



How co-production and co-creation is understood, implemented and sustained as part of improvement programme delivery within the health and social care context in Scotland: A qualitative study

Integration is about leadership. It's about leadership without authority. It's about leadership within a complex system and a leadership whereby you are providing reassurance and context for people who on the whole don't want to change, don't like change. ...We are managing the complexity of governance, accountability, financial management as well as the operational delivery.



Why this study?

- We want to understand what co-production and co-creation means from the perspective of those tasked with leading this agenda within partnership contexts.
- We want to identify broader lessons from the study to inform a range of stakeholders as to the facilitators, barriers (and mitigating actions) that leaders and managers need to be mindful of when undertaking integration activity.





Research questions

1. How is co-production and co-creation understood and enacted by those undertaking integration programmes in Scotland?
2. What are the perceived impacts of co-production and co-creation on service improvements?
3. What is the perceived evidence of how best to do co-production and co-creation?
4. What are the facilitators and barriers to co-production and co-creation in improvement programmes in Scotland?
5. How does the social, policy and political context shape the work of those undertaking integrated service improvements in Scotland?





Evidence Review

- Includes ‘reviews of reviews’ and analysis of key Scottish policy documents.
- This work contextualises the findings from interviews with those in the health and social care context, especially in terms of offering some explanation as to why there is not a consistent or systematic understanding about what co-production and co-creation means and how these approaches can be applied by those tasked with leading integration.





Semi-structured qualitative interviews with service leaders/planners across health and social integration areas.

- The study design was cross-sectional one where one off qualitative interviews were conducted with local and national public officials tasked with leading integration work as part of the reform of health and social care delivery.
- Selection of the HSCP areas in the study was done purposively in order to ensure that the study sample included a geographical spread across health and social care integration areas in Scotland. Sampling was designed to include involvement of areas with high and low deprivation and with rural as well as urban populations.
- Out of the 31 health and social care areas in Scotland the research covered 8 health and social care areas, with some areas involving more than one interviewee. The areas were: Renfrewshire, West Dunbartonshire, Dumfries and Galloway, East Ayrshire, North Ayrshire, South Ayrshire, Dundee, and Fife. In terms of recruiting individuals to take part in interviews a mix of convenience sampling and snowball sampling was used.



Cont'd

- The study included interviewees from 6 national organisations/agencies: Scottish Government, Healthcare Improvement Scotland, Health and Social Care Alliance Scotland, Audit Scotland, COSLA, and the Improvement Service.
- The research team conducted 21 in-depth semi-structured qualitative interviews in total.
- The interviews with those in HSCP areas were deliberately conducted in the earlier phases of the study in order that emerging themes could then be discussed with officials who are charged with national roles. This was important given the focus on meso-macro relations.



Dominant themes – *meso* perspectives

1. The meaning and understanding of co-creation and co-production
2. Awareness of improvement methods and the relationship with co-creation and co-production
3. Systematic challenges to the implementation of co-production and co-creation





1. The meanings and understanding of co-production and co-creation

- There is very little understanding of the difference between co-creation and co-production.
- Knowledge of what co-creation means is scarce, if evident at all.
- There is more awareness of co-production both in an organisational partnership-working sense and in terms of user engagement in co-design.
- Meanings of co-production are shaped by specific professional backgrounds and other known agendas such as community development and asset building.
- There are cautionary feelings about the value of using what might be seen to be complex terms such as co-creation and co-production and this could, ironically, lead to reduced engagement.



SISCC

Illustrative/typical quote from a H&SC area

...the Scottish Government was very clear in all their early communication that they wanted things to be co-produced, so we invested in training for our staff that actually started to talk about it. And I probably read enough about it at the point of inspiration because when I did lots of presentations at conferences that we were doing as part of our strategic planning I would stand up and talk about co-production to people, and about how we wanted to co-produce, and it became a bit of a verb, you know, so we're going to co-produce this, you know. Well really, what do we mean by co-producing this and, you know, how is it, and is it about just getting hundreds of people in a room and therefore you've co-produced it, or is it about actually going out and having those conversations? And I think it became a bit of an overused word for a while where it got bandied about, but I don't know that it really meant that much after, as with all these words.



But there was evidence of the how the approach is important at a systems level

So I think about it in two levels. I think about it as a point of how you kind of engage with the public and people who use our services, how you work with them to identify what they think are the issues, which might not be the same as what we think are the issues. And then how you work with them to come up with what some of those solutions might be. But we also talk about co-production as being something which is very multi-agency, so if we quite often think about co-producing with our partners in the third sector and how they might bring things to the table that we might not necessarily have thought about. And I suspect that's not the pure form of it, the pure form of it is much more about members of the public. But I think you should think about the principles of co-production, which is where you get together and you hear what everybody has to say, and you treat people as equals and partners, and then we like those principles and that approach as being the way that we work collectively together, right across, across the way that we work really.



A sense of language elitism?

What I would say is that co-production and co-creation, you know, once you start giving it names like that and you're trying to talk to ordinary folk, their eyes glaze over as soon as you mention it, you know, so I tend not to use the word co-production or anything when I'm talking to ordinary people that I'm trying to create awareness and get them to, you know, to trust me and to listen. I talk about working together, I talk about changing things for the better. I tend not to use the word co-production straight away, and sort of drip-feed that a bit at a time because there's been so many terms for so many things, you know, that I've noticed it, whenever I use that word, I just see the looks on folks' faces.



2. Awareness of improvement methods and the relationship with co-production and co-creation

- There are perceived cultural differences between the NHS and local authorities when it comes to the use of improvement methods (it is seen, broadly, as an ‘NHS approach’)
- Improvement methods are seen as being similar to co-production, with little evidence of the difference between them emerging in the interviews.
- Positive views were expressed about the role of Healthcare Improvement Scotland (HIS) in supporting local improvement work, but the support from other national agencies was less clear.
- Key barriers to the sustained use of improvement methods were organisational capacities and the pace of change, and the pressures associated with managing multiple priority areas within HSCP areas.



E.g. Viewing improvement activity as complementing concepts of co-production was common in the interviews

'...so there's more time now spent on that exploring and finding out and questioning, before we start planning and implementing, whereas before we just drew up a plan and went straight to implementation, whereas now it's tested to see if it works, does it suit ... So you've got to really engage with people before you can have an impact on changing culture and behaviour. ... once you've got that knowledge is looking at how it would work within that area, and that's about speaking to people who are going to be affected, looking at culture and the behaviours and thinking well, how would this impact on them, getting them to be part of that conversation, and getting them to be involved in the development. ... it's not about me knowing everything either, it's about bringing the people to the table of discussions that do have the knowledge in different parts, and how then you bring the people who are really needed as part of that to develop, change things, move things on, various things, you know, that they're all part of that group.'



Different temporal horizons (or future timescales regarding delivery) for action appeared to be a common tension, with the pressure to show evidence of change quickly in contrast to the time required to work co-productively

And [the Chief Officer] talks a lot about, you know, pace of change and particularly around, it's obviously quite a political agenda, and emphasis on health and social care partnerships making a difference and being seen to make a difference quite quickly, but actually... we're only now maybe, it's maybe taken a good 18 months for them to get to a point where they've got a draft strategic plan that they want to consult on more broadly and finalise and that. It'll be a better strategic plan than if we'd written it in six months and it was done in a much more traditional way, but some of that stuff takes time, and that's not always, doesn't always fit so well with other pressures about getting it done quickly and getting it done.



Sustaining improvement approaches in terms of upscaling within and across the health and social care system was considered as fundamentally challenging

Each local authority area which also has a whole range of priorities ..., where you have an interest in something very specific is very easy to do when you try to upscale across the system, that can be more challenging because every time you, you make a move in one part of the system it impacts on a whole range of things intended or unintended.





2. Systemic challenges

- The expectations regarding the need to progress/accelerate health and social care integration in Scotland using co-production approaches are out of step with the major complexities that exist with regards to the Scottish public sector, which were not considered fully enough before the roll out of health and social care integration.
- Health and social care leaders in Scotland struggle with a ‘cluttering’ of national agencies and are unsure as to how their areas can be best supported to demonstrate the contribution that their areas could be making to national outcomes.
- National governing leadership on the health and social care integration area is highly political and lacks consistent support and an appropriate model for funding accelerated integration.



2. Systemic challenges (cont'd)

- The Chief Officers of health and social care areas are in a unique position within the Scottish public sector in terms of their multiple and multidirectional accountabilities. They would need adequate leadership levers in order to undertake and promote co-productive governance across their health and social care areas. Unfortunately, there has been a very high turnover of Chief Officers in recent years.
- Systematic challenges for progressing integration, let alone co-production, include a lack of joined up organisational systems (e.g. human resources and IT systems) between the NHS and local government, as well as divergent cultures.
- Health inequalities remain a deep-rooted challenge across Scotland. Health and social care areas lack the leadership and organisational readiness to make a major contribution to addressing such an endemic challenge to lack of strategic leadership resulting from multiple (at times divergent) national level priorities, systems issues (as noted above), and resource challenges.



Example of a day to day systems challenge

The health visiting body, professional body have been in some bizarre discussion with Scottish Government, so as of the 1st of March, Scottish Government announced that every health visitor in Scotland will suddenly become one grade higher. They'll move from a band six to a band seven. It's gonna cost me £400,000 a year extra by three years from now. So it just means that I won't spend an extra penny actually, I'll just have, I'll end up with ten fewer health visitors than I need. And then people start to complain we can't get a health visitor, and you say, well, I can't afford it, I can only spend the money I've got. I mean, that's one small example. There are terrible, terrible examples of all that kind of stuff... you must stop this kind of hovering in, landing in the middle of our system and doing stuff to us. If you want a proper relationship with what you say is the flagship organisational model for this government, health and social care partnerships, set the strategic context, give us the money, and then give us the freedom to go away and do the things that you reasonably ask us to do, but the things that we think are the right things to do to deliver the right health and social care services... But you cannot keep meddling in between by doing that, and doing that, and then doing that. You can't do that.



Dominant themes – *macro* perspectives

- There is a cluttered landscape of improvement-focused national bodies. This is not in terms of there being too many bodies, but there being a lack of clarity over roles and responsibilities, which do not help local health and social care partnerships as they will not have clear lines of access for support. There needs to be a ‘national lever’ for drawing agencies together in order to avoid duplication between agencies to clarify lines of responsibility.
- There is more awareness about co-production but less so about co-creation. Co-production and co-creation are generally linked to notions of empowerment, shifting the balance of power towards communities, and ‘trusted partnering’. The Christie Commission Report is generally the key reference point for how interviewees think about co-production and the public service drivers for it.
- Less focus should be on structural and geographical concerns surrounding HSCPs but on leadership qualities to enable co-production to be more realisable and meaningful. National agencies recognise that co-production in integration work and undertaking community empowerment requires a new skills-set.



Cont'd

- There is a need to join-up initiatives and legislation at a Scottish Government level but this does not always happen (e.g. the legislation underpinning integration and community empowerment).
- There are capacity challenges at a national level in terms for dedicated Scottish Government support for integration.
- There is a lack of clarity about what co-production means in national policy documentation.
- The pace of integration is being undermined by deep-rooted cultural, behavioural and practical factors which will continue to impact on the organisational readiness for co-production to be sustained.
- National political leaders need to have honest conversations about the extant model of health and social care to highlight how co-production plays an important part but the funding model is out of step with capacity.



The Evidence Review findings ...

- The evidence review points to the virtues of ‘being co-productive’ and the positive ideas around engaging with communities when making policies and programmes.
- However many barriers get in the way of achieving such virtues. Co-creation challenges policy-makers and service planners to rebalance power structures and relationships in order to embed user/citizen involvement in programmes all the way from programme conception to evaluation (and back around again).
- We found no specific reviews which focus on co-production and co-creation within the context of health and social care in Scotland.
- Nonetheless, co-production and co-creation are challenging principals for policy-makers and bureaucratic actors to live by and there is the danger that the language of co-production is used as a symbolic mechanism for describing surface-level engagement and deliberation.



Policy documents

- Christie Commission
 - NHS Quality Strategy
 - Reshaping Care for Older People
 - Age, home and community: a strategy for housing for Scotland's older people
 - Social Care (Self-directed Support) (Scotland) Bill
 - Public Bodies (Joint Working) (Scotland) Bill Policy Memorandum
 - Co-production in Scotland: A Policy Overview
 - Carers (Scotland) Bill - Policy Memorandum.
 - Scotland's Digital
-
- There is a strong degree of *signalling* in policy documentation at a national level about the benefits of co-production and co-creation, which do call for such approaches to be embedded, enabled and have meaning locally.
 - But there is a lack of guidance on *how* to do co-production and co-creation as well as the differences between these ideas and improvement approaches.
 - Multiple terminologies are problematic for those that are tasked with leading integration.



Summary

- Both the HSCP area interviews and the national interviewees generally recognise, and attach value to, co-production. There is generally more awareness of the term ‘co-production’, as opposed to ‘co-creation’.
- Adopting a co-productive approach to integration is significantly challenged by the nature of public service reform in Scotland, which has adopted what could be described as an ‘empowerment heavy’ approach to reform.
- The challenges are ones of leadership and evaluation in that the responsibility shifts to HSCP areas results in increased accountability for outcomes resting with Chief Officers (and their local senior colleagues) in HSCPs but these accountability demands leads to a risk averse culture, especially when areas are short of capacity. In short, capacity challenges lead to problems with regards to evaluating the outcomes of co-production, despite the national drivers for doing so.



Cont'd

- The local and national interviews both highlight that there is a cluttered national landscape of improvement agencies in Scotland. This is problematic *for national agencies themselves* in that it is difficult for them to understand their impacts and contributions to national-level outcomes.
- There is confusion as to where to access information and support – particularly with regards to co-production, improvement and evaluation.
- There are also acute challenges with regards to capacity challenges at a national level, which has had implications for national public service leadership (and essentially produced capacity gaps on both sides – i.e. at *meso* and *macro* levels).
- If national government seek to encourage co-production and co-creation then it is would be advisable to provide more national guidance to HSCP areas on the practical application of the terms, and to build in capacities to support HSCPs.



Thank you

john.connolly@uws.ac.uk

 [@EBImprovement](https://twitter.com/EBImprovement)
[#SISCC](https://twitter.com/EBImprovement)