN?
- What do you need to co-produce?
- What are you doing now that is co-production? And what is enabling these things to happen?

Group responses to these questions were captured alongside notes from the broader discussions. Notes were shared with attendees.

Observations and photographs

Throughout all of the activities that took place, Co:Create documented observations in terms of what worked, what didn't and how people responded to the things taking place. This includes the use of photographs of workshop outputs and stakeholder mapping exercises.

Evaluation Methodology

Evaluation Surveys

All participants in the initial baseline sessions were invited to respond to a survey at the end of the pilots to:

- Provide qualitative feedback about their experiences of being involved and where they see the work developing post-support;
- Provide quantitative data about whether they have felt a change in the motivation, skills or confidence relating to co-production as a consequence of taking part in the pilots;
- Provide quantitative data about shifts in behaviour relating to 18 key components of co-production (as determined by Co:Create).

Survey questions were devised by Co:Create but were completed over the telephone by Viewpoint Research. Consent to do this was collected by Co:Create in advance.

The onset of COVID-19 heavily affected our ability to collect survey responses. Only three people completed the survey; one from each of the pilot areas.

Evaluation Methodology

Interviews and ongoing conversations

Ongoing conversations with pilot participants throughout the project have been used, with consent, as part of this evaluation to arrive at the findings.

Two semi-structured interviews were conducted at the end of the project by Co:Create.

wearecocreate.com | @wearecocreate