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Local Voices Research Report 1

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Local Voices Framework Research Report I

November 2023

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Introduction

This research report is an initial stage in the Local Voices Framework project. Section A identifies key characteristics of co-production definitions. Section B scopes out existing academic literature on co-production principles. Section C reviews key toolkits, reports and broader documentation from co-production projects identified by the CWVA Local Voices Stakeholder team. Section D reviews data generated from semi-structured interviews with practitioners and experts by experience. Section E then details the proposed Local Voices co-production definition and principles informed by the literature reviews and interviews. Section F then explores the findings of workshops with practitioners and experts by experience that explored effective co-production definition and principles for cross-sector collaboration. The purpose of the report is to inform the knowledge and understanding of the CWVA Local Voices Stakeholder team. Core findings are presented in the format of a final co-production definition and set of principles to support – see Section G. The report provides a basis for knowledge to inform next steps of the Local Voices Framework project – see section H for some suggested next steps.

Section A: Key Characteristics of Co-production Definitions

The value of coproduction is being recognised across a range of sectors and fields, including the public sector, higher education sector, public policy, health, social care, and voluntary community and faith sector. Various definitions are used and the term is used differently in a diverse range of contexts, often depending on the project, the individuals and organisations involved. However, at the outset of this project, it is valuable to explore the core themes of co-production definitions and propose a comprehensive definition to encourage shared understanding. The findings of a thematic review of co-production definitions are shared below:

1. Power and Influence

Definitions of co-production all include recognition that stakeholders and communities have a role to play in a process and should hold some degree of influence or power in the process. For example:

“Co-production, in this context, provides a meaningful way of **involving communities**, often those who would not normally engage in decision making, in the commissioning process. It is about **developing equal, respectful, trusting and productive relationships** between decision makers and those affected by decisions. It is not just about asking people what they think, or regarding them as **passive recipients** of the services available. It recognises that all participants are experts in their particular field and are assets to the decision-making process” (Rethink Mental Illness B).

However, as shown below, there are variations in the emphasis given to that role, for example at one end of the continuum is influence moving to power sharing, interdependency, and a movement of equal partners.

The Care Act 2014 defines coproduction as “when an **individual influences** the support and services received, or when **groups of people get together to influence** the way that services are designed, commissioned and delivered”.

“Co-production can be defined as an approach to working together in **equal partnership** and for equal benefit”(Co-production Collective B).

“Everybody **works together** to create a service or come to a decision that works for them all...It is built on the principle that those who use a service are best placed to help design it” (National Co- production Advisory Group).

“The relationship where professionals and citizens **share power** to design, plan, assess and deliver support together. It recognises that everyone has a vital contribution to make in order to improve quality of life for people and communities” (New Economic Foundation).

“In practice, co-production involves people who use services **being consulted, included and working together** from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as **equal partners, can share power and have influence** over decisions made” (TLAP National Copro Advisory Group).

Batalden, Batalden, Margolis, Seid, Armstrong, Opari-Arrigan, and Hartung (2016) describe the coproduction of healthcare services as “the **interdependent work** of users and professionals to design, create, develop, deliver, assess and improve the relationships and actions that contribute to the health of individuals and populations”.

Co-production is a complex **partnership** and **collaborative model** for a process that places emphasis on **sharing power** with stakeholders to enhance the value, including quality and relevance, of the process and outcome (Redman, Greenhalgh, Adedokun, Staniszewska, and Denegri, 2021).

Morton and Paice (2016) analysed the process of partners designing a whole system integrated health and care plan, including “clinical commissioners (organisations that plan and purchase care to improve the health of defined populations), primary and secondary health care providers, local authorities and the voluntary sector”. They state that “if the vision of integrated care was to be achieved, it had to be a **social movement** led by people who use services, their families, carers and the public; supported by staff at every level in every care setting. To this end, patients, carers and other service users (called ‘lay partners’) were to be **equal partners** in the design and delivery of the new system” (Morton and Paice, 2016, p. 1).

2. Contribution

A key element of definitions of co-production is recognition of the contribution of stakeholders and communities outside of practitioner roles.

For Boviard and Loeffler (2013, p. 22-23) “co-production puts the emphasis on **the contribution made by the service beneficiary** in the service delivery process”; they define coproduction as “**professionals and citizens making better use of each other’s assets**, resources and contributions to achieve better outcomes or improved efficiency”.

Co-production is contrasted against “passive patient hood”, and involves harnessing “an end user’s **time, motivation...skills**”, “**ingenuity, experience, and learning**” (Elwyn, Nelson, Hager, and Price 2020, p. 712).

Lay partners “brought **experiences and skills** from their varied working lives and **an understanding of the communities that they lived in**. They were **less risk-averse** than professionals, **encouraging ambition and innovation**. Their presence encouraged better behavior among professionals. They were represented at every level in the programme, often taking the role of chair or co-chair. They were **in demand as speakers, as panelists for selection of early adopter sites and as leaders in local implementation of integrated care**” (Morton and Paice, 2016, p.3).

Morton and Paice (2016, p.1) summarised some of the key contributions of lay partners within their project: “Lay partners **provided challenge, encouraged innovation, improved communication, and held the actions of other partners to account** to ensure the vision and aims of the emerging integrated care system were met”.

Boviard and Loeffler (2013, p. 23) identify five **core contributions of** citizens to the co-production process:

Table 1: Core Contributions of Citizens to Co-production.

“customers as innovators”	citizens “know things that many professionals don’t know”
“customers as critical success factors”	citizens “can make a service more effective by the extent to which they go along with its requirements and scrutinise it”
“customers as resources”	citizens “have time, information and financial resources that they are willing to invest to improve their own quality of life and into helping others”
“customers as asset-holders”	citizens “have diverse capabilities and talents which they can share with professionals and other citizens”
“customers as community-developers”	citizens “can engage in collaborative rather than paternalistic relationships with staff and can collaborate with other service users and with other members of the public to bring out the best in them”

3. Value

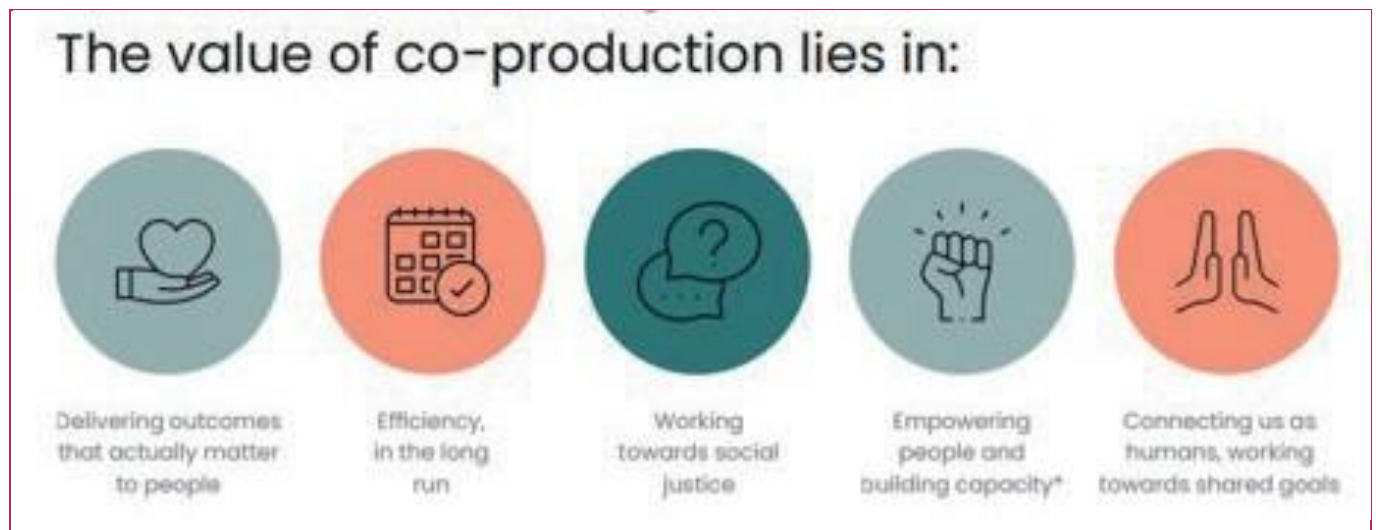
Discussion of co-production gives emphasis to the creation of value during and as an outcome of the co-production process.

“At the centre of co-production initiatives is an emphasis on effectively collaborating with the end user to **co-create value**...in the delivery of services” (Elwyn, Nelson, Hager, and Price 2020, p. 711).

Value is defined as **promoting quality, choice, responsiveness, satisfaction, and efficiency** including **cost-effective solutions** (Batalden, Margolis, Seid, Armstong, Opiari-Arrigan, and Hartung, 2016; Bovaird and Loeffler, 2013; Elwyn, Nelson, Hager, and Price 2020).

“Co-production is the way to do things; it costs in the short term, but will lead to **savings and efficiencies** – and, most importantly, **services which respond to real need**... it just makes sense” (Rethink Mental Illness D).

(Co-production Collective B)



For Rethink Mental Illness C, the value of co-production was evident in a number of ways:

- “more effective service transformation and better individual outcomes
- collaborative and partnership working culture – different perspectives coming together
- community capacity building and community engagement
- better access to and more effective mental health support and services in the community
- better understanding of the needs of people
- co-production becomes the normal way of working
- potential to reduce inequalities and services to better reach marginalized groups”.

For Poverty Truth Commission, value was evident in the following ways:

- “developing leadership skills for work in communities
- greater knowledge of others through shared learning
- creating policy changes that can have a positive impact on a many people
- PTCs have made practical change that matters e.g. at the ‘front desk’ level (i.e. not just senior policy people)
- the PTCs have led to wider contacts with power holders e.g. being part of the group writing department of work and pensions letters in common language
- personal change for civic and business leaders is impactful as it can change the cultures of organisations
- success encourages you – there is a ripple effect that can leads to change within organisations
- influencing the approach that public and private sector organisations take
- the knowledge of people”

For NHS England (2022) the benefits of working with people and communities are:



4. Scale of application

Co-production can be applied to all or some aspects of a process and at different levels. Boviard and Loeffler (2013, p.24) identify four areas of service activity under the “co-production umbrella”:

Table 2: Areas of Service with Co-production

Co-commissioning of services, which embraces:
<ul style="list-style-type: none">• Co-planning of policy• Co-prioritisation of services – e.g. personal budgets, ‘community chests’, participatory budgeting, stakeholder representation in commissioning decisions.• Co-financing services – e.g. fundraising, charges, agreement to tax increases.
Co-design of services – e.g. user forums, service design labs, customer journey mapping.
Co-delivery of services, which embraces:
<ul style="list-style-type: none">• Co-managing services – e.g. leisure centre trusts, community management of public assets, school governors,• Co-performing of services – e.g. peer support groups (such as expert patients), Nurse Family Partnerships, meals-on-wheels, Neighbourhood Watch.
Co-assessment (including co-monitoring and co-evaluation) of services – e.g. tenant inspectors, user on-line ratings, participatory village appraisals”.

In Morton and Paice’s (2016, p. 1) project co-production operated at three different levels:

1. **Individual level.** The patient (and their carer where relevant) working in partnership with professionals to design and direct their own care.
2. **Service level.** People who use a specific service (e.g. disease-specific care) working with commissioners and providers of that service.
3. **Strategic level.** People with experience of using services, and of working at a policy-making level in any field, working with professionals to design a system of care”.

See appendix A for a selection of diagrams that represent other processes close to co-production, but which are distinct to co-production.

5. Context-dependent and limited

Discussions of co-production recognise that it is a context-dependent and challenging process that is often limited in practice. The feasibility and path of co-production will vary depending on the context of the project.

“co-production is highly **context-dependent**. **What works well in one situation** and at one time **may be impossible** in another. **Whether and how co-production can occur will be determined by systemic issues**, including the culture and development of the health and policy system, resourcing

and leadership, the wider culture, and the evolution and drivers of the research sector” (Redman, Greenhalgh, Adedokun, Staniszewska, and Denegri, 2021).

Discussions of co-production recognise that there is often a gap between principles of co-production and practice because of a range of challenges. This means that co-production projects tend to carry limitations of principles it could not meet or fully meet, and these limitations may then inform learning for developing future co-production projects.

“to be working toward co-production principles means that you have to consistently be challenging ‘business as usual’” (Farr, Davies, Andrews, Bagnall, Brangan and Davies, 2021, p.6)

Farr, Davies, Andrews, Bagnall, Brangan and Davies (2021, p.1) recognise that **“trying to maintain all principles of co-production within the real-world of structural inequalities and uneven distribution of resources is a constant challenge**, often remaining for now in the realm of aspiration”.

Challenge: Feasibility of Power Sharing

There are challenges associated with the feasibility of full power sharing compared to the more limited approach of influence:

“the organisation that ‘owns’ a project can have associated accountability and legal responsibility which privileges it with power and dominance in a project that is difficult to overcome” (Pearson, Watson and Manji, 2017, p.3-4).

“Sharing power in the face of embedded hierarchies and inequalities is an obvious challenge for co-production. The gap between co-production principles and practice is a tricky territory. Working with everyone who is interested in an issue, having a focus on meeting the priorities of communities and people we work with, and co-producing all aspects of a project from beginning to end will be **difficult to deliver** in many projects in health and social care research” (Farr, Davies, Andrews, Bagnall, Brangan and Davies, 2021, p.5).

“We reflected on whether the aim of co-production projects is to modify the knowledge hierarchy completely, or to bring in experiential expertise/lived experience to influence the knowledge production process so the knowledge produced is more practical/ effective/implementable. This second, **more limited aim** of making evidence more co-productively, so that it is more useful in practice may be more achievable, whereas modifying the dominant knowledge hierarchy **was beyond our scope**” (Farr, Davies, Andrews, Bagnall, Brangan and Davies, p.4).

Challenge: Additional Resources

Co-production **requires additional resources** to non-coproduced processes, primarily co-production can considerably extend the timescale of project.

“**Practically, we found that we should have allocated more resources** to payment of our public contributors to take on additional roles. A focus on relationships and reflection was hard to maintain in the face of a small group trying to deliver an ambitious project to time, alongside other competing commitments” (Farr, Davies, Andrews, Bagnall, Brangan and Davies, 2021, p.5).

A key pitfall is “unrealistic timescales. Service design and service changes should be planned to achievable timescales that allow for early, ongoing and effective public involvement, including careful consideration and discussion of the views expressed by people and communities” (NHS England, 2022).

Challenge: Stakeholders' Initial Assumptions

Stakeholders' initial assumptions can also present a key challenge:

“Professionals were also reported as being **disinterested, dismissive or displaying a lack of understanding of involvement**. Some were described as **fearful or uncomfortable; they** felt involvement was too impractical or unrealistic. The representativeness of patients was questioned; some patients were thought to have their own personal agendas. People were labelled as ‘the usual suspects’, causing **annoyance and offence**. Sometimes patients were considered to be **too close to their diagnosis**; at other times, professionals felt their **treatment occurred too long ago**. There were concerns that people were not competent, that they would not consider legal, funding or other organisational constraints” (Chambers, Gardiner, Thompson and Seymour, 2019, p.975).

“Some professionals were uncomfortable at first with the concept of co-production at a strategic level. Negative comments included that: lay partners **would not be able to grasp the complexity; they would slow things down; they would not understand that resources were limited; and that the work was at too early a stage to benefit from their input**”. This was addressed through training and adhering to good practice principles and “gradually the culture changed and lay partners were seen as essential to the work” (Morton and Paice, 2016, p.2).

Challenge: Surface-level Approach

Organisations should avoid light engagement with co-production to the extent that it can be criticised for being artificial:

“Tick box exercises. Involvement is not an obstacle to overcome on the way to achieving a predetermined outcome. Any perception that it is tokenistic or that a strategy or service change has not been informed by insight from the public, will not only undermine trust, it is unlikely to be supported at local, regional or national level” (NHS England, 2022).

Challenge: Risk

Concerns about risk in both co-producing services and not co-producing services exists:

“A key issue that has not yet been properly explored is the extent to which co-production involves greater risks than professionalised service provision. Certainly, professionals are concerned that users and communities have less technical experience in coping with the risks involved in tackling public and social problems. On the other hand, there is increasing concern that public sector organisations have themselves, in the past, underestimated the risks involved in public sector provision and not properly understood how services can be quality assured more successfully through involving users and embedding them in the community” (Bovaird and Loeffler, 2012, p. 58).



Section B: Systematic Review of Academic Research on Principles of Co-production in Health and Social Care

Research Question

According to academic literature, what are the current key principles of co-production in health and social care?

Method

Systematic Literature Review

“Systematic reviews are a type of literature review of research which require equivalent standards of rigour as primary research. They have a clear, logical rationale that is reported to the reader of the review. They are used in research and policymaking to inform evidence-based decisions and practice. They differ from traditional literature reviews particularly in the following elements of conduct and reporting.

Systematic reviews:

- use explicit and transparent methods
- are a piece of research following a standard set of stages
- are accountable, replicable and updateable
- involve users to ensure a review is relevant and useful” (University Central London, 2023).

Systematic Search Process

1. Identifying Databases

The researcher and CWVA Local Voices Stakeholder Team met for a goal-defining meeting, which included a discussion on focus, boundaries, and appropriate terminology. Protocol was agreed with CWVA including relevant databases and search terms. In February 2023, four leading and relevant health and social care databases were searched (Table 1).

Table 3: Databases

Databases
CINAHL
ProQuest Nursing and Allied Premium
Medline
PubMed

2. Creating Search Strategy

The research focus and question informed search concepts and keywords for the basis of the search. The exploration of the definitions of co-production detailed in Section A informed an expansion of keywords beyond search concepts in order to allow the inclusion of literature that focused on a relevant aspect of co-production within the database search results.

Table 4: Search Strategy Concepts and Keywords

Search Concept	Search Keywords
Coproduction	coproduction co-production co-commissioning co-design co-delivery co-assessment co-evaluation co-monitoring
Principles	Principles
Health	Health
Social Care	“social care”

A search string with boolean operators and modifiers, following scoping searches, was developed and used to ensure focus on highly relevant literature.

Search string: (coproduction OR co-production OR coprodu* OR co-commissioning OR co-design OR co-delivery OR co-assessment OR co-evaluation OR co-monitoring) AND principles AND health AND “social care”

3. Literature Eligibility Criteria

To maintain focus on high quality literature, the researcher and CWVA agreed the following exclusion criteria:

- exclude literature that is not peer-reviewed
- exclude literature that is not research articles, books, book chapters, and literature reviews
- exclude papers older than 10 years

It was also necessary to exclude publications that are not available in English.

4. Conducting Searches

Searches were focused on the field of abstracts or title/abstract where abstract only was not an option, in order to focus search on highly relevant literature. Searches were conducted on each of the four databases. Limits and number of results for each database are recorded below.

Table 5: Record of Searches

Database	Limits Applied	No of Results
CINAHL	AB Abstract find all my search terms peer-reviewed research Article English language	9
ProQuest Nursing and Allied Premium	ABSTRACT peer-reviewed publication date after 23rd February 2013 source type: scholarly journals document type: article, book, book chapter, literature review Language: English	15
Medline	AB Abstract scholarly (Peer Reviewed) Articles date of Publication: 23rd February 2013-23rd February 2023 English Language	12
PubMed	title/ Abstract	21
		Total: 57

5. Assessing and Refining Search Results

Duplicate papers were removed, 28 papers remained. Full-text articles were then assessed to ensure relevance to the research question. Reasons for exclusion include:

- Co-production ‘principles’ was an incidental remark in the article abstract rather than a core focus of the article. For example, a paper would advocate future research using co-production principles but provide no further discussion or state that co-production principles had been used but not elaborate with any detail.
- Principles was used to refer to something other than co-production, for example methodology principles.

After this assessment, 14 papers were retained.

6. Thematic Analysis of Data

A summary of the papers' contributions on the topics of co-production principles is displayed in table 6. Principles are analysed and colour-coded via themes which then informed the co- production principles, the key is as follows:

Engaging in co-production throughout a project
Resources
Issues related to equality, diversity and inclusion
Relationships
Communication
Facilitation and support
Reflection and learning
Vision

Table 6: Included Papers' Summaries

Author(s) and year	Burton, Wolters, Towers, Jones, Meyer, Gordon, Irvine, Hanratty, Spilsbury, Peryer, and, Killett, Akdur, Allan, Biswas , and Goodman (2022)
Focus	Developing minimum data sets for older adult care homes. Primarily focuses on data capture details but gives some reference to principles of co-production with staff and residents.
Principles	<ul style="list-style-type: none"> • partners and local people must derive benefit from the project • partners must “see value in their contribution”
Author(s) and year	Chambers, Gardiner, Thompson, and Seymour (2019)
Focus	Patient and carer involvement in palliative care research. Highly relevant with a clear focus on co-produced research projects.
Principles	<ul style="list-style-type: none"> • transparency • accountability • honesty, for example “congruence between real and stated aims” • respect • trust • listening • flexibility enabling accessibility, “people to decide when and how to be involved”, different involvement methods such as groups with different commitment levels and alternative forms of communication such as email, particularly important for people with fluctuating or progressing health conditions. • facilitate peer support and learning • agree policies from beginning, such as conflict management • “avoid tokenism or tick-box involvement” • ensure boundaries and limits are communicated, for example on decision-making • reciprocal transfer of knowledge • equity and power-sharing • ensure participation is voluntary - it is clear that there will be no repercussions to care and support available if a person chooses not to participate, avoid ‘grateful patient syndrome’ • avoid making assumptions about who has the time and willingness to be involved. Provide open adverts and allow diverse nominations. • address issues of administration, finance and travel “to avoid complicated bureaucratic practices”

	<ul style="list-style-type: none"> • provide ongoing training and support for all, including training with case studies for professionals on the value of co-production. ensure advanced support or signposts to advance support, is available, for example for people who experience distress in the co-production process • be aware of practical constraints such as comfort breaks, access to venues, and appropriateness of venues, for example formality or religion
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Author(s) and year	Cook, Livesley, Long, Sam, and Rowland (2022)
Focus	Children and young people’s exploration of creating an advocacy centre through co-production. Some relevant discussion of principles but article gives greater focus to Children’s Advocacy centre design.
Principles	<ul style="list-style-type: none"> • reciprocal knowledge exchange • enable “flexible and relevant response to real world problems” • establish “shared values” • provide opportunities to work on projects of direct relevance • communicate impact • plan sustainable projects

Author(s) and year	Farr, Davies, Andrews, Bagnall, Brangan, and Davies (2021)
Focus	The difficulties of implementing ideal co-production principles in health and social care with a particular focus on reducing power inequalities. Highly relevant with a clear focus on co-production principles and challenges of implementation informed by focus groups with participants who hold experience in co-producing research.
Principles	Utilises Hickey, Brearley, Coldham, Denegri, Green, Staniszewska, Tembo, Torok and Turner’s (2018) principles of co-production, including: <ul style="list-style-type: none"> • “coproduction should occur from the start to the end of the project” • “include all perspectives and skills” • offer different roles and tasks within a project rather than assuming all to be involved in every stage • provide “training, support and mentoring” to develop appropriate skills • avoid assumptions by explicitly discussing roles at the beginning • ensure remuneration of public contributors and provide contracts • ensure foreseeable system change requirements to facilitate co-production, for example finance, human resources • resource the time of all involved in co-production, including employed professionals • focus on reciprocity as everyone should benefit from working together, discuss what each member would like to achieve from working together

	<ul style="list-style-type: none"> • Ensure strong facilitation and chairing skills, which are needed to support good communication and relationships and “challenge unhelpful behaviours”, for example, using jargon or dominant speakers • engage in outreach work to reach people who are often excluded • meet in accessible and comfortable venues, such a community venues • recognise and manage the emotional work of co-production if a public contributor is sharing their lived experience – “drop the professional mask and share more personally and expose own vulnerabilities”
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Principles	<ul style="list-style-type: none"> • recognise the time needed to support public contributors and that a project may run slower • be aware of “the resource and capacity implications” before committing to a project”, for example ensure there is an adequate budget • reflect on learning and adapt for next project
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Author(s) and year	Hallam-Bowles, Logan, Timmons, and Robinson (2022)
Focus	Barriers and facilitators for co-production in care homes. Relevant content focused on learning from a range of care home research projects with a clear focus on facilitators of effective co-production.
Principles	<ul style="list-style-type: none"> • “working together as equals throughout a research project” • “inclusive, equitable and reciprocal co-production” • be aware that formal signed consent forms can enforce power imbalances • create opportunities to challenge dominant views • create stimulating experiences with variety of mechanisms to support engagement with different methodologies and activities • ensure reflexivity of project leads • take a flexible approach to process and outputs • involve stakeholders in design process • “recognise and utilise different forms of expertise”, including professional and experiential • provide support • provide learning opportunities • clarify expectations • build and utilise existing partnerships to engage stakeholders in process • engage in regular dialogue including between meetings • recognise different ways of working and establish a shared approach • specifically, task project leaders with facilitating co-production within their role • sustain relationships between projects • prepare effectively ensuring resources, including time and funding

Author(s) and year	Hedberg, Wijk, Andersson, Gäre, and Petersson (2022)
Focus	The patient as an active partner in a person-centred health system in Sweden co-developing personal health plans. Some relevant content on co-production principles.

Principles	• promote human dignity and equity
	• support patients, as well as next of kin, and professionals to be partners engagement with different methodologies and activities
	• respect the lived experience of partners and weigh it into joint decision making
	• promote person-centred care that centralises the person's story
	• recognise and respect a patient's values
	• gain genuine staff commitment
	• promote conscious presence

Author(s) and year	Horobin, Brown, Higton, Vanhegan, Wragg, Wray, and Walker (2017)
Focus	Training for lay-assessing which involves drawing on life experience to review materials such as grants and patient information leaflets. Some relevant content on co-production principles.
Principles	• provide public involvement training initiatives, for example training for lay-assessors/public reviewers
	• agree themes of training
	• agree evaluation plans
	• co-produce structures and formats
	• engagement with different methodologies and activities
	• provide information about opportunities for progressing in lay-assessing
	• develop materials in various formats where needed
• advertise widely	
• reflect on feedback and revise process	

Author(s) and year	McLaughlin (2021)
Focus	Chronic kidney disease service improvement through co-producing research. Focuses on the outcomes of the research project, ways to support people with kidney disease, rather than co-production principles but some reference to relevant set of principles.

Principles	<ul style="list-style-type: none"> • refers to the making good decisions in collaboration (MAGIC) model for UK NHS for supporting shared decision making - choice, option, decision, talk • refers to Norström et al's (2020) principles of coproduction in research • refers to the six UK standards for public-involvement – <ul style="list-style-type: none"> • inclusive opportunities • working together • support and learning • governance • communications • impact
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Author(s) and year	Materson, Areskoug Josefsson, Robert, Nylander, and Kjellström (2022)
Focus	A systematic scoping review of definitions of co-production in a selection of Health and Social Care academic databases. Focuses on definitions of co-production with limited attention to principles. Reference to a relevant set of principles.
Principles	<ul style="list-style-type: none"> • notes that many academic articles on co-production seek to define the term without “articulating the underlying principles and values that need to be translated and explored in practice” • draws upon Slay and Stephens (2013) report on co-production in mental health literature review’s six principles of co-production

Author(s) and year	Morton and Paice (2016)
Focus	Co-production at strategic level of integrated care system with ‘lay partners advisory group’ (patients and carers) and a ‘lay partners forum’ overseen by an overarching group called Embedding Partnerships Relevance Highly relevant large project but limited by date of publication.
Principles	<ul style="list-style-type: none"> • lay partners should be “equal partners” • recruit “patients and carers with experience of strategic work”, “ability and commitment to work at strategic level, at the pace necessary to achieve the programme’s aims” • provide clear guidance on expectations in recruitment phase – create a “role profile” setting out expectations, including numbers of meeting and any remuneration, key skills required, need to support principles • provide options of different levels of involvement to support inclusion • share “commitment to the vision” • agree “the principles of working together” • provide support, show value and respect • recruit lay persons who are willing to engage for a long period providing support to newly recruited lay persons

	<ul style="list-style-type: none"> • continuously recruit “lay representatives to represent their communities” and meet demands as projects grow and learning is shared
	<ul style="list-style-type: none"> • be willing “to challenge and to listen”
	<ul style="list-style-type: none"> • develop “strong connections with the community being served”
	<ul style="list-style-type: none"> • ensure “enough time to do the work”
	<ul style="list-style-type: none"> • select members to represent diversity and consider how they can be included, for example evening meetings, remuneration, carers support
	<ul style="list-style-type: none"> • utilise experts “to seek out people from under-represented communities and more diverse backgrounds”
	<ul style="list-style-type: none"> • ensure the results of work are visible to all partners
	<ul style="list-style-type: none"> • consider professional and lay co-chairs

Author(s) and year	Pearson, Watson, and Manji (2017)
Focus	The extent to which shared decision making has transformed social care and the challenges of promoting co-production principles Focuses on challenges rather than specifically principles but some challenges indicate related principles.
Principles	identifies a number of challenges, some principles for overcoming challenges include: <ul style="list-style-type: none"> • ensure staff training of the value of co-production • embed staff values that align with co-production during a cultural shift

Author(s) and year	Reinhoudt-den Boer, van Wijngaarden, and Huijsman (2023)
Focus	Co-producing integrated care and support with clients experiencing multiple problems Focuses on supporting clients with integrated care plans with limited attention to co-production principles.
Principles	<ul style="list-style-type: none"> • build trust where there distrust of public service providers and ‘the government’ exists • prioritise acute crises experienced by the patient and provide support that also recognises multi-dimensionality of needs • engage in reflexivity

Author(s) and year	Roberts, Chess, Howells, McLaughlin, Williams, Charles, Dallimore, Edwards, and Noyes (2019)
Focus	The extent to which co-production of research supports more sustainable services with a focus on patients with kidney failure Limited content on co-production principles but reference to a relevant set of principles.
Principles	<ul style="list-style-type: none"> • work together from inception to dissemination exists • refers to the making good decisions in collaboration (MAGIC) model for UK NHA for supporting shared decision making - choice, option, decision, talk

Author(s) and year	Sadler, Porat, Marshall, Hoang, Curcin, Wolfe, and McKeivitt (2017)
Focus	Engaging stakeholders to co-produce potential solutions for stroke survivors with multimorbidity Focus on priority areas for stroke survivors with limited attention to co-production principles but reference to relevant set of principles.
Principles	<ul style="list-style-type: none"> • refers to Heaton, Day and Britton's (2016) five main principles of co-production • recruit through established groups, networks and links, for example with voluntary sector



Section C: Literature Review of Local Voices Framework Stakeholder Guides

The CWVA Local Voices Stakeholder Team identified seminal guides and contributed these to a shared online resource hub.

Some of the principles in the guides are co-produced. For example, Beans on Toast group, a working group of Cheshire West and Chester Local Authority Poverty Truth Advisory Board now led by people with lived experience of food security, has written its own principles of co-producing both knowledge and recommendations for the Local Authority and other stakeholders.

Each of the 25 guides was reviewed and key principles were identified. Table 7 presents a summary of the guides' contributions on the topics of co-production principles. Principles are analysed and colour-coded via themes which then informed the draft of principles, the key of themes is as follows:

Engaging in co-production throughout a project
Resources
Issues related to equality, diversity and inclusion
Relationships
Communication
Facilitation and support
Reflection and learning
Vision

Table 7: Public Sector and Community and Voluntary Sector Co-production Guide Summaries

Author(s) and year	Cheshire West and Chester Compact
Focus	Agreement between public and voluntary sector on working collaboratively
Principles	<ul style="list-style-type: none"> • recognising, valuing and acting on people’s knowledge and expertise based on their lived experience • promoting person-centred approaches by working alongside people with differing skills, experiences, and backgrounds • ensuring that everything we do is accessible • being open and transparent with people, particularly expectations about any limits or constraints • ensuring that people have trust and confidence in engaging with the design, delivery and development of policies, services and activities
Author(s) and year	Beans on Toast, a working group of the Poverty Truth Advisory group
Focus	Led by people with lived experience of food insecurity, sharing knowledge and recommendations with Poverty Truth Advisory group and relevant stakeholders
Principles	<ul style="list-style-type: none"> • open and honest discussions about the issues which really matter • build relationships and mutual respect between all members where everyone takes the time to listen to each other • a safe space to share your wisdom and knowledge, in a variety of different ways • time to reflect on the difference the group is making towards its goal. • a clear understanding of everyone’s role in the group • practical and emotional support to be involved • something nice to eat • a simple action plan, which all members own and review at each meeting • report actions and impact to poverty truth advisory board
Author(s) and year	CWAC Poverty Truth Commission
Focus	Contract for participatory working
Principles	<ul style="list-style-type: none"> • people are acknowledged for the truths they are bravely sharing, especially the truth behind the traumatic experiences <p>develop constructive relationships by:</p> <ul style="list-style-type: none"> • mutual respect • accepting the truth of others’ experiences. • acknowledging the truths that people are bravely sharing, especially the truth behind the traumatic experiences

Principles	• supporting honest and direct communication. taking the opportunity to engage and ask questions on the day, rather than going away with a preconceived idea of what you have heard
	• actively listening
	• listen with empathy and not sympathy
	• understanding that the purpose of sharing is to move forward and make positive change
	• stay “engaged” for the duration, giving full attention, and refraining from using mobile phones and ensuring they are on silent
	• not using lanyards or display job titles as everybody has the same status during a session

Author(s) and year	CWAC Poverty Truth Commission
Focus	Commission 2 final evaluation report
Principles	• take time to develop trusting relationships to explore issues and solutions
	• leadership and learning are needed to inspire and implement new models across public sector organisations
	• wrap-around support is essential to engagement
	• value and involve people with lived experience in the governance framework to support policy development and strategy delivery

Author(s) and year	Poverty Truth Commission
Focus	Learning summary
Principles	• create a space to meaningfully bring together people with different experiences, knowledge, and power
	• build trust and relationships
	• equal power, bottom up power
	• a focus on working together for meaningful change
	• value experience
	• lived experience ownership of projects
	• listen in a non-judgmental way to share learning
	• ensure contributors feel emotionally and physically safe
	• share expectations and commitments from the start
	• ensure resources – time, dedicated facilitators providing regular high quality support through the process
	• work together rather than consultation
	• listen to people’s truth, ideas and solutions
	• organic, continually evolving partnership
	• co-operate, working together to find solutions
	• actively listen as well as talking

	<ul style="list-style-type: none"> • engage with people, not the roles they play
Author(s) and year	PCWAC Poverty Truth Advisory Board
Focus	Function and Priorities Diagram
Principles	<ul style="list-style-type: none"> • secure a robust framework to ensure that change in how decisions are made is permanent • reduce stigma and assumptions • influence change locally, regionally and nationally • build a community to help support and inform work
Author(s) and year	CWAC Poverty Truth Commission
Focus	Pledges
Principles	<ul style="list-style-type: none"> • respect is a two way street • I pledge to treat you how you want to be treated • we pledge to treat others as we want to be treated • I will listen, take time to understand and take ownership • I will try and explain my situation the best I can • I will give you clear information to guide you through • I am doing everything I can and really making a difference to this person's life • I feel understood and positive, I feel we are working together • I am ready for the next step
Author(s) and year	CWAC Poverty Truth Advisory Board
Focus	Terms of Reference
Principles	<ul style="list-style-type: none"> • listen and learn from people with lived experience of poverty • influence the council and partner organisations to recognise people with lived experience as key stakeholders, making it easy and accessible for people with lived experience of poverty to share their insights, participate and influence, including a dedicated on-line presence • secure a robust framework to ensure that change in how decisions are made is permanent • build a community to help inform our work and make use of community inspirers to bring in knowledge and expertise, in appreciation of the scale of the cross-cutting nature of poverty

	<ul style="list-style-type: none"> • use our knowledge and evidence to influence those in positions of power to review how we tackle poverty within Cheshire West and beyond • advise and develop policy to inform decisions on the use of appropriate funding to support the poverty agenda, now and in the future, including hardship funding. • timely and pro-active involvement in council policy reviews • build knowledge of how decision making and influencing works within local government and beyond and how the poverty truth advisory board can work within it to fulfil its aims • explore and develop opportunities to network within the wider community and national organisations • facilitate and encourage more of our community inspirers to influence change across local government, academia and other spheres
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Author(s) and year	Cheshire West and Chester
Focus	Co-production Desktop Research
Principles	<p>Refers to Boyle, Slay and Stephens (2010) Public Service Inside Out report's co-production principles:</p> <ul style="list-style-type: none"> • recognising people as assets: people are seen as equal partners in designing and delivering services, rather than as passive beneficiaries or burdens on the system • building on people's capabilities: everyone recognises that each person has abilities and people are supported to develop these. people are supported to use what they are able to do to benefit their community themselves and other people • developing two-way reciprocal relationships: all co-production involves some mutuality, both between individuals, carers and public service professionals and between the individuals who are involved • encouraging peer support networks: peer and personal networks are often not valued enough and not supported. co-production builds these networks alongside support from professionals • blurring boundaries between delivering and receiving services: the usual line between those people who design and deliver services and those who use them is blurred with more people involved in getting things done • facilitating not delivering to: public sector organisations (like the government, local councils and health authorities) enable things to happen, rather than provide services themselves. An example of this is when a council supports people who use services to develop a peer support networks <p>Refers to Newham London co-production – getting involved in shaping services principles:</p> <ul style="list-style-type: none"> • equality (everyone has skills and experience to offer) • diversity and inclusion • accessibility • reciprocity (recognition and reward) • Ensure appropriate resources including time before committing to co-production

Author(s) and year	National Co-production Advisory Group
Focus	profile for co-production
Principles	<ul style="list-style-type: none"> • everybody is equal - ensure no one group or person is more important than anyone else, everyone can contribute given the right support • come to the table with a blank agenda and build it with people who use your service, their carers and families • involve people who use services, carers and their families in all aspects of a service – the planning, development and delivery • everybody involved must have the same vision, from front line staff to management/board members • start small and build up to bigger projects • letting people lead, not professionals • acknowledge that a range of skills are needed for co-production • recruit the right people that support co-production • people who use services, carers and families should be clear about what their expectations are and be fully engaged in the process • do not take responsibility for solving every problem – allow the group to find collective solutions • ensure appropriate and adequate resources are available to support co-production (participation fees, expenses, easy read documents and access needs) and responsibilities • ensure frontline staff have everything they need to for co-production, including time and flexibility • have good facilitation and listening skills, and to reflect and act upon what is heard • acknowledge and respect what people who use services, their carers and families say • ensure everything in the co-production process is accessible to everyone taking part • before you start the work, decide together how you are going to work and what will make it successful • learn to share power • accept that sharing power means taking risks, doing things differently means we can work across a whole range of issues that confront us • work with the group to support a clear set of identified values with a collective sense of direction • do not use jargon or acronyms, plain English is better for everybody • create the expectation that people who use services, carers and families will be involved in every aspect of service planning, design/development and delivery at every level

Author(s) and year	Rethink Mental Illness A
Focus	Expert by experience application form
Principles	<ul style="list-style-type: none"> • distribute a clear and informative advert • reflect communities the organisation is working with • actively recruit underrepresented groups • hold an application process • construct a person specification

Author(s) and year	Rethink Mental Illness B
Focus	Expert by experience role description
Principles	<ul style="list-style-type: none"> • construct a role description • co-produce visions • be clear on required involvement and responsibilities

Author(s) and year	Rethink Mental Illness C
Focus	Cheshire and Wirral Co-production and ways of working
Principles	<ul style="list-style-type: none"> • equal relationship between lived experience and those supporting them within an organization • every aspect of the transformation, from the initial planning, to implementation and evaluation must be co-produced with local people

Author(s) and year	Rethink Mental Illness D
Focus	Co-production getting started guide
Principles	<ul style="list-style-type: none"> • develop equal, respectful, trusting and productive relationships • recognise the expertise of participants • reach out to groups who may be otherwise excluded from decision making, for example by using translators or accessing people in looked after care • provide training to commissioners and champions to recognise assets • regular meetings, regular champion group support meetings, and one-to-one supervision/personal development planning • neutral and safe environments • external facilitation to support the group including making ground rules • co-produce the project plan including deadlines • agree roles • external chair and facilitator for all meetings, people who are skilled at managing groups and challenges • clear communication about expectations and offer, including stating at beginning whether DBS is needed

Principles	• use ice-breakers to break down barriers
	• organise resources including travel costs, catering, admin for reminder phone calls
	• be open and honest about limitations
	• consider undertaking a pilot study to check people have appropriate peer networks for project
	• recognise and respect when people are sharing personal experiences
	• have clear progress points with task and finish groups deadlines
	Refers to Nesta's Right Here, Right Now principles:
	• recognising people as assets – transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal partners in designing and delivering services
	• building on people's existing capabilities – altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put these to use with individuals and communities
	• mutuality and reciprocity – offering people a range of incentives to engage, which enable them to work in reciprocal relationships with professionals and with each other where there are mutual responsibilities and expectations
• peer support networks – engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change	
• blurring distinctions – blurring the distinction between professionals and recipients, and between producers and consumers of services by reconfiguring the way services are developed and delivered	
• facilitating rather than delivering – enabling public service agencies to become catalysts and facilitators of change rather than central providers of services themselves	

Author(s) and year	New Economics Foundation
Focus	Co-production; A Manifesto for growing the core economy
Principles	• The elements of co-production:
	• provide opportunities for personal growth and development to people, so that they are treated as assets, not burdens on an overstretched system.
	• invest in strategies that develop the emotional intelligence and capacity of local communities
	• use peer support networks instead of just professionals as the best means of transferring knowledge and capabilities
	• reduce or blur the distinction between producers and consumers of services, by reconfiguring the ways in which services are developed and delivered: services can be most effective when people get to act in both roles – as providers as well as recipients
• allow public service agencies to become catalysts and facilitators rather than simply providers	

Principles	<ul style="list-style-type: none"> • devolve real responsibility, leadership and authority to ‘users’, and encourage self-organisation rather than direction from above • offer participants a range of incentives which help to embed the key elements of reciprocity and mutuality
	Genuine co-production will always:
	<ul style="list-style-type: none"> • define public service clients as assets who have skills that are vital to the delivery of services • define work to include anything that people do to support each other. • include some element of reciprocity • build community
	<ul style="list-style-type: none"> • support resilience

Author(s) and year	NHS England 2022
Focus	Working in Partnership with People and Communities
Principles	10 principles for working with people and communities, see appendix B
	<ul style="list-style-type: none"> • centre decision-making and governance around the voices of people and communities
	<ul style="list-style-type: none"> • involve people and communities at every stage and feed back to them about how it has influenced activities
	<ul style="list-style-type: none"> • understand your community’s needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
	<ul style="list-style-type: none"> • build relationship based on trust, especially with marginalised groups and those affected by health inequalities
	<ul style="list-style-type: none"> • work with Healthwatch and the voluntary community and social enterprise sector
	<ul style="list-style-type: none"> • provide clear and accessible information
	<ul style="list-style-type: none"> • use community-centred approaches that empower people and communities, making connections to what works already
	<ul style="list-style-type: none"> • have a range of ways for people and communities to take part in health and care services
	<ul style="list-style-type: none"> • tackle system priorities and service reconfiguration in partnership with people and communities • learn from what works and build on the assets of health and care partners – networks, relationships, and activity in local places

Author(s) and year	NHS Cheshire and Merseyside
Focus	Cheshire and Merseyside Public Engagement Framework 2022/2023
Principles	<p>refers to 10 principles for working people and communities from above NHS England 2022 document but provides more detail as below:</p> <ul style="list-style-type: none"> • build the voices of people and communities into governance structures so that people are part of the decision-making processes • recognise the collective responsibility at board level for upholding legal duties, bringing in lay perspectives but avoiding creating isolated, independent voices • make sure that boards and communities are assured that appropriate involvement with relevant groups has taken place (including • those facing the worst health inequalities); and that this has an impact on decisions • ensure that effective involvement is taking place at the appropriate level, including system, place and neighbourhood, and that there is a consistency and coordination of approaches • support people with the skills, knowledge and confidence to contribute effectively to decision-making and governance • make sure that senior leaders set an example for inclusive and collaborative ways of working • involve people and communities at every stage and feed back to them about how it has influenced activities and decisions • take time to plan and budget for participation; recognising that engagement and co-production needs time and resources • start involving people as early as possible so that it informs options for change and subsequent decision-making • involve people and communities on a continual basis, embed relationships, rather than taking a stop-start approach when decisions are required. as a result, there will be much greater, ongoing awareness of the issues, barriers, assets and opportunities • be clear about the opportunity to influence decisions, what taking part in decision making can achieve, and what is out of scope • vary the voices, record and celebrate people’s contributions and give feedback on the results of involvement – including changes, decisions made and what has not changed and why • keep people informed of changes that take place sometime after their involvement and maintain two-way dialogue so people are kept updated and can continue to contribute • take time to understand what works and what could be improved • use data about the experiences and aspirations of people who use (and do not use) health services, care and support and have clear approaches to using this information and insight to inform decision-making and quality governance • work with what is already known by partner organisations, from national and local data sources, and from previous engagement activities including those related to the wider determinants of health • share data with communities and seek their insight about what lies behind the trends and findings - their narrative can help inform about the solutions to the problems that the data identifies

Principles	<ul style="list-style-type: none"> • understand what other engagement might be taking place on a related topic and take partnership approaches where possible, benefiting from combined assets and avoiding ‘consultation fatigue’ amongst communities by working together in an ongoing dialogue that is not limited by organisational boundaries • build on existing networks, forums and community activities
	<ul style="list-style-type: none"> • be curious and eager to listen; don’t assume we know what people will say or what matters to them
	<ul style="list-style-type: none"> • proactively seek participation from people who experience health inequalities and poor health outcomes – connecting with trusted community leaders, organisations and networks to support this
	<ul style="list-style-type: none"> • consider how to include people who do not use services, whether because they do not meet their needs or are inaccessible, and reach out to build trust and conversations about what really matters to them
	<ul style="list-style-type: none"> • recognise and engage with our partners who have trusted relationships with our population – like community health staff and the fire service
	<ul style="list-style-type: none"> • work with people and communities from the outset, taking time to build trust, listen and understand what their priorities are being realistic about what is in scope and where they can set the agenda for change
	<ul style="list-style-type: none"> • tailor our approach to engagement to include people in accessible and inclusive ways so we include those who have not taken part before
	<ul style="list-style-type: none"> • recognise that some communities will not feel comfortable discussing their issues and needs in wider meetings, so may need separate, targeted activities. they may need additional support to take part including reimbursements for their time
	<ul style="list-style-type: none"> • continue to strengthen our partnership with Healthwatch and the VCFSE sector to bring their knowledge and reach into local communities. work with them to facilitate involvement from different groups and develop engagement activities
	<ul style="list-style-type: none"> • recognise the added value that VCFSE can bring by coordinating and engaging with networks and communities that are seldom heard
	<ul style="list-style-type: none"> • understand the various types of VCFSE sector organisations in our area, their different features and how we can connect with them
	<ul style="list-style-type: none"> • value the qualitative work of VCFSE and Healthwatch, and the stories they tell from direct engagement with communities and give equal value to this alongside quantitative data
	<ul style="list-style-type: none"> • give due consideration to who is commissioned to support engagement activity when we commission other organisations to work with communities, ensure that our decision-makers remain personally involved and hear directly what people have to say
<ul style="list-style-type: none"> • consider how we use, support and reward volunteers across the system 	

Principles	<ul style="list-style-type: none"> • develop information about plans that is easy to understand, recognising that everyone has different needs and testing information where possible. where easy read documents are required, they should be prepared at the same time as other materials • providers of NHS care must meet their requirements under the accessible information standard for the information and communication needs of people in their own care. These principles should also be applied to public information so that is clear and easy to understand • be open and transparent in the way we work, being clear about where decisions are made and the evidence base that informs them, along with resource limitations and other relevant constraints. where information must be kept confidential, explain why • make sure we describe how communities' priorities can influence decision-making, how people's views are considered, and that we regularly feedback to those who shared their views and others about the impact this has made
	<ul style="list-style-type: none"> • provide feedback in an inclusive and accessible way that suits how people want or can receive it
	<ul style="list-style-type: none"> • be aware of using public sector terminology, which is alien to many people and communities
	<ul style="list-style-type: none"> • make sure information on opportunities to get involved is clear and accessible and encourage a wide range of people to take part
	<ul style="list-style-type: none"> • ensure that there is information that 'closes the loop', and they are kept informed how engagement has influenced change.
	<ul style="list-style-type: none"> • support and develop existing community assets, such as activities and venues which already bring people together such as faith communities, schools, community centres, employers and local businesses, public spaces and community-centred services like link workers, community champions and peer support volunteers
	<ul style="list-style-type: none"> • build trust and meaningful relationships in a way that makes people feel comfortable sharing ideas about opportunities, solutions and barriers
	<ul style="list-style-type: none"> • work with communities to design, deliver and evaluate solutions that are built around existing community infrastructure
	<ul style="list-style-type: none"> • recognise existing volunteering and social action that supports health and wellbeing and create the sustainable conditions for them to grow • share best practice from across the system to support local approaches
	<ul style="list-style-type: none"> • choose a method of working with people and communities that is appropriate to specific circumstances, ensuring it is relevant, fair and proportionate • use methods that are suitable to the situation and blended methods where appropriate • design engagement activities to take place at a time and in a way that encourages participation, and consider the support people may need to take part, such as reimbursements for their time
	<ul style="list-style-type: none"> • recognise that people are busy and have other priorities such as work and caring responsibilities and ensure that there are different ways to get involved with varying levels of commitment
	<ul style="list-style-type: none"> • include approaches such as co-production, where professionals share power and have an equal partnership with people to plan, design and evaluate together

Principles	• where decisions are genuinely co-produced, then people with specific lived experience work as equal partners alongside health and care professionals (those with learnt experience), and jointly agree issues and develop solutions
	• recognise the time and resource that coproduction takes and plan accordingly
	• we will ensure that engagement reaches beyond the hours of 9am to 5pm, Monday to Friday. we will also ensure there is a fair mix of face-to-face and online formats
	• people who use health and care services have knowledge and experience that can be used to improve services with cost-effective and sustainable ideas
	• embracing these ideas can lead to changes that better meet the needs of the local population
	• communities often have longer memories than our staff who may change roles and move therefore understanding the changes experienced by local communities helps to learn and build trust with people
	• when people better understand the need for change, and have been involved in developing the options, they are more likely to advocate the positive outcomes and involve others in the process
	• collaborate with partners across our system to build on their skills, knowledge, connections and networks
	• reduce duplication by understanding what is already known and what has already been asked, before designing the approach to engagement
	• learn from approaches taken elsewhere in the country and how they can be adapted and applied locally
	• plan together across places so that partnership work with people and communities is coordinated, making the most of partners' skills, experiences and networks
	• it is also important to learn lessons from what hasn't worked and learn from complaints, concerns and incidents

Author(s) and year	Brightlife
Focus	End of project report
Principles	1. Meeting Needs These recommendations are based on what Brightlife has learned when it comes to identifying needs, and about designing/planning interventions that meet those needs effectively.
	• position the voices of older people at the heart of all projects and services
	• involve potential delivery partners from the earliest stages of design
	• target people based on their shared interests, not their age
	2. Making connections These recommendations are based on what Brightlife has learned about how best to reach older people who need support.
	• invest in strategic marketing and communications from the start – including developing appropriate messaging for both participants and volunteers
	• prioritise coordination with existing agencies and community networks.
• do not underestimate the importance of trust in building relationships with vulnerable groups	

Principles	3. Supporting success These recommendations are based on what Brightlife has learned about how to manage, support and deliver successful projects and services.
	<ul style="list-style-type: none"> • continually adapt delivery according to what works (and what doesn't) • create opportunities for delivery partners to work together and to access support • build participants' confidence before gradually withdrawing support
	4. Future-proofing These recommendations are based on what Brightlife has learned about best practice for making projects and services sustainable.
	<ul style="list-style-type: none"> • develop an appropriate model for sustainability from the outset. • invest in communications to facilitate sustainability. • create a support network to develop the necessary skills for sustainability
	5. Capturing impact These recommendations are based on what Brightlife has learned from both the formal and informal evaluation process, and how this can be applied to future interventions.
<ul style="list-style-type: none"> • involve providers and service users in the design of any formal evaluation • consider quantitative data alongside qualitative evidence • gather and use personal stories 	

Author(s) and year	Brightlife
Focus	Stronger Together: A Co-production Toolkit from Ageing Better. Principles and Values of Co-production.
Principles	Core principles of co-production:
	• collaboration – powerful partnerships, skill sharing
	• diversity – inclusive, hearing a wide range of voices
	• respect – safe, inclusive and accessible space where people feel a sense of belonging
	• empowerment – valued for unique knowledge they bring, hierarchies are neutralised, balanced relationships
• involvement – at all stages of the process from design, delivery, governance and evaluation	
	Refers to Co-production Collective core values of: human, transparent, inclusive, challenging.
	Refers to National Institute for Health Research principles.

Author(s) and year	CWAC Community Led Support
Focus	Principles and graphics
Principles	<ul style="list-style-type: none"> • the system is responsive, appropriate and focused on outcomes • people can get support and advice easily, when they need it, so that crises are avoided • the culture is based on trust, empowerment, and shared values within and across teams and organisations • there is a focus on 'place' and community and the 'whole' person • support is strengths based, building independence, control, and community connections • bureaucracy is the absolute minimum it has to be • co-production brings people and organisations together around a shared

Author(s) and year	Co-Create
Focus	Graphics and tweets about co-production principles
Principles	<ul style="list-style-type: none"> • respect opinions • provide opportunities for feedback • work as team • take shared ownership • work on the same page • ensure people feel valued • be honest about what you do not know • build trust between people from communities who have been systematically excluded and an organisation and people within it

Author(s) and year	Co-production Collective A
Focus	Co-creating Change Together: Our Direction for 2020-2022

Principles	core values:
	<ul style="list-style-type: none"> • human - we value people as people, do everything wholeheartedly, and work to make a genuine difference. valuing diversity of knowledge, experience and perspective. building mutually beneficial relationships based on honesty and trust • transparent - we share power, make decisions openly and collectively, and are accountable to our co-production community. addressing power imbalances and hierarchies. sharing roles and responsibilities. removing barriers to participation. recognising people's strengths and supporting their development
	<ul style="list-style-type: none"> • inclusive - we support everyone to be included and participate fully in our co-production community. Removing barriers to participation. recognising people's strengths and supporting their development
	<ul style="list-style-type: none"> • challenging - we say it like it is, continually questioning both the status quo and ourselves, even when that's the hard thing to do. continuous reflection, learning and improvement. embracing new ideas and ways of working • reach out to local and grassroots groups
	<ul style="list-style-type: none"> • inclusive co-creation methods online and in-person
Author(s) and year	Co-production Collective B
Focus	The Value of Co-production project – interactive summary
Principles	• refers to the four core values listed in the above Co-production Collective publication

Author(s) and year	Trussell trust
Focus	valuing volunteers with lived experience of poverty
Principles	core values:
	<ul style="list-style-type: none"> • when Trussell Trust staff members are working alongside people struggling against poverty, good practice is developed ensuring that people are suitably supported before, during and after any piece of work. • expenses for those who struggling against poverty should be made in advance wherever possible and cash should be available (where appropriate) on the day of any meeting. expenses need to include food, travel, accommodation and support costs for dependent carers. • the potential for establishing a remuneration policy should be explored further • whilst direct remuneration of people remains a possibility in the longer term, in the short term Trussell Trust should focus its energy on the development of a 'thank you' policy and practice. • an agreed scale for saying 'thank you' using gift vouchers should be introduced across the organisation and reviewed annually • the format and outlet for vouchers should always be discussed with the person receiving them. • consideration should be given to the establishment of a discretionary fund whereby staff working alongside people struggling against poverty are able to offer appropriate levels of support with agreed protocols in place (e.g. approval by line manager). • we should be encouraging the payment of volunteer expenses across the food bank network as well as appropriate ways of saying thank you.

Author(s) and year	West Cheshire Foodbank
Focus	West Cheshire Gathering 2023 Participation Journey presentation
Principles	<ul style="list-style-type: none"> • take your time • dedicate time and other resources • make it meaningful • transparency • listen – really listen
Author(s) and year	Trussell Trust (2023)
Focus	Working Principles of Participation
Principles	<ul style="list-style-type: none"> • mutual trust • honest conversations • taking action together • sense of purpose • safe spaces • equity <p>See Appendix C for graphic</p>



Section D: Thematic Review of Expert by Experience and Practitioner Interview Data

Following the literature review, a participatory approach was taken. This stage ensured that, in addition to the opportunity to submit seminal guides to the online resource hub, practitioners and experts by experience could have had an opportunity to share their learning to develop the definition and principles. A multi-method approach was taken including semi-structured interviews and workshops. Firstly, interviews were undertaken.

Participants were recruited through CWVA. Fifteen people volunteered to have a one to one interview regarding their experiences of co-production. Nine of these were experts with lived experience of poverty, mental health or neurodiversity and six were practitioners from the local council, local foodbank, Active Cheshire, Citizens Advice, Department for Work and Pensions and a local church.

Based upon the preference of the participant, interviews either took place in person, online over zoom or over the telephone, and generally lasted between 1.5-2 hours. Participants were asked a series of questions that focused upon the following themes:

- Work that had been carried out which included co-production.
- Outline of contributions from those with lived experience and other stakeholders.
- Challenges faced.
- Outcomes and outputs from work carried out including scale, shared learning and dissemination.
- Future plans.

The 8 themes utilised for the literature review were also evident in an initial review of the interview data and were subsequently used within the thematic analysis. Quotations showcasing key findings from the interview data in relation to each of the themes can be found below.

Engaging in co-production throughout a project

Interview data advocated for co-production to be embedded from initial development of idea to dissemination of outcomes:

“I want lived experience there right from when the pen hits the paper. So, if it’s a bid you’ll get lived experience in the bid, if it’s a strategy you’ll get lived experience in the strategy” (Interviewee C – expert by experience)

“There’s no lower level lived experience person on any of the [strategic] boards. I think it goes down to service level provision before there’s any lived experience involvement” (Interviewee C – expert by experience)

“A bit of a weakness with doing it on a project basis is that you move on at the end of the project and you don’t necessarily know what the long-term legacy of some of that work is” (Interviewee D – expert by experience).

“There has to be an understanding of co-production. It has to be from start to finish. People are saying that they’ve spoken to lived experience people after just talking for a few minutes at a meeting” (Interviewee H – expert by experience)

Resources

Interviewee D (practitioner) highlighted the importance of investing resources to facilitate genuine co-production:

“It feels a bit buzzwordy at the moment and it’s not fair if it’s tokenistic”.

This was also discussed by Interviewee O:

“I think co-production has been taken over as very much a corporate buzz word. I like the terminology around Local Voices Network and Framework. To me it’s much softer – it’s about amplifying voices”.

“Also, more generally about co-production, you can’t have a bit of co-production and have it tomorrow. It’s managing that expectation that if you really want to co-produce a policy, a service or a piece of work you do have to build in time to invest in relationships and find people and you’ve got a responsibility to those people as well” (Interviewee D – practitioner)

“I’m still banging that drum around making sure co-production doesn’t just become a tick box. It’s better to do something properly” (Interviewee D – practitioner)

This was supported by Interviewee E (practitioner):

“Some of the organisations that wanted...[experts by experience] were not prepared to put the resources in to do it properly. If you just want people to come along voluntarily and not with the necessary resources it’s not okay for the...[experts by experience]”.

Interviewee B (practitioner) brought attention to the need to consider support available for actioning recommended actions that arise from co-production projects:

“The [organisation] didn’t give any money towards that initiative despite the fact that it’s probably the single most important change that’s happened as a result of the [co-production project] which must have cost them a huge amount of money. I was just very disappointed that a significant development that happened as a result of the learning was then not financed by the organisation. It seems crazy to go to the expense of doing all of the work, there was a lot of time spent on it and...when someone comes up with an idea and there aren’t funds available to support it...why bother doing it in the first place...” “So, the danger is that all it is a talking shop and it doesn’t make enough difference”.

“Money is obviously a massive problem because you get a budget to deliver a service and as much as you want to be really creative and make it really person centred, it’s not always possible with the money that you have” (Interviewee J – practitioner).

Issues related to equality, diversity and inclusion

Interviewees echoed the importance of a diverse group of people playing a role in co-production and ways projects sought to action this:

“The system is very ableist. It’s almost set up so that we can’t do things for ourselves which is why a lot of services are run by non-autistic or non ADHD people. It’s geared towards them it’s not geared towards someone like me. It should be about working with us to acknowledge and respect what we have to offer” (Interviewee A – expert by experience).

“The problem I see is there’s always more women than men on these things. It seems to be something that men don’t want to do for some reason. At the moment we’re about 10 women to five men” (Interviewee C – expert by experience)

“We had to make sure we were being inclusive because lots of the participants either had health considerations or disabilities or learning disabilities or it’s just a stressful period in people’s lives with mental health challenges as well. So, we just made adjustments such as making sure that everything was at an appropriate reading age, things were available in alternative formats, that venues were accessible and neutral. There wasn’t a lot of consideration about ethnic diversity primarily because the area we work in is very white British but we would have translated materials available on request” (Interviewee D – practitioner)

The organisation “employed someone to go into the poorer parts of Cheshire West and find people to take part and they got people from all over the private sector and the public sector to listen. There was quite a lot of effort to make sure it was a diverse group on both sides” (Interviewee B – practitioner)

“The problems with health was sometimes the people were not sufficiently senior or couldn’t make enough of the meetings. If you’re going to do co-production you’ve got to target the right people on the business and community side and you’ve got to ensure they give it sufficient priority. If you don’t have people with sufficient seniority in the room you’re not actually going to be able to change things” (Interviewee E – practitioner).

“There’s not really diversity in terms of ethnicity. We try to keep their needs in mind and it would be good if we could get different ethnicities and different cultures. We don’t want tokenism, we want people from those communities who want to bring about change. We want to make sure we’re not making decisions that damage” (Interviewee N – expert by experience).

“There’s a challenge when you want to be open and not selective but also want to be representative of the area. Some work is being commissioned through the [national network] around ethnicity to see how this can be addressed” (Interviewee O – practitioner).

“Meeting venues are good and are all accessible. Transport to venues is by taxi or with a facilitator – it’s super easy” (Interviewee M – expert by experience).

“So why would Chester Zoo for example be interested in the...[local organisation focusing on lived experience]. Well they were looking at it from inclusivity perspective and the fact that they gave free tickets out and what their support was for disability and inclusion. So there you saw an organisation that’s fantastic with its zoo but it’s also fantastic with its care and consideration for its visitors” (Interviewee I – practitioner).

“The co-ordinators make us all feel important, valued” (Interviewee G – expert by experience).

Relationships

Interviewee A (expert by experience) explained the importance of managing power relations in co-production projects:

Co-production projects don’t work when there is “attitude to us where we [experts by experience] should be grateful for what they [practitioners] are doing for us”.

“we’ve been asked to co-produce services but we’ve been manipulated and when they’ve got what they need from us they’ve gaslit us to ourselves and others. It’s only when I spoke to other people that I found out exactly the same had been done to them. That puts us off engaging”.

“I can sum it up in one statement. I was once told I need to know my place in society and that I’ve got ideas above my station”.

Interviewees E and D (practitioners) identified that relationships developed through co-production have the potential to inspire change:

“Some practitioners came into the process thinking they were the experts but over time that did shift quite considerably. They could understand that they weren’t the expert but the person caring for the child was the expert because they really understood their child’s needs best” (Interviewee D – practitioner)

“With some of the strategic work I’m involved in... a lot of the stakeholders that have been involved will reflect back that their practice has been fundamentally changed by those relationships and some of those relationships have endured with individuals still in contact with each other years later. I think that reflects the resources that were put in to build those relationships at the start of the project and the purpose was around those relationships rather than it being focused on creating this new policy within six months or redesigning a service. Because the focus was on making those relationships and building those relationships, that has had a better and more long-lasting legacy for a lot of individuals. It’s that ripple effect. It might just change the way you think about something and those people have gone on and made other connections which I think has been really positive” (Interviewee D – practitioner)

“I think there was a balance of power. Talking to the...[experts by experience] at the end I think they were surprised that people supposedly with power had been listening to them, had been taking that seriously and had been trying to change things as a result” (Interviewee E – practitioner).

“It’s all built on developing relationships. Without that you won’t get results in the long term. Everyone comes to the process as a human – all equals. Some have jobs, some have lots of lived experience. A lot of time is spent on building those relationships. Walking the journey together is as important as, if not more than, the destination” (Interviewee O – practitioner).

“The strong connections that have been made. [Those with lived experience] can reach out to people without the facilitators. People have come to realise the true value of listening to people who use their services. It makes me happy every day that I got involved” (Interviewee N – expert by experience).

Communication

Interviewees echoed the centrality of effective communication to co-production:

“I’ve had a lot of co-production experience in the last few years. Speaking from personal experience and what others have said, where it hasn’t worked has been because it’s felt that...there’s been confused messages, shifting boundaries” (Interviewee A – expert by experience).

“it was all about listening to people with lived experience of poverty and we listened, and I mean really listened, to them over a twelve month period” (Interviewee B - practitioner).

“All of the people had multiple opportunities to talk to us... I think it’s really difficult in life to talk

about what's gone wrong, about the mistakes you've made. We all like talking about our successes and how we've done well. We don't like talking about our failures. At the end of the day we were talking to them about what had gone wrong. (Interviewee B – practitioner).

“The only way co-production can be really insightful is through group review and feedback and looking at what things are great and how things can improve” (Interviewee M – expert by experience).

“I think that insight from parents and also understanding the language that they were comfortable with was really important. Challenging jargon and practitioner speak was really valuable as well” (Interviewee D – practitioner).

“It's about being up front with people about the level of change they can expect and that change won't happen within six weeks or two weeks or within a day of the project finishing. Just being fair to them and not overselling the opportunity to start with and being transparent around limitations because sometimes I think co-production isn't about a wish list, like I expect my child to be assessed within two weeks, it's about being transparent about what people can expect and get out of the process as well” (Interviewee D – practitioner).

“Two way communication is so important in any piece of work. You need to be really clear about expectations and having a phone number that people can ring and reach someone. I approach stuff thinking about if I was a participant what would I need to know such as how to get to a venue” (Interviewee D - practitioner).

There's always room for improvement in communication. At the moment we're spending a lot of time talking about how we work together, how we treat each other, how we understand appropriate boundaries between what's the role of a facilitator and what's the role of [the expert by experience]. When you invest in that type of work it sometimes shines a spotlight on things you could do better which is a good thing but sometimes it can be uncomfortable to hear. Sometimes it's hard to take feedback but you have to try to be open to that because communication is a two way process. But you have to take the time because as soon as communication breaks down your project is over. It's hard to get people to re-engage. (Interviewee D – practitioner).

“Some of the business leaders came in thinking ‘I'm going to change the world’, with unrealistic expectations perhaps. They thought they were going to solve poverty. You're not going to solve poverty. You're going to make it easier for people in poverty to access the services they need and to have those services designed primarily with those needs in mind not a bureaucratic solution to what you think that problem is” (Interviewee E – practitioner).

“People shouldn't go into co-production with set minds – a rough draft is useful to start off with. The council is good at letting us know what can and can't be changed” (Interviewee N – expert by experience).

Facilitation and support

Interviewees explained how support during co-production facilitates skill development:

“by the end of the year each of the fifteen were in a better place, a much better place for some, than they had been in at the beginning of the year. Our objective was not to change things for these fifteen people, but to change policy so hundreds of people could be helped in the future. What was fascinating was that just by listening and them talking to people who they thought were

important who had given many hours of time could make a difference. The best example is we had an opening ceremony and a closing ceremony. At the opening ceremony this man couldn't give his little talk standing up because he was shaking so much but at the final ceremony he stood up and gave an outstanding presentation. That man's life had been transformed just by listening to him. Just the thought that people out there cared about him" (Interviewee B – practitioner)

"There are so many people who come to the weekly sessions who've got great skills but just need to gain the confidence to lead them. For me co-production is about sharing tools so that people feel able to plan and lead" (Interviewee A – practitioner)

"I've seen new...[experts by experience] gain confidence quicker because of mentoring. They went on a 12 week programme bringing the learning from...[previous intakes]. This has helped them to merge into the main...[project group]" (Interviewee N – expert by experience).

"[Those with lived experience] were a bit unsure at first in the Directors' Board Meeting. I'd presented at other times in my life. [Experts by experience] were quite intimidated and quite spread out in the room. As the event progressed and stories were told, everyone was mixed up in the scenarios and started to build bonds. I didn't see anyone sitting by themselves. It felt like one group that worked to help other people in the area" (Interviewee M – expert by experience).

"I've had peer mentoring through [another person with lived experience] who also has a disability who has taken me under her wing and has been really great" (Interviewee M – expert by experience).

"There was an incredible amount of hard work needed in the background for the [experts by experience] to stay on board because of their own difficulties, health issues, social problems and so on. Without the co-ordinators I don't think it would have got to the end of it" (Interviewee L – practitioner).

"There was training...which was really hard and lasted for about a year...we had to really go the extra mile but we did it. At the start lots of people couldn't even speak in meetings and now they're as confident as anyone" (Interviewee C – expert by experience).

"There's been a lot of good feedback from people who've been involved as...[experts by experience] like reported higher confidence, self-esteem, and people have moved on to focus on their own interests and expertise. From stakeholder perspectives we've had feedback about how it's changed their practice, how it's made them think differently" (Interviewee D – practitioner).

"we've had this really long-term approach through... it highlights that people need to think about what the legacy will be and what are the expectations of people who are involved in the work so you can be fair to them.... [initially you] had twelve months and then it was over. Now we've been working with some of the [experts by experience] for six years and does the nature of their engagement change because they're almost like professionals. Especially in health, you can become such an expert by experience and you can become so familiar with the terminology and how services speak and you engage for such a long time that how you engage changes and your capacity is different and all of those things. It's just about being mindful of these things. They can become so skilled and confident that services need to remember that not everyone with lived experience of the issue being looked at will have the same level of confidence" (Interviewee D – practitioner).

"The effect on the...[experts by experience] was quite dramatic in terms of their self-confidence, in terms of how they learnt to adapt. One of the...[experts by experience]

particularly was very frustrated and angry about what had happened to her and transformation that she told us about at the end was that she learnt to actually speak in a way that she would be listened to and to channel that frustration into something positive instead of something negative. The effect on the individual...was amazing”(Interviewee E – practitioner)

“Maybe what we could have done was have a buddy system for people coming into something that’s already been set up. I wish we would have done that” (Interviewee F – practitioner).

“The support from the co-ordinators was always brilliant. We got training and lots of media training. We looked at how much to give of our story and only to give what we were comfortable doing. The...[experts by experience] got help with vouchers and food if they needed it” (Interviewee G – expert by experience).

Crucially, consideration should be given to next step opportunities for those involved:

“It’s quite a hard thing to balance because you’ve created an expectation with people who’ve changed as a result of it so you don’t want to actually say ‘thanks very much but goodbye’ but you’ve got to keep listening to new voices as well. That’s the challenge I think in co-production. One of the things I’ve learnt in my long career is it’s easy to recruit volunteers but it’s harder to let them go or tell them it’s time to go” (Interviewee E – practitioner).

Reflection and learning

Interviewees advocated sharing learning from co-production projects:

“We’re doing a lot of work with Chester University at the moment. They commissioned three or four reports with us and we’re doing an exhibition with them soon...We’ve all been making little films, taking pictures, doing exercises and stuff like” (Interviewee C – expert by experience).

“the way we work now is we learn from others, we support others, we reach out to other areas we think we can learn from, we invite and take a lot of feedback and give a lot of feedback. Coming from local government there’s a culture of thinking about best practice and where you can learn from other areas which is really good” (Interviewee D – practitioner).

“There’s a lot more desire to co-produce and I hope it signals a different relationship with residents as well. I’m not sure there’s a common understanding of what co-production is and I hope this work will really help to bring people onto the same page” (Interviewee D – practitioner).

“We learned a lot from a similar project in Sheffield. People from there used to come in on meetings” (Interviewee F – expert by experience).

“The biggest challenge is making sure we are not used as tokens, that we’re making a difference and getting people to work with us” (Interviewee N – expert by experience).

“The problem is, it’s not with co-production itself, but with people wanting to achieve all these things with the problems that are going on in the world at the moment there are not going to be things that will immediately change. There can be some small steps towards change but sometimes in co-production people with lived experience want things to be done tomorrow whereas we don’t think about budgets or the facts about the constraints people have. It’s a learning process for both” (Interviewee M – expert by experience).

“It [the project] was listed for a local government award. In the assessment interview we were

asked where's the proof. Now we need to look at that to keep track of what's being done. We didn't think to record what it was like at the beginning so can't measure change. Also, you can learn from things going wrong" (Interviewee K – expert by experience).

"I think the co-production framework allowed me as a professional to grow and to take my understanding in a different direction in a unique environment. Not just turning up at the Holiday Inn and doing a workshop, putting some answers on a flipchart and going away and thinking about it in twelve months' time. This was something where you committed" (Interviewee I – practitioner).

Vision

Interviewees emphasised the value in sharing learning to inspire change:

"It's now part of a national scheme, a national...group who talk to central government and [we] did go down to Parliament to do a presentation about the recommendations to some MPs. But I don't think there was as much change as I think there should have been" (Interviewee B – practitioner).

"I was looking back at the wrap up speech and I remember saying 'don't leave it here, this has got to mean something' because listening to lived experience is incredibly valuable" (Interviewee E – practitioner).

"We're currently looking to change one of our services to make it more targeted and I'm hoping we could do more co-production with service users to do that" (Interviewee J – practitioner).

"It's not what are you going to do. It's what can I do about it, what can we do about it" (Interviewee K – expert by experience).



Section E: Draft of Local Voices Co-Production Principles

Informed by the review of key characteristics of co-production, the following draft definition, which addresses all characteristics, was constructed:

Co-production is the sharing of power between experts by experience and other stakeholders who contribute their knowledge, skills and experiences to co-create value in processes and outcomes at different stages and levels. It is a context-dependent and challenging approach where principles must be strived for in a learning process.

The 8 themes from the review of literature and interview data underpin the 8 draft local voices co-production principles. The draft principles are presented in colour-codes reflecting the key from thematic analyses.

Principles of Co-production

1. Embed Co-production

Co-production should be embedded from inception to dissemination, and at all levels, including strategic, governance and operational, across areas of public relevance.

For example: engage as early as possible including bids and project plans; co-evaluate projects, co-commission services, co-design systems.

2. Plan Appropriate Infrastructure and Resources

Co-production should be supported by suitable organisational systems and processes and necessary resources for effective and sustainable practice.

For example: time, Human Resources policies, reward and recognition policies, long term funding opportunities.

3. Promote Equality, Diversity and Inclusion

Co-production should be an accessible opportunity, where difference between people is valued and respected, and practices are inclusive.

For example: outreach work through networks to reach marginalised groups, inclusive and flexible methods and formats for involvement reflecting changing personal circumstances.

4. Build Empowering and Equal Relationships

Co-production should be underpinned by trusting, respectful, and empowering relationships where experts by experience and other stakeholders' value reciprocal knowledge exchange and collaborative decision-making to meet shared responsibilities as equal partners.

For example: openly challenge stigma and assumptions, promote conscious presence, promote empathy not sympathy when people share experience.

5. Foster Open and Transparent Communication

Co-production should be supported with approaches that foster active listening, wide awareness and deep understanding, informed decision-making, and collaborative production of policies, plans, and outputs.

For example: construct clear role descriptions and personal specifications, avoid jargon and acronyms, identify any need for confidentiality and why, be clear about limitations, manage expectations.

6. Provide Wrap-around Support

Co-production should be facilitated by experts in co-production who can design approaches that support the safety, development, and wellbeing of experts by experience and other stakeholders.

For example: peer-to-peer networks, skilled facilitation, training, mentoring, building on existing skills; sharing next step opportunities, crisis support, emotional support and awareness of advanced support services, and maintaining communication.

7. Learn, Reflect, Adapt with Partners

Co-production should be an ongoing learning process supported by collaborative knowledge shared across networks, reflexivity, and piloting of alternative approaches to enhance practice.

For example: share and celebrate impact and lessons learnt, disseminate learning through webinars, reduce duplication by mapping what is known.

8. Share a Vision of Meaningful Change

Co-production should be a catalyst of a movement of positive change, with experts by experience and other stakeholders seeking opportunities to build a far-reaching network of influence.

For example: influence organisations locally, regionally, nationally, and internationally across diverse sectors; encourage others to embed co-production by sharing its value and impact.



Section F: Thematic Review of Expert by Experience and Practitioner Workshop Data

An interactive workshop for organisations and communities was developed by staff at the UoC and facilitated by staff from Cheshire West Voluntary Action (CWVA).

The workshop had three aims:

Collectively explore key ideas about co-production.

Facilitate equal collaboration between experts by experience and other stakeholders.

Discuss draft definition and principles of co-production and co-produce final versions of both.

Workshop Protocol

Participants were recruited by CWVA. Two workshops were undertaken and participants consisted of a range of different organisations and representatives:

- Workshop 1 mainly consisted of volunteers from the Poverty Truth Commission with lived/living experience of mental ill health, poverty and homelessness as well as representatives from statutory bodies such as NHS Cheshire and Wirral Partnership.
- Workshop 2 mainly consisted of participants who had experience of working with families, vulnerable adults, children and young people. Participants were from a range of organisations from both the voluntary and community sector (such as LIVE! Chester, Chester FC) and the local authority (Cheshire West and Chester Council) and from youth justice services.

The workshops lasted for two and a half hours including a fifteen-minute break in between activities one and two.

The workshop had four stages:

Introduction	Activity 1 - Exploring key concepts relating to co-production.	Activity 2 - What is needed for effective co-production?	Summary
<p>Facilitators introduced the research and outlined ethical implications (such as how data will be used, anonymity) and obtained informed consent.</p> <p>Introductions and ice breaker activity.</p>	<p>Asked each group to discuss:</p> <ul style="list-style-type: none"> (i) what they think co-production means. (ii) what value they think having expertise through experience brings to different organisations. <p>Draft definition of co-production was shared with each group. Groups were asked to discuss what they like about this definition and what they would change/adapt/add and to make collective notes.</p> <p>Asked groups to move around to see the other groups' responses and to add to their collective notes.</p>	<p>Asked each group to discuss what they feel is needed for effective co-production and ways that this could be facilitated.</p> <p>If they have experience of co-production then asked if they could share examples of how they have done this through their own practise.</p> <p>Asked each group to prioritise and write down up to 5 points. Again asked the groups to move around to see the other groups responses and add to the collective notes.</p> <p>Shared a printed copy of the draft principles of co-production and asked each group to discuss how this aligns with their own points and annotate to show what they would change/add/amend.</p>	<p>Asked participants to share what they have taken away from the session.</p> <p>Reiterated how data will be used.</p>

Data collected from the workshops comprised of the collaborative notes from each group as well as notes taken by facilitators from CWVA. The data collected was analysed by staff from UoC using a thematic approach to identify common themes. These themes were considered alongside the draft definition and principles of co-production in order to identify areas of consensus and aspects for development. The definition and principles of co-production were then redrafted based on the outputs from the workshops. The following discussion provides the rationale for the changes.

Overall there was a general consensus regarding the headings used within the principles of co-production, for example '1. Embed co-production'. There was strong support for heading '4. Build Empowering and Equal Relationships'. It was felt that the headings were representative of what is needed in order to facilitate successful co-production although workshop participants did include some caveats to this. Firstly, they felt it was important to note that whilst the principles were helpful in directing change they themselves do not create the change. Communities and organisations who wish to implement co-production needed to have a shared understanding and an on-going commitment. Furthermore, participants expressed the need for flexibility surrounding the principles in terms of how they could be implemented emphasising the need for a 'genuine' process rather than a rigid and strict process. Flexibility was also highlighted as being crucial when it came to how those with lived experience could get involved with co-production through recognising different skills and constraints and providing a range of opportunities and different

ways to get involved. Participants reiterated the importance of flexibility being embedded within a number of the principles. The amendments reflecting this finding are shown in red below.

The exception to the above was principle number six 'provide wrap around support'. Participants from the first workshop were uneasy with the wording of the heading of this principle as they felt it implied a power imbalance that did not align with co-production. Whilst, they noted the need for individualised support being a crucial part of co-production, participants felt that the wording of this principle had wider implications linking to previous experiences of power imbalance. The amendments reflecting this finding are shown in green below.

Workshop participants also raised some issues with commonly used terms when discussing co-production such as 'experts by experience' and 'power sharing' as having problematic connotations as they eluded to hierarchies and felt that these terms should not be used within the definition and principles. Participants suggested that 'lived experience' should be used in place of 'experts by experience' and the collective nature of co-production should focus on reciprocal learning rather than 'power sharing'. The amendments reflecting this finding are shown in blue below.

Some concerns were expressed regarding the explanation of some of the principles which were described as being too academic and corporate by some of the participants in the workshop. However, participants did note how the complexity of co-production can make it difficult to provide succinct explanations. It was suggested by some participants in the workshops that it may be beneficial to have two versions of the principles of co-production, one which focuses on a short, lay definition and another which includes additional detail. However, concerns were raised by other participants that two sets of principles could be confusing and potentially counterproductive. Therefore, the updated version of the principles contains a heading, a short explanation of the principle followed by a more detailed explanation to accommodate the different groups who may be using the principles.

Updated Definition of Co-production

Co-production is the building of respectful and empowering relationships alongside the sharing of ideas between those with lived experience and other stakeholders. Both contribute their knowledge, skills and experiences to co-create actionable change. Co-production is a challenging process that requires reflection and dedication to [ongoing collective learning](#).

Updated Principles of Co-production

1. Embed Co-production

Co-production should be embedded from the beginning to the end of the project when possible.

When feasible co-production should be embedded at different stages of a project, and at all levels including strategic, governance, and operational, across areas of public relevance.

For example: opportunities to engage across the life course of a project such as being involved in bids and project plans, co-evaluate projects, co-commission services, co-design systems, dissemination.

2. Plan Appropriate Infrastructure and Support

Co-production needs to be rooted in the structure of organisations.

Co-production should be supported by organisational systems and processes in addition to necessary resources for effective sustainable practices. Training and support may be needed to embed co-production in organisations.

For example: Human resources policies, reward and recognition policies, long term funding opportunities.

3. Promote Equality, Diversity and Inclusion

Co-production should be an accessible opportunity, where difference between people is valued and respected, and practices are inclusive.

A range of opportunities for those with lived experiences and other relevant stakeholders should be provided to celebrate difference and recognise the different skills people have and contributions that they can make.

For example: outreach work through networks to reach marginalised groups, inclusive and flexible methods and formats for involvement reflecting personal and challenging circumstances.

4. Build Empowering and Equal Relationships

Co-production should be underpinned by trusting, respectful, and empowering relationships.

Co-production should focus on the value of reciprocal knowledge exchange and collaborative decision-making between those with lived experience and other stakeholders to meet shared responsibilities as equal partners.

For example: openly challenge stigma and assumptions, promote conscious presence, promote empathy not sympathy when people share experiences.

5. Foster Open and Transparent Communication

Co-production should be based on honesty and transparency.

Co-production should be supported with approaches that foster active listening, wider awareness and deeper understanding, informed decision making, and collaborative production of policies, plans, and outputs.

For example: construct clear role descriptions and person specifications, avoid jargon and acronyms, identify any need for confidentiality and why, be clear about limitations, manage expectations.

6. Provide Ongoing Support

Support should be made available for those with lived experience and other stakeholders who are involved with co-production.

It is important that support is available for those with lived experiences and other stakeholders to opt into based on individual and collective needs to help ensure safety, development and wellbeing.

For example: peer to peer networks, skilled facilitation, training, mentoring, building on existing skills, sharing next step opportunities, crisis support, emotional support and awareness of advanced support services, maintaining communication.

7. Learn, Reflect, Adapt with Partners

Co-production should be an ongoing and collaborative learning process.

Co-production should be supported by collaborative knowledge shared across networks, reflexivity, and piloting of alternative approaches to enhance practice. Those involved in co-production should be able to recognise when an idea is not working and use this as an opportunity to grow and move forwards in an alternative way.

For example: share and celebrate impact and lessons learnt, disseminate learning through webinars, reduce duplication through mapping what is known.

8. Share a Vision of Meaningful Change

Co-production should be recognised as a social movement.

Co-production should be a catalyst of a movement of positive social change, with those with lived experience and other stakeholders seeking opportunities to build a far-reaching network of influence.

For example: influence organisations locally, nationally, and internationally across diverse sectors; encourage others to embed co-production by sharing its value and impact.



Section G: Local Voices Co-production Definition and Principles

Definition of Co-production

Co-production is the building of respectful and empowering relationships alongside the sharing of ideas between those with lived experience and other stakeholders. Both contribute their knowledge, skills and experiences to co-create actionable change. Co-production is a challenging process that requires reflection and dedication to ongoing collective learning.

Principles of Co-production

1. Embed Co-production

Co-production should be embedded from the beginning to the end of the project when possible.

When feasible co-production should be embedded at different stages of a project, and at all levels including strategic, governance, and operational, across areas of public relevance.

For example: opportunities to engage across the life course of a project such as being involved in bids and project plans, co-evaluate projects, co-commission services, co-design systems, dissemination.

2. Plan Appropriate Infrastructure and Support

Co-production needs to be rooted in the structure of organisations.

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Co-production should be an accessible opportunity, where difference between people is valued and respected, and practices are inclusive.

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Co-production should be supported by collaborative knowledge shared across networks, reflexivity, and piloting of alternative approaches to enhance practice. Those involved in co-production should be able to recognise when an idea is not working and use this as an opportunity to grow and move forwards in an alternative way.

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Co-production should be a catalyst of a movement of positive social change, with those with lived experience and other stakeholders seeking opportunities to build a far-reaching network of influence.

For example: influence organisations locally, nationally, and internationally across diverse sectors, encourage others to embed co-production by sharing its value and impact.

Section H: Next Steps

This report has utilised a systematic literature review and participatory approach to construct a definition and principles of co-production. Together these form a framework establishing a shared understanding of what co-production means and what it should aim to do.

Varied pilots should be undertaken to explore how these principles can be practiced and to provide case studies to support others to engage in co-production.

A Local Voices Network should be established to promote and embed the framework in local organisations, potentially through the use of a pledge or charter. The network should also connect with other co-production projects nationally and internationally to share learning and promote a vision for meaningful change. Ongoing effective strategic leadership and co-ordination of the network is required.

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Local Voices Framework Report

November 2023

Appendix



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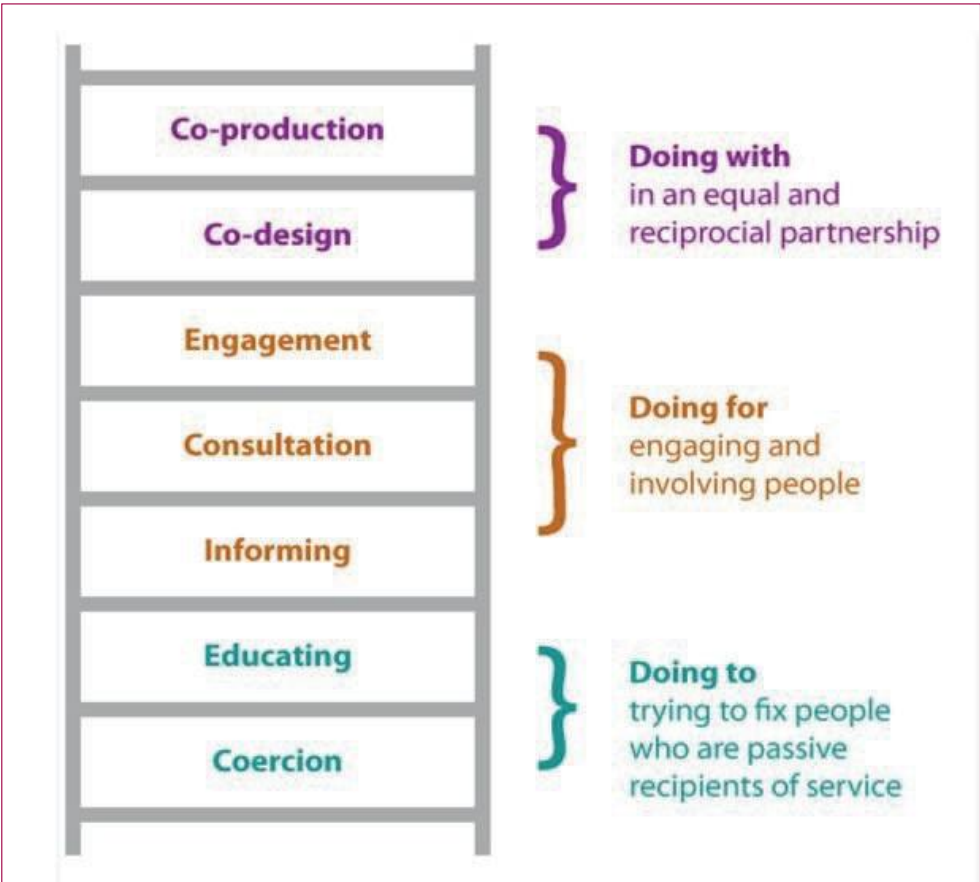


Appendix A: Co-production related diagrams

CWAC Desktop Research



CWAC co-production ladder

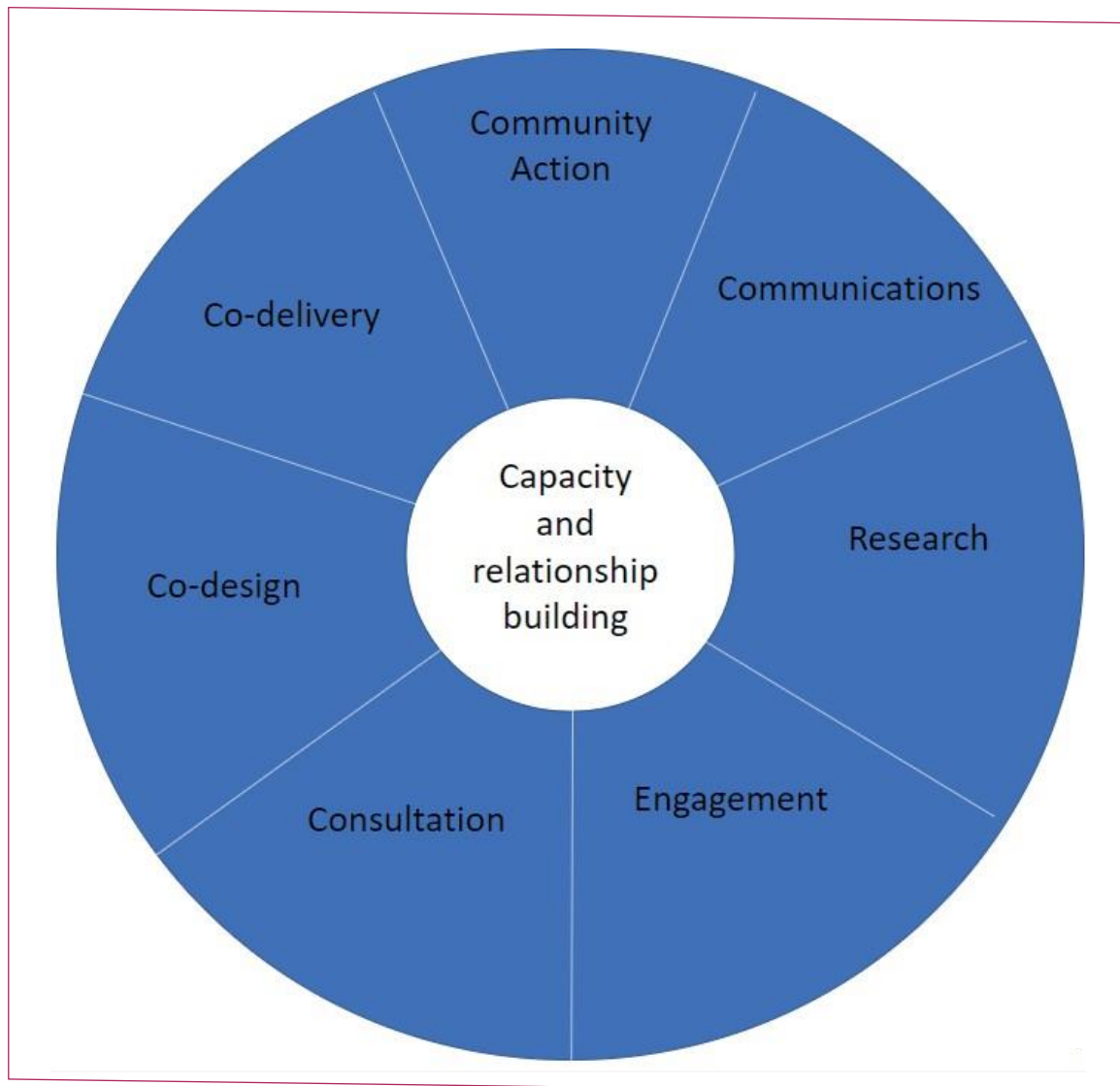


[Download a ladder graphic from West Cheshire Foodbank](#)

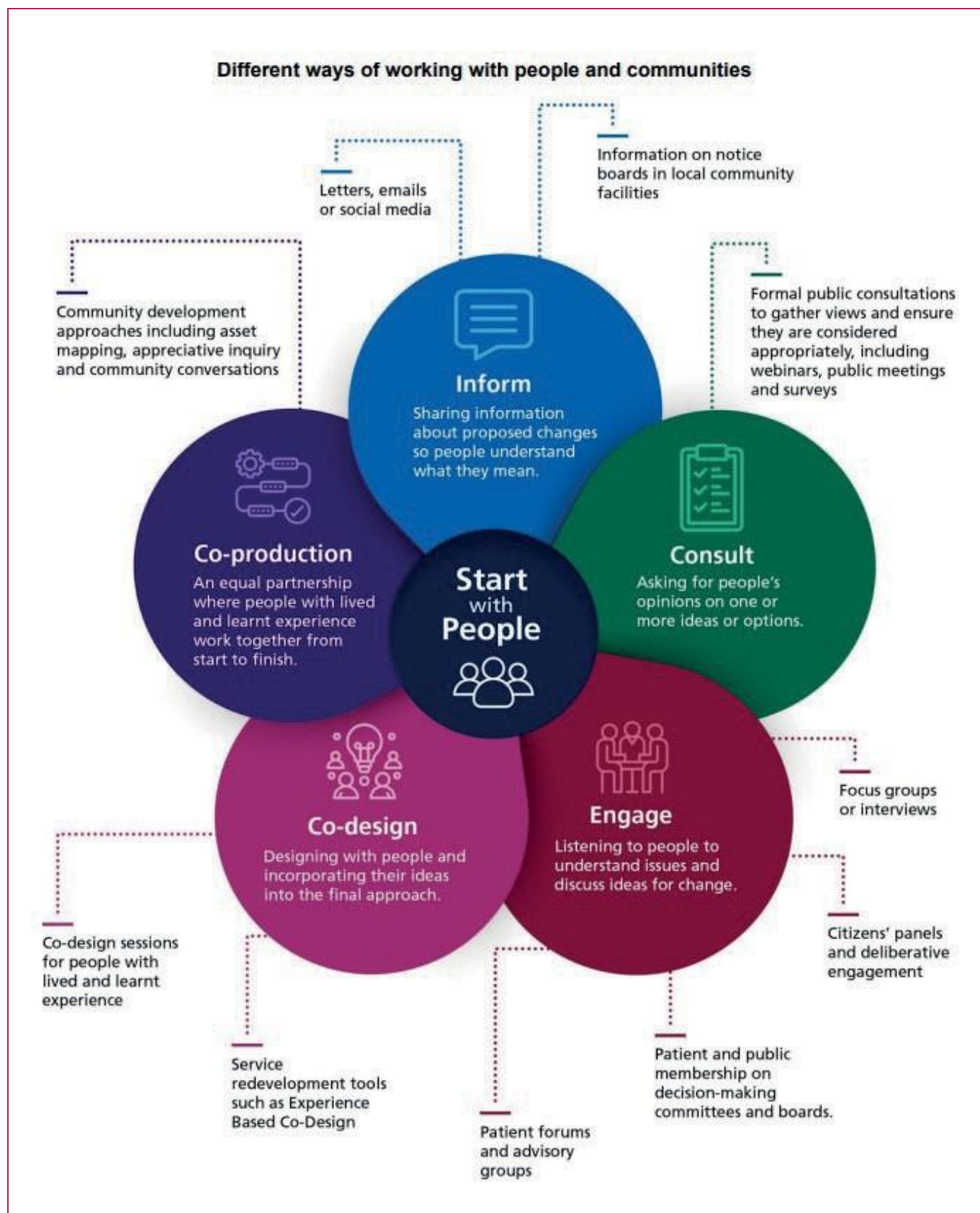
“The ladder of participation is a useful framework for understanding community empowerment, but the ladder approach is less useful for discussing participation approaches:

- A single project could circle through a number of ‘rungs’ of the ladder
- Coproduction – the pinnacle of the ladder – is not always the most appropriate or desirable approach” (CWAC)

CWAC participation wheel



Approach	Definition
Communications	Sharing of information and messages
Research	Gathering data on an issue. Collecting local people's views and experiences on a specific subject
Engagement	Informal testing of ideas, approaches or proposals that are at an early stage or that are well-defined but not expected to be controversial
Consultation	Formal and robust testing of defined proposals, subject to local and national quality standards. Includes specific definitions within planning and human resources.
Co-design	Coming together of interested stakeholders and professionals to share views, information and power to jointly design plans, proposals or services
Co-delivery	Coming together of interested stakeholders and professionals to work together in delivering a service
Community Action	Local stakeholders developing or taking control of a service to deliver it themselves
Capacity and relationships building	Underpinning work to build the capacity of individuals and communities to engage, and of public bodies to listen and respond. Building trust.



Appendix B: NHS England (2022) 10 principles for Working with People and Communities



Appendix C: Trussell Trust Participation Working Principles



Appendix D: Trussell Trust Participation Resource List

Toolkits

MIND: The Influence and Participation Toolkit

Mind has a great toolkit to enable people to influence and participate in your work, with guidance and practical tools to help you plan, deliver and evaluate.

Health Improvement Scotland

The Toolkit suggests a range of methods, guidance and resources, which can be useful for planning participatory activity.

National Survivor User Network

A collection of publications, reports, and practical guidance to use in the design, development and delivery of services, involving people with direct experience of mental distress and/or mental health service.

Turn2Us coproduction framework and toolkit

The coproduction framework and toolkit from Turn2Us outlines their methodology and process for bringing professional expertise, data and lived expertise together, to meaningfully challenge the system that traps people in poverty.

Dignity in Practice

A practical resource to help projects think about what dignity looks like in practice and how this can be achieved.

Blogs/Articles/Video

Activating Lived Experience to Create Social Change

Sunny Dhadley, TEDxWolverhampton

People with experience of poverty want to be heard — are we listening?

Sarah Campbell, Medium

Through the eyes and values of lived experiences: Listen up to level up

A short film about a number of high-profile projects that have successfully applied participatory approaches to their work.

The future of planning: a moment's insight is worth a lifetime of experience

Rethinking Poverty is a hub for discussions on creating a good and just society.

Research/Reports

Involve – What is Participation

A great overview of participation from Involve, looking at the Types, Qualities, Perceptions and Impacts of participation on people and places.

Connecting Community Insights to Policy

A resource for communities and those working with community data and stories.

In The Room Where It Happens

Approaches to engaging people with direct experience of poverty in the development of local child poverty policy

The Value of Lived Experience in Social Change

Research exploring the value of lived experience in driving and leading social change across the UK social sector.

Pathways through participation

A qualitative research project, which aimed to improve understanding of how and why people participate, how their involvement changes over time, and what pathways, if any, exist between different activities.

Inspiration

Poverty2Solutions

Campaigners who have direct experience of living in poverty. Who are working together to come up with solutions to some of the biggest issues that lock people in poverty across the UK.

New Citizenship

The New Citizenship Project aims to act as a catalyst to shift to a more participatory, citizen-led society. They believe that when we think of ourselves as citizens rather than consumers, we're more likely to participate, volunteer and come together to make our society stronger.

APPLE Collective

The APPLE Collective is a national collective of individuals who experience poverty. Working together with organisations that support us to take positive action to eradicate poverty.

Can You Hear Me Now ?

A large-scale creative campaign called Can You Hear Me Now? focused on giving access to creative expressions related to experiences of poverty.

Appendix E: Recommended Resource List

It is suggested that the resources below form part of Local Voices Framework documentation in the form of a reading list – it can be added to overtime with other texts stakeholders think would be useful for people starting or developing co-production activities.

Redman, S. Greenhalgh, T. Adedokun, L. Staniszewska, S. and Denegri, S. (2021). Co-production of Knowledge: The Future BMJ 2021: 372 doi: <https://doi.org/10.1136/bmj.n434>

Poverty Truth Commission Pledges – available on slack

Poverty Truth Commission (2023) What is a Poverty Truth Commission?
povertytruthnetwork.org/commissions/what-is-a-poverty-truth-commission/

Brightlife's Older People Alliance: Pioneering a New Approach to Commissioning (2022)
www.youtube.com/watch?v=ahnHyjSETY

Local Government Association (2021) Equality Framework for Local Government www.local.gov.uk/our-support/guidance-and-resources/equality-frameworks/equality-framework-local-government

Ideas Alliance (2023) What We Do ideas-alliance.org.uk/what-we-do/

Brightlife (2023) Key Learning www.brightlifecheshire.org.uk/key-learning/

Co-operative Council Innovation Network (2023) Our Statement of Values and Principles
www.councils.coop/about-us/values-and-principles/

Brightlife (2020) Legacy Report [Brightlife-end-of-project-report-Low-Res.pdf](https://www.brightlifecheshire.org.uk/legacy-report/) (brightlifecheshire.org.uk)

National Institute for Health and Care Research (2020) Co-production In Action: Number Three
www.nihr.ac.uk/documents/co-production-in-action-number-three/26382#Key_principles

Boyle, D. Slay, J. and Stephens, L. (2010) Public Services Inside Out:
[Putting Co-production into Practice neweconomics.org/uploads/files/public_services_inside_out.pdf](https://www.neweconomics.org/uploads/files/public_services_inside_out.pdf)

Rethink Mental Illness (2015) Co-production in Commissioning:
[Getting Started co_production_getting_started_guide.pdf](https://www.rethink.org/getting-started-co-production-getting-started-guide.pdf) (rethink.org)

Morton, M., & Paice, E. (2016). Co-Production at the Strategic Level: Co-Designing an Integrated Care System with Lay Partners in North West London, England. International Journal of Integrated Care, 16(2), 2.
<https://doi.org/10.5334/ijic.2470>

North West London Integrated Care System (2023) WCIS Toolkit
www.nwlondonics.nhs.uk/professionals/whole-systems-integrated-care-wsic/wsic-toolkit#:~:text=The%20North%20West%20London%20Integration,shared%20vision%20of%20integrated%20care

NESTA (2013) Co-production Catalogue Full Report www.nesta.org.uk/report/co-production-catalogue/

NESTA (2013) Co-production: Right Here, Right Now

www.nesta.org.uk/report/co-production-right-here-right-now/

Social Care Institute for Excellence (2022) Examples of Co-production in Social Care

www.scie.org.uk/co-production/examples

NHS Health Research Authority (2023) Public Involvement

www.hra.nhs.uk/planning-and-improving-research/best-practice/public-involvement/#:~:text=Public%20involvement%20in%20research%20means,taking%20part%20in%20a%20study

Hickey, G. Brearley, S. Coldham, T. Denegri, S. Green, G. Staniszewska, S. Tembo, D. Torok, K. Turner, K. (2018) Guidance on Co-producing a Research Project. INVOLVE, Southampton

INVOLVE (2019) Co-production in Action: Number One. INVOLVE, Southampton

Heaton J, Day J, Britten N. (2016) Collaborative Research and the Co-production of Knowledge for Practice: an Illustrative Case Study. Implementation Science. 11: 20. doi.org/10.1186/s13012-016-0383-9 PMID: 26897169

Loeffler, E. Power, G. Bovaird, T. and Hine-Hughes, F. (2013) Co-Production of Health and Wellbeing in Scotland www.govint.org/fileadmin/user_upload/publications/Co-Production_of_Health_and_Wellbeing_in_Scotland.pdf

Slay, J. and Stephens, L. (2013) Co-production in Mental Health: a Literature Review.

[New Economics Foundation neweconomics.org/uploads/files/ca0975b7cd88125c3e_ywm6bp311.pdf](http://New_Economics_Foundation_neweconomics.org/uploads/files/ca0975b7cd88125c3e_ywm6bp311.pdf)

NIHR (2019) UK Standards for Public Involvement <https://www.rds-wm.nihr.ac.uk/uk-standards-for-public-involvement/#:~:text=The%20Six%20UK%20Standards%201%20Inclusive%20Opportunities%20Offer,Communications%20...%205%20Impact%20...%206%20Governance%20>

Norström, A. Cvitanovic, C.Löf, Marie, M. West, S. Wyborn, C. Balvanera, P. Bednarek, A. Bennett, El. Biggs, R. De Bremond, A. Campbell, B. Canadell, J. Carpenter, S. Folke, C. Fulton, E. Gaffney, O. Gelcich, S. Jouffray, J. Leach, M. and Österblom, H. (2020). Principles for Knowledge Co-production in Sustainability Research. Nature Sustainability. 3. 10.1038/s41893-019-0448-2.

The BMJ (2021) Increasing the Impact of Health Research Through Co-production of Knowledge

www.bmj.com/co-producing-knowledge

Healthtalk (2023) Researchers Experiences of Patient and Public Involvement healthtalk.org/patient-public-involvement-researchers/Messages-to-the-NHS-universities-and-research-funders-about-patient-and-public-involvement



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