NIHR Applied Research Collaboration Greater Manchester Public and Community Involvement and Engagement Strategy 2020- 2024

Working Together to Make a Positive Difference

Working in Collaboration with:

- Health Innovation Manchester (incorporating the Manchester Academic Health Science Network and the Manchester Academic Health Science Centre)
- The Greater Manchester Public and Community Involvement and Engagement Forum Members
- Manchester University NHS Foundation Trust (Host Organisation)
- Greater Manchester ARC-GM Member Organisations
- The University of Manchester; Manchester Metropolitan University; Salford University
- NIHR Clinical Research Network Greater Manchester; NIHR Manchester Biomedical Research Network; NIHR Greater Manchester Patient Safety Translational Research Centre

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NIHR ARC-GM

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Our vision is to ensure that public voices and our communities are at the heart of our research. They will be our partners in everything we do to deliver high quality research that improves the health and wellbeing of the people of Greater Manchester and beyond.

Our Strategic Goals 2020-2024

1. **Maximise Diversity and Inclusion** - by identifying and developing an understanding of the values and needs of our Greater Manchester communities, especially those currently underserved in research and seldom heard
2. **Develop Collaborative Approaches** - across Greater Manchester amplifying the quality of public involvement and engagement conducted across our region by working together with, health and care organisations, research infrastructures, voluntary groups and universities, adopting a 'One Greater Manchester' approach
3. **Develop Effective Co-Production Approaches** – that are innovative and inclusive enabling the public voice to actively influence the research that we do and the methods that we use
4. **Support Best Practice** – embedding the six National Standards for Public Involvement[1] across our involvement and engagement work and supporting training to ensure best practice
5. **Evaluate How We Are Making a Positive Difference –** capturing and sharing the learning of what works and what doesn't work to support and influence improvements in our approach

Our Principles

1. Respect and value all people equally and see their experiences as an asset
2. Promote a culture of inclusion that actively seeks and involves people with diverse experiences and opinions and reflect these in our research and decision-making
3. Value and build on people's existing capabilities and existing community action associated with health and care
4. Breakdown boundaries and support working together enabling and empowering people and communities to be actively involved in research, providing resources and support where needed
5. Work flexibly and inclusively to accommodate the needs of those with whom we work

2. Background and Context

The National Institute for Health Research Applied Research Collaboration Greater Manchester (NIHR ARC-GM) is one of 15 NIHR Applied Research Collaborations across England, part of a £135 million investment by the NIHR to improve the health and care of patients and the public. NIHR Applied Research Collaborations support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems. Our partnerships with the public, and communities are considered crucial to our vision to deliver excellent research that addresses key challenges for Greater Manchester and beyond, while supporting professionals to translate this into practice.

We have 7 themes of work in areas our partners said were a priority:

- Digital Health
- Economic Sustainability
- Evaluation
- Healthy Ageing
- Implementation Science
- Mental Health
- Organising Care

NIHR ARC-GM is hosted within Health Innovation Manchester (part of Manchester University NHS Foundation Trust), that also incorporates the Manchester Academic Health Science Network and the Manchester Academic Health Science Centre. This puts us in a unique position to work together to ensure that public voices are at the heart of research and innovation in Greater Manchester to improve the health and wellbeing of our citizens. The increasing reference to the value of public involvement and engagement in research is reflected in the values and strategies of our key partners across Greater Manchester, including health and social care providers, local government, voluntary and charity groups, other NIHR infrastructures and other research organisations. Consequently, there has been extensive activity in the region involving and engaging public members. We aim to build on this learning and evolve these approaches to improve access for all. The difference we can make will be much greater by working together.

The population of Greater Manchester (2.8 million) is the second most populous urban area in the United Kingdom[2]. Although it has the fastest growing economy in the country, people here die younger than people in other parts of England. There

are significant health inequalities both in relation to England averages and across the region between local authorities and within them. Life expectancy is below average with poorer levels of healthy life expectancy and more adults live with long term health conditions[3]. Rates of employment are lower than average and there are higher rates of smoking, long term conditions; mental health conditions and child poverty.

Greater Manchester also has a diverse population with local authority areas having different ethnic characteristics leading to further significant inequality in some areas. Black and Ethnic Minority communities are more likely to suffer from poorer health outcomes and health and social care inequalities; however, they are much less likely to be represented in research studies. The reasons for this under-representation in research are complex, and include barriers such as language, cultural values, and beliefs between those who conduct research and potential participants, and issues related to general accessibility to research in deprived areas, including funding issues[4].

If the research being undertaken by NIHR ARC-GM is to respond to and meet the needs of the Greater Manchester population there must be mechanisms in place for the provision of public and community involvement, engagement and participation that is inclusive and accounts for the needs of those populations who are currently underserved in research.

3. Our Definitions

Public involvement and engagement are often presented as a spectrum of activities that range from a high level of involvement of patients and the public in collaborative working and decision-making, to engagement approaches that reflect a greater focus on information sharing and where activities are more distal to the organisation[5].

We have used the following definitions to describe the spectrum of activity:

- **Involvement**: we will develop effective and innovative co-production approaches where members of the public are <u>actively involved</u> in research projects and our organisation, enabling the public voice to influence the research that we do and the methods we use.

- **Engagement:** we will <u>engage</u> with Greater Manchester communities, especially diverse and seldom heard communities fostering community led approaches asking for feedback to ensure our research considers their needs and preferences. Information and knowledge about research and being involved in research will be provided and disseminated.

- **Participation**: we will provide opportunities for the citizens of Greater Manchester to <u>participate</u> in research ensuring our involvement and engagement work maximises opportunities for inclusive participation.

- **Collaboration**: we will work together towards a common purpose with health and care organisations, research infrastructures, the public, communities and voluntary groups by adopting a 'One Greater Manchester' collaborative approach

When using the term 'public' we include: patients, people who use health and care services, carers, and people from organisations that represent people who use health and care services.
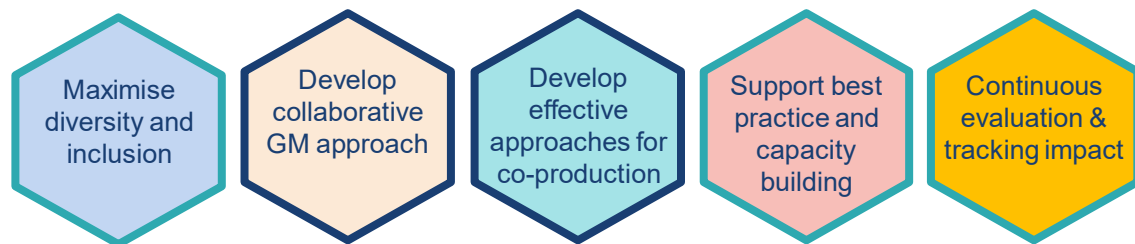
4. Our Vision/ Goals and Principles

The NIHR ARC-GM in collaboration with Health Innovation Manchester and other Greater Manchester Organisations has co-developed this strategy with members of our Public and Community Involvement and Engagement Panel to set out the vision, goals and principles under which we commit to work together. Our approach will align with the NIHR future strategy and the work of the NIHR Centre for Engagement and Dissemination. We will work with the other 15 ARCs as part of the *NIHR ARC Public Involvement Community* exploring opportunities for sharing learning, resources and joint projects.

4.1 Our Vision

Our vision is to ensure that public voices and our communities are at the heart of our research. They will be our partners in everything we do to deliver high quality research that improves the health and wellbeing of the people of Greater Manchester and beyond.

4.2 Our Goals

| Maximise diversity and inclusion | Develop collaborative GM approach | Develop effective approaches for co-production | Support best practice and capacity building | Continuous evaluation & tracking impact |

Goal 1: Maximise Diversity and Inclusion

"A diverse and inclusive public involvement community is essential if research is to be relevant to population needs and provides better health outcomes for all."[6]

Reducing inequalities and improving access are major themes across Greater Manchester. We want to develop an understanding of the values and needs of our Greater Manchester communities, especially those that have not previously had the opportunity to take part in research and are underserved in the research that we do

from seldom heard or marginalised groups. Our approaches need to ensure that we are providing as many opportunities as possible for people from diverse backgrounds to become involved in our work whilst reducing potential barriers to participation. We will build on our record of engaging with diverse groups to better understand the needs and preferences of these communities and in partnership with them, we will plan new and innovative outreach methods to improve access and offer equal opportunities.

The current pandemic has raised additional challenges for enabling strong involvement and engagement that we expect to continue throughout the lifetime of the ARC-GM programme. This raises new challenges for working with marginalised and disadvantaged communities who face greater health risks during and as a consequence of the pandemic. Such communities may also be more disadvantaged by digital inequalities. However, there are also new opportunities for development of innovative methods, and for enhancing digital literacy and breaking down external and structural barriers to engagement through working in partnership with grass roots organisations. We will embrace these new opportunities and prioritise our focus on enabling strong involvement and engagement using remote methods, and we will work with our voluntary sector partners to build and strengthen work to address inequalities and health needs.

Goal 2: Develop Collaborative Approaches

If we are to effectively engage with multiple communities in Greater Manchester we will need to work collaboratively with other organisations who are best placed to reach these communities. The NIHR call for collaborative approaches with a more coordinated approach involving a wider alliance of partners to make a significant difference to the numbers of people contributing to research in ways of their own choosing[6]. The wealth of involvement and engagement activity and expertise across our region within our health and care organisations, research infrastructures, the Voluntary, Community and Social Enterprise sector and our four universities provides us with a prime opportunity to work together for mutual benefit maximizing reach and impact. This will enable us to support best practice; enhance the value of ongoing work; harness resources; avoid duplication of effort; share ideas that will support diverse and innovative approaches and share the learning about what works. In adopting a 'One Greater Manchester' approach collaboration will be enhanced, and a supportive mutually beneficial collegiate culture will develop that fosters inclusion.

Working with the other ARCs through the Public Involvement Community; the AHSN network and national voluntary /charity groups we will also seek to collaborate with other regions that have similar populations to our own or in areas of key focus such as health inequalities and inclusion of diverse group.

Goal 3 : Develop Effective Co-Production Approaches

If the public voice is to influence the research that we do and the methods that we use, we must develop involvement approaches that are innovative and inclusive. There is a growing emphasis on the value of participatory approaches to involvement framed as 'co-production', 'co-design' and 'co-creation' that are considered important for effective innovation and change[7,8,9]. These models are considered to be a means of enabling greater diversity and inclusion and enable greater impact on policy and wider social benefit.

The NIHR guidance on Co-Production in Action[10] suggests several guiding principles to effective co-production including: the sharing of power in which the research is jointly owned and people work together to achieve a joint understanding; inclusive opportunities and recognition of different perspectives and skills; respect and value for the knowledge of all those working together; reciprocity with mutual benefit from working together; an emphasis on relationships with clarity over roles and responsibilities. If we are to effectively support co-production across all our research portfolio we will need to use frameworks and resources that support our research teams and our public members to increase their skills in co-production methods and develop a culture within our themes in which co-production is valued and integral to our work.

Goal 4: Support Best Practice

The six *National Standards for Public Involvement* in research[1] were developed to provide a description of what good public involvement looks like. We aim to embed these standards across all that we do ensuring we support best practice and provide the opportunities for our public members and our research teams to receive the support required to implement these standards.

The standards include:

1. offer opportunities that are accessible and reach people and groups according to research need; work together in ways that value all contributions and build and sustain mutually respectful productive relationships;
2. offer and promote support and learning opportunities that build confidence and skills for public involvement in research;
3. involve the public in research management, regulation, leadership and decision making;
4. use plain language for well-timed and relevant communications, as part of involvement plan and activities;
5. seek improvement by identifying and sharing the difference that public involvement makes to research.

Goal 5: Evaluate How We Are Making a Positive Difference

Working collaboratively with other Greater Manchester organisations and nationally with the *NIHR ARC Public Involvement Community* we aim to evaluate how our involvement and engagement activity is making a positive difference and to whom. We need to find out what works, what doesn't work and how we can continually learn and improve everything that what we do.

The substantial investment in involvement and engagement for health services research has prompted some concern with the need to capture and 'measure' the value and costs of this activity for research[11,12]. This growing desire to measure and demonstrate impact has prompted a move away from merely measuring those aspects of public involvement activity that are easy to count such as the number of people involved; their cultural diversity and the number of activities they are involved in, to understanding more about how the activity has changed the course of the research and empowered those who took part. This indicates a need for both quantitative and qualitative approaches and we will work with our panel members and communities to ensure we tailor appropriate methods. This might involve recording metrics where appropriate (e.g. for Equality, Diversity and Inclusion analysis), and evidence of the impact that involving the public has on research processes and outcomes. We will also seek qualitative feedback via ongoing conversations and established tools for evaluation to assess the impact of our work and efforts to maximise diversity and inclusion. We will include a focus on the impact that involvement has on participating members of the public and researchers, and the impact involvement has on addressing power balances between the researcher and the researched[13].

Whilst looking at the positive impact of public involvement we also need to ensure that we are not creating negative impacts for example public members who are overworked or frustrated with limited opportunity to influence the direction of the research. That we are not creating feelings of being marginalised due to a lack of clarity about the role or the burden of responsibility and duty or financial burdens. For researchers there may be additional time and skills required and if these are not addressed there is a risk our activity will become a *'tick box'* exercise going through the motions to comply without a full commitment to meaningful partnerships.

It is important to reflect on such critical issues in developing our models of working to ensure that involvement and engagement is inclusive, has necessary resources and support, and is evaluated and tracked for impact. We therefore aim to better understand how our involvement and engagement activities make a difference to: the quality and relevance of our research; our research processes; the outcomes of our research; our participants and our research teams.

4.3 Our Principles

We will work to the following principles in all our activity:

1. Respect and value all people equally and see their experiences as an asset
2. Promote a culture of inclusion that actively seeks and involves people with diverse experiences and opinions and reflect these in our research and decision-making
3. Value and build on people's existing capabilities and existing community action associated with health and care
4. Breakdown boundaries and support working together enabling and empowering people and communities to be actively involved in research, providing resources and support where needed
5. Work flexibly and inclusively to accommodate the needs of those with whom we work

Our strategy for involvement and engagement will be a working document and we will regularly review our goals with our public members and stakeholders. The methods we use will also be adapted or changed as we learn more about the best ways to work with our communities and will continue to place the voice of the public and our communities at the heart of our activity.

5. How We Will Achieve Our Goals

5.1 Maximise Diversity and Inclusion

i.   We will establish a new and extended Public and Community Involvement and Engagement Panel to support core NIHR ARC-GM and Health Innovation Manchester activity. Panel members will be recruited with good links to community groups and will reflect greater diversity, allowing re-energising of ideas and participation. We will recruit 15 members in the first instance but will look for further opportunities to add additional members from underserved communities as we expand our community relationships.

ii.   Members of the panel will be supported by Public Involvement and Engagement Facilitator to contribute to wider involvement and engagement activities, acting as '*Community Champions'*, using their existing community links to talk to groups or attend community events representing ARC-GM.

iii.   Our Public Involvement and Engagement Facilitator will create effective relationships with organisations that support our communities to have a voice, seeking out the communities that are currently underserved in research.

iv.   We will develop approaches to outreach for large communities that consider the cultural sensitivities, accessibility, and preferences for engagement and we will be guided by our panel as to the best way to do this. This will include innovative and creative dissemination methods and a framework for engaging with diverse communities to listen to their opinions and insights on our research questions.

v.   We will work in a flexible way that supports inclusion, adapting training and resources to meet the needs of those wanting to take part. We will work towards reducing the barriers to participation e.g. enhancing digital literacy or providing alternative access.

vi.   Our Evaluation Theme will work with the Trial Forge Centre at the University of Aberdeen as part of the NIHR INCLUDE project[4], an initiative that aims to improve the inclusion of underserved groups in research and our research team will develop and evaluate a tool to support researchers to carefully consider inclusion in research funding bids.   We will use our community links to support this work enabling our research team to talk to a broad range of different groups.

vii.   We will work across the NIHR infrastructure: with the NIHR Greater Manchester Patient Safety Translational Research 'Safety in Marginalised

Groups' research theme; the NIHR School for Primary Care Research; the NIHR Manchester Biomedical Research Centre Vocal group; the NIHR School for Social Care Research; the NIHR Policy Research Units (Frailty; Health Policy and Organisation); and the NIHR Clinical Research Network Greater Manchester building on existing innovative engagement activities and working together across the Manchester Academic Health Science Centre ensuring we capitalise where there is mutual benefit and opportunities to add value to work led by specific teams. For example, how we capture inclusion and diversity metrics that can shape where we need to work together to improve access.

viii.   Our Digital Health Theme will explore perceptions on introducing data sharing initiative in 2020 as part of tackling the COVID-19 outbreak, through three Citizens' Juries. We will extend this work by co-producing further engagement with marginalised communities about perspectives on data sharing and implications for public trust and inequalities.

ix.   We will conduct further involvement and engagement work on inequalities associated with the COVID-19 response and aligned with multiple ARC-GM themes e.g. the issues of digital inequality that have emerged as a consequence of a rapid shift to more online consultations and service provision; inequalities associated with the COVID-19 vaccination programme; ongoing inequalities in the provision of mental health services and services for older people.

5.2 Develop Collaborative Approaches

i.   We will establish a 'One Greater Manchester' Public and Community Involvement and Engagement Forum, with Health Innovation Manchester, bringing together leadership (staff and lay leadership) from partner organisations. This will include the Voluntary, Community and Social enterprise sector; the four Greater Manchester universities; health and social care organisations and NIHR/other research infrastructure (see figure1).

ii.   We will identify key areas of mutual interest and priority to work on together e.g. inclusion and diversity; developing Research Ready Communities; tracking impact; training and support.

iii.   We will map existing strategies and activities across the whole Greater Manchester footprint – forming a repository for resources and tracking activities to identify strengths and gaps to inform planning

iv. Our Public Involvement and Engagement Facilitator will map our local populations and existing community groups developing relationships that will foster future collaboration opportunities.

v. We will consider ways of facilitating collaboration for involvement and engagement highlighting excellence and develop cross Greater Manchester outputs and reports (e.g. shared values and principles).

vi. We will hold at least one large event a year in which our forum members can come together to share their learning along with a rolling plan of regional community focused events.

vii. We will work with other organisations and the national ARC community to develop the best ways of capturing the impact and benefits of public contributions and engagement activities.

viii. We will work closely with the NIHR Clinical Research Network Greater Manchester and their Research for the Future initiative developing strong links that have mutual benefit in supporting the recruitment of participants to research and spreading involvement opportunities to their cohort of 6,000+ volunteers. One of the keys focuses of this collaboration will be working with underserved groups and sharing the benefits of becoming involved in research with more diverse groups.

ix. Where we need specific theme related links we will work with Greater Manchester organisations that work with and support specific groups of people for example the Greater Manchester Older People's Network; Child and Adolescent Mental Health Services (CAMHS digital), 42nd street (a young people's mental health charity). The Older People's Network has been instrumental in developing our work programme for the Healthy Ageing Theme and the mental health groups for young people are working closely with our Mental Health Theme.

Figure 1 - Our Involvement and Engagement Community
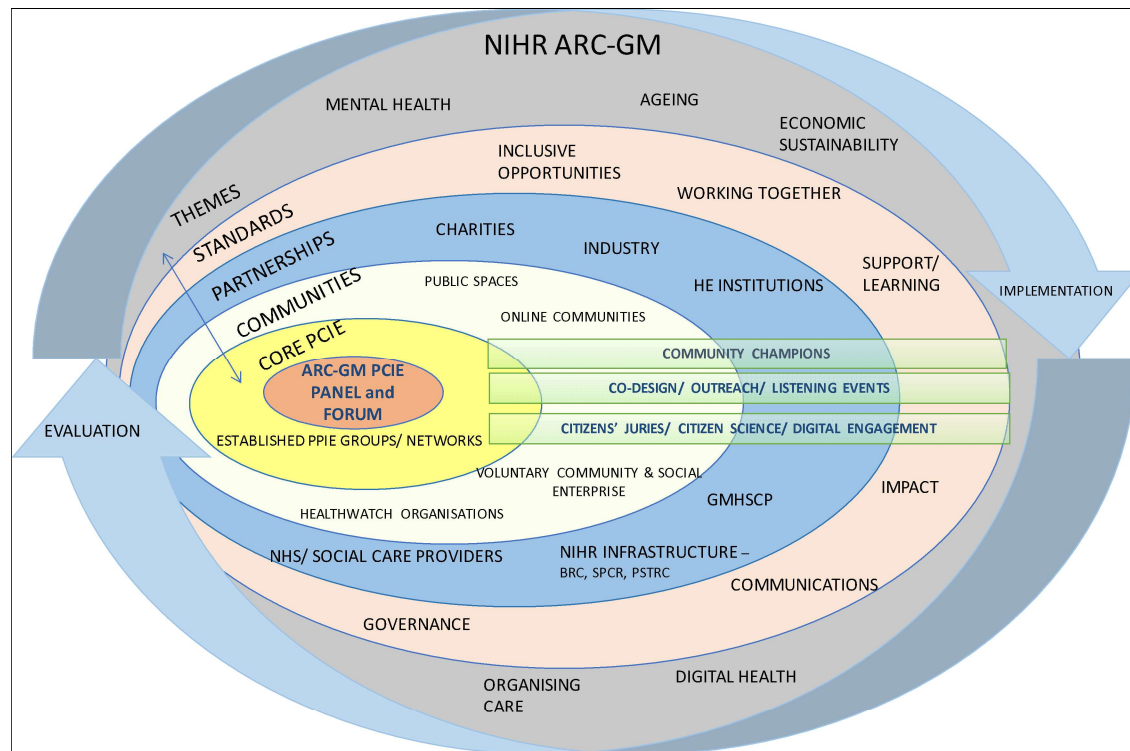
5.3 Develop Effective Co-Production Approaches

i. We will work with other NIHR infrastructures (the Greater Manchester Patient Safety Translational Research Centre; Manchester Biomedical Research Centre; School for Primary Care Research; the School for Social Care Research and Policy Research Units) to develop and refine our approaches to co-production supporting the use of new methods and approaches to improve how we work with public members.

ii. We will make use of existing tools and guidance for researchers and develop tools specific to our research methodologies that will support our research teams to develop the skills for co-production (especially to facilitate online involvement and engagement activities during and following the COVID-19 pandemic). We will establish a framework for 'best practice' that proactively informs our activity.

iii. We will make use of existing tools and guidance for public members or develop our own where needed. Our aim is that public members have the

skills and knowledge to be integrated into our research teams and become active members of the team contributing to decision making.

iv. We will signpost to resources and training. We will discuss with and provide specific training for research teams and public members to enable the development of their skills and knowledge in effective co-production methods. This will be a two-way process where we learn from each other on how to effectively implement a co-production approach.

v. We will specifically look at and discuss with public members how we support them to contribute remotely to co-production ensuring equality for those with limited digital access

5.4 Support Best Practice

We are committed to use the National Standards for Public Involvement in all that we do, and we will regularly review our progress against adopting these across our work programme. The way in which we will do this are reflected throughout our core goals and included specifically in the following table:

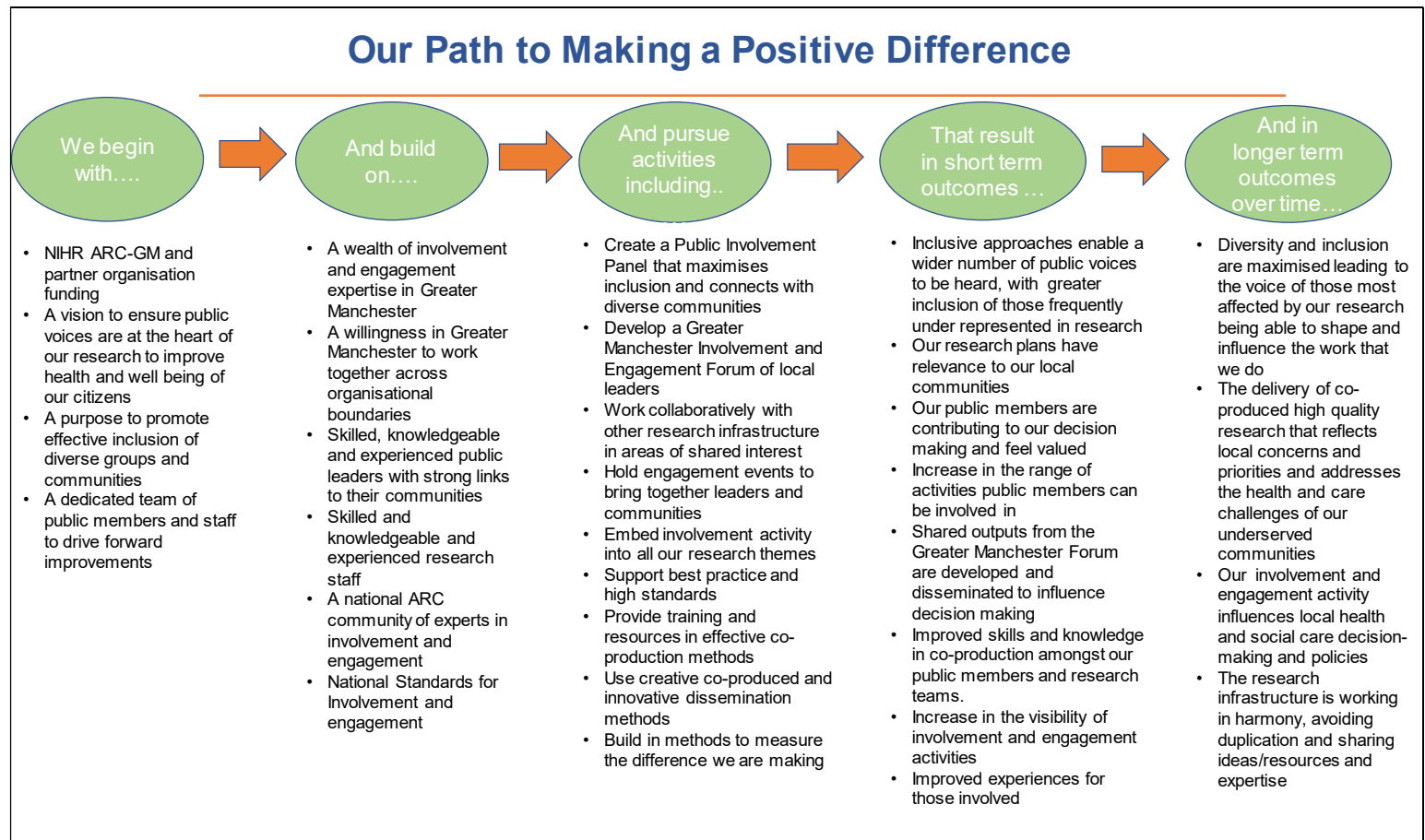| National Standard	How we will work towards achieving this
1. Inclusive Opportunities *Offer public involvement opportunities that are accessible and that reach people and groups according to research needs*	*See section 5.1*
2. Working Together *In a way that values all contributions, and that builds and sustains mutually respectful and productive* **relationships**	*(See also section 5.2)* i) Co-produce with our public members clear role descriptions Terms of Reference and an induction process for members of our public panel. ii) Develop a payment policy to ensure public members are reimbursed for their time and expenses at NIHR INVOLVE rates. iii) Work flexibly to accommodate needs such as translation and disability support taking in to account public members personal circumstances. iv) Create a fair and transparent process for requesting involvement and make information about

	opportunities available in various formats. v) Allocate a member of the ARC-GM team to act as a contact point for each public member who is contributing to a project (either from within the project team or the core public involvement team). This person's role will be to ensure the public member has all the required information in an accessible format and is supported to contribute. Guidance will be created to ensure the requirements of this role are clearly understood. vi) Public members will become part of our research theme teams and be supported to contribute to theme meetings; project meetings contributing to decision making.
3. Support and Learning *Offering and promoting support and learning opportunities that build confidence and skills for public involvement in research*	i) Scope the involvement and engagement learning needs of our panel members. ii) Scope the involvement and engagement learning needs of our research teams; Health Innovation Manchester teams and public involvement team. iii) Develop and deliver a range of training that meets these learning needs (or signpost to existing training resources). We will work to ensure these are accessible and where able produce different formats (e.g. short videos; large print; audio recordings). iv) Work with the Mental Health team who have developed a research training course for young people and adapt this course to be run for our panel and other public members in other themes as required. v) We will commit to provide adequate resources for training as we see this as crucial to developing an effective co-production model.
4. Communications *Using plain language for well-timed and relevant communications, as part of involvement plans and activities*	i) We will ensure that appropriate methods of communication feedback into enabling inclusive opportunities and will adapt a flexible approach (e.g. face to face meetings, online video calls, email, posting out plain summaries, online media). ii) We will support our public members to take a lead role in the development of inclusive dissemination materials in different formats (e.g. blogs, '*Talking Heads'* videos). iii) We will work with our Voluntary/ Charity / Social Enterprise and Small to Medium Enterprise Sector to produce innovative ways of both listening to and engaging with our communities (e.g. 7iGroup who use online and social media analysis tools to better understand local community discussions;

	Manchester-based community interest company (CIC) Made by Mortals an arts and theatre organisation who develop performances by contributors to showcase the learning in an inclusive, immersive and collaborative experience). iv) We will ensure that all our research projects have lay summaries in plain English and where required in other relevant languages.
5. Impact *Seeking improvement by identifying and sharing the difference that public involvement makes to research*	*See section 5.5*
6. Governance *Involving the public in research management, regulation, leadership and decision making*	i) We will recruit two public members to join our Stakeholder Advisory Forum to be involved in core decision making about the strategic direction of ARC-GM. ii) We will work with Health Innovation Manchester to ensure the public voice is represented at their Board (ARC-GM's responsible body) and we will invite the Executive team quarterly to the panel monthly meetings to ensure there are mechanisms for the panel to influence decision making. iii) We will invite public members to join our theme level advisory boards and specific project advisory boards as required enabling an active contribution to these discussions. iv) We will invite public members who lead voluntary and community organisations to our Greater Manchester Involvement and Engagement Forum ensuring they receive adequate re-imbursement for their time. v) We will ask our public contributors to report to Manchester Academic Health Science Centre Executive on their experiences of the integrated and collaborative approaches. vi) We will attend the National ARC Public Involvement Community group and ensure our governance arrangements align with those of other ARCs inviting public members to key events.

5.5 Evaluate How We Are Making a Positive Difference

i.   We will use a combination of our existing materials developed for example by NIHR infrastructures and the National ARC Public Involvement Community group and tailored materials to evaluate how our activity is making a positive difference.

ii. We will actively involve panel members in contributing to developing resources that capture the public voice and enable reflection on involvement experiences in a supportive environment.

iii. We will gather and act on feedback to improve our work with public members. We will work with panel members to develop a variety of techniques to do this which will be proportionate to the type of activity, needs and preferences of public contributors. This may include follow up questionnaires, response or comment cards, graffiti walls, interviews or focus groups.

iv. Our panel members will have regular check ins and check points to openly discuss with us what they are gaining from their involvement, including any negative issues such as overwork; frustration at lack of opportunity to influence decision making or feedback; or financial burden. We will use our panel meetings to actively listen to our panel members, enable reflection on experiences, and offer opportunities for them to share projects that they have worked on and what they think went well or could have been done differently.

v.   We will require our research teams to document the purpose and intended outcomes of involvement and engagement activity at the start of a project and each activity/project will have an evaluation plan that will set how the outputs, outcomes and impact of the activity will be measured.

vi. We will ask research teams to report their experience at the end of the project and feedback progress at intervals throughout the project.

vii. We will encourage and work with our public members, if they wish to be involved, in writing up their involvement and engagement activity as journal papers or in becoming co-authors. We will also work with public members in less formal mechanisms off dissemination such as blogs and newsletter articles or other creative methods.

viii. We will ensure that we inform members of the public about the value of their contribution and the difference they have made as part of our project closure processes by using a variety of inclusive dissemination methods .

6. What Success Will Look Like

Our Path to Making a Positive Difference

We begin with….	And build on….	And pursue activities including..	That result in short term outcomes …	And in longer term outcomes over time…
• NIHR ARC-GM and partner organisation funding • A vision to ensure public voices are at the heart of our research to improve health and well being of our citizens • A purpose to promote effective inclusion of diverse groups and communities • A dedicated team of public members and staff to drive forward improvements	• A wealth of involvement and engagement expertise in Greater Manchester • A willingness in Greater Manchester to work together across organisational boundaries • Skilled, knowledgeable and experienced public leaders with strong links to their communities • Skilled and knowledgeable and experienced research staff • A national ARC community of experts in involvement and engagement • National Standards for Involvement and engagement	• Create a Public Involvement Panel that maximises inclusion and connects with diverse communities • Develop a Greater Manchester Involvement and Engagement Forum of local leaders • Work collaboratively with other research infrastructure in areas of shared interest • Hold engagement events to bring together leaders and communities • Embed involvement activity into all our research themes • Support best practice and high standards • Provide training and resources in effective co-production methods • Use creative co-produced and innovative dissemination methods • Build in methods to measure the difference we are making	• Inclusive approaches enable a wider number of public voices to be heard, with greater inclusion of those frequently under represented in research • Our research plans have relevance to our local communities • Our public members are contributing to our decision making and feel valued • Increase in the range of activities public members can be involved in • Shared outputs from the Greater Manchester Forum are developed and disseminated to influence decision making • Improved skills and knowledge in co-production amongst our public members and research teams. • Increase in the visibility of involvement and engagement activities • Improved experiences for those involved	• Diversity and inclusion are maximised leading to the voice of those most affected by our research being able to shape and influence the work that we do • The delivery of co-produced high quality research that reflects local concerns and priorities and addresses the health and care challenges of our underserved communities • Our involvement and engagement activity influences local health and social care decision-making and policies • The research infrastructure is working in harmony, avoiding duplication and sharing ideas/resources and expertise

By the end of October 2021, we will have:

- Established our Public and Community Involvement and Engagement Panel in collaboration with Health Innovation Manchester. Our panel members will be recruited from diverse groups, and have excellent community links, with the aim of increasing the inclusion of those frequently under represented. This group will have clear role definitions and mechanisms will be in place to ensure opportunities for them to contribute to decision making are maximised.

- Set up the Greater Manchester Public and Community Involvement and Engagement Forum, developing effective collaboration links with a range of voluntary and community groups with a clear plan of the priority areas we want to work on together.

- Developed links, through our Facilitator and Community Champions, with key leaders in our communities who can support us in enabling marginalised groups to have a voice in the work that we do. This will ensure our research plans have relevance to our local communities.

- Set up our governance structures including representation of public members on our ARC-GM Stakeholder Advisory Forum and theme steering groups with the right support so that they can contribute to decision making.

- Identified training needs of our public members and our research staff involved in co-production, and developed a training plan and resources to address these needs.

- Identified and developed a framework for co-production that works for our public members and research themes, so that public representatives can contribute to decision making and feel valued members of the team

By the end of October 2023, we will have:

- Fully developed resources and delivered training in different inclusive formats to our public members and research teams on effective involvement and engagement techniques with an emphasis on co-production approaches thus increasing the knowledge and skills of those involved.

- Developed and disseminated shared outputs and resources with other members of the Greater Manchester Public and Community Involvement and Engagement Forum and other ARCs including a conference /educational events. This will ensure our work is more visible and better able to influence local health and social care decisions.
- Developed, delivered and evaluated innovative outreach activities that reach the communities in most need of the research we are undertaking ensuring that diversity and inclusion are maximised.

- Developed or piloted existing tools to capture the benefits, impacts and potential negative impacts of our work that are then fed back in to improve our approach and the experiences of those involved.

- Identified a framework as to how we work with the other NIHR infrastructures and other stakeholders to maximise local assets and avoid duplication of effort.

By the end of Oct 2024 and beyond we will have:

- Co-developed innovative and inclusive dissemination activities with our panel/forum members to ensure the results of our research are more visible, reaching the right people to influence local health and social care decisions and policies.

- Put mechanisms in place to be able to clearly articulate how involvement and engagement is making a difference to our research processes and outcomes and to the positive impact it is having on those involved.

- Maximised diversity and inclusion opportunities with the voices of those most affected by our research being actively involved in shaping and influencing the work that we do, resulting in the delivery of high-quality research that reflects local concerns, priorities and addresses health and care inequalities.

- Maximised opportunities to work with other research infrastructure across GM and nationally with shared outputs on inclusion, diversity and the inclusion of underserved communities.

7. Our Resources

7.1 Staffing

We have a dedicated public involvement and engagement team consisting of our Involvement and Engagement Academic Lead (Professor Caroline Sanders); our Involvement and Engagement Facilitator (Aneela McAvoy); administrative support (Joanna Ferguson) and with support from the Head of ARC-GM Operations (Sue Wood). We work closely together with Health Innovation Manchester's, Public and Patient Involvement Manager (Nicky Timmis) and administrative support (Chrissy Worsfold). The purpose of this team is to lead and support a core infrastructure to develop and support the panel and forum; developing the resources and training required. We recognise however the incredible expertise that exists already within the whole ARC-GM team and will utilise the full potential of the team creating a culture where involvement and engagement is a core part of everyone's role.

Our Mental Health Theme team has specific expertise in involving and engaging young people with mental health conditions and our Healthy Ageing Theme have strong links with existing organisations and groups supporting older adults who provide ongoing and dedicated input for work in these specific themes. The Communications Team will also contribute to creation of creative and innovative dissemination activities and support spread of our work outside of Greater Manchester.

We will also seek to fully utilise the expertise of our One Greater Manchester Forum members and their community links where there is mutual benefit and identified resources.

7.2 Non-staffing

Our budget for involvement and engagement reflects the requirement to ensure our public members are adequately reimbursed for their time and any expenses incurred in a timely manner. We will ensure that payments to contributors are aligned to NIHR guidance and applied consistently across all our work. We will also ensure there is enough resource for innovative dissemination and engagement activities in inclusive formats and languages where required and for inclusive training opportunities for staff and public members.

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