

Solva Care

Innovate to Save Project on Direct Payments

Evaluation of Co-production: Final Report

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Introduction

Solva Care was the lead organisation in a collaborative application to the Innovate to Save programme in Summer 2018. The application was successful, and the project ran from October 2018 to July 2019. As the project progressed, Solva Care wanted an independent evaluation of the contribution of co-production to the success of the application and the way the project worked. This report provides the background and method of the evaluation, a discussion of relevant findings, and some learning points for other projects wishing to work in a co-productive way.

Background

Welsh policies consistently highlight the importance of co-producing services. Policies, strategies and research should be co-produced; from design, through planning and delivery, to evaluation. This requires statutory services to work very differently with the public, and their counterparts, in the private and third sectors.

Co-production has been defined as follows:

“Involving people in the design, delivery and ongoing development of services is important on an ethical and emotional level, as it can support those involved to develop their skills and promote their wellbeing. In addition, it can improve services and has also been shown to contribute towards efficiencies in public services” (Involve, 2015).

It has been characterised as

- Recognising people as assets
- Valuing work differently
- Promoting reciprocity
- Building social networks

For older people, this has been tailored into seven principles by the organisation National Development Team for Inclusion (Box 1).

There are two levels at which co-production can happen: individual one-to-one interaction by those providing support – or care – and at the service level, including service design, planning, provision and evaluation. This project is looking at co-production at the service level.

However, co-production at the individual level is seen in the way that Solva Care operates. The involvement of volunteers – often older people from the community – in providing services that benefit other older people in the community shows, co-productive principles at work. People who approach Solva Care with a need can become part of the solution to that need, rather than being restricted to a client or service user.

Research on co-production lags behind implementation, which in turn lags behind policy. Little is known about ideal approaches to co-production and the experiences of those engaged in it; service users, service providers and academics. The Co-production Network of Wales is committed to closing this gap and, with regard to the co-production of research, has formed a dedicated sub-group of policy makers, practitioners and researchers to take the thinking forward. The sub-group is currently mapping research on co-produced projects, but the expectation is that little will be found in the published literature that casts light on the best approaches to this way of working. A number of PhD students are focusing on the topic, but they are three or four years away from finishing their research studies.

Solva Care has considerable experience of working with academic researchers in research and evaluation centring on community-led social care. These collaborations have shown a marked variation in the degree to which the principles of co-production are applied. That experience is anecdotal, and has been fed into a UK-wide meeting held in Edinburgh and attended by the Co-production Network of Wales.

Box 1: Seven principles for Co-production with Older People¹

1 Older people are involved throughout the process - from the beginning to the end.

Older people are involved from the design stage through to writing and presenting the reports from the group.

2 Older people feel safe to speak up and are listened to.

Clear agreements about how people can work together and support each other, for example ground rules that are developed by the group.

There is a variety of ways for people to get involved and to contribute, for example approaches such as rounds ensure that everyone has a turn to be heard.

A third of people in the room are older people.

3 We work on the issues that are important to older people.

Older people initiate the issues to focus on or contribute to defining the problem that is being solved.

4 It is clear how decisions are made.

There is an agreement about how decisions are made.

5 Older people's skills and experiences are used in the process of change.

People's skills and experiences are used through people having roles in the meeting and in making contributions, and by thinking about issues of recognition for the time people give, such as payment.

6 Meetings, materials and venues are accessible for older people – they can get there, prepare, be heard and follow progress through reports and minutes.

Practical issues are addressed such as enabling people to get there by booking taxis or providing expense forms on the day.

The venues are accessible and on major bus routes.

The time of the day and the pace works for people (for example, starting mid-morning and providing lunch, and having good breaks to enable people to talk and connect).

7 Progress is evaluated through looking at the actual changes in older people's lives.

Person-centred thinking tools (like working/not working) can help reflect on what has changed for people.

¹ <https://www.ndti.org.uk/uploads/files/Personalisation - dont just do it co-produce it and live it%21 a guide on understanding co-production and making it happen with older people.pdf>

The Project

The Solva Care Direct Payments Project provides an ideal opportunity to research the co-production of a research and development project centring on social care and the creation of a co-operative.

The project was funded through Innovate to Save. Innovate to Save is a Welsh Government research-and-development fund to help support public- and third-sector organisations deliver services in Wales differently. Their programme was supported by Y Lab (a partnership of Nesta – the global innovation foundation – and Cardiff University) and the Wales Council for Voluntary Action. Solva Care – along with its partners – was one of seven organisations to participate in the second phase of Innovate to Save during 2018/19.

The project had the following question and supplementary questions:

What needs to be in place to set up a sustainable Care Co-operative in Solva?

What financial models would help to make it sustainable?

How could carers be recruited?

What levels of savings need to be achieved to make it viable?

The Project was led by Solva Care with four partners: Pembrokeshire County Council (PCC), the Hwyl Dda University Health Board (HDUHB), Rural Health and Care Wales and Pembrokeshire Association of Voluntary Services (PAVS). They formed a partnership group that met four times during the project.

The project reported in August 2019. As a research project it succeeded, providing answers to the research questions. However, the answers showed that a Care Co-operative could not be set up at this time.

The Evaluation

The research questions on co-production identified by the Solva Care Research, Monitoring and Evaluation (RME) Group were:

1. How did the core group, called the Collaboration, made up of members of Solva Care, Pembrokeshire County Council (PCC), the Hwyl Dda University Health Board (HDUHB) and Pembrokeshire Association of Voluntary Services (PAVS) come together to work collaboratively?
2. At what stage did they work together and how did they work together?
3. What role, if any, did co-production play in the success of the Project at the application stage?
4. What role did the Innovate to Save Programme play in determining the focus of the project and ways of working?
5. What were the benefits, if any, of working in a co-productive way?
6. What helped or hindered co-production, if anything?
7. With hindsight, would the parties involved do anything differently?
8. What are the lessons learned about co-production from this R&D project?

Method

Data to address the above questions was collected. This included:

- Document research, including the policy context of co-production
- Analysis of recordings of reflections gathered at three meetings of the Partners
- Observation of the Volunteers' Day and analysis of feedback
- Interviews with two Solva Care staff involved in the project, the Chair of the partnership meetings and a senior manager in Pembrokeshire County Council Social Services. These happened both face to face and by telephone.

Recordings of the relevant parts of the partnership meetings were transcribed. Notes from the Volunteers' Day and interviews were taken.

The data was analysed thematically using the framework of the seven principles outlined above to determine whether the project exhibited the characteristics of co-production described. In addition, any elements of good practice were noted.

Findings

For co-production to be 'co-production', the seven principles listed above need to be part of the way of working in a project. In the Direct Payments Project, the seven principles are demonstrated by the following evidence:

<p>1. Older people are involved throughout the process - from the beginning to the end.</p>	<ul style="list-style-type: none"> • Solva Care has a track record of being grounded in the community it serves. • Older people are involved in decision making and providing the services they organise. • The project originated from discussions with older people who said that personal care could be provided in a more 'person-centred' way
<p>2 Older people feel safe to speak up and are listened to.</p>	<ul style="list-style-type: none"> • The focus group held by Solva Care with its volunteers showed that older people were able to speak up and were listened to. • When Solva Care approached older people who were receiving support, or had relatives who were receiving support, they listened and took their concerns seriously.
<p>3 We work on the issues that are important to older people.</p>	<ul style="list-style-type: none"> • The project originated from discussions with older people who said that personal care could be provided in a more 'person-centred' way.
<p>4 It is clear how decisions are made.</p>	<ul style="list-style-type: none"> • The partnership has regular meetings with reports from the project worker and a record of decisions made. • The final report makes it clear what evidence was gathered to answer each question.
<p>5 Older people's skills and experiences are used in the process of change.</p>	<ul style="list-style-type: none"> • The project has relied on the skills of Solva Care Trustees, staff and volunteers, many of whom are older people (over 50). • Case studies of older people were important in the evidence gathering.
<p>6 Meetings, materials and venues are accessible for older people – they can get there, prepare, be heard and follow progress through reports and minutes.</p>	<ul style="list-style-type: none"> • Solva Memorial Hall and Picton Castle (the venue for the Volunteers' Day) were physically accessible to older people. • The project has meant that information and advice on Direct Payments can be provided in a jargon-free way by Solva Care.
<p>7 Progress is evaluated through looking at the actual changes in older people's lives.</p>	<ul style="list-style-type: none"> • The project is a research project, so there has been no implementation. • However, the potential changes in the lives of all stakeholders (paid carers, people needing personal care – now and in the future – and family members) have been taken into account.

The conclusion is that the Direct Payments Project was co-produced by older people in Solva, Solva Care and the other Partners.

The Partnership was formed following a previous project that looked at the learning from the setting up of Solva care and producing resources to help other groups do the same. Discussions with the funder suggested that it would be difficult to fund that work going forward. However, following on from comments Solva Care had made about the needs of older people to have more flexible care, the possibility of developing a Care Cooperative was a viable alternative that was acceptable to all in the Partnership.

Therefore, the focus of the project application arose from issues related to eligibility for funding, the expressed need of the community that Solva Care works with, and strategic considerations expressed by the local authority.

The Partnership that was formed included the following people at some stage of the application and then running the project:

Sue Denman (Project Chair)	Trustee, Solva Care
Mollie Roach	Chair, Solva Care
Lesley Robertson-Steel	PIP Project Officer, Solva Care
Maria Jones	Research Officer, Solva Care
Claire Hurlin	Strategic Head Community and Chronic Conditions, Hywel Dda University Health Board
Rebecca Evans	Senior Public Health Officer in the Hywel Dda Local Public Health Team
Michelle Copeman	Third Sector Health & Wellbeing Coordinator, Pembrokeshire Association of Voluntary Services
Jason Bennett	Head of Adult Care and Housing, Pembrokeshire County Council
Linda Tucker-Jones	Adult Care Manager, Pembrokeshire County Council
Chris Davies	Intermediate Care Project Manager, Pembrokeshire County Council
Anna Prytherch	Project Manager, Rural Health and Care Wales

These members demonstrate a breadth of partnership, centred on Solva Care and Pembrokeshire County Council, that seems sufficient to make the Project's aims achievable. From Solva Care's other work, they have links with Solva Community Council and the local GP practice, but these were not included in the partnership. Also, during the project Unison, Diverse Cymru, PLANED, Wales Cooperative Centre and Community Connectors were mentioned. It seems strange that Diverse Cymru, who support people in Pembrokeshire to navigate the Direct Payment system, were not included in a more formal way. This may have been part of the reason that they did not provide information about the number of referrals that result in a person actually using Direct Payments.

The way of working demonstrates co-production, in that Solva Care, the community-based organisation, was in the driving seat: they chaired Partnership Board (the Project's Steering Group), employed the project workers and held the funds. This, it is assumed, will have made the funder look favourably on the application.

However, it was commented that with local authority staff being under increasing pressure, that funding for a secondment of a day a week for a member of staff in Adult Care may have prevented

some delays in data collection or organisation of meetings. It may also have enabled confidential data to have been analysed in more depth, such as the area-based statistics, or the amount of care provided that could have been provided by current Solva Care services. Also, the older people who were interviewed by the project were all contacted through Solva Care links. If Adult Social Care had had capacity, they could have conducted interviews with active cases, or obtained permission for Solva Care to interview them.

The Chair of the Partnership Board also commented that the organisations were represented at a senior and operational level. This meant that links could be made to sort out problems or find information without long, internal decision-making processes. The staff from Adult Social Care saw the ability to share information with Solva Care as a new development that made the project work much better than others they had been involved in.

The involvement of external funding was also a contributing factor to the Partners getting together. Older people in the community had expressed the need, and the project explored a possible solution. The funding gave a focus to the collaboration (things had to be done and money spent). Partnership Board members commented that previous attempts had failed because of the lack of such funding or external accountability.

The involvement of Y Lab did help the project to access expert economics advice for the project that was seen as helpful. However, there were concerns that the processes of Y Lab and the way support was provided by Y Lab seemed to cut across the way that Solva Care worked. A particular incident was the 'experimental' interview procedure. Attendees reported benefits from the Bootcamp(s), however a different model of support may have worked better. Y Lab did not attend Partnership Board meetings and required extensive reporting to release funds. It was felt that the time spent reporting to Y Lab was out of proportion to the amount of funding provided. It was also reported that Y Lab were encouraging Solva Care to start working on a large loan bid for a second phase of the project when the evidence for the initial phase was not yet gathered. The funding was for scoping a situation to determine the feasibility of a larger project, so this could be understandable, but may also be seen as trying to control the community-based organisation to achieve the funder's goals.

Two strengths of the Partnership emerged though. Firstly, it existed before the project started and (presumably) will continue after the project has finished. The final report mentions ongoing actions between Solva Care, Pembrokeshire County Council and PAVS. Secondly, when there was frustration regarding Y Lab, partners were sympathetic to Solva Care and offered, if necessary, to back Solva Care's actions regarding the funder.

The benefits of co-production in this case have been that the community-based organisation was more on a level with the local authority. This meant that information was shared, and the findings could therefore be more comprehensive and meaningful to the local authority's decision-making structures. The research being done by people based locally, and in a community-based organisation, has meant that the potential beneficiaries have been more forthcoming with opinions and information. The Project Manager talked of 'an ongoing conversation' with people from Solva who had an interest in the Project. She would meet them whilst walking through the village and they were happy to update her on their situation. A local authority staff member or outside researcher would not have had this access. The access to official statistics and access to local people affected by the issue were significant risk factors in the Project success, and so co-production has been instrumental in the success of the project. An additional benefit was cited by the public health specialist. The Project was showing health professionals that the social context for health

interventions was important, and the project was assisting the Health Board to develop this side of its work. If they had not been involved, then this benefit may have been missed.

An important part of the success of co-production in this project has been the people involved. The willingness to work together, the desire to see change, and the level of professionalism all round was evident in the exchanges in the Partnership Board. Particularly that the representatives from the community organisation had the confidence and trust of the representatives from public bodies.

Conclusions and the Future

The Direct Payments Project has been co-produced, meeting all the relevant principles in some way. It therefore provides an example for others to consider as they seek to develop new projects.

Important aspects are:

- Involvement of people who will be affected by the project in its inception, delivery and decisions about further work. Solva Care, as a community-based organisation, provides a structure for the local community to voice its concerns and do something about them.
- Leadership and financial responsibility given to a community-based organisation. This helps to redistribute power among the Partner Organisations in the project.
- Open processes and external accountability. The presence of external funding made everything clear between Partners.
- An ongoing partnership. Whilst the funding was short term, the relationships developed seem likely to continue.
- Good working relationships between individuals. Where resources allowed, all Partners contributed to the best of their ability. This included involvement from senior managers within the local authority and allocation of internal resources to provide information.

However, there have also been situations to learn from:

- More capacity within the local authority could have enhanced the project. Consider secondment opportunities to ensure work can be completed within tight timescales.
- External funding often comes with its own agenda or mindset, and additional compliance work that can distract from the project. This should be considered by a Partnership before applying for funding.
- Are all relevant organisations involved? It is possible that if Diverse Cymru had been involved in a formal way in the Partnership, information might have been provided by them within the timescale of the project.

Looking to the future, the project concluded that, at the moment, there was not a financially viable or sustainable model to establish a Care Co-operative. However, if some of the barriers to this are worked on by Pembrokeshire County Council (as regulator and administrator of Direct Payments), then it may be possible in the future. Partners involved in the Direct Payments Project have had successful bids to have their own resources to address these barriers. This provides an opportunity to continue the co-production experience gained during this project. However, it is also a challenge as the power is moved back to larger organisations that are less community based.

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