



Top Tips for Co-designing health services

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Introduction

This paper seeks to draw out some 'Top tips' to promote good practice in the co-design of health services with Black, Asian and minority ethnic (BAME) and/or deprived communities.

These tips have been pulled from reviews of research literature, local evaluations and case studies' showing what is known to be good practice and be effective.

Note that specific citations have been removed from these tips for ease of reading, except in the case of direct quotations, but a full list of references is available at the end. Full evidence reports, including citations, can be accessed from the West of England evidence repository ([Evidence Repository \(West of England AHSN\) - FutureNHS Collaboration Platform](#)) or by emailing bnssq.research@nhs.net.

Top tips

Adopt an asset-based approach:

- ✓ Use meeting times and places already established within communities
- ✓ Use, and invest in, existing infrastructure
- ✓ Build links with and between existing local community agencies, services, networks and groups
- ✓ Use informal networks and contacts of local residents to aid recruitment to projects
- ✓ Support people within the community to “employ and enjoy their skills, talents and passions” (The Health Creation Alliance, 2021b, p7)
- ✓ Support emerging community groups and networks
- ✓ Value community capacity, strength and intelligence
- ✓ Support the connectors i.e. the people and things that help to “build the links between statutory services and local communities” (The Health Creation Alliance, 2021b, p12)
- ✓ Look for and develop talent within communities
- ✓ Get to know a community and the cultures operating within it before commencing any community work.

Help communities to help themselves:

- ✓ Community development workers help to connect people with each other
- ✓ Training, support and mentorship to voluntary and community leaders builds confidence and capacity
- ✓ Provide company and support to promote confidence and relieve anxiety
- ✓ Provide financial support so communities can access matched-funding from other sources

- ✓ Support community cohesion and understanding through intergenerational and multicultural activities
- ✓ Ensure community steering groups and consortia are representative
- ✓ Create welcoming environments which are safe for everyone.

Show that you are interested in what matters to communities, not just what you need to find out:

- ✓ Avoid assumptions about community wants and needs
- ✓ Respond appropriately and flexibly
- ✓ Look for non-obvious solutions to problems
- ✓ Support should be tailored to specific community needs

Appeal to different people by:

- ✓ Maximising the social opportunities within participation
- ✓ Providing flexibility in how, when and where to participate to accommodate different needs and preferences
- ✓ Being culturally aware and recognising how cultural and religious practices may influence participation
- ✓ Utilising a variety of communication channels according to needs and preferences, such as in-person, via letter, telephone call, email
- ✓ Advertising activities and celebrating successes across communities and the city, using a range of channels and forums
- ✓ Experimenting with different formats
- ✓ Recognise that overcoming urgent and current issues, such as food, fuel and safety, will take priority for people.

Commit to sustainability by:

- ✓ Planning for the long-term, from the beginning
- ✓ Planning for sufficient resources as additional costs are likely to be incurred from “preparatory outreach and consultation work, translation services, preparatory partnership working especially where new connections are being sought” (Laggan *et al.*, 2020, p49);
- ✓ Ensuring detailed reporting and record-keeping to promote project continuity
- ✓ Planning ahead for evaluation.

Building strong and trusting relationships by:

- ✓ Getting to know a community and the cultures operating within it
- ✓ Investing in relationship-building with communities from the outset
- ✓ Creating formal, funded, partnerships
- ✓ Valuing “lived-experience”



- ✓ Having genuine, formal and informal, long-term partnerships with populations and local groups and ensuring dedicated staffing and resourcing for this purpose
- ✓ Not abusing the kindness and goodwill of a community
- ✓ Engaging with people at all levels
- ✓ Looking for and supporting the connectors

Sharing power with communities by:

- ✓ Involving communities in governance
- ✓ Involving communities in decision-making
- ✓ Being flexible regarding how money is spent
- ✓ Encouraging staff to talk to people as people, “human to human”
- ✓ Using clear language, not jargon
- ✓ Trusting frontline workers and communities with resources
- ✓ Sharing priority-setting
- ✓ Sharing information and knowledge
- ✓ Dismantling hierarchies

Maximising resources by:

- ✓ Combining and aligning resources to target areas of greatest need
- ✓ Recognising that a smaller catchment area may facilitate deeper engagement
- ✓ Providing assistance to community groups in financial planning and making applications for funding and other resources
- ✓ Combining assets held by different stakeholders
- ✓ “Diverting 1-2% of the acute care budget into community health creation to support increasingly community-led action to address health inequalities” (The Health Creation Alliance, 2021a, p3);

Overcoming practical challenges in participation by:

- ✓ Promoting accessibility
- ✓ Address digital exclusion
- ✓ Providing transport
- ✓ Allocate time for translation, where required
- ✓ Accommodate health needs and preferences within, not just between, different population groups
- ✓ Recognise that adhering to established practice may maintain tensions and gaps between communities and health and social care systems.



Scope and Caveats

It is important to note that this document summarises findings from a rapid search of a number of sources and that, due to time constraints, the search was not systematic. It is possible, therefore, that some relevant documents were not identified. Furthermore, the subsequent literature has not been appraised for quality, reliability or replicability.

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