

# THE PRINCIPLES OF CO-DESIGN

## 1. INTRODUCTION

1.1 The purpose of this Paper is to clarify the term “co-design” and set out a number of core principles and values that are necessary if a process is to be described as “co-designed” or “co-produced”. This Paper has been drafted by the Adult Social Care Planning and Oversight Group to establish standards and criteria which they will apply to their oversight of the co-design process relating to the provision of social care and related health services, including the design and use of buildings for social care, in Haringey.

1.2 The scope includes services delivered or commissioned by Haringey Council and Haringey Clinical Commissioning Group (CCG) and, in so far as they impact on Haringey residents, by the Haringey & Islington Wellbeing Partnership and the North London Sustainable Transformation and Planning (STP) Board.

1.3 The term “experts by experience” is used to include both current and past service users and Carers. Those involved in a co-design process may also be lay members of the community who have knowledge, expertise and aspirations to contribute to the process but may at the time not have used or be using these services; for simplicity they are included when using the term “experts by experience”.

1.4 It is recognised that, in the work relating to social care and health, co-design has not been embedded in the organisational culture and at this point in time it is an aspiration that all parties are committed to achieving.

## 2. PRINCIPLES AND BENEFITS

2.1 There are many definitions of co-design and it is a term that is becoming frequently mis-used in relation to health and social care transformation processes, in place of “engagement” which is not the same. Co-design involves a commitment to ensuring that service clients and carers (experts by experience) are involved at the beginning of a process, working with professionals on an equal footing with the same value being given to everyone’s contribution.

2.2 A co-design culture in an organisation takes time to develop and embed as it involves a very different way of working, defining and valuing knowledge. Professionals have to accept that they are not the sole experts on the subject and they need to be skilled in active listening and working as equals in mixed groups of other professionals and experts by experience.

2.3 It is an important principle that experts by experience are confident that they will be listened too and that their contribution can make a difference. Co-design is when an individual and/or groups of people get together to *influence* the way that services are designed, commissioned and delivered. The test of the process is to ask all those involved in the process, lay members and professionals, if they thought that their contribution made a positive difference to the outcome.

2.4 The benefits of adopting a co-design process are both tangible and intangible and there is a growing body of evidence to support this. There are benefits for all those involved:

Benefits for the project:

- Better idea generation
- More original and valuable ideas
- More advanced knowledge about customer or user needs
- Improved quality of service definition
- More successful innovations
- Improved decision-making

Benefits for customers or users:

- Better fit between service and customers or users
- Higher quality of service
- More differentiated service
- Higher satisfaction of customers or users
- Higher loyalty of customers or users
- More educated customers or users

Benefits for the organisations involved:

- Improved creativity
- Improved focus on customers or users
- Better cooperation between stakeholders

2.5 In order to ensure these benefits are maximised there are a number of key principles that should apply to any co-design process

- Service users and Carers should chair or co-chair groups, as appropriate to group function and reflecting relevant expertise.
- Lines of accountability and governance need to be clear at the outset.
- Transparency must be a principle.
- No decisions made 'elsewhere'. Conventional respect for committee procedures should be the norm.
- Attention needed to balance of power on panels and teams.

### **3. PROJECT PLANNING**

3.1 Project plans will need to include specific time for the co-design process and it has to be acknowledged that this will extend project timescales. The benefit of a slightly longer timescale is the value added by including experts by experience in the design process as outlined above and should be included as a mandatory requirement in both the outline and detailed business cases.

3.2 A commitment to co-design involves forward planning to identify all those future activities where this approach will be appropriate and to give time to recruit suitable experts by experience. There is significant transformation underway across adult social care and health services currently generating a range of different opportunities for engagement and co-design, which will be overseen through the Planning & Oversight Group.

3.3 The forward plan for developing adult social care services in Haringey is described in a separate report which is regularly updated and identifies the opportunities for applying the co-design framework to these transformational activities. The updated Forward Plan will be a standing item on the agenda of the Planning and Oversight Group.

3.4 There are many areas of activity where co-design should be part of the process and the checklist below provides a framework that the Planning and Oversight Steering Group has adopted.

#### **Service Development**

1. The development of existing services and design of new services and pathways should involve experts by experience from the beginning of the process.
2. The desired outcomes and benefits to the user of service developments / redesign should be clear from the outset and monitored on a regular basis to check that the outcomes / benefits have been realised.

#### **Recruitment**

1. Involvement in defining job roles / skill sets and selection of candidates for key roles by sitting on shortlisting and recruitment panels e.g. The Ermine Road and Haven Hub Manager Posts.

#### **Commissioning**

1. Working with commissioners to consider at an early stage the key outcomes to be delivered and to contribute to the development of strategy and policy
2. Working with commissioners to design a new service specification
3. Being part of the panel to select new providers for the service
4. Reviewing the new service on any monitoring group set up for this purpose.

#### **Buildings**

1. To be involved, along with professional colleagues in the client team, in developing the functional specification, of a specialist or generic building which has an adult social care function.

2. To be involved in any discussions relating to value engineering to reduce costs to bring it in line with the cost plan.
3. Where appropriate to be on the selection panel for design consultants
4. To monitor the progress of the building works after the start on site.

#### **4. CAPACITY AND SUPPORT**

4.1 In order to meaningfully participate in the co-design process experts by experience may need some assistance and support to make the time available and also some briefing or training on the context and technical jargon. It would be appropriate to pay expenses to include carer sitting, child care, transport and a food allowance if meetings last more than a couple of hours and/or are at lunchtime. The NCL Mental Health Experts by Experience members receive a payment of £12.50 / hour for attending the Reference Group meetings, in addition to expenses. This principle could be adopted more widely for those on co-design working groups and merits further consideration.

4.2 Experts by experience may often need other support around IT infrastructure, access to printers and copiers and possibly office and meeting space. These are important considerations which will facilitate involvement from a wider group of people than may otherwise feel able to be involved.