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West Sussex Drug and Alcohol Partnership Community Fund Co-Production Programme

Evaluation summary - Spring 2026

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We take this opportunity to thank the team at CAPITAL for all their efforts in running this programme on behalf of the West Sussex Drug and Alcohol Partnership. To the members of the oversight group who always made us laugh and reminded us of the positive potential in the community, and to the efforts of the review panel and project leads who committed their time to improving the lives of others. – Thank you.

Programme team, West Sussex Council

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Summary

This evaluation summary report details the West Sussex Drug and Alcohol Partnership Community Fund Co-Production Programme, which was designed and delivered from Spring 2024 to Spring 2026. The report is structured to provide the context, rationale and outcomes of the programme, and provides valuable insights for the applicability and viability for community-based co-development of community fund programmes, with particular reference to Lived and Living Experience of substance use and multiple compound needs. Core audiences include West Sussex Drug and Alcohol Partnership members, OHID leads, Public Health departments and Local Authorities.

This summary offers an abridged extract from the report, with more detail and context held within the respective sections.

1. Background and context

Following the publication of the UK government's 10-year drugs strategy 'From Harm to Hope', the Home Office issued guidance on funding, governance and outcomes for local 'Combating Drugs Partnerships', with foundational principles central to effective working in reducing drug-related harm. One of these core principles centres on co-production.

As a result, a key priority of the West Sussex Drug and Alcohol Partnership (WS DAP) (2024-27) is to co-produce community initiatives with people who have lived and living experience (LLE) of drug and alcohol harm, to build resilience and enhance community assets. To meet this priority, a co-production community fund programme was initiated by West Sussex Public Health leads on behalf of the WS DAP and co-developed with the community charity, CAPITAL.

This was conceived as a community grant programme, whereby CAPITAL would manage a funding pot, available to any individuals, groups or local charities wanting to develop small-scale projects to address at least one of the priority areas outlined by the WS DAP (2024-27). CAPITAL would also carry operational responsibilities for developing support and guidance for individuals/groups. The WS DAP team would provide operational oversight for evaluation and financial oversight of grant funding. Strategic oversight would be delivered by public health officers, who were accountable for the central OHID funding, the deliverables against the WS DAP priorities, ethical use of public funds and capturing insights with robust evaluation.

The community fund programme ran from Autumn 2024 to Spring 2026, with multiple community projects enacted. This paper summarises the activities of the programme and attempts to draw insights into whether the programme was successful in its aims.

These three aims were:

1. That co-production with individuals with Lived and Living Experience (LLE) of substance dependence and multiple compounding needs which followed the 'principles of co-production' would demonstrate instrumental and intrinsic benefits in the community.
2. That the co-produced community fund programme would be operationally functional, with clear oversight, coordination, accountability and resource management, delivering meaningful activities in the community.

3. That the community fund projects would be aligned with WS DAP priorities and mostly successful in their aims.

2. Delivery of the co-production programme

The community fund was agreed by the Office for Health Inequalities and Disparities (OHID) as a part of the spending of the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). OHID had encouraged peer-led activities, through the medium of a Lived Experience and Recovery Organisation (LERO), - in this instance CAPITAL.

CAPITAL were commissioned to run the day-to-day activities of the community grant programme, and West Sussex Public Health maintained oversight responsibilities to manage the use of the funds. The key stakeholders for the programme were:

Strategic oversight

- WS DAP Partnership and Data & Intelligence leads – reporting to regional/national leads e.g., OHID, and Joint Combatting Drugs Unit (JCDU) partners.

Operational oversight

- CAPITAL (administration and facilitation of core activities and support)
- WS DAP Data and Intelligence and Partnership leads (evaluation and impact monitoring)
- WS Commissioning and contacts officer (financial oversight of grant funding)

Function

- People with lived and living experience and members of the co-production groups
- Professional partners for whom projects or initiatives are proposed.

The following details the main steps and timeframes of the programme's activities.

Spring 2024	The agreement of WS DAP priorities including centring individuals with LLE in planning and delivery.
Summer 2024	Proposals for co-produced community fund programme scoped and further developed with CAPITA. Budgets and evaluation criteria co-developed with CAPITAL and WS DAP leads. Sign-off from OHID, WS DAP and Senior commissioning manager for substance use.
Autumn 2024	Commissioning contract awarded and CAPITAL begins work on raising awareness of the community fund and establishing membership for oversight working group and independent review panels. CAPITAL host first partnership launch day, where individuals with LLE brainstormed potential project ideas.
Winter 2024/25	First submissions for projects are received by CAPITAL.
Spring 2025	First projects are live, and more submissions are coming in. Extension to the initial contract is confirmed into 'Year 2', with top-ups to the community fund pot.
Summer 2025	Discussions around pilot evaluation are formalised.

Autumn 2025	Pilot evaluation conducted, and feedback sought from partners to answer the question 'have we accurately articulated what we have achieved?'
Winter 2026/26	Confirmation of end of programme in March 2026. Exit strategies drawn up by CAPITAL and project leads to wind down projects or seek funding elsewhere.
Spring 2026	Final evaluation initiated to formalise learning. Summary partnership day held where all project leads and related professionals hear on the activities and successes of the programme. Programme is wound down for end of March 2026.
Summer 2026	Local and regional dissemination opportunities are explored, following evaluation write-up.

3. Evaluation outline

The purpose of this evaluation is to ask whether or not 1) the programme was successful in its aims, 2) the programme could or should be replicated – and is there any learning to advise on how this might happen, and 3) were there any unforeseen benefits or challenges which should be documented?

In defining success, the following questions are posed:

1) Were the principles of co-production were upheld throughout? These being:

1. Recognising people as assets.
2. Building on people's existing capabilities.
3. Developing two-way reciprocal relationships.
4. Encouraging peer support networks.
5. Blurring boundaries between delivering and receiving services.
6. Facilitating, not delivering to.

2) Was the programme well-delivered, in terms of operation and resources, but also in terms of delivering the instrumental and intrinsic benefits envisioned?[1] For this purpose, the WS DAP and CAPITAL teams co-developed seven criteria for success which would be directly assessed throughout and at the end of the programme. These are:

1. Alignment with WS DAP priorities
2. Lasting engagement with the programme
3. Representation of the project groups
4. How groups worked to define their projects
5. Success of the individual projects
6. Positive impact of involvement to individuals with lived and living experience
7. Working within expected budgets

[1] Potential benefits here can be divided into two types – instrumental (use of people's experience and expertise, which can contribute to a more efficient use of resources), and intrinsic (increased sense of social responsibility, citizenship, and benefits to the wider community, particularly to improved health and wellbeing).

3) Were the individual projects successful in achieving their outcomes, as planned in the ToCs submitted?

– In this the programme acknowledged that community projects can shift somewhat in their delivery and that not all projects would be completely successful.

The evaluation therefore will summarise the projects and their successes, with any limitations and learning documented. This will include a summary of contexts, mechanisms and outcomes, in line with critical realist evaluation theory.

4. Evaluation

The seven criteria measuring if the programme was well-delivered are summarised here in turn, followed by surveyed reflections on the programme from the project leads. Detailed in Section 4.5, the community projects included the following examples:

- A peer-led art group providing a supportive environment for creativity and social connection, intended to reduce isolation and build self-belief. This was initially led by an individual who was unable to continue, but it was later supported by others who wanted it to continue. Individuals meet each week to develop artwork and also go on fieldtrips together.
- A women's wellbeing programme, designed as wrap-around support for women with mental health and substance issues under an organisational umbrella, with intentions to improve wellbeing, safety, empowerment and life-skills. The group faced staffing issues, causing delays, but resumed with good engagement. There were weekly sessions with food preparation and creative art exercises.
- A peer-led social media project, addressing county-lines exploitation and grooming via original short story videos. Developed in partnership with local police forces, story boarding/scripts were developed, and filmed with actors, to tackle perceptions that lead to harmful exploitation of children and young people.
- A sustained 'carers support' group, for those who care for friends/family with substance dependence issues. Deliverables included peer support programmes and family information packs, particularly for more 'hidden' carers.
- A prison-based wellness group, co-led by a lived experience peer in recovery. This aimed to empower prisoners and provide experience for facilitator and requires the cooperation of the prison officials. This short-term project was designed for 6-weeks and hoped to provide evidence of peer-support groups in local settings.

Projects, costs, start dates and aligning priorities (priorities described in section 4):

	Project name	Final costs	Start date	Planned end date	Refers to which priorities (Numbers)
1	'Creative Space' (OOH Art Group)	£3,768	Apr2025	Apr 2026	2,7,8,10,11,14,15
2	'Women's Wellbeing Program'	£19,661	Jun 2025	Jun 2026	1,2,5,6,7,8,9,10,11,13,14,15
3	Stone Pillow 'Lived Experience Stories'	£5,699	Jan 2025	Jun 2026	5,6,7,8,11,14,15
4	'Pot Roast'	£4,498	Aug 2025	Aug 26	7,8,10,11,14,15
5	'High on Health'	£10,000	Sep 2025	Mar 26	7,8,14,15
6	'Guidance Vs Grooming' (TikTok Series)	£13,671	Jun 2025	Mar 26	1,3,4,14,15
7	East Grinstead Women's SHARE Group	£2,088	Sep 2025	Partial launch only	2,7,8,9,11,14,15
8	Carers Support	£4,980	Sep 2025	Sept 26	2,6,7,8,11,12,13
9	Ford Prison 'Path of Recovery'	£635	Jan 2026	Mar 26	1,4,5,6,7,8,9,10,11,12,13,14,15
All initiated projects		£ 65,000	All Priorities working towards	1, 1, 1, 2, 2, 2, 2, 3, 4, 4, 5, 5, 5, 6, 6, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 8, 8, 8, 8, 8, 8, 8, 8, 8, 9, 9, 9, 10, 10, 10, 11, 11, 11, 11, 11, 11, 11, 12, 12, 13, 13, 13, 14, 14, 14, 14, 14, 14, 14, 14, 15, 15, 15, 15, 15, 15, 15.	

Total programme spend:

Block	Items	Year 1	Year 2	Total	Total %
Staffing	LE Lead	£30,000	£30,000	£60,000	33.9%
	Administrator	£11,000	£11,000	£22,000	12.4%
	Travel costs	£800	£800	£1,600	0.9%
Co-production activity	3 x Advisory groups	£610	x	£610	0.3%
	2 x panel meetings	£410	x	£410	0.2%
	Events and workshop costs	£3,500	x	£,3500	2.0%
	Volunteer expenses	£1,000	x	£1,000	0.6%
	Community fund	**£40,000**	**£25,000**	**£65,000**	36.8%
	Management and overheads	£11,250	£11,250	£22,500	12.7%
Total costings		£98,570	£78,050	£176,800	100%

5. Reflection and summary

This section summarises the learning gained from the results of the evaluation, as well as documenting core areas of consideration for replicating this programme. The three central questions of the evaluation are summarised here:

5.1 Were the principles of co-production upheld?

The evaluation was concerned whether or not the programme was felt to have maintained the key principles of co-production (outlined in section 1):

The results from Section 4 demonstrate that the principles were upheld. The members of the oversight group and CAPITAL team were instrumental in developing the resources of the programme and for guiding how to support those with LLE who could face difficulties in initiating or maintaining an ambitious project. People's skills were implemented in innovative ways. The relationship between CAPITAL and WS DAP teams was prized as respectful and trusting, giving power of decision making to those who were involved. Peer support networks were a central model of the programme, as well as many of the individual projects. A significant number of those who used support services were involved in the planning and delivery of projects. And the central role of the WS DAP team was to facilitate, encourage and support, rather than to deliver by itself.

With those results collated, it is possible to say that the principles of co-production were upheld during the programme.

5.2 Was the programme well-delivered?

The co-developed evaluation criteria led to the results within Section 4, which have shown the following:

1. The programme, as developed, allowed for co-produced community projects which aligned with the set priorities of the WS DAP.
2. Engagement with the programme was strong, despite the challenges inherent in involving individuals with lived and living experience of multiple disadvantages.
3. Representation within the programme and project groups was demographically diverse and populated by individuals with a range lived and living experience.
4. Groups and individual project leads were supported by a range of mechanisms to define, refine and enact community projects which are supporting people to lead better, healthier lives.

5. Individual projects were mostly strong and thriving, with good engagement and clear project outlines. The projects made good progress in achieving their intended outcomes.
6. Individuals involved in this programme have seen multiple benefits to their lives, and have been empowered to thrive in their pursuit of developing meaning community activities.
7. The programme functioned entirely within contract specifications and operated within expected budgets. The timelines of some projects exceeded the original expected end-date of the programme (March 2026), though this is due to the length of projects, most of which were designed with longevity in mind.

With the results collated, it is possible to say that the programme was well-delivered, insofar as it was weighed against the pre-agreed criteria.

5.3 Were the projects successful in achieving their outcomes?

The majority of projects, largely focused on building self-confidence and peer-support in the community for people facing significant hardship, were seen to be successful in their aims. Projects which intended to develop material products were able to do so and succeeded in disseminating their products into the community to positive reception.

With the results collated, it is possible to say that the projects were largely successful in achieving their outcomes, with some challenges and learning documented.

- The evaluation then summarises further learning, which went beyond the core questions.

6. Conclusion and recommendations

Whilst the model described in this evaluation has shown promising results, it was – as expected – labour and time intensive to conduct and efforts should be put in place to test variations of best-fit for the approach.

One main weakness is the short-term nature of grant funding from central government departments. I.e., if it takes six months to plan and green light a programme and six months to launch and start reviewing project proposals in the community, there may only be a single year remaining to conduct the work before funding is removed and work ceases.

One demonstrated strength of the model is the enthusiasm and development of the individuals involved, implying a desire to continue. As such, one modification worth testing could be for local authority departments to establish and maintain participatory working groups in the community, around their field of professional remit, and when short term funding is available, these groups would be ready to launch projects which they have previously developed (as ToCs). This would remove the significant 'start-up' delay to such programmes, whilst maintaining reciprocal trusting relationships. Following the model presented in this evaluation, they could have resources and ways-of-working ready to go, with invested community peers available to support new innovations.

In any event, the opportunities exist to empower individuals with lived and living experience to take a central role in developing community projects, whilst local authorities must reflect on procedures of governance and accountability, to jointly capture the potential of local communities.

1. Background and context

This section summarises the national and local priorities to reduce substance-related harms in the community, how co-production initiatives are viewed as central to such efforts, and the decisions to enact a co-produced community fund programme in West Sussex.

One & All

Like the first ray of sunshine on a brand-new day
The community fund came our way.
With hope and inspiration, we held our breath,
Hoping funds would flow into our communities best.

In no time at all applications came in,
From those in need, of such a special tool.
And with theories of change, meetings, and calls
The funds were delivered, positive change for all.

Now let it be said such a fund was new thing,
Not widely well known, in the breach were we all.
But with time and commitment, hard graft and toil
This community fund was a success for all.

So as we move forward, the road not quite known
Let's reflect at least and applaud one and all
For making a difference can be so darn tough
But this fund and its people has won through with applause.

- Mark, CAPITAL Project assistant.

1.1 National and local priorities

Following the publication of the government's 10-year drugs strategy 'From Harm to Hope'[2], the Home Office issued guidance on funding, outcomes and governance for local 'Combating Drugs Partnerships'. Crucially, this guidance also established foundational principles identified as central to effective working in reducing drug-related harm.[3] One of these core principles centres on co-production:

"Genuine co-production. People who access treatment and recovery services and those who have been personally affected by drug harm [should] have input and involvement across all levels of organisation and decision-making, with a commitment to the principles of diversity and inclusion."

In West Sussex, our aims are therefore that plans must include the voice and involvement, of people with lived and living experience of drug and alcohol-related harm to inform, and develop, its work. As a result, a key priority of the West Sussex Drug and Alcohol Partnership (WS DAP) (2024-27) is to co-produce community

[2] From harm to hope: A 10-year drugs plan to cut crime and save lives (2022)
[3] Drugs strategy guidance for local delivery partners (2022)

initiatives with people who have lived and living experience (LLE) of drug and alcohol harm, to build resilience and enhance community assets.

To meet this priority, a co-production community fund programme was initiated by West Sussex Public Health leads on behalf of the WS DAP and co-developed with the community charity, CAPITAL[4]. CAPITAL had previously worked with the WS DAP to develop the qualitative LLE evidence-base, to support the 2024-27 priorities of the partnership and had set out a range of needs, including those of centring LLE voice in development and delivery of community activities. With both parties recognising the need to develop co-production initiatives, in Autumn 2024 CAPITAL were contracted to deliver the programme, with strategic oversight and direction from Public Health leads, representing the priorities of the WS DAP.

1.2 Principles of co-production

The Care Act (2014)[5] states that:

'In developing and delivering preventative approaches to care and support, local authorities should ensure that individuals are not seen as passive recipients… and should, where possible, actively promote participation in providing interventions that are co-produced with individuals, families, friends, carers and the community…'

Figure 1. Co-production ladder of participation[6]

Ladder of participation	What does this mean?	Type of commissioning
Co-production	**Doing with people** Working together in an equal, give and take partnership	**This is co-producing commissioning**
Co-design		
Engagement	**Doing for people** Engaging and involving people (asking for their views)	**This is commissioning co-production**
Consultation		
Informing	**Doing to people** Doing things to or for people without involving them or asking for their views	**This is market management/control**
Educating		

Co-production is different to engagement. Where engagement seeks to inform decision-making with the views of local populations, meaningful co-production has additional steps and benefits. Potential benefits can be divided into two types – **instrumental** (use of people's experience and expertise, which can contribute to a more efficient use of resources), and **intrinsic** (increased sense of social responsibility, citizenship, and benefits to the wider community, particularly to improved health and wellbeing).[7]

4 CAPITAL are a member-led charity organisation in West Sussex, pressing for change and utilising their lived experience. Alongside peer support, their work focuses on generating independent lived experience insight to strengthen accountability and governance in local health systems.
5 Department of Health: Care and Support Statutory Guidance: Issued under the Care Act (2014)
6 Harris, et al. (2019) Evaluating Co-production
7 The Social Care Institute for Excellence: Co-production: what it is and how to do it (2022)

Professionals collaborating with communities and people who draw on support are likely to have a stronger focus on the outcomes of the support provided when they are co-producing, and potentially a greater focus on prevention. The contribution that co-production makes to developing social networks and communities is another benefit. There are **six key principles** which have been widely agreed to be the main foundations for effective co-production:

1. Recognising people as assets.
2. Building on people's existing capabilities.
3. Developing two-way reciprocal relationships.
4. Encouraging peer support networks.
5. Blurring boundaries between delivering and receiving services.
6. Facilitating, not delivering to.[8]

1.3 Turning principles into action

In summary, CAPITAL and the WS DAP concurrently recognised a need, from both national guidance and evidence, and from local LLE insights, to develop a co-production programme to address local priority issues.

This was conceived as a community grant programme, whereby CAPITAL would manage a funding pot, available to any individuals, groups or local charities wanting to develop small-scale projects to address at least one of the priority areas outlined by the WS DAP (2024-27). CAPITAL would also carry operational responsibilities for developing support and guidance for individuals/groups. The WS DAP team would provide operational oversight for evaluation and financial oversight of grant funding.

Strategic oversight would be delivered by public health officers, who were accountable for the central OHID funding, the deliverables against the WS DAP priorities, ethical use of public funds and capturing insights with robust evaluation.

The community fund programme ran from Autumn 2024 to Spring 2026, with multiple community projects enacted. This paper summarises the activities of the programme and attempts to draw insights into whether the programme was successful in its aims.

These three aims were:

1. That co-production with individuals with LEE which followed the principles of co-production would demonstrate instrumental and intrinsic benefits in the community.
2. That the co-produced community fund programme would be operationally functional, with clear oversight, coordination, accountability and resource management, delivering meaningful activities in the community.
3. That the community fund projects would be aligned with WS DAP priorities and mostly successful in their aims.

8 New Economics Foundation: Public Services Inside Out (2010)

2. Delivery of the co-production programme

This section summarises the governance, funding and applied structure of the co-produced community fund programme, as well as documenting a timeline of core activities.

A New Day

I wearily toss and turn,
the world not mine to own.
The hours trickle through my fingers,
and yet, the pain lingers.

The years pass,
stretch into decades.
My robotic heart stills,
and turns to flesh.

Flesh and sinews knit together,
the dust trembles
and begins to throb
with life.

All the milestones collect,
and for the first time,
are valued.
I am made of many pieces,
fitted together like a mosaic.

Rust and metal cease their screams,
becoming new, dewy skin.
The seconds lose their monotony,
rising together in a cohort
of new life.

Scars are lost
in the seething mass
of my reborn heart,
and the new day awakens fresh hopes
and dreams.

- *Jenny, Lived experience peer, Community fund oversight group.*

2.1 Envisioned local co-production projects

The WS DAP leads envision funded co-production community projects as a primary response to both commissioning and structural requests for partnership action:

- Commissioning requests: small scale projects (e.g., venue hire for peer-support activities, civic-space refurbishment or improvement, or low-cost essentials for vulnerable individuals to access and maintain support).
- Structural requests: joining up services, aligning support, or professional-to-client relationship improvements.

2.2 Funding and governance

The community fund was agreed by the Office for Health Inequalities and Disparities (OHID) as a part of the spending of the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). OHID had encouraged peer-led activities, through the medium of a Lived Experience and Recovery Organisation (LERO), - in this instance CAPITAL. One limitation on the grant was that it was not intended for capital spend (purchasing fixed/lasting items) and so this needed to be kept to a minimum and reported separately.

Locally, the Senior Responsible Officer for the WS DAP (also the Director of Public Health) endorsed the programme, and the Public Health Consultant for substance use allocated the release of the funds. With this in place, CAPITAL were commissioned to run the day-to-day activities of the community grant programme, but West Sussex Public Health maintained oversight responsibilities to manage the use of the funds. The key stakeholders for the programme were:

Strategic oversight

- WS DAP Partnership and Data & Intelligence leads – reporting to regional/national leads e.g., OHID, and Joint Combatting Drugs Unit (JCDU) partners.

Operational oversight

- CAPITAL (administration and facilitation of core activities and support)
- WS DAP Data and Intelligence and Partnership leads (evaluation and impact monitoring)
- WS Commissioning and contacts officer (financial oversight of grant funding)

Function

- People with lived and living experience and members of the co-production groups
- Professional partners for whom projects or initiatives are proposed.

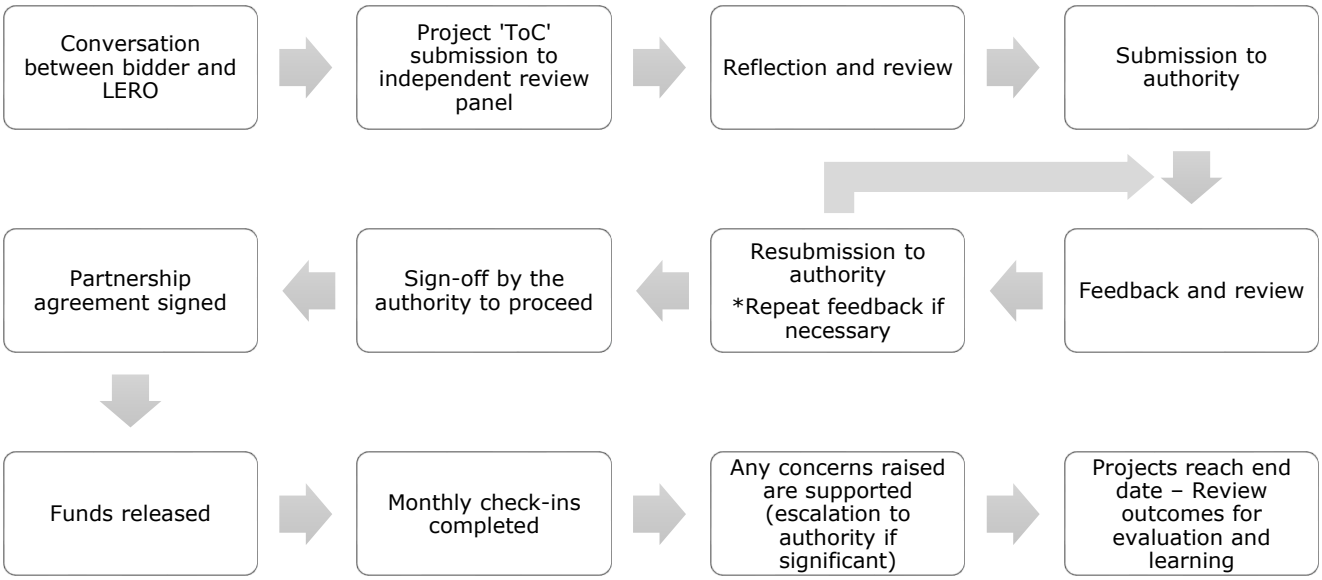
2.3 Receiving and agreeing project applications

The WS DAP team and the CAPITAL team worked together in the summer of 2024 to agree a version of a Theory of Change (ToC) template, which would be used to guide individuals and groups hoping to bid for community grant funds.

This standard template was shared with community stakeholders at a partnership launch in order to gain feedback, and it was deemed a positive addition, due to its simplicity in layout and in prompting consideration of inputs, outputs and outcomes (etc.). An annotated version is held in the appendix of this report.

Operationally, a consistent flow of activities were co-developed in order to review the applications as they came it (see below for a summary).

Figure 2, Flow chart of grant applications review process



2.4 Operational oversight

Inclusive in this process were two separate panels of individuals with LLE, managed by the CAPITAL team. One was the independent review panel, which were not otherwise involved in the programme, but reviewed bids and gave feedback and advise on how to align with WS DAP priorities and to ensure that bids were economically and logistically realistic. This comprised of three individuals (later lowering to two individuals by end of programme).

The second panel was the LLE oversight group. Comprised of the programme teams from WS DAP and CAPITAL, as well as several members with LLE, they met monthly to discuss the programme, to address any concerns around individual projects should they arise, to develop support structures and resources and to maintain accountability of the programme to operate along intended lines.

2.5 Timeline of activities

The following details the main steps and timeframes of the programme's activities.

Spring 2024:	The agreement of WS DAP priorities including centring individuals with LLE in planning and delivery.
Summer 2024:	Proposals for co-produced community fund programme scoped and further developed with CAPITA. Budgets and evaluation criteria co-developed with CAPITAL and WS DAP leads. Sign-off from OHID, WS DAP and Senior commissioning manager for substance use.
Autumn 2024:	Commissioning contract awarded and CAPITAL begins work on raising awareness of the community fund and establishing membership for oversight working group and independent review panels. CAPITAL host first partnership launch day, where individuals with LLE brainstormed potential project ideas.
Winter 2024/25:	First submissions for projects are received by CAPITAL.
Spring 2025:	First projects are live, and more submissions are coming in. Extension to the initial contract is confirmed into 'Year 2', with top-ups to the community fund pot.
Summer 2025:	Discussions around pilot evaluation are formalised.
Autumn 2025:	Pilot evaluation conducted, and feedback sought from partners to answer the question 'have we accurately articulated what we have achieved?'
Winter 2026/26:	Confirmation of end of programme in March 2026. Exit strategies drawn up by CAPITAL and project leads to wind down projects or seek funding elsewhere.
Spring 2026:	Final evaluation initiated to formalise learning. Summary partnership day held where all project leads and related professionals hear on the activities and successes of the programme. Programme is wound down for end of March 2026.
Summer 2026:	Local and regional dissemination opportunities are explored, following evaluation write-up.

3. Evaluation outline

This section describes the evaluation of the programme, setting out a framework based on core literature, the questions posed by the evaluation, and the resulting methodology.

Inner Standing

So come
All friendly bombs
Fall on the remembered me
Source of the longest river
Unbound essence of sovereign
Free.
Red portal, Blue pill?
Seem obsolete
Subject, object
Lay trembling at my feet.
Let pattern seek its alignment
In this resounding, primal song
A hymn to the gift of full awareness
The Eschaton won't be long.

- Scott, Recipient of funds for community project

3.1 Theoretical underpinnings and previous research

Co-production has emerged as a promising approach to public health activities, particularly in contexts requiring inclusive, responsive, and community-led interventions. However, evaluating co-production can be difficult, due to its context-dependent nature. In a systematic review of co-production outcomes in health and social care, Nordin et al. (2023) identified common indicators of success, such as empowerment, service access, and relational trust. However, they cautioned that many evaluations lack theoretical grounding, making it difficult to assess long-term impact or scalability. Therefore, co-production should be measured from three perspectives:

1. outputs of co-production processes,
2. the experiences of participating in co-production processes,
3. outcomes of co-production.[9]

The PIPER study (2025)[10] offers a detailed realist evaluation framework for public engagement in health and social care research. It includes stakeholder mapping, ToC development, and CMO (Context–Mechanism–

[9] Nordin A, et al. Measurement and outcomes of co-production in health and social care: a systematic review of empirical studies. BMJ Open 2023;13
[10] Staniszewska S, et al. Developing a role for patients and the public in the implementation of health and social care research evidence into practice: the PIPER study (Pathways to Implementation for Public Engagement in Research) realist evaluation protocol. Res Involv Engagem. 2025 Jul 14;11(1):80.

Outcome) configurations — all of which are applicable to the present community fund programme. The study highlights the need for iterative, participatory evaluation processes that allow for adaptation and learning.

Messiha et al. (2023)[11] further emphasize the role of theory in co-production, mapping frameworks such as participatory action research, complex systems theory, and critical realism. Their findings promote the use of ToC models to clarify causal pathways, and foster transparency between stakeholders.

The present programme is well-positioned to adopt a critical realist evaluation framework. By integrating CMO configurations, reflexive testimonies, and ToC models, the programme can generate insights into:

- How co-production mechanisms (e.g., empowerment, trust-building) operate in local contexts
- Which contextual factors enable or restrict success
- Whether these mechanisms are transferable to other domains (e.g., mental health, housing, substance use)

This approach not only strengthens internal accountability but also enables evidence-based decisions about scaling such programmes and/or adapting others.

3.2 Pilot evaluation

In order to gain initial feedback and insights into the development of the community funded projects and the overall direction of the co-production programme, an initial pilot evaluation was initiated in Summer 2025. This pilot evaluation was developed with feedback from the WS DAP stakeholders, the CAPITAL team and also from the oversight group. The drivers of this pilot evaluation were to understand if our approach to understanding the programme was suitable and if the subsequent write-up would sufficiently convey the details of the programme which partners felt were most important to understand. This present document has been redeveloped to reflect the feedback from that process.

3.3 Purpose of this evaluation

The ultimate purpose of this evaluation is to ask whether or not 1) the programme was successful in its aims, 2) the programme could or should be replicated – and is there any learning to advise on how this might happen, and 3) were there any unforeseen benefits or challenges which should be documented?

In defining success, the following questions are posed:

1) Were the principles of co-production were upheld throughout? These being:

1. Recognising people as assets.
2. Building on people's existing capabilities.
3. Developing two-way reciprocal relationships.
4. Encouraging peer support networks.
5. Blurring boundaries between delivering and receiving services.
6. Facilitating, not delivering to.

[11] Messiha K, et al. Systematic Review of Contemporary Theories Used for Co-creation, Co-design and Co-production in Public Health. J Public Health (Oxf). 2023 Aug 28;45(3):723-737.

2) Was the programme well-delivered, in terms of operation and resources, but also in terms of delivering the instrumental and intrinsic benefits envisioned?

For this purpose, the WS DAP and CAPITAL teams co-developed seven criteria for success which would be directly assessed throughout and at the end of the programme. These are:

Criteria	**Counterfactual** (the alternative being…)
1. Alignment with WS DAP priorities: To measure the relevance of the programme to the partnership and wider grant funding, each project will reference the priorities with which they align.	Much resource was spent developing projects which were not in the spirit of the partnership and therefore resource was taken from other operations which could have funded more traditional approaches.
2. Lasting engagement with the programme: To measure if participants were motivated to continue working with the programme.	High dropouts or turnovers would indicate problems with how the programme was running, or that it was engaging with the wrong people.
3. Representation of the project groups: To measure if those involved were representing those with lived and living experience (LLE) in the subject area.	The programme had failed to engage with those with LLE and as such had failed to bring in the particular benefits of LLE into project design and delivery.
4. How groups worked to define their projects: To measure if reciprocal relationships were developed in the spirit of co-production.	Project leads had power of decision-making taking from them or were otherwise unable to effectively manage their projects the way they had intended.
5. Success of the individual projects: To measure the efficacy of the review and oversight functions, to firstly guide projects into having a strong chance of success before launching and to support individuals where needed along the way.	Projects were not sufficiently supported or were not initially realistic and therefore had a high chance of failure.
6. Positive impact of involvement to individuals with lived and living experience: measuring the intrinsic benefits of involvement in the co-production programme, particularly in the context with those with LLE.	Individuals gained little from their involvement and were therefore ethically adjacent to practices of tokenism or exploitation.
7. Working within expected budgets: as a programme utilising public funds with central authority oversight, the programme and individual projects should not run notably over budget, and all costs should be effectively planned and project managed.	Projects were not properly developed or managed and that oversight was insufficient to maintain performance as planned.

3) Were the individual projects successful in achieving their outcomes, as planned in the ToCs submitted?

– In this the programme acknowledged that community projects can shift somewhat in their delivery and that not all projects would be completely successful.

The evaluation therefore will summarise the projects and their successes, with any limitations and learning documented. This will include a summary of contexts, mechanisms and outcomes, in line with critical realist evaluation theory.

3.4 Evaluation methodology

Answering question 1) 'Were the principles of co-production upheld throughout?' is a largely subjective undertaking, which was collated from feedback from those involved. For the CAPITAL and WS DAP teams, this was in the form of individual interviews at the evaluation stage, conducted by the data and intelligence lead. Questions were discussed beforehand with the teams, and final interview schedules were shared in advance, so individuals could reflect on their answers fully and make notes. Beyond this, the individuals involved in the project (project leads, review panel, oversight group) completed a short survey at the evaluation stage, with questions co-developed with the CAPTITAL and WS DAP teams.

The seven co-developed criteria posed to answer question 2) Was the programme well-delivered? etc., were monitored either continually throughout the process, or as a reflexive and subjective review at the evaluation stage.

Criteria	Method of data collection
1. Alignment with WS DAP priorities	The independent review panel would assess the ToCs presented and confirm which DAP priorities were being addressed. Once cleared to proceed, this would be reviewed by the WS DAP team.
2. Lasting engagement with the programme	A record of attendance was maintained for those attending regular meetings. Concerns of anonymity were raised and therefore only initials were recorded, with no further demographic indicators.
3. Representation of the project groups	At the evaluation stage, each member of the oversight group and review panel, as well as project leads, were asked via a survey to record a short, anonymised personal statement of their LLE.
4. How groups worked to define their projects	A record of discussions, plans, and decision making (e.g., meeting minutes) was maintained throughout the programme, as well as qualitative group-interview feedback from the CAPITAL team.
5. Success of the individual projects	Projects were discussed by the oversight group, and in CAPITAL / WS DAP team review meetings. Overall success was dependent on achieving the outcomes of the individual ToCs
6. Positive impact of involvement to individuals with lived and living experience	A short survey at the evaluation stage people to reflect on their involvement (e.g., have they developed or learned new skills; was this of value to them; did they feel the work was worthwhile overall; did they feel confident, empowered, or frustrated, disengaged? etc…). This was paired with feedback from the group-interview with the CAPITAL team who supported them.
7. Working within expected budgets	Finances of both the full programme and the individual projects were continually monitored at monthly meetings, as week as full summaries drawn up for submission against the DATRIG funding requirements.

As outlined above, the question of 3) ‘Were individual projects successful in achieving their outcomes?’ was left in the hands of the hands of the project leads, under supervision of the CAPITAL team. Full presentations were developed for a partnership day in March 2026, where project leads reported on their challenges and successes. The content of these presentations is summarised later in the document.

4. Evaluation

This section includes the results of the evaluation, structured by the outline in Section 3, and summarising the data required to answer the core evaluation questions.

Love

I used to treat love like a commodity that shouldn't be shown
Something I should reserve for those with a special place in my heart
Something so rare that even in my family it was scarce
It shouldn't be shared
I was fierce with no fears aside from loving too much
But I gave away hate freely
Love to hate, hate to love
I was conditioned to believe that love made me weak, so I was weary
Anger and hate made me strong I saw success in the more people that fear me
Clearly I was wrong.
I Nearly lost it all to my hatred until I learnt the truth about love and it's power
No really now I love even strangers dearly
Love is life
And life is love. Something we all share whether your far away or right near me
The power of love and care
It can't compare to those feelings of ill will and hate that debilitate severely
Love is great
Love allows us to make decisions that shake
T*he foundations of darkness and create room for light*
A simple act of love can save someone's *life*
So why should that be something that we hide
We should love out right
Real love not the selfish kind or type
Just know a smile can be infectious
So when u walk outside let ur smile shine bright
Cos each smile can be a little sun that can warm someone inside
What goes around comes around. I*t's the cycle of life*
So let's perpetuate light
And Let us perpetuate love too
A simple act of kindness can save someone's *life*
You never know it just might do
So let's turn to someone anyone smile and just say
'*Love you*'.

- *Javel, Lived experience peer, Community fund oversight group, and recipient of funds for community project*

The seven criteria measuring if the programme was well-delivered are summarised here in turn, followed by surveyed reflections on the programme from the project leads:

4.1 Alignment with WS DAP priorities:

The DAP priorities were developed in line with a needs analysis of available data and the co-produced qualitative engagement delivered by CAPITAL in 2023/24. Priority areas were derived from four thematic service areas: Children and young people, Criminal justice and community safety, Treatment and recovery, and Wider determinants of health and recovery.[12] An overarching theme – People priorities was developed to encompass the need to work holistically with people and communities and align with the national priorities in this area.

Table 1, The 2024-27 DAP priorities summarised

Priority Group	Number	Description
Children and Young People	1	Tackling exploitation and county lines, and safeguarding
	2	Targeted work with families where issues exist
	3	Enhanced education and policy in schools/colleges
Criminal Justice and Community Safety	4	Continued focus on County lines
	5	Improve continuity of care and treatment requirements
	6	Continued joined up working and support initiatives
Treatment and Recovery Services	7	Increased referrals by professionals
	8	Improved support co-occurring MH and SM conditions
	9	Focus on new synthetic opioids and naloxone distribution
Wider Determinants of Health & Recovery	10	Employment related pathways and outcomes
	11	Improve support to find/maintain suitable accommodation
	12	Development of alcohol care capacity across the system
People priorities	13	Training and communications for wider key support staff
	14	Investment in co-production and peer leadership
	15	Enhanced peer support networks and provision

Table 2 outlines the nine projects which were funded and initiated as a result of the co-produced community fund programme. From this extensive range of activities throughout the county, the community fund programme was able to hit each of the DAP's 2024-27 priority areas. The most common priority areas were as follows:

Priority 7, Increasing referrals into treatment from professionals; Priority 8, Improving support for co-occurring MH and SM conditions; and Priority 14, Investment in co-production and peer leadership, were present in eight of the nine initiated projects.

Priority 11, Improving support to find / maintain suitable accommodation; and Priority 15, Enhanced peer support networks and provision, were present in seven of the nine initiated projects.

Priorities 3, 4 and 12 were the least present in the programme; Enhanced education and policy in schools/colleges; Continued focus on County lines; and Development of alcohol care capacity across the system, were present in one, two and two projects respectively.

[12] NB: - A fifth priority area was later added to the work of the WS DAP, in 2025/26, concerning the reduction of alcohol harms in the community.

The total funds available for all activity were £65,000, resulting in nine projects. A significant note is that many of these were designed to run for a full year. See below.

Table 2, Projects, costs, start dates and aligning priorities

	Project name	Final costs	Start date	Planned end date	Refers to which priorities (Numbers)
1	'Creative Space' (OOH Art Group)	£3,768	Apr2025	Apr 2026	2,7,8,10,11,14,15
2	'Women's Wellbeing Program'	£19,661	Jun 2025	Jun 2026	1,2,5,6,7,8,9,10,11,13,14,15
3	Stone Pillow 'Lived Experience Stories'	£5,699	Jan 2025	Jun 2026	5,6,7,8,11,14,15
4	'Pot Roast'	£4,498	Aug 2025	Aug 26	7,8,10,11,14,15
5	'High on Health'	£10,000	Sep 2025	Mar 26	7,8,14,15
6	'Guidance Vs Grooming' (TikTok Series)	£13,671	Jun 2025	Mar 26	1,3,4,14,15
7	East Grinstead Women's SHARE Group	£2,088	Sep 2025	Partial launch only	2,7,8,9,11,14,15
8	Carers Support	£4,980	Sep 2025	Sept 26	2,6,7,8,11,12,13
9	Ford Prison 'Path of Recovery'	£635	Jan 2026	Mar 26	1,4,5,6,7,8,9,10,11,12,13,14,15
All initiated projects		£ 65,000	All Priorities working towards	1, 1, 1, 2, 2, 2, 2, 3, 4, 4, 5, 5, 5, 6, 6, 6, 6, 7, 7, 7, 7, 7, 7, 7, 7, 8, 8, 8, 8, 8, 8, 8, 8, 8, 8, 9, 9, 9, 10, 10, 10, 11, 11, 11, 11, 11, 11, 11, 12, 12, 13, 13, 13, 14, 14, 14, 14, 14, 14, 14, 14, 15, 15, 15, 15, 15, 15, 15.	

The East Grinstead women's SHARE group (#7) was eventually cancelled as a live project, due to significant barriers and delays in set up. The project lead agreed that it was therefore not feasible to run a full project within the lifespan of this particular DATRIG-funded programme, and therefore they would not be able to offer the predicted value to the community. Details are given in a later section. Remaining funds earmarked for this project were then offered to the other live projects, to extend or expand their work. Table 2 represents the final costs, therein.

4.2 Engagement with the programme

This indicator is interested in whether participants who join the programme remain engaged and therefore gives an impression of if the programme functioned in an appealing manner to those who initially chose to participate. It concerns project leads/groups who apply for funding, and those involved with oversight and planning. – It is not a reflection of individual project attendance. The core programme oversight group and the independent review panel, active for over a year, recorded consistent attendance from programme leads and from LLE individuals.

"I first became aware [of the programme] once I got involved working with capital. I wanted to get involved because I feel like there are lack of opportunities like this for people like myself and also I am very keen to be able to give back and help and support individuals and this gave me the chance to do so."

- *Survey respondent*

Overall, participants in the programme maintained high levels of enthusiasm. Mechanisms that maintained engagement included the monthly check-ins and collaborative meetings, feedback loops where participants were able to develop their ideas with advice and support, and flexible formats combining face to face and online meetings allowing for personal preferences. The use of clear ToC models was welcomed by participants, as were clear partnership agreements, and meetings were described as refreshing and 'on equal footing'.

High levels of trust and mutual respect were reported between CAPITAL and WS DAP teams, which fed into all activities and maintained enthusiastic relationships.

The role of the oversight group helped to curate events, co-develop supporting products, and maintain momentum and accountability over the lifespan of the programme. The role of the review panel helped to validate ideas and reinforce community stewardship of the decision-making process.

There was broad inclusion of LLE, including substance use, homelessness, mental health and experience of prison. Geographic, gender, age and racial representation were seen as a strength, despite the relatively low numbers of individuals involved in the programme.

"I have felt truly heard and supported throughout this process, and I have been able to express my views without feeling judged. The support at every stage has been invaluable. Although I am not naturally a confident person, this experience has helped me grow—particularly in partner networking, developing professional relationships, and increasing my understanding of the wider support available for my carers and the individuals they care for. I can see my communication skills improving, and I genuinely feel part of the project."

- *Survey respondent*

Challenges to sustaining engagement included the health and personal circumstances of those involved. Illness, relapse and unstable housing were all recorded as barriers to consistent engagement. Administrative barriers, such as banking set-up and compliance (e.g., OFSTED registration for daycare) delays were also recorded, as were the complexity of some of the projects. Initial engagement with the programme was slow to build, despite a strong launch event, though a significant momentum was developed when word of mouth eventually spread.

Despite challenges, nine projects were developed and launched, whilst another two were proposed but did not reach initiation. Project leads and oversight participants reported good levels of empowerment and personal development, including employment opportunities as a result of skills learned, which supported engagement. Peer leadership and peer-support were also cited as strong reinforcing factors.

Key learning for future engagement is that a longer lead-in time before launch would deepen participation at early stages as would targeting outreach for underrepresented groups.

4.3 Representation of the project groups

From the interim evaluation survey, twelve personal statements were collected from individuals who have been either overseeing the administration of the programme or were project leads.

"My confidence has improved, I have gained new skills and now understand trauma and its effects, including my own better."

- *Survey respondent*

There was a wide range of LLE in these statements, giving assurance that the programme was being co-developed with members of the community for whom the programme was intended.

Substance addiction was referenced by nine of the twelve respondents, mostly being formed many years earlier. Direct experiences of homelessness were referenced by five of the twelve and struggles with mental health problems were referenced by five of the twelve. Domestic violence, including sexual violence, was

referenced four times and experience with the criminal justice system was referenced three times. Four of the respondents also referenced significant experience from spending many years supporting others with lived experience. One of the twelve chose not to answer the question.

With this level of experience, it is clear that the programme was supported by significant levels of lived experience, coming from the communities the WS DAP identified as priority groups.

4.4 How groups worked to define their projects

This indicator explored the initial expectations of the individuals involved, the actual processes, support structures, organisational influence, diversity, mechanisms, and the factors affecting ease of creating ToCs. The ambition was to learn whether collaboration, co-production and LLE aligned to produce projects which were well-conceived, with meaningful impacts derived from practical activities. This is not scored by any metric, but the above are summarised in turn, including the two projects that were halted before initiation, and one which was eventually unable to continue due to delays.

- ***Initial expectations vs Actual activities:***

The WS DAP team anticipated that groups would form organically, brainstorm ideas collectively, and co-design projects from scratch, with nominated leads and activities disseminated amongst the groups. In practice however, most applicants came forward with pre-formed ideas or near-complete concepts, which were often recommended by partner organisations or workers who knew individuals with strong proposals.

- ***Organic and flexible development:***

The approach eventually evolved into a fluid, adaptive model, where ideas were refined through co-production events, iterative discussions with oversight groups, review panels, and WS DAP feedback. Some projects (e.g., Pot Roast) underwent multiple revisions to achieve a practical feasibility and DATRIG funding criteria.

- ***Role of support structures:***

The oversight group and review panel were critical for shaping projects. The review panel was developed by CAPITAL and included fixed LLE volunteers from the community to review the proposals, ensuring they were reasonable and aligned with the partnership priorities. From this stage, they would be forwarded to the WS DAP team for feedback and/or authorisation to begin. The oversight group was separately developed with several LLE peers who would discuss the activities of the overarching programme and attempt to improve performance. This led to the development of the partnership agreement, risk registers, peer support, and networking days. Group membership was voluntary and individuals typically came from CAPITAL's existing peer development networks. The presence of LLE here allowed them to hold a sympathetic approach to the ongoing vulnerabilities that people might face, including pressure of financial planning and insecure housing, as well as risks of lower mental health resilience, or possible lapses in recovery.

The feedback loop from this design provided consistent accountability and oversight, and helped applicants navigate the compliance, budgeting and risk management systems.

- ***Influence of organisations:***

Many ideas which turned into proposals originated from the networks with existing organisations. Workers from these organisations referred clients with promising concepts and sometimes co-supported individuals and helped them to develop their proposals.

- ***Diversity and representation:***

The process allowed for wide thematic diversity and projects ranged from creative arts and women's well-being, to developing alternatives to unhealthy behaviours, and prison-based initiatives. This diversity emerged because the model was open and non-prescriptive, enabling individuals to bring unique ideas, and have those ideas refined through multiple stages of feedback.

- ***Key mechanisms for defining projects:***

Regular engagement and monthly check-ins and collaborative meetings ensured continuous refinement. Risk and partnership agreements introduced during the programme's lifespan helped to safeguard individuals and clarify roles, whilst keeping projects on track. These were developed with the oversight group in early stages of the programme, when project proposals were submitted by individuals who were viewed as needing extra support with their design and delivery, or who may have less resilience to independently resolve unforeseen challenges. The flexibility of the model allowed projects to pivot when challenges arose (e.g., venue issues, compliance requirements).

Simpler projects (e.g., creative groups) defined goals quickly, whereas more complex projects requiring compliance (e.g., Ofsted for childcare, food safety for cooking) faced variable delays.

Groups, with established relationships, progressed faster in their applications than solo applicants, who often needed more support, e.g., planning finances and realistic workloads, and understanding risks.

Overall, the process of defining projects was highly adaptive, shaped by organisational referrals, oversight structures, and iterative refinement. While initial expectations differed from reality, the flexible approach fostered diversity and innovation. Key learning at this stage include the importance of co-delivery, robust support systems, and proactive risk management.

4.5 The Success of the individual projects

The feedback presented below was generated from the group-interview narrative supplied by the CAPITAL team, who oversaw the projects and receive regular feedback from the project leads. – This was separate to the reflective interview sessions, which focused more generally on the seven evaluation criteria. This has been combined with the summary presentations given by project leads at the partnership event in March 2026.

- ***Creative Space (Art Group)***

A peer-led art group providing a supportive environment for creativity and social connection, intended to reduce isolation and build self-belief. This was initially led by an individual who was unable to continue, but it was later supported by others who wanted it to continue. Individuals met each week to develop artwork and also go on fieldtrips together.

Outcome: Built a strong core group, improved participants' creative and expressive skills, and fostered friendships. Members reported increased self-confidence and cited the benefits of strong peer support to their ongoing wellbeing.

Challenges: Peer turnover, out-of-hours scheduling, mobility issues and travel for attendees.

Learning: Avoid art-packs, as they require storage; ensure continuity plans; social outings boost engagement; and creative arts spaces lead to high positivity for members.

- ***Bright Lights Programme***

Intended to create a self-sustaining online network for Polish nationals, and work with social support organisations (including employment, substance use treatment, and healthcare) to develop seamless pathways where language barriers may exist. Started enthusiastically but failed to launch after the lead's keyworker was unable to continue in their supportive role. This was felt to contribute to the lead disengaging.

Outcome: Project failed to launch.

Challenges: Loss of key supporter lowering resilience, lead disengagement.

Learning: Having multiple people involved increases resilience; support withdrawal can collapse projects.

- ***Women's Wellbeing Programme (via Build on Belief)***

Designed as wrap-around support for women with mental health and substance issues under an organisational umbrella, with intentions to improve wellbeing, safety, empowerment and life-skills. The group faced staffing issues, which caused delays, but resumed with good engagement. There were weekly sessions with food preparation and creative art exercises.

Outcome: After some delays, they received high levels of engagement, with reports of improved self-confidence and promotions to other services, including housing support.

Challenges: Staff turnover in the charity and voluntary sector, transport barriers in a large geography.

Learning: Hybrid options could help; staff retention planning is critical. LLE increases trusting relationships and creative activities reduced anxiety.

- ***Lived Experience Stories (via Stonepillow)***

Peer-led involvement in health-related projects, conferences, and steering groups, to provide lived and living experience in an engaging format. Highly active and perceived to be well-managed.

Outcome: Strong engagement, multiple collaborations, and visible community impact.

Challenges: No significant challenges observed.

Learning: Having a dedicated lead and organisational backing with LLE supports the success of projects.

- ***Pot Roast***

Initially pitched as a cooked-meal donation start-up; this was reshaped into a healthy cooking class and social support network. The project started well, but around the mid-point of the project timeline the lead encountered personal challenges, leading to CAPITAL changing how they supported the lead. Finances were tied into regular check-ins and update. After a pause of several months, the project continued as intended.

Outcome: Project was positively received but failed to work consistently without added support.

Challenges: Environmental and interpersonal triggers, coupled with increased stress from project leadership responsibilities (inc. management of finances), required more focused support plans developed with leads.

Learning: Strengthen risk assessment to include reference to potential negative influences on project leads; consideration of more closely staggering funding; co-delivery reduces risk to any single individual.

- ***Respite Recovery Project***

Proposed as a mixed-gender wrap-around service to be delivered as a one-to-one focused support, but this required significant start-up funding, including office space and IT equipment/software. As a result, the proposal was declined.

Outcome: Did not proceed.

Challenges: Proposal was strong but did not meet criteria of sustainable community project, including a business model, risks of solo leadership and high capital costs.

Learning: Clear criteria for sustainability is required; early screening saves time in declining applications.

- ***High on Health***

A plan to concurrently develop healthy consumption alternatives for young people, as opposed to alcohol, tobacco and poly substance use, as well as promotional seminars presenting the latter as less desirable. Products include healthy juices and lifestyle alternatives, led by a dynamic lived experience peer. Included evening workshops and outreach.

Outcome: Increased understanding of risks of unhealthy lifestyles, with positive alternatives

Challenges: An ambitious scope as well as presenting technical hurdles.

Learning: Value in focusing on one product first; presenting science in plain language; appreciating the importance of 'ritual replacements' as opposed to just 'cutting unhealthy behaviours'.

- ***Guidance vs Grooming (TikTok Series)***

A peer-led social media project, addressing county lines exploitation and grooming, via original short story videos. Developed in partnership with local police forces, story boarding/scripts were developed, and filmed with actors, to tackle perceptions that lead to harmful exploitation of children and young people. A series of short videos were developed for social media, with accompanying workshops.

Outcome: High potential impact; strong police and BBC media interest.

Challenges: Complexity of production; reliance on ex-prisoners add to logistical challenge.

Learning: Don't underestimate the passion of people with LLE; strong partnerships accelerate progress; the subtleties of grooming are nuanced.

- ***East Grinstead Women's SHARE Group***

Peer-led women's group with novel addition of childcare provision on site. Delayed by bank account setup requiring charity registration and additional Ofsted compliance issues. This project had identified a clear gap in supporting people who had to care for young children and could not engage with traditional settings, despite a desire to do so. Unfortunately, due to the delays experienced in setting up their administration they were unable to proceed as the lifetime of the project would have run significantly over and therefore not in line with the DATRIG requirements. Initial costs spent on developing the group and setting up did mean they have an opportunity to seek funding in the future. Remaining funds earmarked for this project were later distributed to other projects.

Outcome: Not able to operate as intended, the group were first aid trained and OFSTED registered, able to set up as a community resource in the future.

Challenges: Banking setup, Ofsted compliance, slow development resulting in eventually overrunning.

Learning: Regulatory requirements can stall progress; proactive support and guidance is needed.

- ***Carers Support***

Sustained group to support those who care for friends/family with substance dependence issues. The grant funds prevented their closure. Deliverables included peer support programmes and family information packs, particularly for more 'hidden' carers.

Outcome: Strong engagement with the project delivered though evening groups, with wellbeing workers and 150+ information packs disseminated into the community. They were able to develop an increased reach with stronger peer-support groups.

Challenges: Venue hire issues.

Learning: A passionate lead drives success; organisational structure aids continuity; capacity for these groups limits what they can do, and volunteer recruitment is essential.

- ***Path of Recovery***

Prison-based wellness group co-led by a lived experience peer in recovery. Aimed to empower prisoners and provide experience for facilitator and required the cooperation of the prison officials. This short-term project was designed for 6-weeks and hoped to provide evidence of peer-support groups in local settings.

Outcome: Successful development of prison-based peer-led groups, with a desire for continuation beyond original lifespan.

Challenges: Prison system bureaucracy, slow approvals.

Learning: Persistence required; relationships with prison staff are key; men in these settings preferred peer-led spaces to discuss their personal issues.

The following table summarises the projects above, in terms of the contexts, mechanisms and resulting outcomes.

Table 3, Contexts, mechanisms and outcomes of individual projects *(including cancelled or declined projects, in grey).*

Project	Context	Mechanisms	Outcomes
Creative Space (Art Group)	Vulnerable individuals seeking creative expression and social connection	Peer-led art sessions, informal supportive environment, outings for engagement	Strong core group formed; improved artistic skills; improved confidence
Bright Lights Programme	Polish nationals facing isolation and language barriers	Planned online network for mutual support; initial enthusiasm from lead and partner	Project collapsed after key-worker support left and lead disengaged
Women's Well-being Programme	Women with mental health and substance issues needing gender-specific support	Organisational wrap-around model; peer involvement; hybrid delivery considered	Service resumed after staffing issues; increased participation and resilience
Lived Experience Stories	Homeless individuals with lived experience contributing to health and wellbeing initiatives	Peer-led involvement in steering groups, conferences, and advocacy projects	High engagement; multiple collaborations; visible community impact
Pot Roast Project	Individual aiming to promote culture of healthy cooking, via community hub sessions	Cooking sessions; outreach integration; staggered funding	Initial success but complicated by personal and environmental triggers
Respite Recovery Project	Proposal for one-to-one wellness support programme	Intended structured sessions and casework; required significant resources for startup	Declined due to business-like model and lack of sustainability
High on Health	Peer-led initiative to create health-focused products (juices, lifestyle alternatives)	Product development, compliance planning, partnership exploration	Workshops delivered and products disseminated as examples of healthy ritual alternatives.
Guidance vs Grooming (TikTok Series)	Need for youth-focused intervention on tackling grooming and county lines	Short-form video content; scripts co-created by ex-prisoners; media partnerships	Social media series created, with additional workshops developed
East Grinstead Women's SHARE Group	Women needing peer support and childcare provision	Group sessions; planned crèche; GP referral pathway	Delayed by banking and Ofsted compliance; minimal progress
Carers Support	Carers of individuals with substance issues at risk of losing support group	Organisational leadership; peer involvement; family packs distributed	Group sustained; strong engagement; packs now used in hospitals
Path of Recovery	Prison-based wellness group co-led by lived experience peer	Small-group sessions; lived experience facilitation; collaboration with prison staff	Successful engagement with prisoners who preferred per-led settings

Challenges and learning from reflection on individual projects:

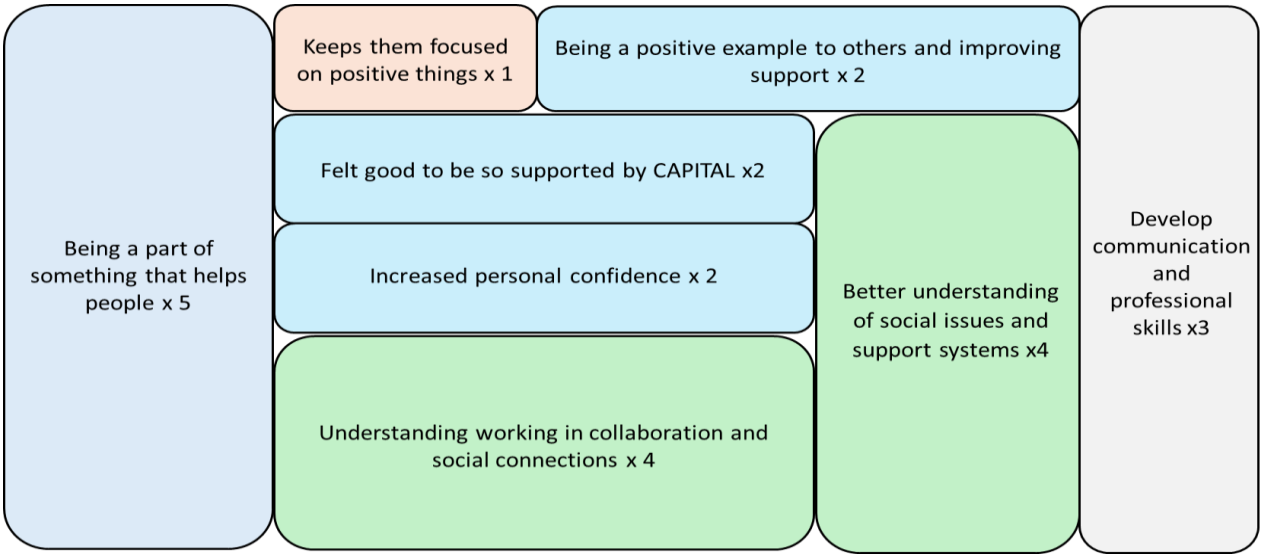
After reflective discussions with CAPITAL and Public Health leads, a range of challenges and learning emerged, which are summarised below.

Table 4, Summary of challenges and learning from individual projects

Category	Theme	Description	Example/Quote
Challenge	Peer instability and life circumstances	Relapse, health issues, and personal crises disrupted projects.	"Life can change, and if it does, it may knock their resilience and ability to march forwards."
Challenge	Dependency on single individuals	Projects led by one person were vulnerable to collapse if that person disengaged.	"Don't let people lone wolf it… make sure there's at least someone they're working with."
Challenge	Administrative and compliance barriers	Bank account setup and Ofsted requirements delayed progress.	"They're struggling with their bank account… and need comprehensive levels of Ofsted reporting."
Challenge	Prison system complexity	Navigating bureaucracy and gaining trust for prison-based projects was slow.	"It's very hard to get into the prison system… takes a lot of visits before they'll let you get involved."
Challenge	Staff turnover in organisations	Organisational projects faced delays when key staff left.	"They had at least two members of staff leave… which put the project on hold."
Challenge	Over-ambitious scope	Some projects attempted too much within short timelines.	"Trying to do healthy lifestyle alternatives… maybe concentrate on one to start with."
Learning	Co-delivery is critical	Projects with more than one lead or organisational support were more resilient.	"Having more than one person involved can reinforce it."
Learning	Risk assessment needs depth	Screening should consider proximity to triggers and recovery stage.	"Review the pre-screening partnership agreement for proximity to risk factors."
Learning	Flexibility and adaptation	Simplified reporting and adaptive support helped sustain engagement.	"Making sure there's not massive amounts of paperwork… that's been a learning curve."
Learning	Balance between support and autonomy	Regular check-ins without being intrusive maintained trust.	"It's a balancing thing… not being intrusive but being supportive."
Learning	Infrastructure matters	Venue access and tech resources were essential for individuals.	"Having the right tech set up… was a big learning curve."
Learning	Prison engagement as future opportunity	Early engagement with prison leavers showed strong potential.	"Get people when they're just coming out of prison… really good for their health."
Learning	Enthusiasm drives innovation	Community appetite for funding exceeded expectations.	"Don't be surprised at the enthusiasm… communities are crying out for funding in this way."

4.6 Reflection on impact of involvement to individuals with lived and living experience

Project leads and members of the oversight group were asked in the survey, "How - if at all - have you benefited from being involved in the programme?". There were twelve respondents and from these there were a range of positive responses, which have been grouped below:



"Throughout my journey with CAPITAL, I have learned a great deal from people with lived experience. This has not only strengthened my own understanding but has also enabled me to better support the carers I work with. Members of CAPITAL with lived experience have attended my groups to speak directly with carers, offering honest insight into addiction and recovery. This was incredibly valuable, as it gave carers the opportunity to ask questions and gain perspective from someone who has been through the journey themselves.

Being in recovery myself has also increased my confidence and reinforced that I am not alone. This has helped me connect more openly with my team and share the knowledge and learning I've gained.

My involvement with CAPITAL has broadened my awareness of other services and support available—some of which I had not known about previously. This has allowed me to engage in more meaningful face-to-face networking, reach additional partners, and even identify staff who did not realise they had a caring role. As a result, I have been able to share both my own knowledge and the insights gained through CAPITAL to guide people towards appropriate support."

- *Survey respondent*

When asked if they have other comments at this stage of their project, the respondents gave a range of answers speaking to their desire to continue working to benefit others and develop themselves:

- Want projects to continue and expand in the future.
- Working towards developing the project and keeping people involved.
- Wants to help with new initiatives.
- CAPITAL are highly supportive of application and initiation stages.
- Very encouraging.
- Many opportunities to develop.
- Fully committed to improving support for people.

Respondents were asked if involvement in the programme had helped (or made worse) their wellbeing in the following areas:

- Develop practical skills
- Improve your confidence
- Improve your wellbeing or happiness
- Communicate with others
- Increase your understanding of health and wellbeing issues
- Better understand or access the support services available
- Build networks with others in the community

All respondents gave positive answers to these, saying it either helped a little or a lot.

From reflective interviews with the CAPITAL and WS DAP teams, the following themes emerged, regarding impact on individuals involved:

- ***Empowerment and Confidence Building***

Participants reported feeling empowered by being trusted to lead projects and manage funds. The shift from tokenism to genuine involvement gave individuals a sense of ownership and purpose, and leads could see the confidence growth of individuals as they took leadership roles to support communities.

- ***Skills Development and Professional Progression***

Running projects provided real-world skills in planning, budgeting, and leadership. Some participants leveraged involvement in the programme to secure employment or expand their CVs, expressing ambitions for future employment and entrepreneurship.

- ***Social Connection, belonging and Reduced Isolation***

Engagement fostered peer support and new relationships, reducing isolation for individuals in recovery or leaving prison. The participants were seen to value their contribution to their community and shaping services.

- ***Positive Impact on Recovery Journeys***

Involvement was seen to offer stability and constructive activity, supporting recovery and reintegration, particularly after leaving prison.

- ***Challenges and Variability***

Impact not was not seen to be uniform. Where some individuals thrived, others struggled due to personal circumstances or relapse. Success was often dependent on the level of ongoing support and the flexibility the programme offered. This support could have been a key worker, another peer, or other group members running the project. - Whilst CAPITAL was available for guidance, signposting and wellbeing advice, they were not able (or expected) to co-deliver each individual project.

4.7 Working within expected budgets

There are two branches to the budgetary component of the evaluation: The allocated costs for the community projects themselves, and the administrative costs of the programme. Further consideration can be given to the human resource of the WS DAP team in the planning and running of the programme. During the lifetime of the programme it is reasonable to view this as 0.1 FTE for each of the three officers involved, to maintain practice and standards. Further time was employed in the development of this evaluation.

The project spend in total was £65,000, with 9 projects fully costed. These were separated over two financial year budgets (Programme began in Q3 2024/25) and so was released at £40,000 in year 1 and £25,000 in year 2; totalling £65,000.

Table 5, Individual project budgets

	Project name	*Total Cost*
1	*'Creative Space' (OOH Art Group)*	*£ 3,768*
2	*'Women's Wellbeing Program'*	*£ 19,661*
3	*Stone Pillow 'Lived Experience Stories'*	*£ 5,699*
4	*'Pot Roast'*	*£ 4,498*
5	*'High on Health'*	*£ 10,000*
6	*'Guidance Vs Grooming' (TikTok Series)*	*£ 13,671*
7	*East Grinstead Women's SHARE Group*	*£ 2,088*
8	*Carers Support*	*£ 4,980*
9	*Ford Prison 'Path of Recovery'*	*£ 635*
All live projects, to date		*£ 65,000*

The administrative costs, paid to CAPITAL for facilitating the programme, include staffing, reimbursement of volunteers, workshops and promotional event costs, and management overheads. The programme ran over two financial years (2024/25 & 2025/26). CAPITAL were contracted in Year 1 to assist with the set up and integration of the community fund, and to co-produce the mechanisms for the assessment of bids, and distribution of funding prior to the fund going live. Further activity in year 1 before the community fund launch included recruitment and set up of the Lived and Living Experience oversight group, co-production of application template, ToC documentation, partnership agreement forms, and changes to the CAPITAL website to allow for application submission.

The Year 1 initial contract was expected to cover Qtr 3 and 4 of Year 1 and Qtr 1 of Year 2, upon which time the contract was extended to end of 2025/26, and so administrative costs for each 'Year' were to cover three full quarters of activity.

Table 6, Total programme spend

Block	Items	Year 1	Year 2	Total	Total %
Staffing	LE Lead	£30,000	£30,000	£60,000	33.9%
	Administrator	£11,000	£11,000	£22,000	12.4%
	Travel costs	£800	£800	£1,600	0.9%
Co-production activity	3 x Advisory groups	£610	x	£610	0.3%
	2 x panel meetings	£410	x	£410	0.2%
	Events and workshop costs	£3,500	x	£,3500	2.0%
	Volunteer expenses	£1,000	x	£1,000	0.6%
	Community fund	**£40,000**	**£25,000**	**£65,000**	36.8%
	Management and overheads	£11,250	£11,250	£22,500	12.7%
Total costings		£98,570	£78,050	£176,800	100%

4.8 Individuals' reflections at the close of the programme

When asked in the survey what support individuals received from CAPITAL during the programme, the respondents were unilaterally positive, with example statements below:

"Holding me accountable and giving me space to make mistakes"

"CAPITAL enabled us to establish a wider network of contacts and identify potential future participants who may have wished to become involved in the programme. This helped and supported us increase awareness of the program which created opportunities for greater participation and collaboration with others."

"Throughout this process, Sara and Mark have been exceptionally supportive. They guided me from the initial planning stages through to the application itself, answering all of my questions and addressing any concerns I had along the way. We held regular catch-ups, which helped me stay on track and feel fully informed."

"They kept the process clear and straightforward, and I always felt that support was readily available whenever I needed it. Most importantly, I felt included and valued at every stage of the project."

"They gave funding for a project conceived by Build on Belief..."

When asked if they felt they would have been successful without the support provided, the following responses were given:

"No"

"Possibly"

"The idea behind the program may not have been put together had it not been for CAPITAL's initial contact and that of CGL's push towards an application to be made"

"I do not believe I would have been able to apply for funding successfully without CAPITAL's involvement. Securing any type of funding can be extremely challenging, often involving complex processes, extensive paperwork, and significant administrative barriers. CAPITAL made this process far more accessible by keeping requirements to a minimum and offering clear, consistent guidance."

"Their support, understanding, and practical help were essential in enabling me to move forward with the application."

Respondents were asked if they have any plans to continue their work beyond the DATRIG funding of this programme. From these responses, it appears the positive work developed from the programme will continue in several areas:

"[We will] record impact and use the impact to apply for further funding with support"

"Yes - I am personally going to ensure that the project remains open to individuals within the broader area of Sussex due to a high level of demand from service users and that of other professionals all believe that this initiative can and is bridging a gap required within an ever-developing sector"

"Yes, I believe the project is already moving in a positive and sustainable direction. Our groups and venues are now well-established, and we have lived-experience volunteers who are currently shadowing and will eventually take on supportive roles within the groups."

"Our family packs continue to be distributed across hospital settings and to Drug & Alcohol partners, and we are now receiving additional information from partner organisations to include in these packs, which enhances their value."

"We are also exploring opportunities to work with both partners and carers to further raise awareness—this includes developing podcasts and short e-learning sessions that will be made available on our website."

"Overall, I feel confident that the project is progressing well and has strong potential to continue beyond the initial grant funding. I believe we are reaching more carers."

"Yes, we have some funding but looking for more, am thankful for the grant."

5. Reflection and summary

This section answers the questions posed by the evaluation outline in Section 3, as well as further learning from the programme, and documenting core areas of consideration for replicating or modifying this programme.

Untitled

I went into this commitment, unsure and alone.
Then I became self-aware and started to grow.
I had a voice and others listened to me.
That's when I knew little Trace had become *free.*
This project had empowered me, and I started to feel strong.
That peers and professionals didn't put me down or *say I was wrong.*
I learnt to trust others and importantly me.
It started with supportive housing and listening and hoping to empower.
That recognising I was ok I was safe I had the power.
The power in a positive way that kept me strong.
From overdosing and acute services that my pattern had become.

I was now involved with DAP that gave me a new life.
To use my lived experience, to spread my knowledge wide.
Trauma Training, working with Alcohol Change UK.
I had reason to live and get up everyday.
I hope I've made a difference, *and it has helped others.*
Like my peers and professionals who have helped me to grow and discover.
Discover that co-production is the right way to go.
It's not about us and them, we can do it together and grow.
Thank you, Rob, Dan, Sara, Duncan and Mark*,*
And to all my wonderful peers, you hold a special place in my heart.

- *Tracey, Lived experience peer, Community fund oversight group.*

5.1 Were the principles of co-production upheld?

Reiterating from earlier, the evaluation was concerned whether or not the programme was felt to have maintained common principles of co-production:

1. Recognising people as assets.
2. Building on people's existing capabilities.
3. Developing two-way reciprocal relationships.
4. Encouraging peer support networks.
5. Blurring boundaries between delivering and receiving services.
6. Facilitating, not delivering to.

The results from Section 4 demonstrated that the principles were upheld. The members of the oversight group and CAPITAL team were instrumental in developing the resources of the programme and for guiding how to support those with LLE who could face difficulties in initiating or maintaining an ambitious project. People's skills were implemented in innovative ways. The relationship between CAPITAL and WS DAP teams was prized as respectful and trusting, giving power of decision making to those who were involved. Peer support networks were a central model of the programme, as well as many of the individual projects. A significant number of those who used support services were involved in the planning and delivery of projects. And the central role of the WS DAP team was to facilitate, encourage and support, rather than to deliver by itself.

With those results collated, it is possible to say that the principles of co-production were upheld during the programme.

5.2 Was the programme well-delivered?

The co-developed evaluation criteria led to the results within Section 4, which have shown the following:

1. The programme, as developed, allowed for co-produced community projects which aligned with the set priorities of the WS DAP.
2. Engagement with the programme was strong, despite the challenges inherent in involving individuals with lived and living experience of multiple disadvantages.
3. Representation within the programme and project groups was demographically diverse and populated by individuals with a range lived and living experience.
4. Groups and individual project leads were supported by a range of mechanisms to define, refine and enact community projects which are supporting people to lead better, healthier lives.
5. Individual projects were mostly strong and thriving, with good engagement and clear project outlines. The projects made good progress in achieving their intended outcomes.
6. Individuals involved in this programme have seen multiple benefits to their lives, and have been empowered to thrive in their pursuit of developing meaning community activities.
7. The programme functioned entirely within contract specifications and operated within expected budgets. The timelines of some projects exceeded the original expected end-date of the programme (March 2026), though this is due to the length of projects, most of which were designed with longevity in mind.

With the results collated, it is possible to say that the programme was well-delivered, insofar as it was weighed against the pre-agreed criteria.

5.3 Were the projects successful in achieving their outcomes?

There was one project which was agreed and launched, but failed to meet its intended outcomes; the East Grinstead Women's SHARE group. This was due to the difficulties the project leads faced in setting out the administrative set-up, particularly arranging a registering charity bank account. This led to delays that prevented them from opening the group to the public, though they had already seen some costs in training and set-up.

The other projects, largely focused on building self-confidence and peer-support in the community for people facing significant hardship, were seen to be successful in their aims. Projects which intended to develop material products (e.g. High on Health, Guidance versus Grooming, and Carers' Support) were able to do so and succeeded in disseminating their products into the community to positive reception.

With the results collated, it is possible to say that the projects were largely successful in achieving their outcomes, with some challenges and learning documented.

5.4 Priority setting and requirements for use of public money

Feedback from the contracts manager elicited a note-worthy point at this time, in that the DATRIG funding for the programme was issued by OHID and was subject to core criteria, which had to be reported line-by-line. The priorities of the WS DAP were developed after a methodical review of available service data, population outcomes and lived experience feedback. They were, as a result, highly aligned with the model of the Wider Determinants of Health (in that a given health outcome is affected by a feedback loop of interconnected social outcomes) and as such, addressing the OHID grant requirement to improve numbers in treatment and successful treatment outcomes would require addressing a range of interrelated social factors (housing, employment, mental health, prison leavers, family support, child criminal exploitation, etc.). It has been a challenge, in hindsight to connect to activities of the community fund programme to the specific grant requirements. – In future, this should be considered more explicitly.

5.5 Co-developed additions to the scope

Other learning from the programme includes the development of the risk register, which was not originally outlined at the programme start. Due to the desire of some individuals to develop complex projects, it was felt in the early stages that a register of risks be developed, for oversight and transparency. This included how and when funds should be released, and what should happen if any issues arose.

The 'partnership agreement' was proposed as a mechanism to ensure that individuals requesting funds for a desired community project had some level of formal agreement with CAPITAL. It is not a legally binding contract, but a recognition of how they will be expected to work and communicate with CAPITAL throughout the lifespan of their project. It also includes a declaration of any potential issues which might arise, including any vulnerabilities of individuals (i.e., recovering from substance dependence, ongoing mental health concerns). This co-developed document was intended to be welcoming and supportive. Core learning from this pilot approach implies a general success in keeping people engaged, but that an additional question should document if an individual has significant negative influences in their proximity (i.e., if they live in temporary accommodation and are near others who use substances, or if they have proximity to potentially harmful personal relationships). Having a clear declaration of these risks will help CAPITAL to support individuals whilst they develop projects.

5.6 Learning to put trust in the relationship

A core theme that evolved out of interviews with the WS DAP team was of the challenge in letting go of key decision-making roles. As specialist professionals they maintained a vision of what was 'best' for the aims of the programme, though this vision was not always possible, practical or desirable for those on the other side. It is by definition not necessarily possible to understand the LLE of individuals facing significant disadvantages. The conversation within the WS DAP team was therefore focused on finding the balance between the accountability and oversight required by a statutory organisation and the greater delegation of decision-making required for genuine co-production.

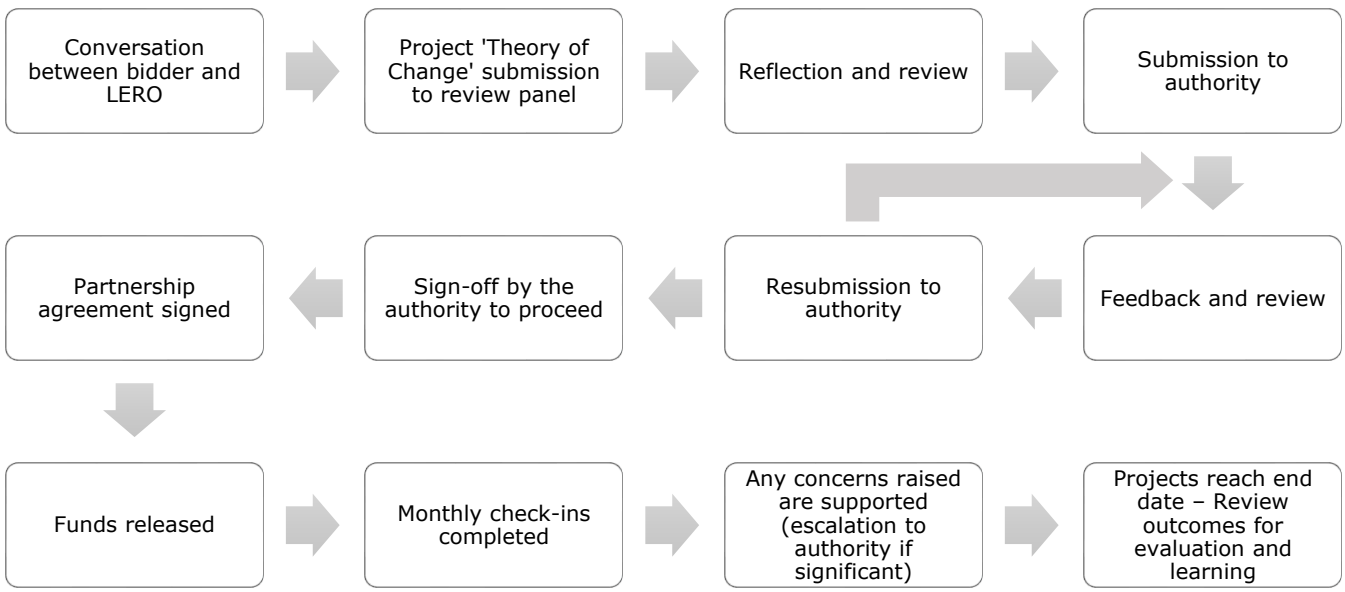
WS DAP professionals also spoke with enthusiasm at the learning and professional development they felt from this tension, having been able to let go of their anxieties and trust that sometimes activities don't go the way they themselves would have planned. By maintaining trust in the model of co-production they were able to step back and let community members make decisions which they felt were important to the process.

With this experience, a key learning point is to understand in advance, - or at least be aware of the occurrence of – when a decision would require escalation or formal oversight, versus allowing the partners of co-production to handle decisions or resulting issues.

5.7 Questions arising from a model of co-commissioning partnership versus in-house management

The current programme has operated on the following process, which – based on the evidence outlined in this evaluation - is viable as a model for funding projects designed to help communities with LLE of multiple disadvantages.

1. Run an engagement programme with a reputable Lived Experience and Recovery Organisation (LERO)[13] to develop good relationships.
2. Invest time in trust and shared common ambition.
3. Have clear and evidence-based priorities and a framework for action (what you are trying to achieve and why).
4. Develop clear evaluation criteria of how a community fund programme should run and what it should achieve.
5. Work with the LERO partner to gain understanding of shared activities and formalise this into a contract.
6. Maintain monthly oversight meetings and risk registers; collect data for evaluation criteria on an ongoing basis. Review wellbeing of project leads.
7. Maintain independent oversight group of lived experience (to maintain LE legitimacy)
8. Each community fund project should follow a process of:



[13] OHID, Guidance Part 1: introducing recovery, peer support and lived experience initiatives, 2025

9. Hold internal meetings to maintain common vision, shared learning and to maintain principal ethics of co-production principles.
10. Co-produce and complete interim evaluation report to ensure all voices are heard on how the evidence will take shape.

Most local authorities have some form of 'small grants for local organisations'.[14] Local authorities in the UK provide in the region of £600m in grant funding to the VCSE sector each year (2021 estimates). In these, VCSE organisations can bid for small sums from the central authority, to invest in community projects which meet central values or priorities.

The present model is believed to be a clear example of 'co-commissioning', beyond the scope of aforementioned community grants. However, commissioners have traditionally underperformed in the field of co-commissioning. Likely due to the tensions in how to maintain 'governance at a distance' (see below), as well as a paucity of effective models or frameworks to follow.

"While co-commissioning in this setting is an 'iterative learning process', it is also riven with power asymmetries and competing notions of expertise. There has been limited evidence of co-commissioning with VCSEs despite the call in the Civil Society Strategy for 'a renewed focus on collaborative commissioning arrangements'. Empirical studies of the health-related commissioning of VCSEs remain sparse."[15]

Commissioning employs governance (control without line management) which typically uses six main media of power: Managerial techniques; Negotiated order; Discursive control by means of persuasion, whether scientific or ideological; Resource dependency and financial incentives; Provider competition; and Juridical control.[16]

Whilst the application of a VCSE grant model goes some way to divest governance away from authorities and into communities, it often operates as a bidding process, where established organisations submit applications for approval.

Questions must therefore arise as to how and when one model of funding (i.e., open application VCSE grants should be favoured over another (i.e., co-commissioning partnerships through centring LLE). One potential factor of consideration could be when concerning communities facing multiple disadvantages, who may not feel capable to deliver projects without guidance and support (e.g., from a LERO), or may not have the resource to establish themselves as a registered VCSE in the short term.

[14] Directory of Social Change: Grants for Good: Exploring local authority grant-making to the VCSE sector, 2023

[15] NIHR: Consequences of how third sector organisations are commissioned in the NHS and local authorities in England, 2024

[16] NIHR: NHS commissioning practice and health system governance: a mixed-methods realistic evaluation, 2015

6. Conclusion and recommendations

This evaluation has described the activity and co-production dynamics of the WS DAP Community Fund programme. It was established to meet both the central government requirements, and the local WS DAP priorities, to centre efforts to improve drug and alcohol treatment outcomes with people with lived and living experience.

The evaluation has detailed the processes and achievements of the programme and has attempted to summarise the learning from individuals with LLE of multiple disadvantage and the programme leads tasked with overseeing the delivery. Challenges and successes have been summarised and there is a wealth of knowledge generated from which commissioners, policy leads and community organisations, can learn. Further practice of trial and error is required to develop a consistent model of meaningful co-production.

Whilst the model described in this evaluation has shown promising results, it was – as expected – labour and time intensive to conduct and efforts should be put in place to test variations of best-fit for the approach.

One main weakness is the short-term nature of grant funding from central government departments. I.e., if it takes six months to plan and green light a programme and six months to launch and start reviewing project proposals in the community, there may only be a single year remaining to conduct the work before funding is removed and work ceases.

One demonstrated strength of the model is the enthusiasm and development of the individuals involved, implying a desire to continue. As such, one modification worth testing could be for local authority departments to establish and maintain participatory working groups in the community, around their field of professional remit, and when short term funding is available, these groups would be ready to launch projects which they have previously developed (as ToCs). This would remove the significant 'start-up' delay to such programmes, whilst maintaining reciprocal trusting relationships. Following the model presented in this evaluation, they could have resources and ways-of-working ready to go, with invested community peers available to support new innovations.

In any event, the opportunities exist to empower individuals with lived and living experience to take a central role in developing community projects, whilst local authorities must reflect on procedures of governance and accountability, to jointly capture the potential of local communities.

Appendix A

The WS DAP plan for 2024-7: principles and priorities, which guided community projects

Principles that underpin local action:

1. To promote social justice by reducing stigma and building on a belief in, and respect for, the rights and vulnerabilities of people who use drugs and alcohol.
2. Use the best available evidence, data, and intelligence to inform county wide decisions and action relating to harmful drug and alcohol use and dependency, and to ensure that resources are allocated and monitored effectively.
3. To work in partnership, including people with lived and living experience, to identify and reduce the local impacts of drug and alcohol harms.

Cross-cutting priorities:

1. A focus on prevention, resilience, and early intervention.
2. Reducing drug and alcohol related deaths.
3. Ensuring that people who have experience of drug and alcohol-related harms are represented, involved, and are at the heart of local plans and activity.

System priorities:

Protecting and supporting children/young people from substance harms

1. Multi-agency approaches to tackling exploitation, county line networks, and safeguarding victims.
2. Targeted work with families (including children and young people and looked after children) where harmful drug and alcohol use and dependency exist.
3. Enhanced education and policy around the management of drug and alcohol use in schools, including alternative provision colleges.

Enhancing criminal justice pathways and community safety

1. A continued focus on county line networks and bringing perpetrators to justice.
2. Strengthen pathways and improve the continuity of care and the seamless transitions for prison leavers into community treatment, and the use of specialist treatment requirements as part of community sentences (including education for judiciary and jurors).
3. Continue to improve multi-agency joined up working and intelligence sharing, including the exploration, development, and implementation of new initiatives for people who encounter the criminal justice system (e.g., naloxone provision).

Improving the access to, and quality of, treatment and recovery services

1. Increase numbers and referrals by professionals into specialist treatment across health (primary, secondary, and mental health), social care, community and voluntary sector, and criminal justice settings, and improved treatment outcomes.

2. Maintained focus to support consistent, improved, joined up multi-agency working to support people with co-occurring mental health and substance use conditions.
3. Continued attention on novel psychoactive substances and new synthetic opioids, and enhanced, targeted naloxone distribution and training to reduce drug harms, including increased outreach and community located provision.

Developing employment, housing, and alcohol pathways to support recovery

1. Identify, understand, and enhance existing employment related pathways and outcomes for people recovering from drug and alcohol use disorders.
2. Improve support for people with drug and alcohol use disorders in finding and maintaining suitable accommodation, and navigation of local housing provision and support.
3. Develop the capacity of non-specialist health and care professionals and services to identify, refer and provide support for alcohol-related harms.

People priorities

(Recommendations from people with lived-living experience of drug and alcohol harm)

1. Training and communications for wider key support staff, in how to understand trauma, stigma, and work effectively with people who have substance use disorders with compassion, dignity, and respect.
2. Commit to co-produce solutions with people with lived experience, place them at the heart of plans and developments, and invest in peer leadership.
3. Enhanced peer support networks, and provision within services and communities, including the delivery of harm reduction advice and information around drugs and alcohol and signposting to specialist support (especially housing support services).

Appendix B

Theory of Change model template