AMM version - PMM Coproduction Special Issue 2018

Co-commissioning of public services and outcomes in the UK: Bringing co-production into the strategic commissioning cycle

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Abstract:

Commissioning as a planning, resource mobilization and prioritization activity needs to harness user and community co-production of public services and outcomes. Based on a Public Value Model, we map how commissioners can go beyond traditional consultation and participation processes to achieve co-commissioning with citizens. Moreover, we discuss how public sector organisations can use their strategic commissioning process to support and embed citizen voice and action in their prevention, treatment and rehabilitation strategies.

Keywords: Co-production, Commissioning, Co-commissioning, Co-Design, Co-Delivery, Co-Assessment

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Introduction

This article explores the relationship between commissioning and the co-production of public services and outcomes. In recent decades there has been an almost exponential growth of strategic commissioning models in the UK, particularly in personal services such as health, social care, worklessness and criminal justice (LGA-CBI, 2009; Williams et al., 2013; Bovaird, 2016). The Cabinet Office (2006: 4) defined commissioning as "the cycle of assessing the needs of people in an area and then securing appropriate service" but later substituted the word 'outcomes' for 'services'. Since then there has been a proliferation of models of commissioning cycles, most of which claim to focus on outcomes and to put the needs of citizens at the centre of the commissioning cycle. In practice, however, most commissioning practices have not put much weight on the involvement of service users and local communities in the commissioning cycle.

At the same time, since the early 2000s there has been increasing experimentation by public service providers with co-producing public services and outcomes with service users and local communities (Loeffler and Bovaird, 2016). In the UK, the new economics foundation (Boyle and Harris, 2009), the Cabinet Office (Horne and Shirley, 2009), and other nonprofit organisations such as Governance International and the Local Government Information Unit (Loeffler et al., 2012) have raised awareness of the potential of co-production for improved outcomes. Nevertheless, focus groups with public sector commissioners, third sector organisations and citizens in the UK highlight how slowly this interest in co-production has turned into action in the UK (Bovaird et al., 2016). Moreover, the 38 co-production case studies from the UK which have been published by Governance International (www.govint.uk/best-practice/case-studies) demonstrate that many co-production initiatives which been launched have remained small-scale initiatives, mainly by third sector providers or some 'co-production champions' in public agencies - and co-production has focused much more on co-design and co-delivery than on co-commissioning.

Therefore, two questions arise: First, how can commissioners collaborate with service users and local communities within the commissioning cycle in order to improve public services and outcomes? In other words, how can co-production be built into the commissioning cycle to make it a co-commissioning process? Second, how can this strengthened co-commissioning process help to make other co-production approaches more effective throughout public services?

Theoretical framework: A Public Value Model for the commissioning and co-production of public services and outcomes

In order to locate the theoretical role of co-production within public services, we need a conceptual framework which identifies how co-production can add public value. We define public value as the balance between the achievement of priority public outcomes and priority public governance principles. Our public value model is presented in Figure 1.

Figure 1. The Governance International Public Value Model of commissioning public outcomes
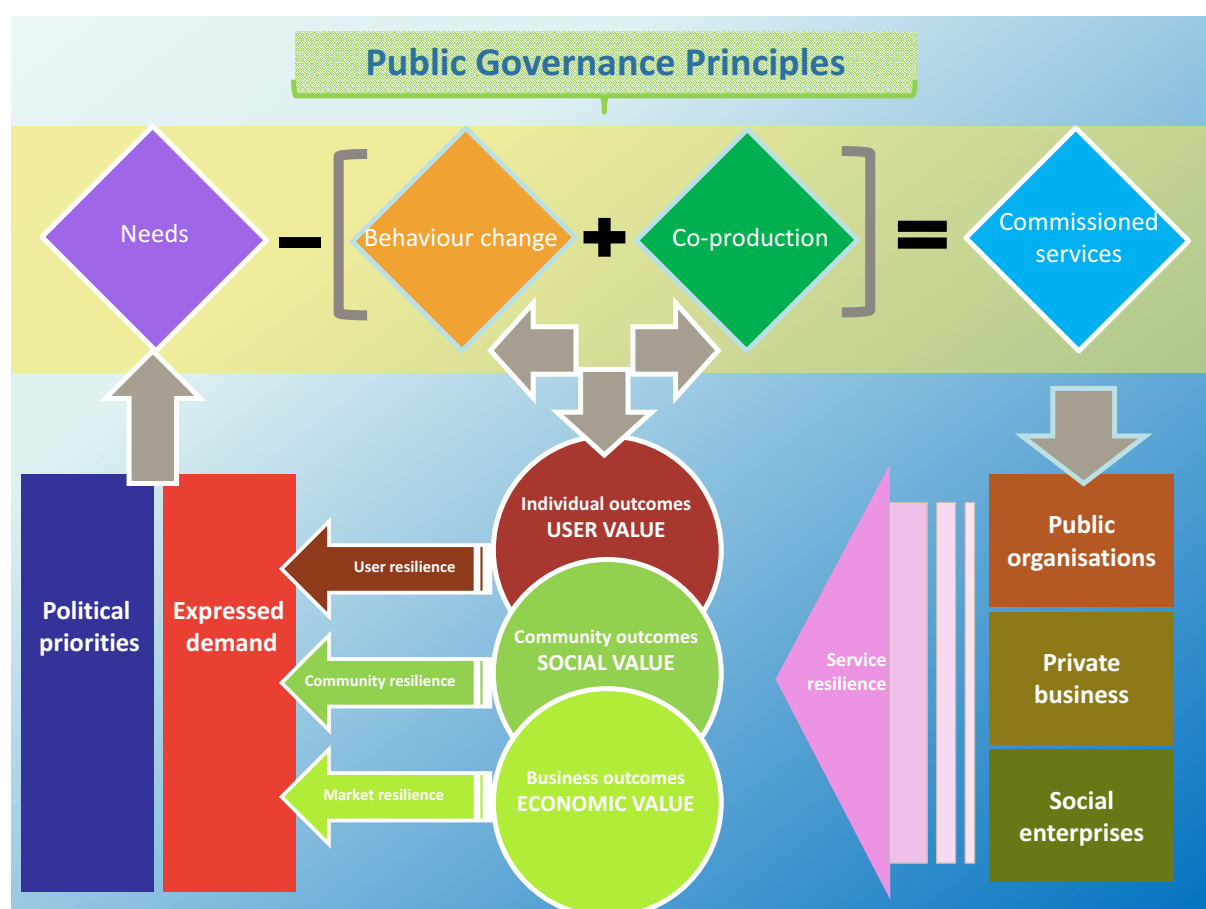
This Public Value Model provides a conceptual framework for commissioning and co-production, highlighting that public outcomes are not only achieved through commissioned public services but also directly through co-production with service users and local communities and through behaviour change on the part of citizens.

We define user and community co-production as "professionals and citizens making better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency" (Bovaird and Loeffler, 2013: 23). This definition makes evident that co-

production does not include partnership working between organisations but rather focusses on the collaboration between those working in public services (whether provided by public sector, third sector or private sector organisations) and citizens, both in their activities as service users and/or local communities.

The starting point of our Public Value Model is the expressed demand for services by citizens. In representative democracies elected politicians prioritise these demands, which then become recognised as "needs". Some needs are met by behaviour change of citizens, so they need fewer services. For example, if people start to adopt a more healthy life style, they are likely to stay in good health longer and to require fewer health and care services. Again, some of the politically-identified needs are met by the co-production of citizens, so that public services need less public sector input. For example, if family members are supported by public services to provide effective care for their frail parents, this can reduce demand on public services. The equation highlighted in our Public Value Model makes clear that co-production is not just an 'add-on' of some "nice to have" discretionary services, on top of the statutory core services offered by public service organisations. On the contrary, citizen contributions are often a 'must have' to reduce the demand on statutory (and sometimes discretionary) public services. For example, Brandsen and Honingh (2018: 15) refer to parents helping to prepare school plays as an example of "complementary co-production in service implementation". While such extra-curricular activities by parents are typically not 'core' to a school's mission (except in the case of art and drama schools), they may be core to the learning pathways of some pupils who are not performing well in other classes or are even at risk of dropping out of school. If this co-production involves the pupils effectively, it may reduce their need for extra support classes in school, improve their employment prospects and steer them away from criminal or anti-social behaviour. These outcomes from co-production may therefore be core to the public sector, even though the activities may not be.

The Public Value Model also highlights how user and community behaviour change and co-production, when embedded in the commissioning process, can transform commissioned services. For example, public care services helping vulnerable people may make more effective use of unpaid carers by training them and helping them to recuperate by arranging respite care for short periods - this can simultaneously improve the quality of life of carers and of those they care for (and, by making their care more sustainable, avoid them being moved to more expensive care homes).

However, the remaining politically-identified needs must be planned and funded by the public sector. As Figure 1 shows, these services can be commissioned from public, private or third sector provider organisations, or from partnerships. The delivered services produce outcomes for individual service users (user value), communities (social value) and for businesses (economic value). This is the traditional pathway assumed by most public

services. However, as the vertical arrows from behaviour change and co-production show, this ignores the outcomes which are directly produced by behaviour change and co-production. For example, in Germany many local councils require citizens to clear the snow on the paths around their house to supplement the snow-clearing activities of the council - this contribution by citizens significantly increases pedestrian safety.

Two more important dimensions to public value are shown in Figure 1. First, public governance principles are key – they must inform both the way in which services are commissioned and provided, and the ways in which co-production and behaviour change are mobilized. This is a critically important difference between public value creation and the operation of private markets – "the ends do not justify the means". It also entails that the operation of co-production is fully subject to public governance principles. Secondly, the sustainability of outcomes is promoted by appropriate resilience mechanisms, which ensure user, community and service provider resilience in a whole systems chain, without which many high priority service users would be vulnerable to the failures inherent in service planning and provision (Bovaird and Quirk (2017). Here, resilience is taken as "adaptation that supports successful achievement of goals and objectives, as well as learning for future planning and preparation" (Edson, 2012), for example, a social care commissioner who arranges with a local café to deliver a light lunch at a discount price to clients whose normal meals-on-wheels provider does not turn up.

Commissioning as the planning, resource mobilisation and prioritizing function in the UK public sector

In this section we examine how the commissioning role works as a key part of the co-creation of public value. There is no agreed definition in UK public services as to what commissioning is about. In many local authorities, commissioning is often interpreted simply as externalisation - the letting of contracts for public services to private sector firms or to other public sector organisations, third sector organisations or cross-sector partnerships. It is true that such externalisation has a high profile in the literature and in much public sector practice of 'contracting out'. However, this is a serious over-simplification - most commissioning models are typically wider than outsourcing in terms of service delivery options but also in terms of the issues to be considered before authorizing a public service. Nevertheless, most commissioning models fail to consider adequately the role of service users and local communities as co-producers.

Here we take commissioning to include the overall consideration of all options for public sector interventions which might serve to improve publicly-desired outcomes, including transformation of internal service delivery and also the move to more intensive sharing of public service tasks with service users and communities, the 'co-production' option. We also

consider service users and local communities not just as bearers of needs and service recipients but asset-holders who can improve the commissioning process and the results of the commissioning process through citizen voice and action.

The plethora of UK public service commissioning models has partly been imposed by central government but has also partly arisen from creative 'in-house' models developed by local authorities. The key differences between the most common commissioning models are whether they include the service delivery phase and whether they focus on public services or public outcomes.

Commissioning in its most recent guises in the UK public sector corresponds most closely to the planning phase of public sector decision making. As such, it is a reinvention of the rational management cycle, with a split between the 'planning' and 'delivery' stages. The label 'strategic commissioning' is typically given to the concept when it includes the prioritisation involved in key decisions. In many local government and health service applications, the commissioning cycle is based on the Analyse, Plan, Do, Review (APDR) sequence, an adaptation of the original Deming Plan, Do, Check (or Study), Act cycle.

A particularly widely used variant of this is the Analyse, Plan, Deliver, Review sequence, incorporated in the Institute of Public Care Commissioning Model (IPC, 2012). In this model, each phase of APDR involves a range of tasks with respect to the commissioning cycle, and the purchasing and contracting cycle which is aligned with it. The core commissioning tasks in the Analyse phase involve an analysis of the market, resources, needs and risks in order to provide "purpose and guidance" for the subsequent planning phase. The core purchasing and contracting tasks in the 'analyse' phase ask commissioners to focus on resources, user needs and providers. The Plan phase aims at developing a joint commissioning strategy and a service specification based on a gap analysis between current provision and prioritised needs. Typically, this involves a complex prioritisation process, as not all needs can be met and not all user groups can be prioritised. In terms of contracting and purchasing, this phase involves developing a purchasing plan and contracts (for outsourcing) or service level agreements (for in-house provision). The 'Do' or 'Deliver' phase of the IPC model is not about service delivery but about putting the plans into practice through change management and budget and market management. In the case of outsourcing, this involves tendering and contract management. Finally, the 'Review' phase involves strategy monitoring and review and, in the case of outsourcing, contract monitoring and review.

A cyclical conceptualization of co-production: The Four Co's Model

In the early waves of commissioning, the role of citizens was rarely mentioned and, when it was, it was essentially seen as a consultative role, e.g. around the priorities between needs

or outcomes. However, there is increasing recognition among commissioners that the learning from such public consultations is often very limited and that service users and communities need to be engaged more effectively in the commissioning cycle. However, there is much less agreement on how this can and should be done.

In a co-production context, the tasks in each of the APDR commissioning phases need to consider diverse potential roles of local people and their motivation to act as co-producers. This will impact on the tasks to be undertaken in each of these commissioning phases.

At first, co-production was seen by its advocates as essentially co-delivery – this was the original interest of the Ostroms and their colleagues in the Workshop of Political Theory and Policy Analysis at Indiana University Bloomington (Ostrom, 1996). As such, it focused on the potential of citizen action to improve public services. However, the Bloomington Workshop and other authors eventually broadened the conception of co-production to include its roles in governance. Bovaird and Loeffler (2012) provided a systematic categorization of the full range of co-production activities throughout the public service cycle, distinguishing four key co-production modes, namely co-commissioning, co-design, co-delivery and co-assessment (The 'four Co's') – a concept later adopted by other scholars, e.g. Nabatchi et al. (2017).

Whereas co-delivery is about citizen action, co-commissioning, co-design and co-assessment involve the use of citizen voice to improve public services and outcomes. This distinction is important, as not all citizens who make significant hands-on contributions to improve public services and outcomes like to attend public meetings or engage in 'talk-shops'. As Table 1 shows, the 4 Co's involve far more people than 'the usual suspects' who can often be found attending formal meetings of public agencies.

Table 1: A typology of co-production modes – the Four Co's

Key Co-Production Modes	Co-Production Approaches	Mechanism
Co-commissioning of priority outcomes, services, user groups and resources	Service users and community representatives on commissioning boards and procurement panels Participatory budgeting to prioritise public policies or budgets Personalisation – micro-commissioning Crowdfunding	**Citizen voice**
Co-design of improved pathways to outcomes	Service redesign with users Innovation Labs Website redesign with specific target groups Neighbourhood and community regeneration forums	**Citizen voice**

Co-delivery of pathways to outcomes	Volunteering by local communities Promoting and supporting self-medication and self-care Peer support groups (e.g. in mental health, through 'expert patients', or through ICT training and social media surgeries) Training of staff by 'experts by experience' 'Street champions' (Streetwatch, Speedwatch) Community asset management	**Citizen action**
Co-assessment of public services, public governance and public outcomes	Service-user inspectors and tenant inspectors Web-based user rating of public services Action-oriented complaints system Peer review of services with users	**Citizen voice**

In the next section of this article, we focus on how citizens can be brought into the commissioning process – the co-commissioning challenge. In the final part of the article, we look specifically at how the commissioning process can embed co-production in the commissioning cycle, including citizen action as well as citizen voice.

Co-commissioning - bringing co-production into the commissioning process

The conceptualization of co-production in Table 1 provides commissioners with a conceptual framework for working more intensely with service users or local communities throughout the commissioning cycle. In Table 2 we build on the IPC commissioning model to show how a co-commissioning approach can be embedded within each of the Analyse, Plan, Do and Review phases of the commissioning cycle.

**Table 2: Bringing user and community co-production into the commissioning cycle**

Phase of commissioning cycle	Key activities highlighted in IPC model of commissioning	Key activities in a co-produced commissioning cycle which involves service users and communities	Examples of co-commissioning approaches
Analyse	Resource analysis Review service provision Population needs assessment Legislation, evidence and government guidance (Analyse individual needs) (Identify intended outcomes) (Analyse providers)	Joint analysis of needs, public sector and community assets, and risks of service failure Joint identification of further opportunities to bring citizens into commissioning cycle	Appreciative inquiry with local communities, 'See What You Can Do"-conversations with service users, focus groups on risk assessment, community surveys on service offer (e.g. for older people in a specific neighbourhood)
Plan	Gap analysis Commissioning strategy Service design (Develop service specifications and contracts) (Purchasing plan for procurement of services)	Co-deciding priority outcomes and priority services Agreeing criteria for deciding appropriate mix of in-house and external providers Agreeing service specifications, tender documents and contracts	Participatory budgeting, intense involvement of user and community representatives on commissioning boards or procurement panels, personalization Improvement suggestions by 'experts by experience' (e.g. user group meetings or online); Prototyping of new solutions (e.g. Innovation Labs)
Do	Market/provider development Capacity building Manage provider relationships	Joint monitoring with citizens of operation of in-house services and external contracts	User and community representation at contract monitoring meetings between commissioners and providers

	(Procure services by letting contracts to providers) (Contract management)	Helping providers to improve relationships with service users and communities and to mobilise citizen inputs Agreeing ways of gaining extra financial resources from citizens	Crowdfunding, charging of fees
Review	Review strategy and market performance Review strategic outcomes (Review individual outcomes) (Contract evaluation)	Revising commissioning strategy in the light of co-assessment of service and provider performance Revising commissioning and procurement decisions in the light of co-assessment of providers against governance criteria	User and community surveys, focus groups to discuss survey results and quantitative evidence and suggestions for improvement Peer reviews and inspections Scrutiny of patterns emerging from complaints systems

Key: Activities in brackets, e.g. (Contract monitoring), are identified in the IPC model belonging to the 'procurement' element of the commissioning cycle.

These co-commissioning activities then give rise to a new co-commissioning cycle (Figure 2), which highlights how citizens can contribute to each of the four key phases of traditional commissioning.

Figure 2: A Co-commissioning Cycle
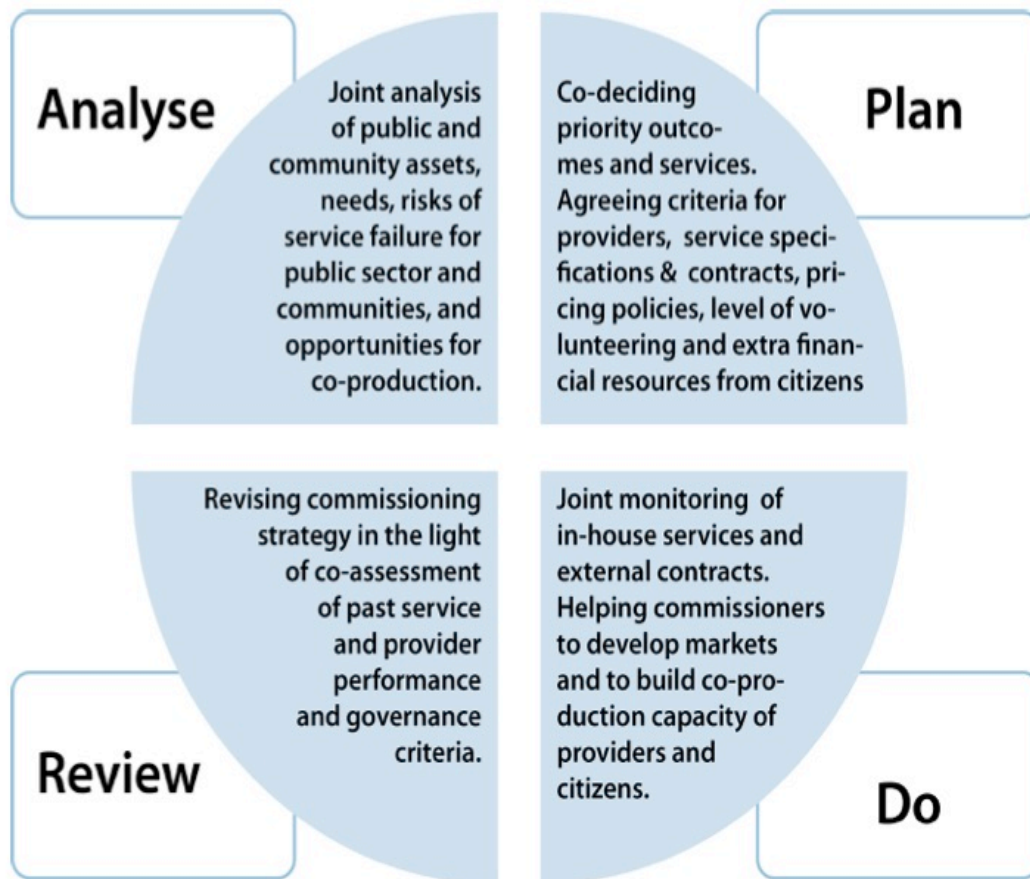
Source: Original

Phase: 'Analyse'

In this phase, the involvement of service users and/or local communities has traditionally focused on helping commissioners identify needs. This is where most public consultations begin and end. However, from a co-production perspective, it is no longer sufficient to ask local people about their needs. Given that the harnessing and strengthening of personal and collective assets is a key co-production principle, commissioners also need to co-assess individual and collective assets with service users and local communities. This mapping of local co-production assets requires commissioners and other staff, working with service users and communities, to find out from local people what they are doing already and what they might be willing to do in the future to improve specific public services and outcomes. These questions imply a completely new dialogue with service users and local communities about their strengths – a dialogue with which many commissioners are unfamiliar and which

some find rather embarrassing, as it is quite personal. Up to now in the UK public sector, the identification of deficits rather than strengths has been central to commissioning practice. As the Public Value Model points out, needs which can be met by harnessing individual and collective assets, e.g. to achieve behaviour change, can reduce the level of public services to be commissioned.

Furthermore, traditional risk assessments in the public sector have typically focussed on risks for the commissioning organization and have therefore aimed at minimizing such risks (Bovaird and Quirk, 2017). From a co-production perspective, it is important that commissioners also explore the risks for service users and communities. They must particularly explore if citizens are willing to accept some risks as a trade-off for achieving the higher outcomes which those risks make potentially available. A co-produced risk analysis therefore involves co-assessment of 'whose risks' are involved, what the benefits as well as the disbenefits might be from taking those risks, and how *appropriate* risks can be enabled, e.g. by embedding resilience in the whole Public Value Model.

At the same time, analysis of resources should not only focus on public budgets but also on the resources which local communities are willing to contribute. In particular, given that an increasing number of local authorities in the UK have put commercialisation high on their agenda, commissioners need to analyse the extent of potential citizen co-financing, through charging or new citizen roles such as crowd-funding.

Last but not least, bringing citizens into the analysis phase of co-commissioning also allows them to point out new opportunities for service users and communities to contribute to the overall commissioning cycle.

Phase: 'Plan':

In the Plan phase of the commissioning cycle, commissioners collaborate with citizens as co-commissioners at macro- or micro-levels, depending on the planning task involved. Examples of macro-level co-commissioning include such tasks as co-planning of a new vision for a service or a new overall commissioning strategy. Micro-level co-commissioning includes tasks such as specification of a tender document or a contract for a service provider. These two levels of co-commissioning are likely to differ significantly in the techniques used, their governance and the stakeholders to be included.

Clearly, the Plan phase of co-commissioning typically involves macro-decisions with major political importance. The key questions are around who participates in the decision making process and how 'representative' they are (Bovaird and Loeffler, 2016: 267). Local politicians will be under pressure to involve as many people as possible in such prioritisation

decisions, regardless of whether these groups know or care about the issue concerned. However, this generates significant risks to public value. The group of those 'who care but don't know' will be very keen to be involved in co-commissioning but their views may be out of line with the evidence, so politicians cannot allow them to dictate solutions. On the other hand, the group of those 'who know but don't care' may have really valuable views but be very difficult to mobilise. Therefore, "it is essential that democratically elected politicians either have a final say in the commissioning process or else should put sufficient safeguards in place to ensure that those most intensely involved are those whose views are most relevant to the commissioning decisions" (Bovaird and Loeffler, 2016: 268). This political role needs to balance the effectiveness of co-production, privileging those 'who know and care', against the good governance principles of citizen engagement and the equalities agenda.

In micro-level planning of co-commissioning, e.g.in the case of jointly agreeing a tender document, fewer service users or communities will normally be involved than in the case of macro-level co-commissioning. If the issue is to improve an existing process, commissioners need to involve 'experts by experience' who know and care about the process concerned. However, if the task is more innovative – e.g. to transform an existing service or develop a wholly new service - then commissioners need to collaborate creatively with a more diverse group of people, who are likely to spark each other off to come up with innovative ideas. Otherwise, there is a risk that existing service users remain attached to the 'status quo' and are reluctant to engage in a genuinely innovative process.

Phase: "Do"

This is different from the 'co-delivery' mode of co-production, where citizens are involved in the actual 'doing' of services or achievement of outcomes. In this phase, service users and the wider local communities have an important role to play in helping commissioners to ensure that the service provision arrangements which have been planned are implemented in an appropriate way – this is a 'commissioning' rather than a 'delivery' activity.

The 'Do phase of the commissioning cycle therefore involves monitoring contracts with external providers or monitoring the quality of public services delivered through in-house provision. In particular, service users are the most relevant stakeholders to determine if providers are complying with the specifications agreed for the service. These roles can be achieved by ensuring that citizens are represented at the regular contract monitoring meetings between commissioners and providers.

Moreover, bringing citizens into the 'Do' phase of commissioning will potentially strengthen service providers in their understanding of and commitment to the co-delivery of public services and outcomes with citizens.

Phase: "Review"

In this last phase of the commissioning cycle, commissioners undertake a summative evaluation of their commissioning strategy and its impact upon the performance of their in-house services and external contracts, to inform the next iteration of the commissioning cycle ('recommissioning'). The 'Review' phase may also be strongly driven by the need of commissioners to demonstrate external accountability (European Commission, 1997: 29). This phase of the commissioning cycle ties in very closely with the 'co-assessment' mode of the co-production model in Table 1 but it refers to review of the achievements of the commissioning process, rather than the full range of activities which are open to citizens in co-assessment of public services and outcomes.

In this phase, citizens play an important role in co-assessing to what extent the commissioning strategy (and its implementation) has improved their quality of life. Moreover, building on this evaluatios, they are well placed to suggest incremental or radically new improvements to the existing commissioning practices, so this role may include different forms of developmental evaluations, concerned with examining ways of improving the management of contracts or services (European Commission, 1997: 29).

This 'Review' phase may involve relatively 'arms-length' forms of co-assessment (e.g. through citizen satisfaction surveys or scrutiny of evidence coming from complaints systems) or more intensive contributions, such as acting as service user inspectors or 'experts by experience' in peer reviews of public services. An even more intense co-assessment approach may involve citizens taking part in innovation labs, or other 'research co-production' activities, in which they are expected to contribute to the development of evaluation and learning frameworks, collection of data and interpretation of evidence gathered (Durose et al., 2017).

Commissioning the co-production of public services and outcomes

In the previous sections we have demonstrated how a co-commissioning approach can embed the practice of co-production within the commissioning cycle. However, co-production, extending from co-commissioning through co-design and co-delivery to co-assessment, is not yet one of the 'natural' pathways to outcomes which service commissioners in the UK undertake. Even in health care, where co-production has been much discussed, a recent literature review found little evidence of effective patient and public engagement in primary-care commissioning (Petsoulas, 2015). How can co-

production activities with service users and communities themselves be more effectively commissioned?

In order to understand how co-production can be promoted within the strategic commissioning process, it is necessary to see how it can contribute to the outcomes which are co-prioritised by both commissioners and users or communities working together. In the case of wicked problems, this requires both parties to agree on the definition of the problem first.

Once the problem and priority outcomes have been agreed, we must be able to demonstrate ways in which co-production can influence these pathways to outcomes. In Figure 3, we highlight the key strategic pathways in the generic problems intervention model of public policy, whose results co-production must be able to improve, if it is to be cost-effective.

The first pathway is problem prevention, which can be achieved both by promoting behaviour change amongst those giving rise to the problem or, alternatively, by tackling the conditions which give rise to the problem in the first place. Prevention is particularly important for so-called 'wicked problems', whose solution is highly uncertain, so that preventing them seems to offer a much more cost-effective use of resources (Head and Alford, 2015). Whereas where professionals can generally claim unique competences in treatment, prevention usually constitutes a much wider and looser collection of possible interventions, many of which rely on co-production to harness the knowledge, skills and resources of citizens in preventing problems from occurring (NESTA, 2011). Indeed, Collieson (2015), in summarizing current evidence on prevention in social care, argues that co-production should be at the heart of the prevention agenda and the Social Care Institute for Excellence in its review of co-production in social care found that professionals working with communities and people who use services are likely to have a potentially a greater focus on prevention (SCIE, 2013).

The second pathway is to improve treatment, a necessary concomitant of which is to improve problem detection. Commissioners are often less aware of the contributions of citizens to problem detection. Clearly, citizens have the advantage that they live their daily lives much nearer to many problems than professionals can ever hope to do – so, for example, people in a neighbourhood are often aware of the presence of drug dealers or persistent anti-social behaviour by local residents. In addition, they may be much quicker to spot emerging problems than the rather rigid monitoring routines of public sector organisations – e.g. neighbours may spot when an elderly person has not collected the milk or newspaper delivered to their front door, suggesting that they may not be well. Moreover, social media have greatly extended the range of problems which local people can detect

and the speed and ease with which they can report these problems, as evidenced by the rapid growth of smartphone apps such as FixMyStreet.com.

Figure 3. The generic problem interventions model for public sector organisations
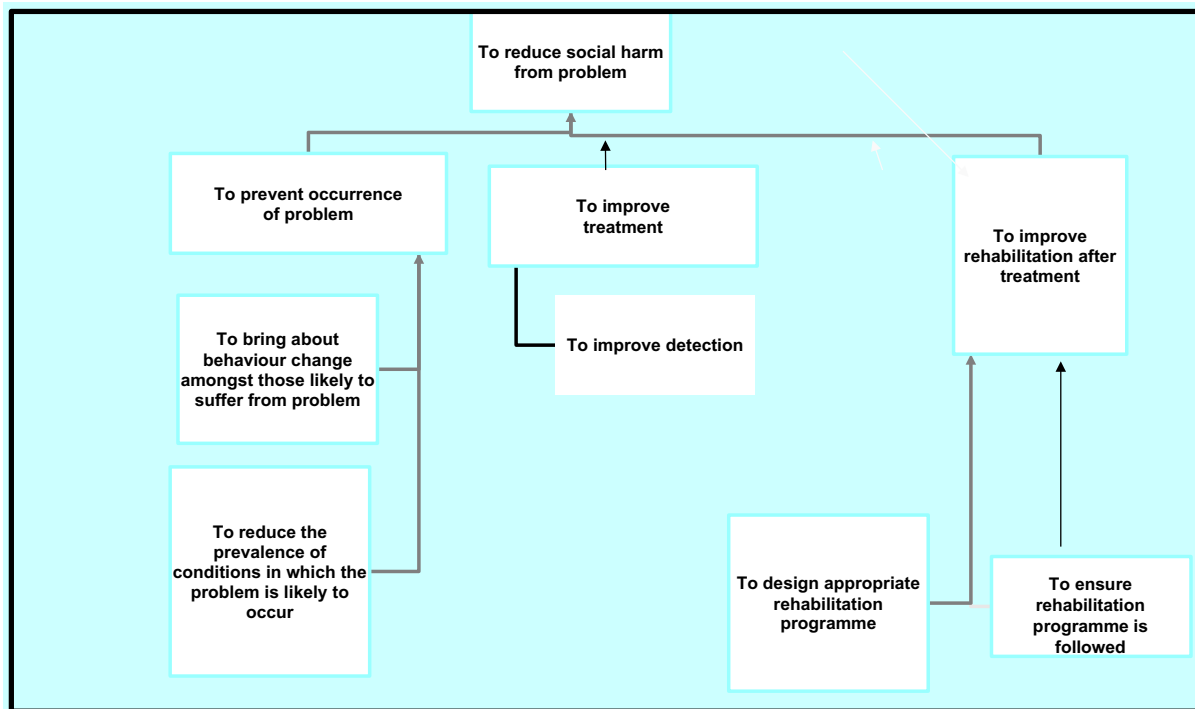
Source: Adapted from Bovaird and Loeffler (2012b: 1129).

Once a problem has been detected, public service commissioners have to consider how to treat it. While traditionally this is the sphere where service professionals have regarded themselves as having superior competence, given their expert training and experience, there is a need for commissioners to recognize the potential contributions which service users and communities can also make. This is especially important in relation to 'wicked problems', where the set of relevant drivers and potential solutions may form a complex adaptive system, so that no single perspective or intervention approach is likely to be able to bring about successful outcomes. In such cases, a wide range of inputs from multiple stakeholders are likely to be important, in experimental approaches designed to allow learning about what works through experience, rather than prior analysis (Bovaird and Quirk, 2017). Citizens involved in such innovative activities are not just acting as 'co-producing customers' (Osborne and Strokosch, 2013), where co-production is an inalienable component of public services production, both involuntary and unavoidable on the part of both the service user and the public service organization. Rather, this is a genuinely joint process of creating extra public value. By giving citizens a more central role in problem

treatment, working alongside service professionals, commissioners can explore innovative ways of improving outcomes in highly uncertain conditions.

The final phase of the problem interventions model In Figure 3 is rehabilitation after treatment. This is shown as having two contributory co-production interventions, namely the design of an appropriate rehabilitation model and ensuring that this model is followed. Clearly, service users and professionals can work together to co-produce both of these pathways to better outcomes. An example of the former pathway is given by the Good Lives Model (Weaver and McCulloch, 2012), which seeks to enhance individuals' capacities to live meaningful and constructive lives and, in so doing, promote individual well-being and desistance from crime. It explicitly requires that prisoners/probationers should have a say in how they should be rehabilitated and actively engaged in collaborative approaches to reducing recidivism and supporting change. Hanks et al. (2012) highlight that peer mentoring in the rehabilitation of people who have suffered spinal cord injury shows positive and lasting effects even ten years after the injury and their own study of traumatic brain injury concluded that most mentees felt the peer-mentoring experience had improved their quality of life and enhanced the feeling that they were better able to deal with life.

This discussion has demonstrated that co-production can be embedded successfully within all the three main problem intervention strategies available to commissioners, namely prevention, treatment and rehabilitation. Of course, the extent of co-production will depend on the ability and willingness of both professionals and citizens to co-produce better outcomes with each other. While there has been considerable research on the motivation factors which increase the ability of users and communities to contribute (Alford, 2009: 183-199; Van Eijk and Steen, 2016) and factors increasing users and communities' ability to contribute (Alford, 2009: 199-201), such as community development (Vanleen and Verschuere, 2018), there has not been much focus on how to elicit the co-production of professionals (Steen and Saana, 2018).

The process of commissioning co-production approaches will normally follow the same Analysis, Plan, Do and Review phases which we identified earlier for all commissioning. The key difference is, of course, that multiple stakeholders will be involved, including service users and representatives of local communities. Since this is likely to add to the complexity of the commissioning process, it is essential that commissioning focuses on ensuring that co-production is used in a way which will maximise its benefits and keep to a minimum its potential disadvantages. In particular, the Public Value Model in Figure 1 highlights that commissioning should focus on the improvements to outcomes which co-production enables – to individual service users, to communities and to the economy - and on the improved resilience which co-production can inject into the public value system, while ensuring that co-production approaches conform to public governance principles. These principles would include, among others, citizen engagement, transparency, accountability,

fairness and due process, the equalities agenda and sustainability. In the next section, we provide a short case study which illustrates how this balance between achievement of outcomes, public governance principles and resilience can be achieved.

Case study: How the *Lambeth Living Well Collaborative* co-commissions co-produced mental health initiatives

The key lessons highlighted in this article are illustrated by the co-commissioning undertaken by the London Borough of Lambeth, which initiated *Lambeth Living Well Collaborative*, a co-produced initiative to improve mental health in Lambeth (O'Rourke, 2013). The co-commissioning of the Collaborative involved each of the Analyse, Plan, Do and Review stages outlined earlier. The Collaborative emerged in 2010 through informal fortnightly breakfast meetings of about 30 people, including commissioners, providers of health and social care services, people who used services and care-givers. The meetings took place in a local café which provided training and employment for people who have experienced adversity (Hutchinson, 2017).

The 'Analyse' phase emerged first in these informal discussions, leading to development of an outcomes framework, which focused on the achievement of the 'Big Three' outcomes for people living with long-term conditions or mental health issues in Lambeth, namely: to recover and stay well; to make their own choices; and to participate in daily life on an equal footing with others. This outcome framework for the commissioning process was shaped by those people in the Collaborative who personally were 'experts by experience' in mental health issues and long-term conditions.

The 'Plan' phase began in earnest in 2012, when members of the Collaborative engaged with more than 100 stakeholders to plan a service experience, which would support people with mental issues to achieve the agreed outcomes and enable them to make a contribution to society. This engagement of the commissioners with people using services and their care-givers in the 'analyse' and 'plan' phases of the commissioning cycle resulted in a new portfolio of services, including peer support and time banks. It targeted 4,000 people on the primary care serious mental illness register within Lambeth's General Practitioner practices and about 2,000 people further clients in the local NHS Foundation Trust (O'Rourke, 2013).

During the 'Do' phase of the commissioning cycle, a team from across services tested the new service offer with 10 people exhibiting a range of needs (The Collaborative, 2018). In particular, two major new projects were implemented. One was the creation of an informal network, the 'Lambeth Living Well Network' in 2013, which functioned as a 'front door' to mental health services (Hutchinson, 2017) to provide earlier support to people with common mental health needs. One of the key results achieved was the reduction of referrals to secondary care services from 100 people per month to 20 (Hutchinson, 2017).

The second project involved the development of an alliance contract between Thames Reach, Certitude, South London and Maudsley NHS Foundation Trust (SLaM), Lambeth Clinical Commissioning Group(CCG) and Lambeth Council, which created the 'Integrated Personalised Support Alliance (IPSA)' in April 2015, to help people with serious mental illness to live in more independent accommodation within the community. One year after putting the alliance contract in place, IPSA had already managed to develop community alternatives to in-patient admission, leading to a reduction of 60% admission rates to in-patient rehabilitation wards in Lambeth (The Lambeth Collaborative, 2016). The new approach has been regularly reviewed and refined since that time, involving some elements of co-assessment with service users and the surrounding community, although this was not a major element of the Lambeth co-production approach. (This highlights that no single co-production initiative is likely to focus on all four Co's simultaneously, although over time all four Co's may indeed be covered).

The commitment to co-production extended beyond co-commissioning to strengthening and extending co-production throughout mental health services, covering all three intervention strategies of prevention, treatment and rehabilitation. The new partnership committed to achieving these outcomes through an assets-based approach which strengthened personal resilience and initially focused particularly on prevention in order to reduce the incidence of mental health crises. However, Lambeth Council soon strengthened its initiatives on treatment and rehabilitation, as exemplified by a new partnership with the third sector provider, *Mosaic Clubhouse.* The Clubhouse Model seeks to address the social isolation, the loss of confidence and skills, and the educational and vocational disadvantages that accompany a diagnosis of mental illness. It is based on a non-clinical therapeutic approach involving co-production with people using services (so-called Clubhouse 'members'). The *Mosaic Clubhouse* in Lambeth is part of an international Clubhouse Association which adheres to a number of externally accredited standards.

A number of these standards were at risk of being compromised by the *Clubhouse's* new partnership with the *Lambeth Living Well Collaborative,* since that required fast-tracking of individuals with mental health issues through a twelve week programme, in apparent contravention of the Clubhouse principle that "membership is voluntary and without time limits" (Ness, 2014). After intensive discussion with staff and members, *Mosaic Clubhouse* decided to provide a twelve week 'enablement' (rehabilitation) service to support anyone with a mental health condition to get back on their feet following a period of instability. It discovered that this short intervention was sufficient for a number of its members, whilst others required the support of the *Clubhouse* structure for slightly longer, as part of their recovery and rehabilitation journey. The 2014 satisfaction survey showed that 76% of members felt valued and supported and had gained confidence while participating in Mosaic Clubhouse activities.

This case study provides evidence that co-commissioning with citizens – service users and communities - can add value to the commissioning process and that, in turn, deeper co-production can be successfully commissioned which extends co-production through the full range of prevention, treatment and rehabilitation strategies. At the same time, it highlights that development of co-commissioning is often not a fully a fully planned process but rather emerges in the developing relationship between committed stakeholders.

Conclusions: A new model for co-commissioning co-production

This article provides a conceptual framework within which to understand the role that user and community co-production can play in solving the strategic problems which face the commissioning of public services and outcomes. It shows that service users and communities can contribute to the Analysis, Plan, Do and Review phases of the commissioning cycle by a variety of methods, working alongside public service organisations. In this way, it highlights how co-production can play a role in co-creating public value through the achievement of outcome improvement in public services.

These approaches to embedding co-production within the commissioning cycle can be divided into 'citizen voice' (in which citizens make substantive contributions to co-commissioning, co-design and co-assessment) and 'citizen action' (in which citizens make substantive contributions to co-delivery). However, this conceptual framework also demonstrates that the balance between citizen voice and action varies across each of the four phases of the commissioning cycle.

Consequently, attempts to segment co-production activity into neat, non-interacting categories is almost certainly doomed, as many citizens who are keen to use their voice in the decision making process are often also prepared to undertake at least some actions which help to implement the decisions concerned; and many citizens who are deeply committed to actions in support of public services are likely to want to express their views on how their time might be spent more effectively and how outcomes might be improved. However, it is also important to acknowledge that those who are keen to use their voice are not always 'experts by experience' whereas the real 'experts by experience', in particular from disadvantaged groups, do not always have the self-confidence to use their voice – and are not always keen to have their activities scrutinised and debated,. As Steen at al. (2018) stress more research is needed on the 'dark sides of co-production', where key governance priniciples may not be properly observed.

The article demonstrates that both citizen voice and action are required in each of the core public sector intervention strategies, namely problem prevention, detection, treatment and rehabilitation. The co-commissioning of services which implement these strategies needs to

ensure not only that co-production is embedded within them to improve outcomes but also that the approach to co-production conforms to public governance principles, in line with the Public Value Model.

By having a more explicit conceptual framework within which to highlight how citizens can contribute to the Analyse, Plan, Do, and Review phases of the commissioning cycle, co-commissioning can be seen to be a core element of the achievement of public value. Moreover, by demonstrating how central is co-production within the range of public intervention strategies, user and community co-production can be rescued from the potential accusation of being just one more 'nice to have' idea and can be showcased rather as a 'must have' element to improve public value.

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