London Clinical Senate

The Health & Social Care System working collaboratively alongside people with lived experience to bring change

London Clinical Senate Forum Supported by the Personalisation Network

10 December 2021

Final Version 1.1

Website: London Clinical Senate | Providing independent, strategic advice and leadership (londonsenate.nhs.uk)
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Executive Summary

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On 10 December 2021, the London Clinical Senate and Personalised Care Network held a Forum *No Production without Co-Production Forum*. The event was chaired by Dr Mike Gill and attended by over 50 colleagues from across London in a variety of personal and professional roles. Prior to the event, three objectives were set:

- To improve understanding of what co-production is and how you can use it effectively.
- To explore approaches and techniques that could be use to achieve successful co-production.
- To be informed of best practice across London.

During the event, a graphic facilitator was present to record a live visual, which is included in this report and intended to support all parts of the system to effectively consider co production and also addressing health inequalities in their planning going forward.

From the event, there were three key recommendations for London to consider for improving co-production:

Agenda

London Clinical Senate

12:55-13:00	**Forum Opens**
13.00-13.20	**Chair's Welcome, Introduction and Call for Action** ***Mike Gill**, Consultant Physician & Chair of London Clinical Senate Council*
13.20-13.40	**Putting People at the Heart of Change** ***Amy Herring**, Regional Lived Experience Manager (London and South East Regions), Personalised Care, NHS England and Improvement* ***Trevor Fernandes**, Peer Leader, National Strategic Coproduction Group, NHS England and Improvement*
13.40-13.50	***Deep Community Engagement in Greenwich*** ***Sarah McClinton**, Director of Health and Adult Services, Royal Borough of Greenwich*
13.50 –14.00	**Panel Q&A** *Chaired by **Mike Gill**, Consultant Physician & Chair of London Clinical Senate Council* ***Panel:** Amy Herring, Trevor Fernandes, Sarah McClinton*
14.00-14.15	**Co-Production in London – What is your ambition?** *Break out rooms* Q. What is your ambition for Co-Production in London and what opportunities are available for you to achieve this?
14.15-14.25	**Break**
14.25-15.30	**Best Practice Examples** Individuals remain in breakout rooms for presentation and Q&A around some best practice examples of co-production focused around 3 areas: • *Children & Young People* • *Health Inequalities* • *Personalised Care*
15.30-15.50	**Reflections – Recommendations for how to co-produce** *5-minute reflection in breakout rooms before re-joining main room for facilitators to feed back*
15.50-16.00	**Next Steps** ***Martin Machray**, Executive Director of Performance, NHS England & Improvement – London* ***Carrie Lewis**, Visual Practitioner, New Possibilities*
16:00	**Forum Closed**

Background

London Clinical Senate

The London Clinical Senate regularly hosts forums on topical issues for Londoners to bring together a collective voice and create movement and momentum around a particular theme e.g., Sustainability in Healthcare in March 2020.

This particular event work was run in partnership with the London Personalised Care Network.

It was co produced through the London Clinical Senate Patient and Public Voice Group, London Clinical Senate Council, London Personalised Care Network and subject matter experts. We are grateful to the many contributors who provided input to the planning and gave such rich presentations on the day.

NHS England recently published guidance for Integrated Care Systems (ICSs) on working with people and communities: *Building strong integrated care systems everywhere*. This document outlines the principles for co-production and has influenced the structure of today so we can consider what this means in practice and hear examples that bring this to life.

Building strong integrated care systems everywhere. ICS Implementation guidance on working within people and communities

A graphic designer was present throughout the forum and was able to capture a live visual representation of the meeting, the aim was to highlight key areas of discussion and capture the key learnings from the day in an easy digestible way.

Objectives of the day

Improve understanding of what co-production is and how it can be used effectively.

Explore approaches and techniques to successful co-production.

Encourage sharing of best practice across London.

Background: Putting People at the Heart of Change

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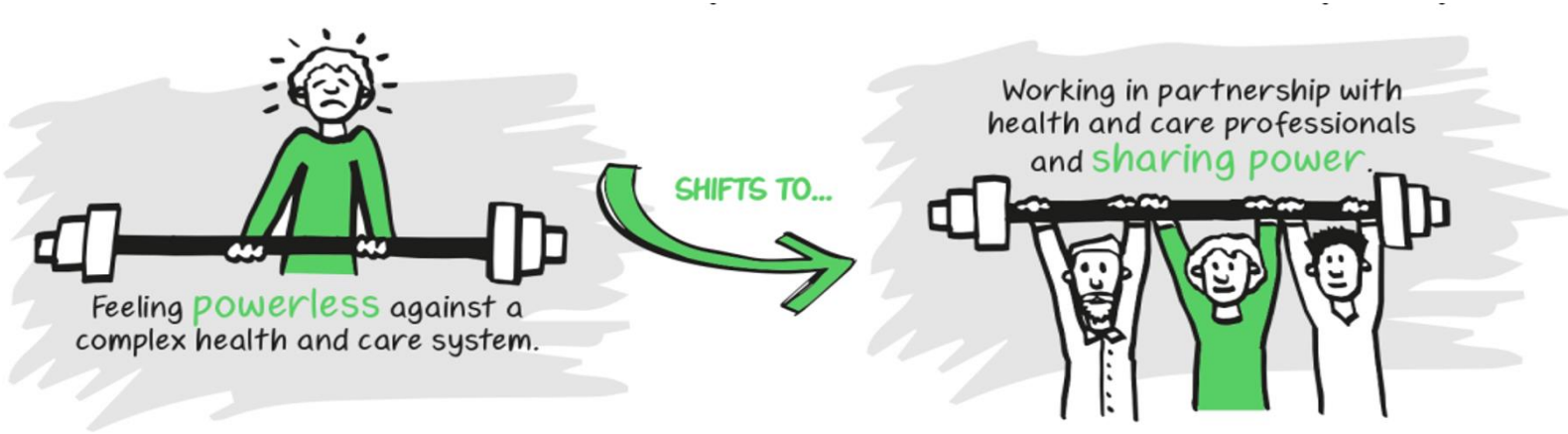
"*There should be much greater emphasis on shared responsibility for improving health and care between patients, the public and the NHS. The cultural change we would like to see affects staff as well as patients because it requires staff to work differently in order to fully involve patients and the public in decisions about their health and wellbeing. By staff, we mean both clinicians who provide care and support and others working in public services.*

The potential to shift the nature of relationships between services and service-users is further illustrated by the growing role and influence of patient leaders in the health and care system. There are well-established examples of patient leaders working at both a local and national level to drive change and improvement, support greater collaboration and hold services to account. This requires a fundamental shift in the power dynamic between patients and professionals towards 'a dialogue of equals' and the development of capabilities for collaborative working and leadership". Shared responsibility for health | The King's Fund (kingsfund.org.uk)



Background: Ten principles for how ICSs work with ppeople and communities

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1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.

2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.

3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.

4. Build relationships with excluded groups, especially those affected by inequalities.

5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.

6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.

7. Use community development approaches that empower people and communities, making connections to social action.

8. Use co-production, insight and engagement to achieve accountable health and care services.

9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.

10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local place

Ambition for Co-Production in London

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Create more joined up working

Engagement with patients from the start and throughout

Develop skills to empower people

Have a diverse voice

Have meaningful bottom up engagement

Best Practice Examples Categories

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Following exploratory conversations with the London Clinical Senate Council, Patient and Public Voice Group and London Personalisation Network, three key areas of focus were identified. These were Health Inequalities, Children and Young People and Personalised Care.

Examples were gathered from across London within these there categories and were presented to colleagues during the forum. The importance of each area and how strategic co-production would be of value is detailed below by senior leaders in each area.

Health Inequalities

Co-production to reduce health inequalities

The Impact of Covid-19 has shone a light on health inequalities. Addressing these long-standing inequalities requires us to work in different ways and tailor our interventions, messages, and messengers to engage residents to make it easy for them make informed choices. As consumers of services we tend to have our beliefs shaped by people we trust and believe in. Where and how we consume our information is critical to what action we take. Many of the innovations being introduced to recover our health services to a business as usual position rely on individuals having knowledge and understanding of their illness or condition and a confidence to act. For example, Healthy living for people with Type 2 Diabetes, an online self-management support programme and structured education pathway. London is a thriving culturally diverse city and in order to design services that address needs of local people to have a positive impact upon reducing health inequalities, these need to be routinely co-produced with patients from all backgrounds. By co-producing information, access, interventions, and pathways with residents and patients we have a better chance to develop greater health literacy and reduce health inequality.

Some positive examples include:
Family approach to vaccination centres
NCL health inequality community fund – pump-priming community led interventions
Maternity services broadening their patient voice to ensure representative and influential to inform webinars for staff on equalities

Malti Varshney, Director, Clinical Network and Clinical Senate, NHS England and Improvement London

Best Practice Examples Categories

London Clinical Senate

Children and Young People

The last decade has seen the increasing recognition of the rights of the child to participate actively, not only in decisions about their care but in the design, development and delivery of services. Participation and meaningful co-production not only benefit health and care services, but the children and young people themselves flourish and thrive when they are active participants and partners in improvement journeys. The contribution of children and young people benefits not only their physical and mental health but that of their peers and families as they convey vital health information that they have been involved in, in meaningful ways. It helps address inequalities by raising aspirations and connects them to roles, offering ideas of future careers. As health care professionals we are in privileged positions and can create opportunities for the voices of children and young people to be an integral in our integrated systems, should we choose to do so.

Kath Evans, Director of Children's Nursing/Chair of the Children's Board, Barts Health, Nursing & Academic Fellow, School of Health Sciences, City University, Children & Young People's Clinical Lead, East London Health & Care Partnership, Participation Clinical Champion for NHS England, London BCYP Transformation Programme.

Personalised Care

Personalised Care will benefit up to 2.5 million people by 2023/24, giving them the same choice and control over their mental and physical health that they have come to expect in every aspect of their life. A one-size-fits-all health and care system simply cannot meet the increasing complexity of people's needs and expectations. Personalised Care is based on 'what matters' to people and their individual strengths and needs, working alongside clinicians and other health and care professionals.

On an individual level, coproduction is a fundamental element of Personalised Care and is the principle underpinning Shared Decision Making and Personalised Care and Support Planning. These interventions support a more equal partnership between patients and their clinicians.

Strategic co-production is one of the key enablers of Personalised Care. It ensures that the voice of people with lived experience is integral to the development and delivery of Personalised Care, modelling the 'shift in relationship' and supporting the necessary culture change.

This is about people with lived experience working alongside NHS England, ICSs, and local services to help achieve the aims and objectives of Personalised Care. The purpose is to raise the voice of people with relevant lived experience of a long-term health condition or disability to shape and influence strategic decisions about how services can be more personalised.

The two key roles of Strategic Coproduction are to:

Communicate the difference a Personalised Care approach can make and make their experience of this open to others to experience too.

Work alongside clinicians and managers to proactively help shape services as a valued partner.

Joe Fraser, Head of Personalised Care – London, NHS England and Improvement

What are the key learning points that could be applied in your role and more widely?

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During the discussions within the breakout rooms, these were they key themes that were raised in all three of the focus areas.

See slide 14 for individual breakdowns of the key learning points for each focus area or category.

What are the key learning points that could be applied in your role and more widely?

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Children and Young People

Language
- Use uncomplicated language.
- Reduce acronym use.

Resources
- Upskill staff.
- Allocation of dedicated resources to focus on coproduction.
- Use experts where needed.

Engagement
- Use existing groups/work – make connections.
- Strategic design work with communities from the beginning.

Health Inequalities

Engagement
- Be brave to reach the wider community in their environment.
- Use common language.
- Facilitate communication and interaction.

Representation
- Ensure patients with lived experience are involved from the beginning.
- Ensure diverse representation, to get views from various ethnical backgrounds, religious beliefs and levels of society**. This drives innovation.**

Planning
- Resource planning alongside project planning.
- Remember the value of patients time – make the most of it

Personalised Care

No assumptions
- Eliminate unconscious bias.
- Create an environment where health and social care professionals and citizens/ patients are regarded as equal.
- Work to create a trusting environment.

Language
- Offer training in multiple languages and communicate in “non NHS” language

Staff
- Upskill staff.
- Improve skill mix within staff.
- Learn from SME’s and other training programmes available.

What are your top recommendations for successful Co-Production?

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Children and Young People

- We need to work together to share the benefits of co-production to encourage new perspectives.
- We must put in an infrastructure to support the allocation of sufficient resources and engagement.
- We need extra effort to engage with seldom heard groups.
- No silo working!

Health Inequalities

- It is important to go as wide as possible when engaging with communities.
- Be brave when co-producing!
- Start with citizens and patients own voice and support the facilitation of this.
- Plan prior to the work commencing so allocation of time and resources is appropriate.

Personalised Care

- Challenge assumptions and acknowledge potential unconscious bias.
- Create a culture where everyone feels equally valued and confident to speak up.
- Acknowledging partnership working is hard, but when everything is aligned using a common language success comes easier.
- Focus on building relationships with those in the community through being open and honest.

Feedback

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Thanks for organizing this great learning opportunity

Great event and always keeps me motivated to keep going!

Fantastic session. The excitement and motivation is fantastic

It was great to present today. Such a brilliant event!

Thanks to all for such a positive and worthwhile event

A great and thought provoking session

Super session - really enjoyed the main sessions and the energy and inspiration of the break out groups and presenters

What's Next?

What the London Clinical Senate will do…

- Critically reflect and improve upon how we incorporate Co-production in all future work, including reviews, forums and any other proactive work
- Ensure that Co production features effectively within the senate principles
- Actively encourage Senate Council members to become involved in co-production
- Seek to create a environment where our Patient and Public Voice members are confident in co-producing work

Next Steps – Support Available

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What you can do…

- ICBs are expected to develop a system-wide strategy for engaging with people and communities by April 2022, using the 10 principles in this document as a starting point.
- ICB constitutions are expected to include principles and arrangements for how the ICB will work with people and communities.
- ICBs should work with partners across the ICS to develop arrangements for ensuring that integrated care partnerships (ICPs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- ICBs are expected to gather intelligence about the experience and aspirations of people who use care and support and have clear approaches to using these insights to inform decision-making and quality governance.

Enabling Personalised Care through Strategic Coproduction…

- The London Personalised Care team will shortly be standing up working groups focussed on different areas of the patient pathway. This event highlighted as a healthcare service a key area we need to focus on is access. Access will feature as part of the working groups with a strong focus on embedding strategic coproduction, ensuring that people with lived experience are part of the discussions and decisions as well as producing tools and resources that have been coproduced
- We also learnt from this event the importance of creating spaces to enable the shift in relationship. The regional strategic coproduction group launched in March with the purpose of ensuring that the voices of people with lived experience are central to the development of policy, good practice and quality improvement for personalised care (as described in the Universal Personalised Care document).
- The London Personalised Care team are continuing to explore a regional strategic coproduction working group to realise the ambitions for strategic coproduction in London (including the ambitions outlined from this event) and support colleagues to strategically implement strategic coproduction.
- For further information on the above please contact the Regional Lived Experience Manager – amy.herring2@nhs.net

Appendices

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Appendix 1 – Personalised Care Resources

Slide 19 – Additional links for personalised care support

Appendix 2 – Best Practice Examples

Slide 19 – All About Me, For the Benefit of Everyone - *Dale Greenwood*, Programme Lead: Mental Health in Schools, East London NHS Foundation Trust

Slide 20 – Health Spot - *Dr Helen Jones*, GP in Health Spot Adolescent Health Provision & NEL CCG CYP Mental Health Clinical Lead & named GP for cSG Tower Hamlets, *Stephanie Lamb*, GP Partner/Clinical Director, Herne Hill Group Practice/The Well Centre & *Treaser Jassal*, Lead Youth Worker in Health Spot & Spotlight Youth Provision

Slide 21 – Using deliberation and codesign to inform the development and rollout of Community Diagnostic Hubs in London - *Michelle Mackie*, Head of the Qualitative Research and Engagement Centre, Ipsos MORI and *Sadie Myhill,* Senior Engagement & Involvement Lead, Imperial College Health Partner

Slide 22 –Co-producing a brand towards improving the health of Black Londoners - *Joanna Inskip*, Briefings and Engagement Manager, London Operations Team COVID-19 Response, Prevention and Control, Office for Health Improvement and Disparities & *Dr Cyril Eshareturi,* Senior Project Manager: London Operations Team COVID-19 Response, Prevention and Control, Office for Health Improvement and Disparities

Slide 23 – Embedding coproduction and personalised care in South East London - Roxane Lavanchy (she/her) , Co-production Mentor, Disability Advice Service Lambeth & Simon Cross (he/him), Personal Health Budget and Personalisation Lead for South East London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark), South East London CCG, and Regional PHB Mentor for NHS England and Improvement.

Slide 34 – Implementation and co-design of a digital self-management solution for musculoskeletal conditions across SWL – A Case Study - Ben Wanless, Consultant MSK Physiotherapist, St Georges University Hospital NHS Foundation Trust & SWL MSK Digital Lead, Jayne Thorpe, SWL Deputy Director Transformation – Planned Care & Long-term Conditions and Dr Carey McClellan, Clinical Director, GetUBetter – Digital Self-Management Platform & Physiotherapist.

APPENDIX 1

Additional Resources – Personalised Care and Children & Young People

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Personalised Care - Improvement as a shared responsibility Resources:

- **Co-production for personal health budgets and Integrated Personal Commissioning Summary guide –** NHS England and Local Government Association
- **Strategic co-production for Personalised Care** – NHS England
- **Peer Leadership Development Programme**
- **Working Well Together** – Royal College of Psychiatrists
- **The parable of the blobs and squares** – narrated by Brian Blessed

Children & Young People:

- **Health Spot – North East London Health & Care Partnership**

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Children and Young People

Title: All About Me, For the Benefit of Everyone
Presenters: *Dale Greenwood*, Programme Lead: Mental Health in Schools, East London NHS Foundation Trust

Summary: All About Me, for the Benefit of Everyone was a reverse conference facilitated to flip the perception of "expertise", developed to hear from CYP, parents, carers, teachers, GPs, police, schools nurses, social workers and VCS partners. Voices were captured in 60 breakout rooms, Jamboards, a panel discussion, Slido, Q&A session and from the chat. Voices were thematically analysed and recommendations were developed that has influenced a number of different forums and conversations.

What are the key learning points that could be applied in your role and more widely?

- A lot of influence within this presentation, demonstrates how co-production really works
- Provides foundation for Children and Young people's patients and parents
- Recording video sessions for children and young people to stop bringing them out of school time
- How do we employ young people (16+) with experience
- Great to see collaboration and trying to develop young peoples' careers and journeys
- Information and terminology needs updating regularly – fresh voices and perspectives
- Making sure experience stories are recent and relevant
- Using digital technology to get an idea of peoples views – sending out questionnaires and patient information leaflets to gain feedback from parents
- Perspectives from patients benefits work hugely
- Speaking to staff then sending it out to parents for feedback
- When doing co-production work with staff be mindful of their experiences and triggers when having discussions

Children and Young People

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Title: Health Spot

Presenters: *Dr Helen Jones*, GP in Health Spot Adolescent Health Provision & NEL CCG CYP Mental Health Clinical Lead & named GP for cSG Tower Hamlets, *Stephanie Lamb*, GP Partner/Clinical Director, Herne Hill Group Practice/The Well Centre & *Treaser Jassal*, Lead Youth Worker in Health Spot & Spotlight Youth Provision

Summary: Health Spot is a specialist extended GP hub specifically for young people. It is run in partnership with Spotlight – Poplar HARCA's award-winning youth service – to make care accessible and relevant to young people's experiences. Developed in Tower Hamlets, Health Spot is dedicated to supporting the health and wellbeing needs of young people aged 11-19 years (up to 25yrs if facing additional challenges). Young people helped to co-design the service, which is delivered in the safe and convenient youth space set up by a local housing association in east London.

What are the key learning points that could be applied in your role and more widely?

- Tell other people about health spot and advocate for it
- Young peoples' development – through *Spotlight* they try to increase confidence, they may come to their first appointment with a friend or teacher but most will later feel more confident to come on their own
- Opportunities to connect with local schools and more communities
- Could the model spread to other areas of London?
- Co-production takes time to work, lots of persuasion and resilience

Health Inequalities

London Clinical Senate

Title: Using deliberation and codesign to inform the development and rollout of Community Diagnostic Hubs in London

Presenters: *Michelle Mackie*, Head of the Qualitative Research and Engagement Centre, Ipsos MORI and *Sadie Myhill,* Senior Engagement & Involvement Lead, Imperial College Health Partners

Summary: Community Diagnostic Hubs (CDHs) are a new NHS initiative aimed at building diagnostic capacity in England and relieving pressure on hospitals in relation to diagnostics. As part of the regional planning process, NHS England and Improvement in London commissioned Ipsos MORI and Imperial College Health Partners to explore patient, public and staff expectations in relation to the implementation of CDHs in London.

What are the key learning points that could be applied in your role and more widely?

- Patient persona's – idea of a wristband. Would like to see this as a staff persona
- Talking the same language. Equality between patients and experts.
- Identifying where to find the patients to input. With the CDH work it was initially difficult to get people involved. We worked with charities and local community organisations
- IPSOS Mori workshop – reached beyond patient group to members of the public. Elective care – interesting discussion
- Outreach to patient groups – important to understand barriers to accessing services to ensure they become more inclusive
- QI spring. Imperial Trust.

Health Inequalities

London Clinical Senate

Title: Co-producing a brand towards improving the health of Black Londoners

Presenters: *Joanna Inskip*, Briefings and Engagement Manager, London Operations Team COVID-19 Response, Prevention and Control, Office for Health Improvement and Disparities & *Dr Cyril Eshareturi,* Senior Project Manager: London Operations Team COVID-19 Response, Prevention and Control, Office for Health Improvement and Disparities

Summary: It became clear during the work to improve vaccine confidence across London, that for many in the Black community, there are genuine questions and concerns that need to be addressed. Ranging from: significant trust issues with government and institutions, racial discrimination, to historic and recent unethical health experiences.
In response to this, they held strategic conversations with Black community groups, to understand what the communities themselves feel will create real change and how they propose we tackle health inequalities moving forward.

What are the key learning points that could be applied in your role and more widely?

- Need to outreach into communities to see what they want. Some communities may want a brand other may not.
- People and communities and approach – trust and relationship building. Facilitate the community towards what they need. Community to determine the questions that matter to them.
- Replace the word empower with inspire
- Our experience has been that the more the brand is used more trust is created and built upon

Personalised Care

NHS
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Title: Embedding coproduction and personalised care in South East London

Presenters: Roxane Lavanchy (she/her) , Co-production Mentor, Disability Advice Service Lambeth & Simon Cross (he/him), Personal Health Budget and Personalisation Lead for South East London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark), South East London CCG, and Regional Personalised Health Budget Mentor for NHS England and Improvement.

Summary: An overview of the collaboration between Disability Advice Service Lambeth (dasl), a Lambeth-based Deaf and Disabled-led organisation and the South East London Clinical Commissioning group to embed (strategic) co-production, raise the voice of people with lived experience and influence the development of personalised care across the six boroughs of South East London.

What are the key learning points that could be applied in your role and more widely?

- Learning how to support people to coproduce Personal Health Budgets
- Having a robust strategy for scaling up co-production across a larger footprint (and probably the resources!)
- Building consistent relationships throughout the coproduction
- Coproducing with people across multiple sessions and not just coproducing in one session. Building up a relationship over time
- Be prepared to not get it right first time
- Change culture before expecting change

- Coproduction needs to be continuous and evolving. Not a task and finish project
- We had been doing lots of engagement – but not coproduction. Wanted to set up a safe space – outside of CCG. Being honest and having those conversations were key enablers of change.
- Language is a key issue – need to stop speaking jargon!
- Initial focus on goal to expand Personal Health Budgets across South East London. This was what mattered to those people – key point.
- Where and when people enter into the system are really important for understanding their relationship with healthcare.
- Issues discussed – lack of flexibility in the system, delays, better representation of lived experience, increased number of PHBs.
- Need to think about how copro groups connect into peer support groups and each other. How does this fit with ICS development?
- Coproduction has to happen at scale but also at individual level. Need to help those who have most barriers to access healthcare
- Setting up strategic coproduction groups takes time, and cant be rushed.
- Trust is crucial – peers can trust other peers more
- Promoting PLDP – its great resource for supporting co production
- Recruited coproduction 'mentor' – wanted them to be outward-facing, work with areas where they thought they were doing coproduction but weren't! Can we replicate?
- People who don't think they are represented in organisations tend not to engage. So onus is on us as the system to reach out to them.
- NHS Project Management culture is often around Task and Finish (and acronyms!) but life doesn't work like that for people with lived experience
- Don't be afraid to make mistakes when trying to engage with people. Make it OK to ask questions, and trust is key enabler to make this right
- Lots to be learnt from vaccine roll out and hesitancy

Personalised Care

London Clinical Senate

Title: Implementation and co-design of a digital self-management solution for musculoskeletal conditions across SWL – A Case Study
Presenters: Ben Wanless, Consultant MSK Physiotherapist, St Georges University Hospital NHS Foundation Trust & SWL MSK Digital Lead, Jayne Thorpe, SWL Deputy Director Transformation – Planned Care & Long-term Conditions and Dr Carey McClellan, Clinical Director, GetUBetter – Digital Self-Management Platform & Physiotherapist.

Summary: SWL embarked on implementing a digital self-management tool for common MSK conditions 3 years ago. This was started in the borough of Wandsworth. The product chosen was getUBetter and the content was co-designed with: patients, getUBetter, clinical leads at St George's Hospital, the CCG, the CCG PPI group and clinicians. Early co-design work included focus groups where v1 of the app was tested before rolling out to all 44 GP practices.

What are the key learning points that could be applied in your role and more widely?

- Enabler – consider acceptability early on and measure it. Then adapt, change and measure again.
- Enabler – go in with an open mind and shutdown being so solution focused.
- Enabler – time, capacity, identifying everyone, funding, concerns around change to digital
- Enabler – getting this right is about listening, capturing and systematically incorporating. Its not just the good but more importantly the bad
- Enabler – similar cultures
- Barrier – access to all stakeholders as provider
- Barrier – lack of engagement. Clinical teams need to get involved and spend time with the subject matter experts and review content from day 1 to avoid unnecessary queries and delayed later on
- Barrier – don't know who isn't taking up app, or why?
- Coproduction ensures we have a more sustainable high quality approach that saves money in the long run
- Partnership is hard! Even when cultures and aims are mostly aligned.
- What the top tips are for supporting some service users to shift their expectations to greater self care and less 'dependence' on service providers, all be they at the end of a waiting list.

- Coproducing with people with sensory and cognitive differences to ensure digital care platforms are accessible
- Remember unconscious bias impacting on coproduction