

# **Co-design in Bolton.**

**A guidance document and support tool for people across all organisations as agreed by:**

- Health and Wellbeing Executive.**
- System Sustainability and Transformation Board.**
- Co-design Enabling Group.**

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## Introduction

Co-design is an approach to the design, development and delivery of services that meaningfully involves stakeholders. In Bolton we've fostered the Greater Manchester Health and Social Care Partnership Co-design principles as the standard across all of the design, development and delivery of services and activities across health and social care. This commitment has been agreed by the Commissioning Partnership Board, the System Sustainability and Transformation Board and the Health and Wellbeing Executive. Our borough wide commitment is to listen, value and invest in the views of all stakeholders and consider them as we transform our approach to health and social care in Bolton.

Co-design does not necessarily mean involving every stakeholder. Co-design can involve a relatively small number of people and a significant proportion of those people must be individuals with direct experience of a service (whether staff or user). They must also be involved at every stage of the design and not simply be consulted after a model or approach has been developed. The co-design approach must be structured, provide evidence and should be included in all project planning.

Co-production is a stage further than co-design, where you involve people who access and who are impacted by services in their design, development and delivery on an equal and reciprocal basis.

## The Bolton co-design principles

We've taken the six principles for effective co-design from the Greater Manchester Health and Social Care Partnership. The following principles should help embody the ethos of co-design in Bolton, across organisations and structures (with reference to NEF 2014 and NESTA 2013):

1.	People are seen as having assets essential to their health, not as having need burdening their health.
2.	Build on people's existing capabilities.
3.	The co-design process includes its participants at every stage, from concept to delivery.
4.	Foster mutual and reciprocal relationships.
5.	Strengthen peer support networks.
6.	Facilitate rather than deliver: enable professionals to become facilitators and catalysts of change rather than providers of services.

## Supporting co-design in Bolton

It is important to recognise that for many services, commissioners, planners and organisations in Bolton, we value and consider the views and experiences of staff and service users already. These principles will help us to build co-design as standard, aligned to meaningful engagement and also effectively communicating plans, ideas and strategies. There is no expert model for co-design, as it all depends on what is being reviewed and developed, so organisations should share evidence, best practice, case studies and examples of co-design to enable and inspire others to build on learning and development.

## Expectations of co-design in Bolton

The system responsibilities of co-design in Bolton:

<b>Health and Wellbeing Board</b>	<b>Health and Wellbeing Executive</b>	<b>System Board</b>
To promote and champion the value and importance of co-design.	To ensure that co-design is standard across every aspect of health and social care service design, re-design, development and delivery in Bolton.	To ensure that every aspect of the system is supported to ensure co-design as standard and that nothing is agreed without a clear co-design plan, process or evidence.
<b>System Board sub-groups.</b>	<b>Development Groups</b>	<b>Commissioners and grant makers</b>
To include co-design in the planning of proposals, projects and activities and to support other components of the system to build co-design.	To ensure that co-design is understood across all stakeholder groups.	To provide adequate resource in order to ensure that co-design expectations can be met.

## Bolton's co-design checklist

This checklist aims to support you in ensuring that you've followed the agreed approach for Bolton.

<b>Checklist:</b>	<b>Who and how many?</b> <i>How many people and what groups?</i>	<b>What did you do and how did you do it?</b> <i>What activities did you undertake and how did you do it?</i>	<b>Outcomes?</b> <i>What happened as a result?</i>
Have you used a pre-existing evidence base in respect of public, patient or service user experience and or engagement regarding your scheme?			
Have you undertaken any pre-engagement with partners or people impacted by your scheme?			
Have you planned or carried out any activity around engaging the beneficiaries on this scheme?			
What evidence outputs did this engagement activity produce and what did the engagement find and recommend?			
Has a community or equalities impact assessment been planned or carried out on this scheme?			
Have you made your evidence base publicly available and shared it with partners?			
How have you ensured that co-production underpins this scheme?			
Is formal consultation required for this scheme?			
How will you keep people continually involved in evaluating and developing this scheme?			
Have you completed all of your professionally guided activity (NICE, Statutory responsibilities)?			

## National guidance and information

Whilst the Bolton partnership aims to promote co-design as good practice, there is also a statutory responsibility and NICE guidance around what should be undertaken with reference to engagement in service design, delivery and development, these include;

The guidance that the **Care Act** refers us to with regard to co-production is produced by the SCIE and found here and was written with TLAP  
<http://www.scie.org.uk/publications/guides/guide51/at-a-glance/>

**The NHS Constitution** commits the NHS:

- to provide people with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- to work in partnership with individuals, family members, carers and representatives (pledge);
- to encourage and welcome feedback on people's health and care experiences and use this to improve services (pledge).

**NICE guidance qs148 Community engagement: improving health and wellbeing** [www.nice.org.uk/guidance/qs148](http://www.nice.org.uk/guidance/qs148) hinges on four Quality statements relevant to this work.

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**The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013**, commit local authorities to;

- strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning.

**The Health and Social Care Act (2012)** places a statutory requirement on clinical commissioning groups (CCGs) to ensure public involvement and consultation in commissioning processes and decisions.

## Practical guidance

The following good practice guidance available from the NHS England Patient and Public Voice Programme;

**‘Transforming Participation in Health and Care’ NHS England** (September 2013)

The four **“Bitesize Guides”**

<http://www.england.nhs.uk/2014/03/13/pat-pub-participation>;

“Principles for Participation in Commissioning” (Feb 2014)

“Governance for Participation” (Feb 2014)

“Planning for Participation” (Feb 2014)

“Budgeting for Participation” (Feb 2014)

The following co-produced and NHS England endorsed **“Smart Guides”** are available here <http://www.networks.nhs.uk/nhs-networks/smart-guides>

“Unlocking the power of information” (Dec 2013)

“Engaging with individual patients” (Dec 2013)

“Staff engagement: good for everyone” (Nov 2013)

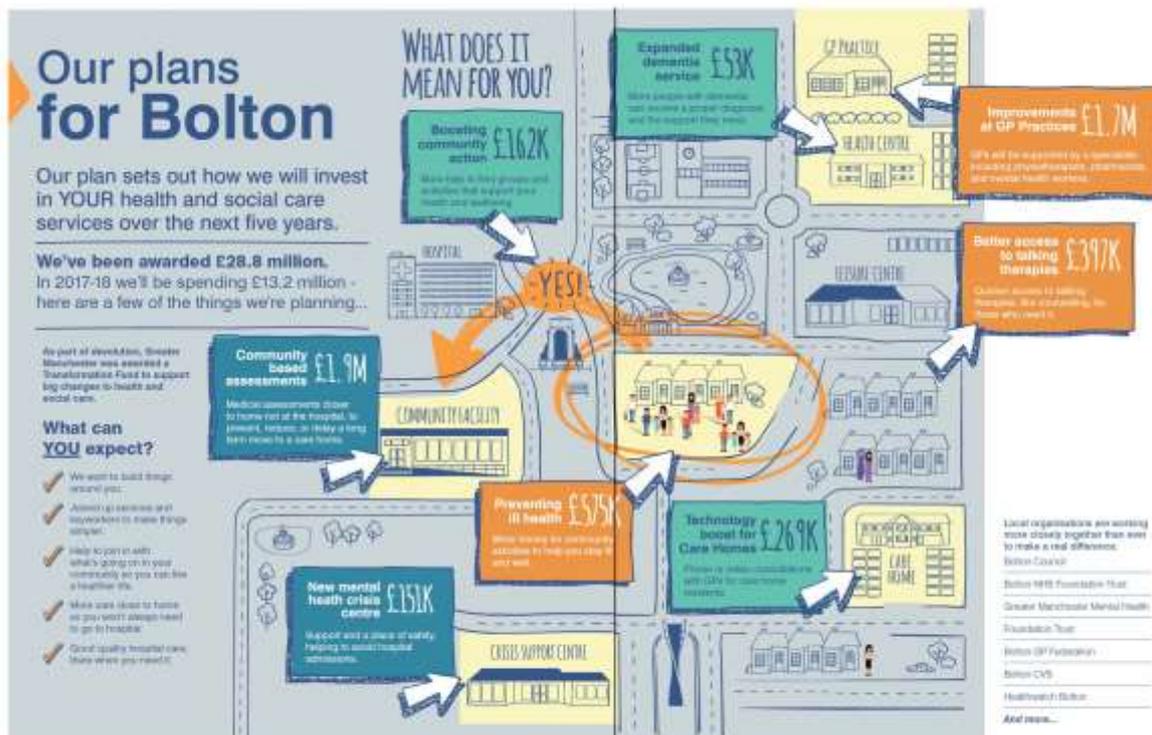
“Developing pathways: using patient and carer experiences” (Nov 2013)

“Building public support for change” (Nov 2013)

“Working with local authority scrutiny” (May 2012)

“Listening, learning and responding” (May 2012)

## The Bolton Plan (in summary):



### Some key things to remember...

Communications is...	The successful conveying, sharing and exchange of information and in particular giving people a message, or series of messages, in pre-agreed formats and media.
Engagement is...	Providing opportunities for people to share their views and experiences. Key questions are discussed, people's views are recorded and analysed and this evidence is used to form and shape ideas and plans.
Co-design is...	Including people (whether patient representatives and end users of services, frontline staff, volunteers or otherwise) as full stakeholders in joint work to develop projects, proposals or activities or to identify issues, problems and creating solutions.
Co-production is...	Ensuring that people who access or who are impacted by services have an equal and reciprocal role in the delivery of services. This means that people play an active and equal role in the practical activity involved in service delivery alongside those organisations that pay for the service. This means that people are fully included in commissioning, monitoring and de-commissioning decisions as well in more practical activity associated with service delivery.
Consultation is...	Seeking public views on a set of defined ideas or suggestions; with a key outcome in mind.
Public services...	Are services delivered to, or commissioned for, the public by the Public Sector. These services must meet specific statutory duties and may go beyond those if these extensions are agreed locally.
Services for the public...	Are services that are delivered to the public by a range of providers and which take into account the views and needs of the people they serve.
The voluntary sector is...	Voluntary and community organisations, including registered charities, community groups, the community work of faith groups and those social enterprises where there is a wider accountability to the public via a board of trustees or membership structure and all profits will be re-invested in their social purpose.
Service users, clients, caseload, patients, citizens and residents are...	<b>...PEOPLE!</b>

### More information and support:

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