

ICMJE DISCLOSURE FORM

Date: 1/4/2023

Your Name: Sara Ryan

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Member of NIHR RfSC funding committee	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Trustee for LMCP	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/16/2023

Your Name: Jane Ridley Maddison

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Kate Baxter

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Mark Wilberforce

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Committee Member, NIHR Research for Social Care	Unpaid panel member contributing to research commissioning decisions
		Committee Member, NIHR Policy Research Programme	Unpaid panel member contributing to research commissioning decisions

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ICMJE DISCLOSURE FORM

Date: 1/6/2023

Your Name: Yvonne Birks

Manuscript Title: Understanding and using people's experiences of social care to guide service improvements: could an effective and efficient co-design approach be translated from health to social care using the exemplar of loneliness?

Manuscript Number (if known): NIHR128616

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">NIHR131358: NIHR NETSCC £1,094,954.00 Chief Investigator Curiosity Partnership 01/06/21</td> <td style="width: 50%; padding: 2px;">NIHR134029: NIHR NETSCC £446,173.00 Co-Investigator Pressure Ulcer Prevention at Home 01/04/22</td> </tr> <tr> <td style="padding: 2px;">PD-SSC-1117-20010 NIHR CCF NIHR School for Social Care Research Phase III . Lead in York</td> <td style="padding: 2px;">ES/T001364/1 ESRC £1,611,428.00 Co-Investigator Supporting adult social care innovation (SASCI). 01/09/19 (still ongoing)</td> </tr> <tr> <td style="padding: 2px;">NIHR200702: NIHR CCF £2,960,534.00 Co-Investigator Rapid Policy Response Unit</td> <td style="padding: 2px;">NIHR 153779 £3,114,971.29 York Evidence Synthesis Centre Co-Applicant.</td> </tr> <tr> <td style="padding: 2px;">ES/S010351/1: NIHR/ESRC £4,200,000.00 Co-Investigator DETERMinants of quality of life, care</td> <td> </td> </tr> </table>	NIHR131358: NIHR NETSCC £1,094,954.00 Chief Investigator Curiosity Partnership 01/06/21	NIHR134029: NIHR NETSCC £446,173.00 Co-Investigator Pressure Ulcer Prevention at Home 01/04/22	PD-SSC-1117-20010 NIHR CCF NIHR School for Social Care Research Phase III . Lead in York	ES/T001364/1 ESRC £1,611,428.00 Co-Investigator Supporting adult social care innovation (SASCI). 01/09/19 (still ongoing)	NIHR200702: NIHR CCF £2,960,534.00 Co-Investigator Rapid Policy Response Unit	NIHR 153779 £3,114,971.29 York Evidence Synthesis Centre Co-Applicant.	ES/S010351/1: NIHR/ESRC £4,200,000.00 Co-Investigator DETERMinants of quality of life, care		
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		and costs IN people with Dementia and their carers after diagnosis	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
	Monitoring Board or Advisory Board	Chair of Steering Committee for NIHR 131322 Witness to Harm project	No payment						
		Chair of Steering Committee for NIHR Consortium bid21/54 Palliative and End of Life Care (PEoLC): Implementing research partnerships, networks, and collaborations across Suffolk and North-East Essex ICS, Suffolk County Council, and Waveney.	No payment						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center; color: red;">Covid-19 Reviewing 01/06/2020 to 31/09/2020; HTA</td> <td style="width:50%; text-align: center; color: red;">Prioritisation Committee: Social Care 06/10/2022 to 31/10/2026</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		Covid-19 Reviewing 01/06/2020 to 31/09/2020; HTA	Prioritisation Committee: Social Care 06/10/2022 to 31/10/2026				
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/6/2023

Your Name: Emmie Morrissey

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/5/2023

Your Name: Angela Martin

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/11/2023

Your Name: Ahmed Lambat

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 1/9/2023

Your Name: Pam Bebbington

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/27/2023

Your Name: Professor Sue Ziebland

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

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ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Louise Robson

Manuscript Title: Understanding and using experiences of social care to guide service improvements: translating a co-design approach from health to social care

Manuscript Number (if known): NIHR128616

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ICMJE DISCLOSURE FORM

Date: 1/6/2023

Your Name: Louise Locock

Manuscript Title: Understanding and using people's experiences of social care to guide service improvements: could an effective and efficient co-design approach be translated from health to social care using the exemplar of loneliness?

Manuscript Number (if known): NIHR128616

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		HS&DR Funding Committee Member	16/06/2014 to 30/06/2019 Travel expenses and accommodation only. (Outside the 36 months time frame)

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.