Putting Communities at the Heart of Transforming Outcomes

Testing and Evaluation of Collaborative Partnership Approaches of Community Engagement and Participation

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Bevan Exemplar Study 2025

Acknowledgements

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This study has also been supported and endorsed by the Conwy and Denbighshire Public Service Board (PSB) who kindly provided additional support of the Co-Production Network as part of their Welsh Government funded work to develop Wellbeing Plans.

This primary research at the hyper-local level has been conducted in consultation and engagement with key stakeholders from across the local area of Kinmel Bay including:

BCUHB Conwy East Primary Care Cluster, Llais, Conwy County Borough Council, Towyn & Kinmel Bay Town Council, Conwy Voluntary Service Council, Office of the Police & Crime Commissioner for North Wales, HM Prison and Probation Service, Natural Resources Wales, Cartrefi Conwy Housing Association and Grŵp Cynefin Housing Association.

Thank you to Dr Ffion Prothero who was a part of the early thought process and formulation of this idea, and worked with me through the initial stakeholder conversations, but who sadly was unable to continue with the study after a change in roles.

I would like to express particular thanks to Mike Corcoran and Rebecca Colley-Jones of the Co-Production Network for their time and expertise in supporting this work and facilitating the workshop discussions, and to Siwan Sutton of the BCUHB Public Health Directorate for her thorough and comprehensive Literature and Evidence review to support and inform this work.

Finally, I would also to thank Cllr Barry Griffiths of Towyn and Kinmel Bay Town Council for his enthusiasm to engage with this work and for his passion and commitment to improving outcomes for his community. Dedicated local politicians play a key part in bringing communities together, ensuring that all voices can be heard and that people (rather than organisations) can be at the heart of shaping and transforming population health and wellbeing outcomes.

Putting Communities at the Heart of Transforming Outcomes:

Testing Collaborative Partnership Approaches of Community Engagement and Participation

How to develop a model of understanding what truly matters to communities, and the impact of participative co-design at the micro-local level on population health outcomes?

The aim of this study was to develop a better understanding of how to engage with communities to understand what truly matters in respect of population health & wellbeing.

The findings of this study can be used to influence a more participative model of co-production, which can be applied at the various system levels (local, regional and national) in order to rebuild trust in public services and encourage shared accountability for outcomes.

The objectives of this study are to:

1. Articulate the benefits of improved community co-production, and the impact that this can have upon population health outcomes
2. Work with local stakeholders to provide a baseline evidence of current practice
3. Work with local stakeholders to test and evaluate ways to engage more effectively and collaboratively with communities at a micro-local level
4. Influence development of local Place Plans and Wellbeing Plans to address what truly matters to local communities through participative co-design processes
5. Consider opportunities to scale and spread

Executive Summary

Wicked challenges require radical thinking. Our public services need to adapt and evolve to more relational and outcomes focussed models of planning and care delivery, and we need to do this ***alongside*** the communities we serve.

All of the strategy and policy direction in Wales requires public services to shift away from the traditional paternalistic models of statutory service delivery and into the realms of empowered communities with voice & agency to participate in the design & delivery of services to meet their needs, with shared accountability for outcomes.

The persistent challenge of health inequalities and the growing burden on health and social care systems necessitate a fundamental shift in *how* services are designed and delivered. A central issue that requires urgent attention is the limited integration of community voices in shaping health interventions, despite widespread recognition of the socio-economic determinants of health.

This review is intended to support that transformation by identifying effective community engagement and co-production methods, and evaluating their impact on improving population health and wellbeing. It aims to inform more collaborative, cross-sectoral approaches that empower communities and foster shared accountability for outcomes.

This Bevan Exemplar project provides an opportunity to test & evaluate a more collaborative approach to community engagement & co-production of Locality Place Plans, and Community Wellbeing Plans. Through this research and by testing new approaches we hope to give our communities voice & agency to take shared accountability for delivery and for evaluating shared outcomes.

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The study comprises both a comprehensive literature and evidence review alongside practical insights gained from local practitioners and community groups.

The literature and evidence, which is summarised in **section 2.3** and can be found in full in **Appendix A** was used to inform the study through considering the research question: *"What are effective community engagement and co-production methods, and what impact can these have on population health and wellbeing?"*

Baseline self-assessments of the co-production and collaboration landscape were conducted with key stakeholders across the local area, and identified strengths and weaknesses were further explored through community conversations with stakeholder organisations. Stakeholder Network Events were held to bring partners (including community groups) together with the intention of helping to build and restore trust through honest collaborative community conversations, and developing a better shared understanding of the challenges and constraints of the current landscape and provision of services across the locality.

Overall, local partners were able to identify many strengths concerning co-production, in particular relating to the following themes:

- Good community spirit and passionate community champions
- Key anchor organisations and local infrastructure
- Strong local leadership and willingness of local partners to engage
- Ability to play to strengths of the workforce and community volunteers

However, the following identified themes arose highlighting limiting factors, which stifle progress and potential of the community:

- Short-termism of budget and funding constraints
- Poor co-ordination and planning between services and organisations
- Reducing volunteer capacity
- Widespread public disengagement with politics and distrust in public services

Section 3.3 contains the reflections from these workshops which were designed to provide practical insight from operational and lived experience on the ground within the locality, which could be used to support and complement the academic evidence review in order to produce a practical framework for delivery within which stakeholders could co-operate more effectively. The full outputs of these sessions can be found in **Appendix B.**

Only with this shared understanding and mutual trust can partners move towards the delivery phase – effective co-design and co-production of the solutions that would be required to meet local identified needs and priorities. Building upon identified strengths which could be amplified, and where identified weaknesses could be addressed through collective action.

Putting Communities at the Heart of Transforming Outcomes:

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Collaboration should fundamentally be about broadening and deepening collective understanding. Effective community co-production and participation will not only deliver better outcomes for all, it will lead to shared learning and continual iterative improvements to the very process of achieving this.

Suggestions for how this can be approached are included in a **Suggested model for improving two-way dialogue.**

The benefits of adopting robust community engagement and co-production methods are increasingly evident, however, the literature and practice reveal a spectrum of interpretations, ranging from tokenistic consultation to genuine power sharing partnerships.

The **conclusion** notes that relationship building with communities and local partners does not 'just happen', it requires resourcing and long-term commitment. Dedicated staff-time is needed to work out how best to co-ordinate efforts with local partners to make the biggest collective impact on health and wellbeing outcomes and to reduce inequalities. There is an increasingly evident clinical and cost case to be made for skilled community development resources to support building of the connections between people and assets that lead to thriving communities.

In order to realise this potential, four system-level pillars are suggested:

1. Structural Investment and Systems Integration

Firstly, a sustained structural investment is required to move beyond short-term, project-based models. Embedding co-production and community participation within commissioning and regulatory frameworks, and allocating core funding to support community infrastructure and leadership development, are all considered essential steps towards embedding and institutionalising these practices.

2. Capacity Building and Workforce Development

Secondly, capacity-building must be prioritised across both professional and community domains. The health and care workforce requires capacity and support for training in facilitative, relational, and power-sharing practices while communities, particularly those which have been historically marginalised, must be supported to develop leadership, organisational capacity, and participatory confidence.

3. Embedding Equity and Inclusion

Equity must be embedded as a guiding principle across all stages of design, implementation, and evaluation. This includes prioritising engagement in high-need communities, adopting intersectional approaches to understand differential impacts, and ensuring that power is re-balanced and shared meaningfully with those most affected by health inequalities. This shift represents not only a strategic imperative but a moral one: to ensure that health systems are shaped *with,* not merely *for*, the populations they serve.

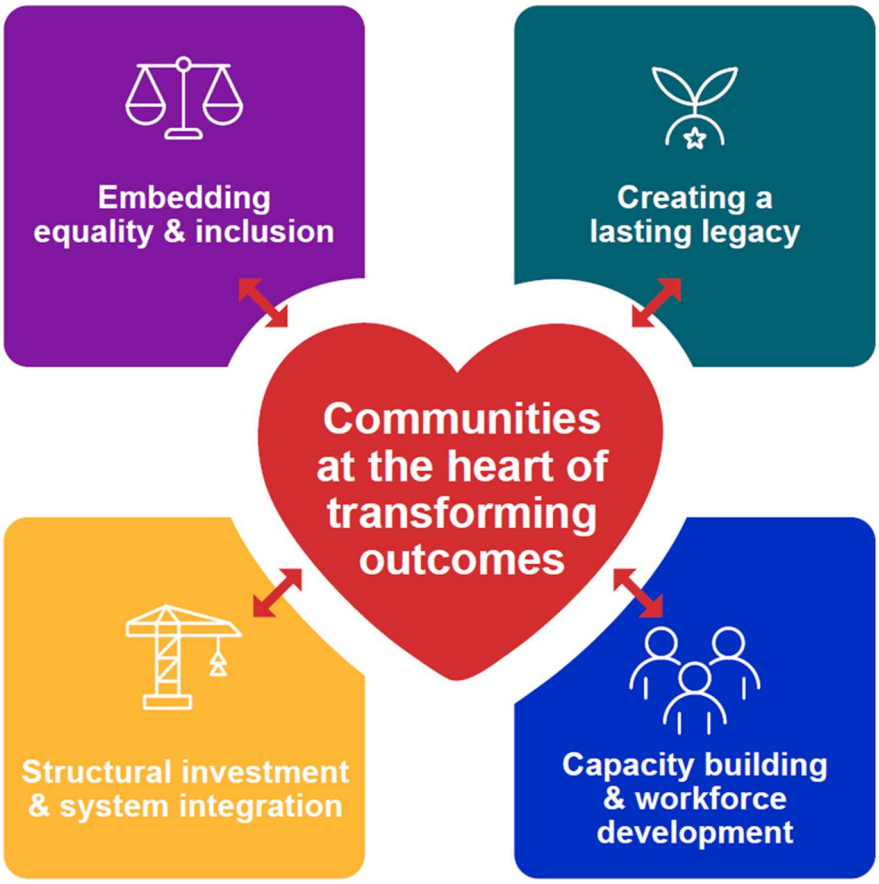
4. Creating a Lasting Legacy

Finally, these approaches must be adopted as a means to create a lasting legacy through evaluation, learning & accountability. In order to re-build and maintain trust, shared ownership and accountability, organisations should come together in partnership *alongside* empowered communities.

These four system-level pillars are applicable at all levels from hyper-local communities, through local and regional place-based plans, and into regional and national strategy and planning.

In order to achieve this community partnerships should develop evaluation frameworks that capture long-term and relational outcomes, and can establish feedback loops to inform iterative development of practice and evidence progress against shared longer-term goals and outcomes.

Finally, suggestions for how this can be applied are detailed within **a Practical Framework for Embedding Principles of Co-Production.**



By truly understanding what really matters to the community we can not only mobilise public services more effectively and collectively to deliver, we can measure what matters.

Performance can then be measured against what truly matters, rather than arbitrary targets, and we can begin to take shared accountability for improving outcomes.

Putting Communities at the Heart of Transforming Outcomes:

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This work will now be taken forward through the following Action Plan and Next Steps:

Level	Who? - Vehicle for delivery	What?
Local	Towyn & Kinmel Bay Town Council	To inform and influence approach to developing Place Plan To share learning with other Town & Community Councils
Regional	Conwy & Denbighshire PSB	To inform and influence approach to developing Wellbeing Plans To share learning with other PSBs / RPB and associated partner organisations
National	Bevan Commission	To report to Senedd to influence scale & spread across Wales

Putting Communities at the Heart of Transforming Outcomes:

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Contents

1. Background & Context

1.1 Why does this matter? Why now?

As a result of the post-war 'baby boom' the UK has long-anticipated issues would arise in caring for a growing and aging population. After over a decade of continued austerity which has caused severe financial pressures on public services, the socio-economic effects on the health and wellbeing of the most vulnerable in our population is also now causing increasing demand on services (Marmot 2020).

The majority of NHS activity is focused on long-term conditions. The population is aging, and more likely to have long-term conditions, often multiple. People are living longer, but also in poorer health for longer.

People in our poorest areas will be most affected by poor health outcomes and mortality. The evidence has long highlighted how areas of multiple deprivation are experiencing an inequity in health and wellbeing outcomes, shorter life expectancy and less years in relative good health. This gap is widening rather than improving. Similarly, whilst there are decreasing birth rates but conversely increasing numbers of children living in poverty.

All of this leads to rising latent demand for health and care services, at a time when waiting lists and waiting times are at an all-time high and already unmanageable. Meanwhile our NHS is already suffering a chronic retention and recruitment crisis, and our own workforce is experiencing the same sickness rates as the wider UK workforce due to ill health.

Fig 1. Newspaper headlines outlining long-term NHS challenges

Similarly, the UK social care sector is at breaking point. Workforce shortages, under-funding, and a failure to implement joined-up long-term policies have left care providers grappling with the same impossible problem of maintaining high-quality services amid ever-mounting demand pressures. Projections are that this will worsen with a workforce and bed shortage expected to reach up to 40,000 across Wales (We Care Wales 2022) as ratios of working age adults to over 65s also drops (Stats Wales Population Projections 2022)

Putting Communities at the Heart of Transforming Outcomes:

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Health is becoming the biggest barrier to economic growth and productivity in the UK resulting in loss of people to the workforce. The health and wellbeing of our communities and individuals is key to improving health outcomes and boosting the economy.

However, the obsession remains on 'fixing' the NHS and Social Care through performance improvement targets and chasing financial efficiency savings. If we continue to focus on treatment and efficiency models to address supply we fail to recognise the need to change the demand that is driving services.

"The system isn't broken – it's out of date, overwhelmed and out of step with people's lives" – 'The Turning Point' Bevan Commission (2025)

Our NHS and Social Care systems were designed for very different times and have not kept pace with the rhythms of societal change. We are a quarter of the way through the 21st Century and still clinging to nostalgic interpretations of 'better times' in the past.

It is widely accepted that there is an urgent and pressing need for change, however I would pose a couple of other questions to add into the mix as we approach this challenge:

- *How do we expect to truly integrate health and care services amidst constant budget cuts and ever-rising demand pressures?*
- *How do we attempt to shift to whole systems approaches whilst also radically changing the focus of the systems to prioritise prevention?*
- *How can we collaborate and co-produce with our communities at a time when trust relationships are damaged?*

Wicked challenges require radical thinking. Our public services need to adapt and evolve to more relational and outcomes focussed models of planning and care delivery. And we need to do this ***alongside*** the communities we serve.

It is difficult to deliver public services in times of flux, but public services by their very nature were not created for the good times. The very purpose of public services are to be at their very best during the most challenging times. The Italian linguist and philosopher Antonio Gramsci (1930) noted that: *"the crisis consists precisely in the fact that the old is dying and the new cannot yet be born; in this interregnum a great variety of morbid symptoms appear"*

Within the historical context that this was written after the seeming collapse and failure of capitalism following the Wall St crash, and during the subsequent Great Depression era, the morbid symptoms to which Gramsci refers in his prison diaries are the spectre of a rise in fascism. As our old systems seemingly prepare begrudgingly to make way for another we can once again see clear parallels of this in current times as we have been suffering through a sustained age of inequality widening austerity ushered in following the economic crash of 2008, followed by the self-inflicted disaster of a Brexit referendum and withdrawal from the EU and then the entirely unexpected shockwaves of a global pandemic, and now emerging global conflicts. Once again all of the uncertainty and fear causes another worrying rise in populist rhetoric, nationalism, and isolationism.

Whilst the new systems prepare for birth, it is probably advisable not to call the midwife just yet. As we can clearly see, our nurses are already struggling to breaking point with the burden of pressures of the old system, and are also feeling undervalued and demotivated.

1.2 Strategic Context

A Healthier Wales: our Plan for Health and Social Care (2021) called for a '"revolution from within" to drive the changes we need to see in our health and social care system, so that is it able to meet the needs of current and future generations in Wales'.

Health Boards are responsible for local delivery of this Plan, and ensuring that work aligns with supporting delivery of Welsh Government policy and legislation including:

- The Well-being of Future Generations (Wales) Act 2015
- The Health and Social Care (Quality and Engagement) (Wales) Act (2020)
- The Social Services and Wellbeing (Wales) Act 2014
- The NHS (Wales) Act 2006
- The Equality Act 2010 (Wales)
- Social Partnership & Public Procurement Act (2023)

In addition to statutory duties noted above, this discrete piece of work to pilot community engagement & participation also aligns to various other national and regional strategies and plans, including but not limited to: Shaping Places for a Healthier Wales, Building a Healthier Wales, and Strategic Programme for Primary Care,

All of the strategy and policy direction in Wales requires public services to shift away from the traditional paternalistic models of statutory service delivery and into the realms of empowered communities with voice & agency to participate in the design & delivery of services to meet their needs, with shared accountability for outcomes.

In the Betsi Cadwaladr University Health Board (BCUHB) region of North Wales, ‘Well North Wales’ is the proposed vehicle through which our regional partnerships can build momentum and drive forward true whole complex systems approaches to improving population health & wellbeing across organisational and sectoral boundaries.

Well North Wales it is not intended to be a Health Board programme, but rather a regional collaborative effort working towards the shared mission of improving health and wellbeing outcomes; it will be deliverable through bringing together strategic regional partners and working together *with* our communities to define and agree longer-term multi-agency approaches to shift from treating illness to providing the building blocks of wellness.

A set of draft Design Principles is being iteratively developed by a Task & Finish Group of regional partners. Whilst this is in very early stages of development, they currently include the following suggestions:

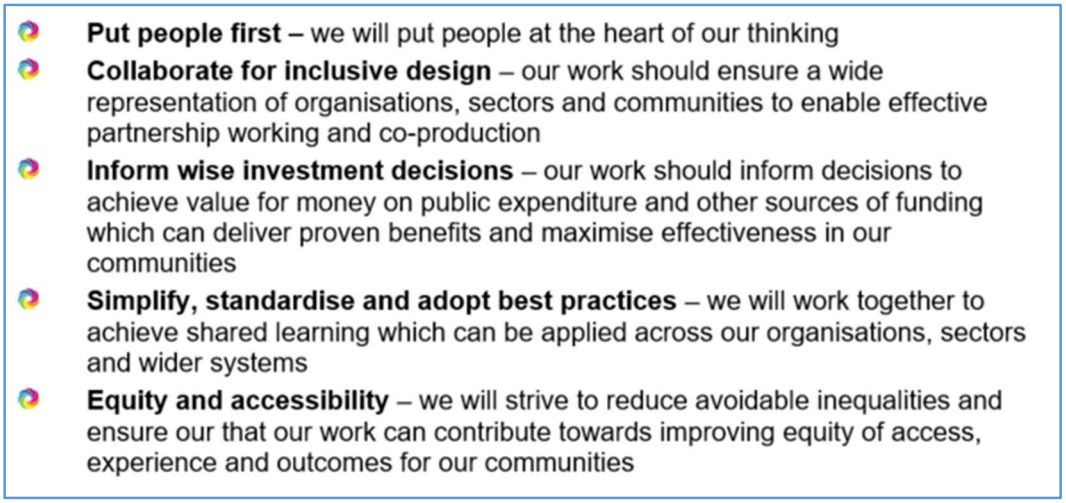

Fig 2. Draft Design Principles for 'Well North Wales' (May 2025)

There is now opportunity to build upon this baseline knowledge and through the work of this Bevan Exemplar project to test & evaluate a more collaborative approach to community engagement & co-production of Community Wellbeing Plans.

Through this research and by testing new approaches we hope to give our communities voice & agency to take shared accountability for delivery and for evaluating shared outcomes.

The outputs of this research will help to shape & inform our longer-term plans for delivery of a 'Well North Wales' approach to achieving a strategic wellbeing vision across the wider region.

1.3 What is Co-Production?

Albert et al (2023) note that *"Co-production is a 'complex social phenomenon', and the relationships between processes and outcomes can be ambiguous".* For the purposes of this review, the following definitions of Community Engagement and Co-Production are used:

Community Engagement: The process of working collaboratively with groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting their wellbeing.

Co-production: The joint delivery of services by professionals and citizens, sharing power and responsibility throughout the process.

The New Economic Foundation place Co-Production at the top of the Participation Ladder (fig 3 below) as the ultimate aim of achieving a participatory model which evidences the enhanced impact of 'doing with' participants and users of services, rather than less impactful and participative models of 'doing for' or 'doing to' communities which achieve lesser effects on outcomes.

Fig 3. New Economic Foundation Participation Ladder (Slay & Stephens 2013)

Despite the policy commitments detailed in section 1.2 above, there remains a significant implementation gap and there is an evident lack of consistency and clarity regarding what constitutes effective community engagement and co-production. Definitions vary, and in some cases, are absent altogether, leading to fragmented approaches and limited scalability. This ambiguity often hampers the ability of stakeholders to evaluate impact and share learning across systems.

This review seeks to address that ambiguity by synthesising evidence on what works, for whom, and under what conditions. It will explore how different interpretations and applications of community engagement and co-production influence outcomes and how these approaches can be scaled and sustained across diverse settings.

The persistent challenge of health inequalities and the growing burden on health and social care systems necessitate a fundamental shift in *how* services are designed and delivered. A central issue that requires urgent attention is the limited integration of community voices in shaping health interventions, despite widespread recognition of the socio-economic determinants of health.

This review is intended to support that transformation by identifying effective community engagement and co-production methods, and evaluating their impact on improving population health and wellbeing. It aims to inform more collaborative, cross-sectoral approaches that empower communities and foster shared accountability for outcomes.

2. Research Methodology

Problem Statement:

How to develop a model of understanding what truly matters to communities, and the impact of participative co-design at the micro-local level on population health outcomes.

2.1 Aim & Objectives

By September 2025 this study will have developed a better understanding of how to engage with communities to understand what truly matters in respect of population health & wellbeing.

The findings of this study can be used to influence a more participative model of co-production, which can be applied at the various system levels (local, regional and national) in order to rebuild trust in public services and encourage shared accountability for outcomes.

The objectives of this study are to:

1. Articulate the benefits of improved community co-production, and the impact that this can have upon population health outcomes
2. Work with local stakeholders to provide a baseline evidence of current practice
3. Work with local stakeholders to test and evaluate ways to engage more effectively and collaboratively with communities at a micro-local level
4. Influence development of local Place Plans and Wellbeing Plans to address what truly matters to local communities through participative co-design processes
5. Consider opportunities to scale and spread

2.2 Developing the Case for Change

The study followed the Design Council's 'double diamond' discovery and development methodology as seen in figure 4 below.

The first (discovery) phase of this work (Sept-Dec 2024) involved early socialisation of the idea and need for new research. Informal conversations were held with various stakeholders across all six Local Authority areas of North Wales to ascertain buy-in and shared understanding of the challenge, and the potential for this study to contribute towards changing policy and practice.

It became clear that if the study was to have any chance of effectively shifting outcomes, then key stakeholders who could mobilise to deliver any of the identified solutions would need to be on-board from the outset.

Before moving into the define phase, more detailed conversations were held with key political and operational stakeholders to seek assurances that the study would be useful and

that organisations would be able to commit to following through with any actions identified through testing of the community co-production model.

This was also considered vitally important to avoid the risk of raising community expectations and potentially further damaging any trust relationships between the various organisations, and public trust in local democracy and statutory public services.

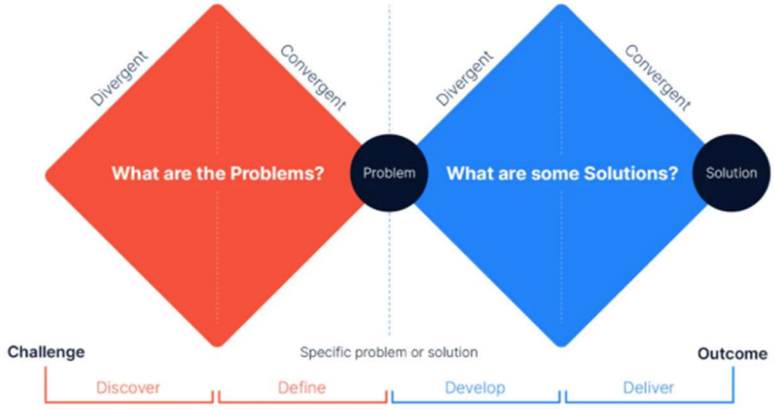

Fig 4. Double Diamond Design Model (Design Council)

Early conversations with stakeholders across the Conwy area proved most engaging, and through the convergent definition phase also provided the most confidence that stakeholders were committed to delivery. There was sufficient buy-in and commitment from the Primary Care clusters, Conwy County Borough Council, Conwy Voluntary Services Council, Llais, Office of the Police & Crime Commissioner, and the Probation Service, and it was possible to develop a shared understanding of the specific challenge set within the context of the partnership & engagement landscape across this area.

Before moving into the development phase, a paper was taken to the Conwy and Denbighshire Public Services Board (07.02.25) to seek approval of the proposed approach to test and evaluate at the hyper-local level (in one LSOA community space). The PSB was supportive, and requested that the study be conducted in an area of multiple deprivation in the interests of the region's wider strategic aims to contribute towards reducing avoidable inequalities and improving longer-term population health & wellbeing outcomes.

It was also recognised that the best approach to successfully developing and testing a new shared model will be through involvement of independent external resources with proven skills and experience of testing and evaluating collaborative methods. For this reason the PSB identified Co-Production Network as the preferred development partner and kindly provided resource days to support this work in the hope that the findings and outputs of this study could help to influence development of the Area Wellbeing Plans longer-term.

Conwy East was selected as a Primary Care cluster where the data pointed to several outlying factors which would be relevant to this area of study, see **Appendix C** for full details. Towyn and Kinmel Bay Town Council were then approached, and were supportive of the suggestion of working in this locality area.

2.3 Literature Review

In the context of growing interest in community-led approaches to health and wellbeing, a robust and systematic exploration of the existing evidence base was essential to inform the direction of this work. To support the ambition of embedding community voice at the heart of health transformation, a comprehensive literature search was undertaken by the Betsi Cadwaladr University Health Board Clinical Libraries Service.

This search aimed to answer the following research question:

"What are effective community engagement and co-production methods, and what impact can these have on population health and wellbeing?"

Recognising the breadth and complexity of this enquiry, the question was divided into two interrelated components:

1. **What are effective community engagement and co-production methods?**

   This component explores the diverse strategies, frameworks, and tools used to meaningfully involve communities in shaping services. It seeks to uncover practical insights into how co-production is being implemented across health and care systems, and what distinguishes tokenistic involvement from genuine, power sharing partnerships.

2. **What impact can these methods have on achieving improvements in population health and wellbeing?**

   The second component examines the tangible and intangible outcomes of these approaches. It focuses on how community engagement and co-production contribute to improved health outcomes, reduced inequalities, and more resilient, responsive systems. This part of the review also considers the broader implications for system wide transformation and sustainability.

By grounding this review in a rigorous evidence base, the aim is to inform the development of more collaborative, equitable, and effective models of service design models that not only respond to community needs, but are shaped by them.

Dividing the search in this way allowed for a more structured and targeted approach, enabling the review to capture both the methodologies used and practical implementation of engagement and co-production, and the evidence of their impact on health and wellbeing outcomes.

Databases and Sources Searched

The following databases and sources were used:

- Ovid MEDLINE
- Health Management Information Consortium (HMIC)
- Google Scholar (for grey literature)
- Five relevant books identified by the librarian were also included for consideration.

Search Strategy

The search strategy was developed to capture a comprehensive range of literature on effective community engagement and co-production methods. It was informed by a combination of controlled vocabulary (e.g., MeSH terms) and free text keywords, with Boolean operators applied to combine key concepts.

Search Parameters

- **Language:** English only
- **Date Range:** January 2014 to May 2025
- **Population Focus:** Studies relevant to public sector bodies and community collaboration, particularly in contexts culturally similar to the UK (e.g., Europe, Australia, Canada, and North America)

Search Terms Used

A structured Boolean search strategy was developed to identify literature on effective community engagement and co-production methods and their impact on population health and wellbeing. The search combined controlled vocabulary (e.g., MeSH terms such as Community Participation, Patient Participation, and Public Health) with free-text keywords (e.g., “community engagement”, “co-production”, “focus groups”, “wellbeing”, “population health”). Boolean operators (AND, OR) were used to combine four key concept groups:

- Community engagement
- Co-production methods
- Participatory methods
- Population health
- Health inequalities
- Collaborative approaches
- Public health interventions
- Community wellbeing
- Prevention services
- Early intervention
- Health and care systems
- Methodological focus (e.g., effectiveness)
- Health and wellbeing outcomes

Inclusion Criteria

- Peer reviewed journal articles, grey literature, and policy reports
- Publications from January 2014 to May 2025
- Studies published in English
- Research focused on populations with cultural contexts similar to the UK (e.g., Europe, Australia, Canada, North America).
- Studies involving public sector bodies engaging in co-production with communities
- Literature evaluating the effectiveness or impact of community engagement and co-production methods

Limitations of the literature search/review

The review was limited to English language, open access studies, which may have excluded relevant international or subscription-based research. Most included papers originated from the UK and Ireland, potentially affecting the broader applicability of findings. No further studies were identified through reference screening, which may reflect a relatively new or niche research area with limited cross-referencing among sources.

A detailed overview of the search results, methodology and strategy used to identify relevant literature for this part of the review can be found in **Appendix A.**

2.4 Baseline Self-Assessments

In parallel to the literature review, baselining was conducted across the local area through initial conversations with stakeholder organisations with a view to establishing:

- How they perceive the current 'co-production and collaboration landscape ‘to look?
- Where they see opportunities for co-production and community participation in the Kinmel Bay area?
- Willingness to undertake a facilitated 'co-production self-assessment audit' session with us (and if so, with which members of their teams)?
- Who else they believe it is important to involve in this work?

Baseline audits were undertaken with partners using the Co-Production Network’s Self Assessment Audit Tool: Co-production & involvement audit for organisations (online) – Co-production Network for Wales Knowledge Base

A series of 15 statements were scored from 1-5 across the 5 pillars of co-production (assets, networks, outcomes, catalysts and relationships) providing each stakeholder with a chart detailing strengths and areas for improvement.

Outputs of the completed baseline assessments can be found in **Appendix B.**

Analysis of the completed audits enabled a more detailed baseline assessment of current co-production practice across the locality (pertaining specifically to Kinmel Bay) to be established. It was agreed that the (anonymised) strengths and weaknesses identified through the audits could be summarised as an average indicator at the local level and should form the basis of the agenda for a 'test event' workshop to be held in Kinmel Bay.

2.5 Facilitated Workshops

Moving into the second (development) phase of the work it was intended to test and evaluate the methods by bringing partners together at a hyper-local level through a series of facilitated workshops to explore the shared thinking around the challenge (divergent as per fig 4 below) and work collectively to hone the solution/s (convergent as per fig 4 below)

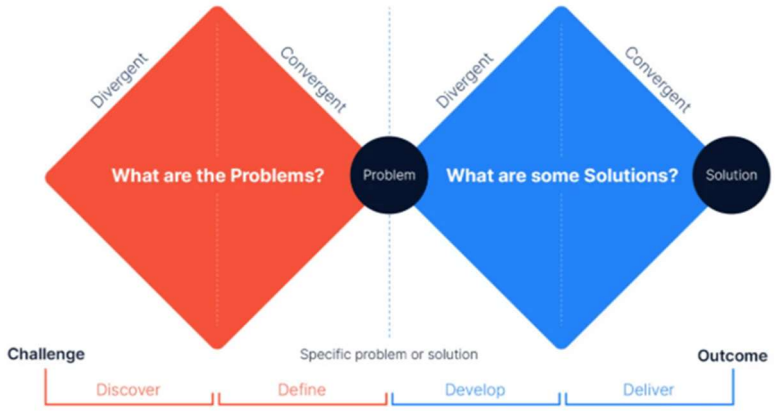

Fig 4. Double Diamond Design Model (Design Council)

The Co-Production Network were commissioned by the PSB to support and facilitate the workshops, and Towyn and Kinmel Bay Town Council were a willing and supportive host enabling these discussions to take place.

Two workshops were held, one in July and then a follow-up in September. It was the intention for these stakeholder workshops to bring partners (including community groups) together to create a 'Co-Pro Kinmel Bay' plan; building on identified strengths which could be amplified, and where identified weaknesses could be addressed through collective action.

The workshops were planned as ‘Stakeholder Network Events’ with the intention of helping to build and restore trust through honest collaborative community conversations, and developing a better shared understanding of the challenges and constraints of the current landscape and provision of services across the locality.

The workshops were designed to provide practical insight from operational and lived experience on the ground within the locality, which could be used to support and complement the academic evidence review in order to produce a practical framework for delivery within which stakeholders could co-operate more effectively.

Full details of the outputs of the workshop sessions can be found in **Appendix B.**

2.6 Legacy and Outputs

This study will deliver the following outputs:

- A comprehensive report for Bevan Commission (Sept 2025) and for presentation to Senedd (Jan 2026)
- A Practical Framework for Co-Production and Community Engagement which can be used to inform policy and practice at the local, regional and national level.

3. Initial Findings & Observations

Whilst the original aim had been to test & evaluate a method of truly collective and collaborative community co-production and participation; just the process of bringing all of the stakeholders together to move into the definition phase proved more challenging than initially imagined.

Even when the locality area had been carefully selected after putting in the required groundwork of informal conversations with multiple stakeholders and socialising the early ideas in order to provide the best chances of buy-in and success, partners still initially struggled with the convergence and focussing-in required to frame the problem.

Through these early conversations, partners had agreed in principle that a more collective and participative model of community co-production across the organisational / sectoral boundaries would be of interest and potential value. However, when convening all stakeholders together in early January to commence the project, all involved were looking to me to provide the answers and a definitive guide to how this would be delivered.

This had never been my aim or intention, but rather I was seeking to facilitate these conversations and the thought process in order that a model could be collectively defined through a better shared understanding of the problem (as per the double diamond approach outlined above).

In recognition that independent external expertise and assurance would be required to help gain legitimacy, and partner buy-in to this approach it was decided to take a paper to Conwy and Denbighshire PSB to confirm a commitment to the study and support for this approach. Through presentation to the PSB I was able to successfully make the case to bring in Co-Production Network as a learning & development partner to help shape and facilitate this pilot study.

As a result we are now better able to reflect and learn on *the participative process* (rather than the outcomes of the actual engagement activity itself). Through this reflective study I am keen to ensure that value can be gained from collective learning across all partner organisations involved in this pilot, and our outputs will be a more robust case to scale and spread an approach across our wider region and beyond.

It is widely accepted that public bodies need to engage better with communities, and work together to co-produce services – however the reality that we are seeing on the ground is that organisations are doing this to varying degrees of success, and most often in organisational / sectoral silos even when they are doing this ‘well’.

As a result of these challenges, the focus of this research study, and developing the community-centred model of engagement and participation is now moving more towards ***how*** to facilitate this shift towards a more collaborative & collective participative engagement. It is becoming clear that the value of the study is more in the journey itself, and the experiential learning we are going through alongside our partners.

3.1 Key Insights from Evidence Review

Community engagement is broadly defined as the process of working collaboratively with groups of people affiliated by geographic proximity, special interests, or similar situations to address issues affecting their wellbeing. Co-production, meanwhile, refers to the joint ***delivery*** of services by professionals and citizens, sharing power and responsibility throughout the process.

The first component of the evidence review explores the diverse strategies, frameworks, and tools, which can be used to meaningfully involve communities in shaping services. This line of enquiry seeks to uncover practical insights into ***how*** co-production is being implemented across health and care systems, and what distinguishes tokenistic involvement from genuine, power sharing partnerships.

The review identified seven interrelated approaches that appear most impactful. These can be grouped into three categories:

Models of Delivery

- Peer-led and asset-based models
- System-wide co-production and organisational transformation

Tools and Techniques

- Spatial and environmental co-production tools
- Informal, relational engagement

Principles and Enablers

- Structured support and capacity building
- Inclusive and equitable engagement strategies
- Language, inclusion, and cultural relevance

Theme	Approach	Key Findings	Implications for Practice and Policy
Models of Delivery	Peer-Led and Asset-Based Approaches	Community members as active agents; peer credibility and lived experience foster trust and engagement.	Invest in peer leadership; recognise community assets; prioritise relational trust-building.
	Structured Support and Capacity Building	Training, mentoring, and role clarity are essential for meaningful lay involvement.	Develop infrastructure for lay participation; embed capacity-building in programme design.
Tools and Techniques	Spatial and Environmental Tools	Participatory mapping and visual tools enhance local relevance and accessibility.	Use spatial tools in planning; train communities and professionals in visual engagement methods.
	Informal, Relational Engagement	Informal settings (e.g., walks, cafés) foster trust and reach underserved groups.	Create safe, non-clinical spaces; integrate peer support into health promotion.
Principles and Enablers	Inclusive and Equitable Strategies	Structural barriers (e.g., digital exclusion, mistrust) hinder engagement; equity must be embedded.	Co-design with marginalised groups; conduct equity audits; ensure long-term, inclusive engagement.
	System-Wide Co-Production	Co-production is most effective when embedded across organisational levels.	Align governance and leadership with co-production values; institutionalise participatory practices.
	Language, Inclusion, and Cultural Relevance	Accessible language and cultural resonance are critical for engagement.	Use inclusive, non-clinical language; partner with cultural organisations; reflect local identities.

Fig 5 - Effective Methods of Co-Production and Community Engagement and Implications for Policy and Practice

However, the literature and practice reveal a spectrum of interpretations, ranging from tokenistic consultation to genuine power sharing partnerships. The benefits of adopting robust community engagement and co-production methods are increasingly evident.

The second component of the evidence review indicates that community engagement and co-production are not merely participatory ideals but empirically supported strategies that yield tangible improvements in health and wellbeing. It focuses on why these approaches matter—specifically, how they contribute to:

- Improving health outcomes
- Reducing inequalities
- Developing more resilient and responsive systems

The evidence also highlights the enabling conditions that support meaningful engagement and the potential for system-wide transformation when these approaches are embedded at scale.

These impacts are summarised under five interrelated themes:

- Tangible improvements in mental health, service access, and social cohesion
- Enhanced equity, particularly for marginalised populations
- Greater system responsiveness and sustainability
- Enabling conditions for Effective Engagement
- Potential for system-wide transformation

Theme	Key Findings	Implications for Policy and Practice
Tangible Health and Wellbeing Outcomes	Community engagement and co-production improve mental health, increase access to services, reduce health inequalities, and enhance cost-effectiveness.	Embed these approaches in service design to achieve measurable health gains and system efficiencies. Prioritise them in funding and commissioning frameworks.
Equity and Inclusion	These methods are most effective when tailored to marginalised populations, addressing structural barriers and redistributing power.	Design engagement strategies with an equity lens. Use intersectional approaches and prioritise high-need communities.
System Responsiveness and Sustainability	Co-produced services are more adaptable, trusted, and sustainable. They align better with local needs and foster long-term relationships.	Institutionalise co-production across governance and delivery structures. Provide long-term investment and policy support.
Enabling Conditions for Effective Engagement	Trust, flexibility, inclusivity, and capacity building are essential for meaningful participation. Evaluation of intangible outcomes remains a gap.	Invest in training for professionals and community leaders. Develop robust, mixed-methods evaluation frameworks.
System-Wide Transformation	When embedded at scale, co-production can drive structural change, improve outcomes, and reduce costs. However, scalability remains a challenge.	Shift from project-based to system-wide models. Align funding, accountability, and leadership with co-production principles.

Fig 6 – Impact and Outcomes of Effective Methods of Co-Production and Community Engagement and Implications for Policy and Practice

These approaches are particularly effective for populations at heightened risk of poor outcomes, including those experiencing poverty, homelessness, mental illness, and social

exclusion. Furthermore, they contribute to enhanced service quality, improved access, and strengthened community capacity. The consistency of these findings across diverse contexts underscores the value of community engagement as a critical mechanism for advancing public health equity and achieving sustainable, population-level health improvements.

The evidence review proposes a strategic framework structured around four interdependent pillars:

- Structural Investment and System Integration
- Capacity Building and Workforce Development
- Embedding Equity and Inclusion
- Creating a Lasting Legacy

Each pillar includes actionable priorities and suggested metrics to support implementation and evaluation. These are detailed further in the Conclusion and included in a Practical Framework for Embedding Principles of Co-Production.

The full Evidence Review can be found in **Appendix A.**

3.2 Baseline Self-assessment Audits

Prior to the workshop sessions, stakeholders were supported by the Co-Production Network to complete a facilitated self-assessment of their organisation's capacity and commitment for community co-production and participation using the Co-Production Network's Self Assessment Audit Tool: Co-production & involvement audit for organisations (online) – Co-production Network for Wales Knowledge Base

A series of 15 statements were scored from 1-5 across the 5 pillars of co-production (assets, networks, outcomes, catalysts and relationships) providing each stakeholder with a chart detailing strengths and areas for improvement.

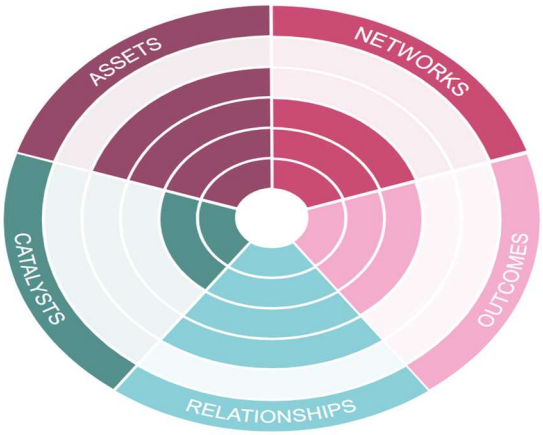

Fig 7 – Example Output of Self-Assessment Audit of stakeholders in Kinmel Bay

Whilst representatives of only 3 different organisations completed this self-assessment there was a consensus of where the strengths (assets) and weaknesses (catalysts) aligned which was also reflected in discussions with the wider stakeholder group at the first network event workshop on 18.07.25.

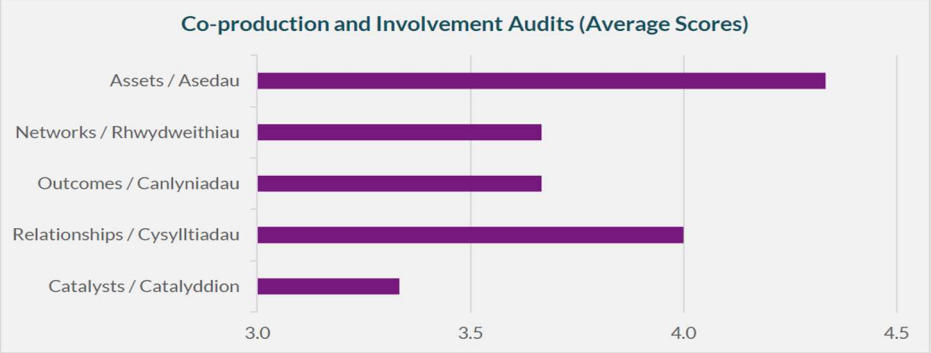

Fig 8 – Average Self-Assessment Audit scores of stakeholders in Kinmel Bay

To build upon this baseline evidence, participants at the first stakeholder workshop were asked to reflect on the challenges and opportunities of involving the local community in decision-making. Overall, local partners were able to identify many strengths concerning co-production, in particular relating to the following themes:

- Passionate community champions
- Key anchor organisations
- Willingness of local partners to engage
- Playing to strengths of the workforce and community volunteers.

However, the following identified themes arose highlighting limiting factors, which stifle progress and potential of the community:

- Budget and funding constraints
- Poor co-ordination
- Reducing volunteer capacity
- Widespread public disengagement with politics

"There is a lack of time, resource and flexibility to work in this way, particularly within the constraints of the service and with pressure to deliver."

– Participant at Kinmel Bay stakeholder network event 18.07.25

Full details of the completed baseline assessments can be found in **Appendix B.**

3.3 Reflections on Workshop Sessions

Two 'network event' workshops were held with local stakeholders in Kinmel Bay on Friday 18.07.25 and Monday 15.09.25. Attendees were present representing the following organisations:

Organisation	Sector
Towyn & Kinmel Bay Town Council	Elected Members
Conwy County Borough Council	Leisure Services
Conwy Voluntary Service Council	Voluntary Services
Llais	Health & Social Care
BCUHB	Primary Care Public Health
Cartrefi Conwy	Housing
Grwp Cynefin	Housing
Office of Police & Crime Commissioner	Justice
North Wales Police	Community Policing
Natural Resources Wales	Environment
Public Service Board	Statutory Public Services

Fig 9 – Agencies represented at Stakeholder Network Events 18.07.25 & 15.09.25

Other local stakeholders were invited from across various organisations and sectors, but were unavailable to join the events. All have been kept informed and regularly updated throughout the process of this study.

The purpose and format of the workshops was to create a safe space for open and honest conversations, in order to build trust and develop a better shared understanding of the challenges, and to consider opportunities for collective action to addressing any identified priorities.

The first facilitated workshop looked at 'mountains' and 'swamps' in order to draw out conversations about the assets and challenges of the locality. Some themes emerged from these conversations and are summarised in the table below:

Theme	Details
MOUNTAINS	
Community Spirit	▪ **Strong local leadership:** The Town Council and local council volunteers are passionate and empathetic. ▪ **Volunteerism:** There is a high level of commitment and compassion from local volunteers. ▪ **Community cohesion**: There is a sense of togetherness and willingness to help. ▪ **Confidence in grant applications:** Local groups are proactive in seeking funding.
Anchor Organisations	▪ **Local schools and Y Morfa Leisure Centre:** serve as key community anchors. ▪ **Infrastructure:** There are established community navigators and a good support network for volunteers.
Willingness to Engage	▪ **Health services:** GP surgeries and other services are open to patient/community engagement. ▪ **Police and Crime Plan:** ASB engagement, and precept consultations show active attempts to listen.
SWAMPS	
Disillusionment	▪ **People feel disconnected and disempowered:** With people believing that their input doesn't lead to change. ▪ **Communication barriers:** With engagement often abstract or jargon-heavy, lacking clarity and feedback loops. ▪ **Youth engagement:** With disillusionment amongst young people a key challenge.
Poor Coordination	▪ **Short-termism:** With projects often designed around short-term funding cycles, not long-term community needs. ▪ **Top-down approaches:** Which limit local empowerment and adaptability. ▪ **Lack of coordination between services:** For example, businesses, health and employment. ▪ **Data:** With a need for access to better data relating to local needs. ▪ **Sense of place:** With community identity and sense of place underdeveloped, and place plans and projects lack clarity on ownership, responsibility, and timescales.

Fig 10 – 'Mountains and Swamps' output of Kinmel Bay workshop session 18.07.25

The following discussion themes also emerged throughout the first workshop session and into follow-on conversations with stakeholders:

Vision and Longer-term Planning

There was a general perception that we are "always in crisis mode". It is difficult to achieve longer-term vision, funding and outcomes when always fighting against the tide of the immediate priority challenges. We are trying to stop the boat from sinking rather than deciding a direction of travel and where to set course for, agreeing the purpose of our journey, and who needs to be on-board.

Integration of health and care has become a national obsession, before addressing any of the underlying causes of the ongoing crises in health or social care. Integration has been perceived as part of the solution rather than taking time to fully understand the complexities & wicked societal challenges at play.

It was noted that the system stretched to a different shape and boundaries during covid pandemic, but then reverted back to the comfort and safety of the familiar once the immediate threat had been resolved. All stakeholders acknowledge that this did not need to be the case, and we could have more effectively addressed other shared challenges with

this gift of flexibility and maturity, but we generally do not feel empowered to take action and influence the wider longer-term system change required.

There is a general view that strategy happens at corporate level, or regionally / nationally whilst the operational delivery happens at local level and on the ground. There are many examples of good local leaders and innovators, but they generally do not feel empowered to affect wider systemic change from the grassroots upwards.

There was much discussion around how confusing and difficult it is to navigate around the complexities of local and regional governance. Few stakeholders understood how our public services are currently planned, funded and delivered across such a complex and inter-connected space. It was widely acknowledged that the public would likely have very little idea of how or why this had become so confusing and convoluted.

Funding

Many years of investment and efforts have gone into integrating Health & Social Care with very little evidence of shifting population health & wellbeing outcomes. Integration efforts have been pursued at a time of ongoing austerity and severe financial cuts, and subsequently this has led to services reaching out to any available source of funding and resources to fill budget deficits. We have seen many local services streamlined or co-located as a 'cost efficiency' or for 'estates rationalisation' rather than fundamentally changing ways of working to meet local identified needs and then resourcing, locating and costing accordingly.

For too long the pseudo-competitive nature of short-term funding has actually been a contributory factor to widening health inequalities. Despite our decades of understanding the Inverse Care Law in Primary Care, and national strategies for Care Closer to Home & Shaping Places etc, we are actually seeing the Inverse Care Law playing out across our wider community services and infrastructures in real time. It is hoped that this model of participative and collective agency can hopefully provide us with evidence that we can improve outcomes in vulnerable demographic groups and areas of multiple deprivation.

Understanding the System – Context and Constraints

Deprivation was an often raised issue and an agreed shared jumping off point. The Welsh Indices of Multiple Deprivation datasets always highlights this, but nothing ever appears to change in respect of improving outcomes. Whilst it was unclear through our brief stakeholder sessions why this was the case – there was general consensus of the need to widen this debate and to develop a better shared understanding and language for the community conversations around *'why is this an issue?', what will it lead to?'* and *'what can we do about it?'*

It was noted that integration of public services has been seen largely through the lens of the statutory public bodies involved, and has often not included wider stakeholders, or communities themselves within the conversation. There are clear power imbalances to address with the voluntary sector, and wider community groups.

Again, it was raised that the partnerships landscape is confusing and convoluted. It was very difficult for organisations and professionals to navigate, and would therefore be virtually

impossible for the general public to comprehend. There is a need to build a better shared appreciation of the governance, planning, funding and reporting structures of the various bodies involved. The use of jargon and acronyms adds to this mystery and was widely agreed to be very unhelpful. It was agreed that simplifying the language used and removing any jargon would be a great first step towards developing this shared understanding of the duplication and variation across the systems.

Leadership and 'Soft Skills' Development

It was noted that it is often difficult for professionals to accept that it is ok not to have all the answers, but to acknowledge in times of uncertainty and when dealing with such complexity that it is important to be asking the right questions, and to be prepared to embark on a voyage of discovery together.

Similarly, it should be noted that the public themselves will have difficulty accepting that our (expensive) public services and highly-qualified and vastly experienced professionals do not have to have all the answers all of the time.

It was also noted that there is a general background noise of disillusionment and disengagement with politics and public services. We want and need the general public to be active participants in this discovery & shared learning, and that will very likely be a difficult concept to sell.

Tackling such complex and uncertain socio-economic challenges alongside the latent demand challenges of providing essential public services will be terrifying to most. We cannot stop the system and wait for it to reboot whilst we hit a hard reset. There is an element of learning to fly and assemble the aeroplane whilst it is already in full flight.

Whilst the first step was in recognising that we are all part of the problem / all part of developing the solution, there were many 'soft skills' development needs identified that will be required, these included the following thoughts:

- Empowering our people to work together towards shared solutions – and to bring the public in at the earliest opportunity to actively participate rather than 'consulting' or 'engaging' on shortlisted options
- The art of (actively) listening to understand
- Managing the flow of open & honest conversations rather than default defensive approach when services or organisations are 'blamed'
- Managing involvement of all stakeholders – how to avoid amplification of the loudest voices? Bringing out the quietest voices? How to engage with the silent stakeholders or outliers?

Full details of the workshop outputs can be found in **Appendix B.**

3.4 Outcomes and Next Steps

Building upon the identified strengths and weaknesses, through both the baseline assessments and the facilitated discussions, the second workshop session focussed around *how* the system could come together more effectively in order to converge towards solution design and delivery.

It was recognised through this work that various individuals, organisations and sectors were employing the values and practice of co-producing and participating with local communities at different levels and pace.

It was noted that when organisations currently engage and consult with communities, the answers are rarely surprising. When we wear the badge of a given organisation or sector the public will simply tell us what they think is within our gift to 'fix'. The NHS for example will be told about waiting lists & waiting times for planned care, ambulance handovers and busy A&E depts, problems accessing services with GPs and dentists. Local Councils will be told about bin collections, potholes and public toilets. In this way, both the service user and the provider fall into the trap of solution design before reframing the challenge.

As an alternative, it is suggested that stakeholders could go collectively together to where the people are and where the energy is. Working through community groups and activities where established trust relationships exist, we could ask what really matters to our communities and what we can do together to address the root causes rather than tweaking around the edges. There was no real previous appetite or effort to come together collectively and coherently to co-produce with communities across the organisational and sectoral boundaries, but the benefits of this are now evident.

It is noted that complex problems require cognitive diversity. Where the challenge is not linear and without a clearly defined right or wrong solution, then the more depth and breadth of experience and insight which is brought into play the better. Homogeneous groups are more likely to form judgements that combine excessive confidence with grave error, collective blindness, mirroring and a lack of diverse perspectives.

Collaboration should fundamentally be about broadening and deepening collective understanding. Effective community co-production and participation will not only deliver better outcomes for all, it will lead to shared learning and continual iterative improvements to the very process of achieving this.

Putting Communities at the Heart of Transforming Outcomes:

Testing Collaborative Partnership Approaches of Community Engagement and Participation

Suggested model for improving two-way dialogue

In order to plan more effectively - partners need a better understanding and sense of the place (geography and people).

Stakeholders should be encouraged to walk the streets and have conversations with the people involved – to see first-hand the assets and challenges of a community.

To participate in this process more effectively – the public need a better appreciation of the governance, planning, funding and reporting structures of the various bodies involved.

Stakeholders should be empowered to have open and honest community conversations about how things currently work and why.

Given a clearer shared understanding of the assets, constraints, and the rules of engagement, all stakeholders can then work together more effectively to ***reframe the problem*** and identify the challenge rather than jumping-in at solution design. Through ongoing conversations and active participation, stakeholders can work together to understand:

- *Why* is there a particular issue?
- *What* can be done about it?
- *How* and *who* will do something?

And most importantly to agree:

- How will we know when we've got there? ***What does good look like?***

By truly understanding what really matters to the community we can not only mobilise more effectively and collectively to deliver, we can measure what matters. Performance can then be measured against what truly matters, rather than arbitrary targets, and we can begin to take shared accountability for improving the outcomes.

The group took actions to share and test this approach at the following system levels:

Level	Who? - Vehicle for delivery	What?
Local	Towyn & Kinmel Bay Town Council	To inform and influence approach to developing Place Plan To share learning with other Town & Community Councils
Regional	Conwy & Denbighshire PSB	To inform and influence approach to developing Wellbeing Plans To share learning with other PSBs / RPB and associated partner organisations
National	Bevan Commission	To report to Senedd to influence scale & spread across Wales

4. Conclusion

"It is beyond the scope of anyone's imagination to create a community.

Only the unimaginative would think that they could, only the arrogant would want to."

\- Jane Jacobs (1961)

Shafik (2021) poses the questions, *"What does society owe each of us? And what do we owe in return?"* and Lane et al (2024) note that this does not detract from the requirement for people to co-produce their own health and prevent avoidable ill-health, but the extent to which they can do this is determined by the life-course health opportunity architecture of the society in which they live.

The Health Creation Alliance (2025) note that *"imbalances of power and social injustices that lie behind many forms of inequity and that cause avoidable ill health, have the effect of pushing people and communities apart from each other."*

Their research demonstrates how psychosocial processes, poverty and practical difficulties lead to people becoming dis-connected and isolated – from each other, and from services and public bodies. This diminishing community cohesion is leading to poorer health outcomes and access to healthcare.

However, as this study has shown, when community members are empowered to connect constructively and be truly participative – with each other and with services – this has a positive impact on health and wellbeing outcomes.

The Health Creation Alliance take this a step further and show that once meaningful, trusting and constructive community connections have been made within communities and between systems and communities, and as long as there is a willingness to maintain them and to grow the infrastructure to support them, it becomes possible to reshape services and systems and create a new ecosystem in which formal and informal services can work more effectively together.

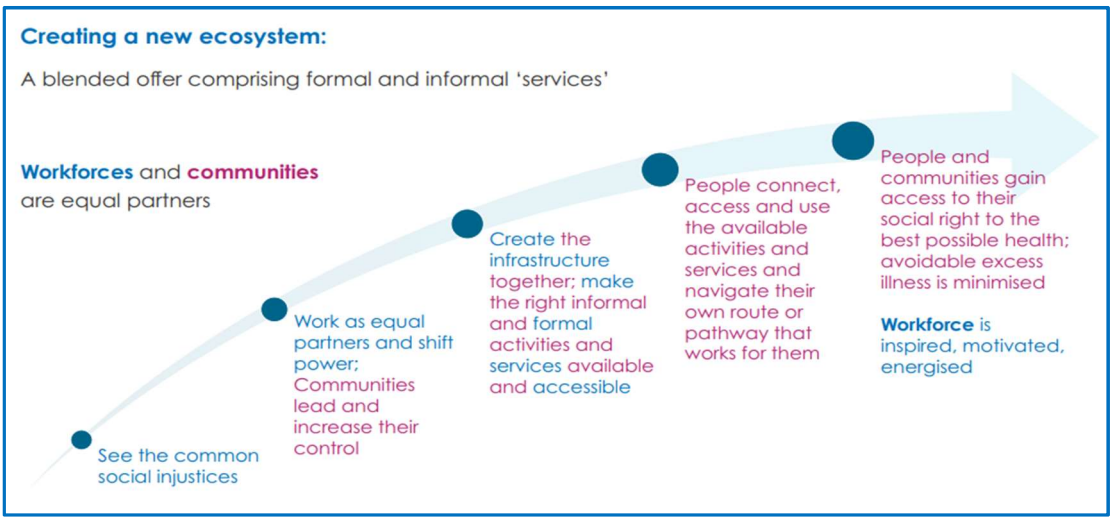

Fig 11 – Steps Towards Creating a New Ecosystem - The Health Creation Alliance (March 2025)

Using deprivation as an obvious jumping off point - we know that it is evident through multiple symptoms (health, housing, education, employment etc) but all share the same root causes. The case becomes more compelling that it is time to work together to address the causation rather than the symptoms. Using a truly co-productive and participative model we can work together to better understand what outcomes we collectively want to achieve as a society, and take shared accountability for achieving these.

The evidence from this study is clear; community engagement and co-production are not optional enhancements, but should be considered essential strategies for achieving equitable, sustainable, and responsive health systems. By embedding these approaches into the core architecture of health and care planning and delivery, there is the opportunity to lead a transformative shift that is grounded in trust, shared power, and the lived realities of our communities.

The benefits of adopting robust community engagement and co-production methods are increasingly evident; however, the literature and practice reveal a spectrum of interpretations, ranging from tokenistic consultation to genuine power sharing partnerships. In the context of Wales, these findings carry particular strategic relevance; the nation's demographic and geographic diversity including rural and coastal communities, Welsh-speaking populations, and areas of deprivation necessitates a place-based, culturally attuned approach to health system transformation.

Relationship building with communities and local partners does not 'just happen', it requires resourcing and long-term commitment. Dedicated staff-time is needed to work out how best to co-ordinate efforts with local partners to make the biggest collective impact on health and wellbeing outcomes and to reduce inequalities. There is an increasingly evident clinical and cost case to be made for skilled community development resources to support building of the connections between people and assets that lead to thriving communities.

A Partnership Development role is required, with responsibility for building strong and effective relationships across the different stakeholders in the health and wellbeing of a local community. A 'Community DJ' enabling stakeholders to 'dance to the same tune' and work effectively together. This is a not a patient-facing role, but rather it is a strategic-level function that can enable Primary and Community Care services to extend and expand their approach to addressing health inequalities by working ***with*** the energy of communities and local partners. To be simultaneously on the balcony with an overview of proceedings, conducting the pace and rhythm of the dance, whilst also on the dancefloor participating in the midst of the action.

Putting Communities at the Heart of Transforming Outcomes:

Testing Collaborative Partnership Approaches of Community Engagement and Participation

Returning to the original objectives of this study; it was intended that the findings would be used to influence a more participative model of co-production, which can be applied at the various system levels (local, regional and national) in order to rebuild trust in public services and encourage shared accountability for outcomes.

In order to realise this potential, four system-level pillars are suggested:

1. Structural Investment and Systems Integration

Firstly, a sustained structural investment is required to move beyond short-term, project-based models. Embedding co-production and community participation within commissioning and regulatory frameworks, and allocating core funding to support community infrastructure and leadership development, are all considered essential steps towards embedding and institutionalising these practices.

2. Capacity Building and Workforce Development

Secondly, capacity-building must be prioritised across both professional and community domains. The health and care workforce requires capacity and support for training in facilitative, relational, and power-sharing practices while communities, particularly those which have been historically marginalised, must be supported to develop leadership, organisational capacity, and participatory confidence.

3. Embedding Equity and Inclusion

Equity must be embedded as a guiding principle across all stages of design, implementation, and evaluation. This includes prioritising engagement in high-need communities, adopting intersectional approaches to understand differential impacts, and ensuring that power is re-balanced and shared meaningfully with those most affected by health inequalities. This shift represents not only a strategic imperative but a moral one: to ensure that health systems are shaped *with,* not merely *for*, the populations they serve.

4. Creating a Lasting Legacy

Finally, these approaches must be adopted as a means to create a lasting legacy through evaluation, learning & accountability. In order to re-build and maintain trust, shared ownership and accountability, organisations should come together in partnership *alongside* empowered communities.

In order to achieve this community partnerships should develop evaluation frameworks that capture long-term and relational outcomes, and can establish feedback loops to inform iterative development of practice and evidence progress against shared longer-term goals and outcomes.

These four system-level pillars are applicable at all levels from hyper-local communities, through local and regional place-based plans, and into regional and national strategy and planning.

Suggestions for how this can be applied are detailed within the following Practical Framework for Embedding Principles of Co-Production.

A Practical Framework for Embedding Principles of Co-Production

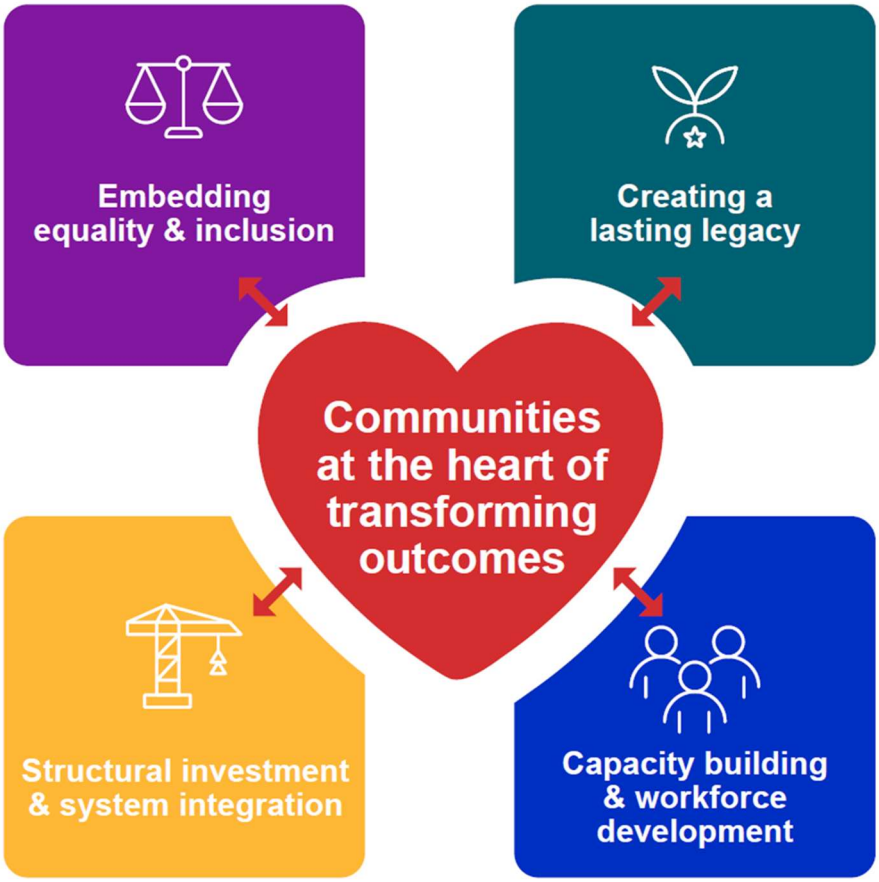

Fig 12 – A Practical Framework for Embedding Principles of Co-Production

In conclusion, these recommendations call for a shift in mindset, infrastructure, and practice recognising that meaningful co-production is not a one-off intervention, but a long-term commitment to shared power, inclusive design, and continuous learning. Central to this is the recognition that **trust, time, and community empowerment** are essential for achieving lasting impact.

Building on the strategic implications outlined above, the following recommendations provide a practical framework for embedding co-production across localities, regions and at national levels. Organised around the interdependent principles, each representing a critical domain for action, they identify actionable priorities to guide implementation, policy alignment, and cultural change.

Collectively, these recommendations aim to move beyond a fragmentation of like-minded initiatives toward a more embedded, equitable, and sustainable model of place-based co-production.

Domain	Recommendation	Target Audience	Suggested Measurement
Structural Investment and System Integration	Integrate co-production into commissioning, regulatory, and policy frameworks.	Regional Partnership Boards, Health Boards	Evidence of co-production in strategic plans and funding criteria
	Transition from short-term funding to long-term investment that supports iterative development.	Commissioners, Funders, Welsh Government	Funding cycles and proportion of multi-year investments
	Invest in community anchor organisations and promote cross-sector collaboration.	Funders, Local Authorities and statutory public services	Network analysis; collaboration metrics; sustainability of anchor organisations
	Establish regional infrastructure and shared governance models that include community representation.	Local Authorities, anchor institutions	Diversity of representation in governance structures; community influence on decisions
Capacity Building and Workforce Development	Promote relational leadership and embed co-production in organisational values.	Senior leaders, HR teams	Culture audits; staff surveys on values and behaviours
	Develop training in relational, facilitative, and trauma-informed practices.	Workforce development leads, HEIs, professional bodies	Pre/post training assessments; uptake and feedback
	Support peer-led learning and community leadership.	Community organisations, anchor institutions	Number of peer-led initiatives; leadership development outcomes
	Support internal champions of co-production / engagement and recognise time spent on relationship building.	Line managers, leadership teams	Time allocation in job plans; recognition schemes
Embedding Equity and Inclusion	Apply intersectional analysis to understand diverse experiences.	Public Health teams, analysts	Equity impact assessments; disaggregated data use
	Prioritise engagement with marginalised communities (e.g. inclusion health groups).	Community engagement leads, PSBs	Targeted engagement plans; reach and retention metrics
	Ensure accessibility and monitor power dynamics in co-production processes.	Programme leads, facilitators	Accessibility audits; participant feedback on power-sharing
Creating a Lasting Legacy	Develop adaptable co-production models and practical toolkits.	Innovation leads, service designers	Toolkit usage; replication across settings
	Build regional learning networks and secure multi-year funding.	Regional Partnership Boards, funders	Network membership; continuity of funding streams
	Design evaluation frameworks that capture long-term and relational outcomes.	Evaluation leads, academic partners	Use of mixed-methods; inclusion of qualitative indicators
	Establish feedback loops to inform practice and align with regional frameworks.	Strategic leads, service managers	Frequency and responsiveness of feedback mechanisms
	Foster trust, shared ownership, and empowered communities through long-term relationships and evolving networks.	All stakeholders	Longitudinal tracking of community-led initiatives and outcomes

Fig 13 – Action Plan: A Practical Framework for Embedding Principles of Co-Production

References & Further Reading

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Appendix A: Evidence Review – Effective Community Engagement and Co-Production

Effective Community Engagement and Co-P

Appendix B: Community Co-Production in Kinmel Bay – Summary Report

Bevan Exemplar Project - Summary Re

Appendix C: Population Data Analysis – Conwy East Primary Care Cluster

Conwy East Statistical Profile Conwy East PC cluster - statistical profile 202412

Demographically similar to Conwy West & to wider North Wales / Wales with following noted exceptions:

Lower numbers of young adults: 16-29 age range only 12.9% - this is lower than North Wales average (14.5%), All Wales (16.4%) and GB (17.1%)

Higher numbers of older people: Ages 66-84 (22.4%) and 85+ (3.9%) – both higher than North Wales average (19.4% & 3.1%), Wales (17.6% & 2.7%) and GB (15.3% & 2.5%)

Higher migration: those born in Wales (52.6%) is lower than North Wales average (59.7%) and Wales (70.9%) – coupled with higher numbers of older people, this is possibly as a result of retirees moving into the area later in life.

A largely non-Welsh speaking community: the numbers of Welsh speakers (18.8%) is lower than North Wales average (29.1%) and those with no skills in Welsh (70.4%) is higher than North Wales average (61.3%) – as above, this is possibly attributable to retirees moving into the area later in life having not been through the education system in Wales.

Poor health: The incidence of limiting long-term illness (24.6%) higher than North Wales average (20.7%) Wales (21.6%) and GB (17.5%) – also notably higher than neighbouring Conwy West (21.0%)

Prevalance of diabetes (9.2%) higher than North Wales average (6.6%) and Wales (6.7%) – again also higher than neighbouring Conwy West (7.9%)

High levels of incidence in obesity (12.7%) and hypertension (18.3%) across cluster but similar to North Wales / Wales & GB rates

Child Poverty: There are less children in the cluster area than all population averages, but conversely there are higher % of children from families in-work poverty (22%) than North Wales average (19.7%) Wales (19.6%) and GB (16.6%).

Housing: Less people living in social rented accommodation (51.4%) than North Wales average (66.2%) Wales (68.3%) and GB (64.4%) – also notably lower than neighbouring Conwy West (60.6%)

Similarly, there are more people living in private rented accommodation (47.4%) than North Wales average (32.7%) Wales (30.7%) and GB (33.9%) Conwy West (39.4%) – this would point to potential issues in available housing stock in this locality area.

Those in receipts of housing benefits (42.8%) is higher than North Wales average (39.6%) Wales (39.6%) and GB (36.8%)

Welfare: Those in receipt of all benefits higher than North Wales & all-Wales levels:

> Universal Credit (20.0%) higher than North Wales average (16.7%) Wales (17.4%) and GB (16.1%) – also higher than neighbouring Conwy West (15.8%)
>
> ESA (6.1%) higher than North Wales average (4.7%) Wales (5.5%) and GB (3.6%) and neighbouring Conwy West (4.6)
>
> PIP (12.2%) higher than North Wales average (9.9%) Wales (10.8%) and GB (7.1%) and neighbouring Conwy West (9.1%)
>
> Carers Allowance (4.0%) higher than North Wales average (3.1%) Wales (3.3%) and GB (2.6%) and neighbouring Conwy West (2.6%)

WIMD analysis – Towyn & Kinmel Bay

welsh-index-multiple-deprivation-2019-index-and-domain-ranks-by-small-area.ods

Kinmel Bay 1 (W01000149) is 296 most deprived LSOA / 1909 in Wales (2nd decile)

7th most deprived of Conwy's 70 LSOAs (Towyn is 9th)

Scores consistently low across all domains (income, education, employment, health, housing, community safety, physical environment)

9 of the 16 LSOAs in Rhyl where WIMD has been consistently in most deprived in Wales are less deprived than Towyn & Kinmel Bay.

State of the Voluntary Sector:

WCVA **The Voluntary Sector Data Hub** (https://wcva.cymru/the-voluntary-sector-in-wales/)
NB - data from National Survey for Wales 2022-23 which is not repeated annually.

There 46,648 voluntary sector organisations in Wales registered with Third Sector Support Wales. 1,672 of them are in Conwy. 219 Charities are registered with Charity Commission. Increase from 1,479 in 2023

Percentage of adults who volunteer in Conwy is 26.7% which is below the national average of 29.7% and is a decline from the previous survey 2019-20 which indicated that 29.5% of adults volunteer in Conwy.

CVSC report that the issue we see as Volunteering Sector infrastructure with figures reported is that the need for services is constantly increasing - so even if there is an increase in volunteer numbers as reported by Welsh Government (26.9% was the percentage of volunteering adults for period 2019-2020) there is still a gap when it comes to volunteers needed to ensure efficient service delivery. Volunteers also give significantly less time than in previous years' which also contributes to the need of more volunteers being involved within the sector.