

# Co-producing change through community partnerships

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# What do we mean by ‘Co-production’ and ‘Community Powered Partnerships?’

- People and different sectors working collaboratively for the same vision & goal.
- Each individual is a recognised ‘asset’ e.g. brings skills experience, qualities etc.
- Committed to readdressing power imbalances to encourage courageous conversations.
- Blurred boundaries to delivering and receiving services
- Reciprocal



Image 1 is a diagram is from [Annex A: Implementation](#) of the Statutory guidance for working in partnership with people and communities.

Image 2 is from [A Co-production Model](#). Produced by NHS England and Coalition for Personalised Care.

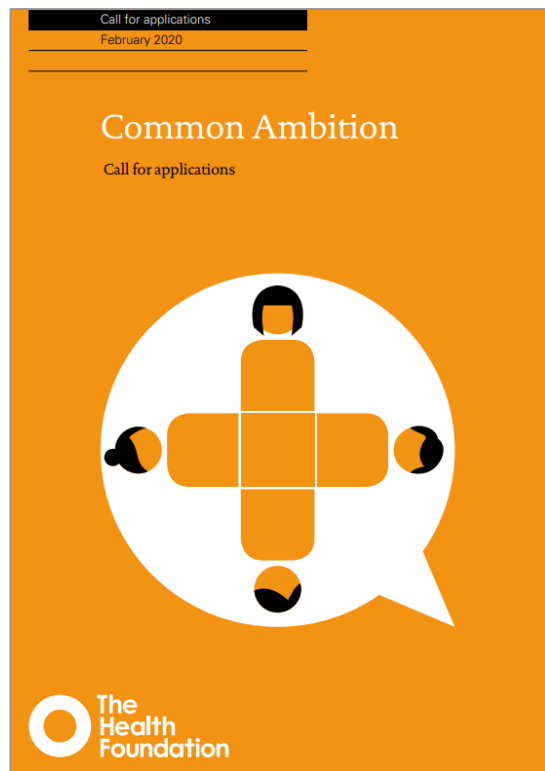
# Wave of experience: Community powered Partnerships



No experience  
at all

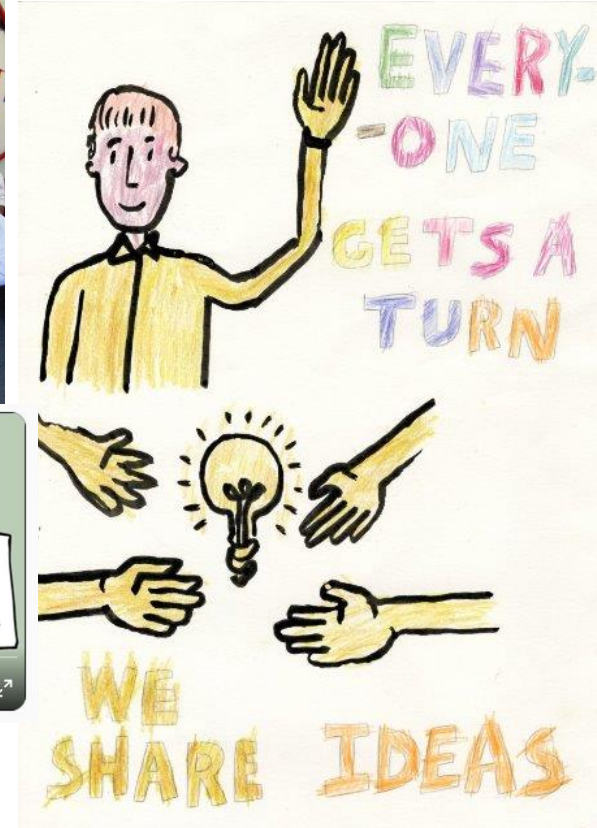
Lots of experience

# Common Ambition



- Funding programme supporting four community partnerships across England, all working to address health inequalities.
- Common aim: to build sustainable change across health care through collaboration between members of the public/patients, health and social care professionals, VCSE, researchers.
- Learning draws from novel approaches used by each partnership across different settings of care.

# Believe in Us



**YOU & ME**

CLASSICAL MUSIC

OR

POP

**YOU & ME**

You & Me game is a fun way to connect and get to know someone. Each card has two pictures and together all you have to do is point to the thing you like the most!



# AWARE-IBD

VoiceAbility

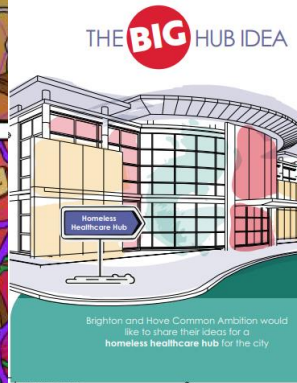
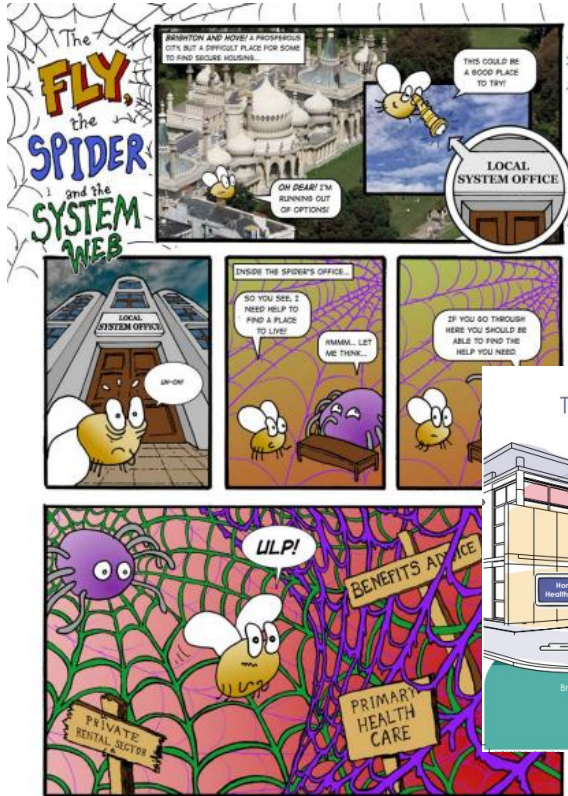
AWARE IBD

## Take control of your care.

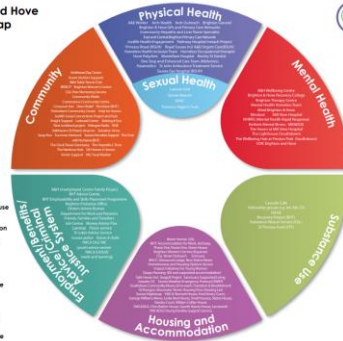
A toolkit for people with IBD, to help you communicate confidently with those involved in your care



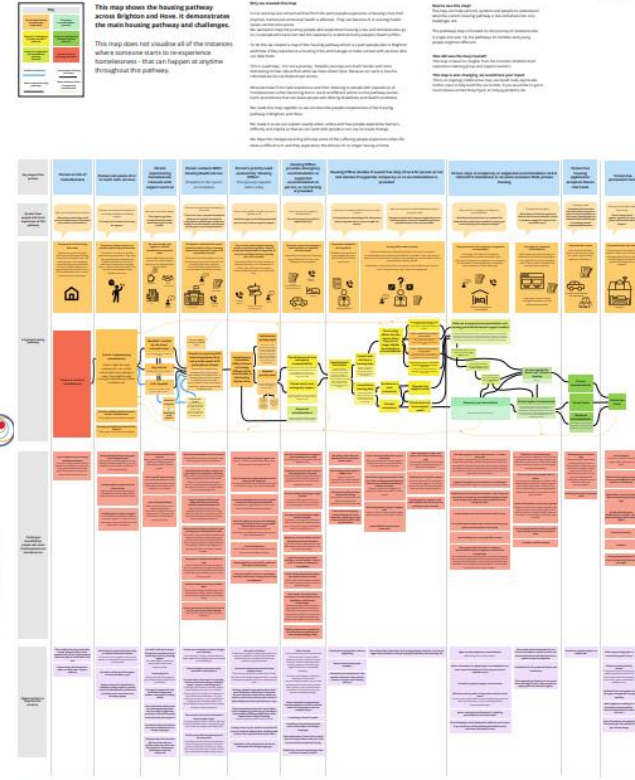
# Brighton & Hove Common Ambition



Brighton and Hove Services Map



Housing pathway map | Brighton and Hove



# Common Ambition Bristol



NIHR Applied Research Collaboration (ARC) West @ARC\_West

🎬 Launching today!  
 📺 HIV: Talk. Test. Protect is @BristolCommon's new short film about #HIV and sexual health in African and Caribbean heritage communities.  
 🏳️🌈 It aims to bust #STI & #HIV myths and show what this community-powered project has been up to.  
[bit.ly/3W1sAT3](https://bit.ly/3W1sAT3)



Terrence Higgins Trust and 9 others





# Common Ambition: The programme



# Key themes from the Programme

1. Co-production in practice looks different across different settings. Developing a shared understanding often takes time, trial and error.
2. Co-production helps to create the right conditions for inclusivity, lending itself to complex issues with no obvious answer.
3. Co-production needs to be sensitive and open to understanding historic and systemic trauma
  - requires skills such as facilitation, holding difficult conversations, securing psychological safety, and managing conflict.
  - easy to underexplore and underestimate the role and impact of personal and positional power.
4. At times, disruptive innovations occur before the system is ready to adopt them.
5. Commitment to co-production by senior leaders and resource holders required for sustainable
6. Evaluating the impact of employing co-production is challenging.





BRIGHTON & HOVE  
COMMON  
AMBITION

Through co-producing work with the steering group of people with lived experience, the partnership developed the need for a trauma-informed approach in order to work safely and effectively together.

What does this look like and how has it made a difference to your work?

# Content Warning

In this part of the presentation we will be talking about trauma, this may be difficult to hear. If you do feel upset by this please do step outside, you will not be judged.





# BRIGHTON & HOVE COMMON AMBITION

We bring together people with lived experience of homelessness, frontline providers and commissioners through co-production within homeless health services.

We want to improve systems, services and outcomes for people experiencing homelessness in Brighton & Hove.



“ Coming to this group has given me a whole set of skills.

Lived Experience Steering Group member



“ I’ve definitely changed. I can be in big groups, and have a voice when I didn’t from the start

Lived Experience Steering Group member



# Trauma-informed working

## Homelessness and trauma

94% of people facing homelessness have experienced trauma.

Often complex trauma that occurs at multiple stages of life

Trauma or re-traumatisation can be caused by system or service failure

## TIA - Trauma informed approach

Experience of trauma can shape the way people respond to situations

Person centred working

Ensure environments are safe and accessible

Awareness of vicarious trauma

## Co-production and trauma responses

Identifying barriers in the system can be distressing

Discussing systems and services can be distressing

Hearing/reading other's experiences can be distressing

Feeling excluded because of inaccessible processes can be distressing



# Trauma-informed co-production

When co-producing homeless healthcare improvements we can't always avoid the difficult topics. So how can we hold the space safely?

- Co-produce ways of working
- The three c's: Check-in, choice and control
- No need to re-tell your story
- Regular meeting routines
- Accessible environments
- Ensure you learn about the systems and services you are working with together
- Offer 1-1 support

Scan for  
co-produced  
ways of  
working



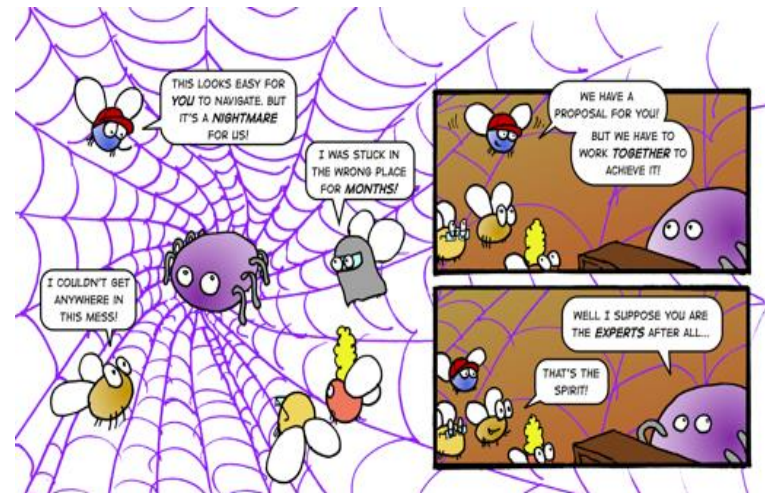




# What does this mean for those working in the system?

Co-producing improvements in inclusion health can break down barriers and misconceptions and will provide valuable insights and improvements - “you won’t be able to see what we can see”

- Safety must come first
- Take the time to build trusted relationships
- Make sure everyone understands the area you are working in
- Co-create processes to ensure accessibility
- Support people with experience and clinicians to co-produce



# Common Ambition Bristol

Improving sexual health

One of the enablers of effective partnership working is to develop trust and acknowledge power dynamics.

In our conversations you've mentioned a pivotal moment for your partnership... Can you tell us about more about what this was and what you learned as a result?

# Common Ambition Bristol



Improving sexual health

**Aisha-  
monic Namurach**

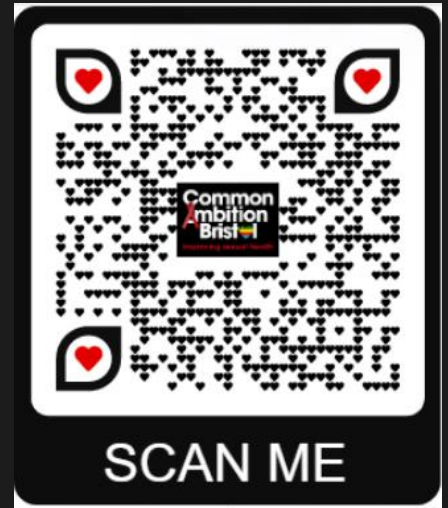
Project Lead

Common Ambition Bristol  
(Brigstowe)

**Marsha Doran**

Community Engagement  
Facilitator

Common Ambition Bristol





**Marginalised Communities**

+

**Heavily Stigmatised health condition**

+

**Underserved population**

+

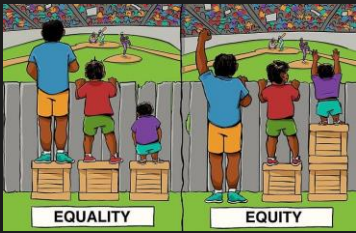
**Under-represented in service creation teams**



Project Lead



Project Advisory Group  
Representatives from all 6  
Partner Organisations



Project Delivery Group:  
6 Community Members  
3 Sexual Health  
Professionals



Project Evaluation Group  
5 community researchers  
University of Bristol  
Research Team



## We thought we had done all the right things:

- Worked together for 1 year+
- Evaluating co-working
- Groundbreaking interventions created



We realised that actually, community members felt they were :

- Still fighting for services
- Feeling nothing was changing
- Not seen, Not heard and Not understood.

## The Debrief

1. How do you feel?
2. What happened?
3. What did you learn?
4. How does this relate?
5. What if ---?
6. What next?



WORDS  
HAVE  
POWER

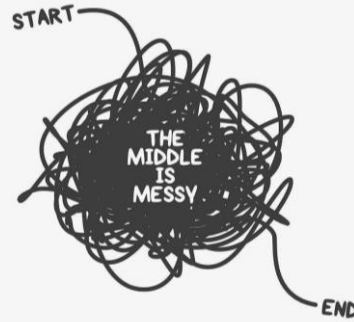
Trauma informed  
de-briefing sessions for the whole  
team

The separate team meetings were brought together with a  
crossover social aspect.

"The end of the project"  
became  
"The Legacy of CAB"

FUTURE  
— IS —  
BRIGHT

TEAMWORK  
MAKES THE  
*dream*  
WORK



REPRESENTATION  
MATTERS

**If you want to go fast, go alone.  
If you want to go far, go together.  
- African Proverb**



# What is your main takeaway from today?

0 responses

Join us for a Q&A at the  
Q community hub after  
this session



Quality, Safety and Improvement



# Wales Dementia Care

## Inspire, Innovate and Improve Together

IHI Conference London  
April 2024

# Who we are



# Let's have a little connection

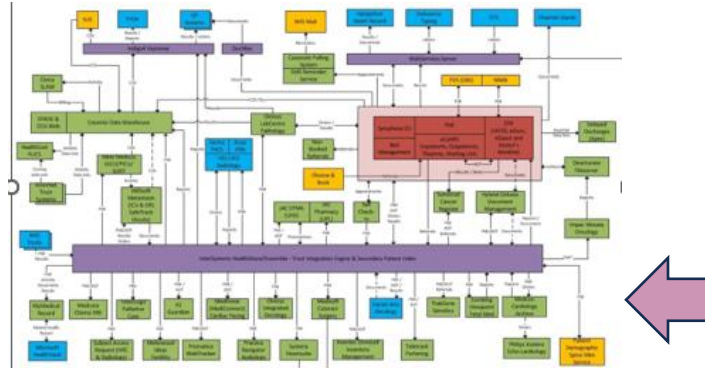


## Menti 1. Questions

- **Q. How many people develop dementia?**
- **Q. Can you support improvement and not include lived experience?**
- **Q. Can people with lived experience be equal partners in change and improvement?**
- **Q. How do you build a movement?**



## Health and Care System



..... Mr Jones diagnosed with diabetes and has dementia.....

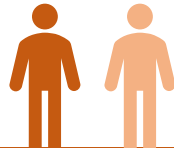
Mrs James diagnosed with kidney disease and has dementia.....

Our challenge is how are we adapting or having an impact on Mr Jones and Mrs James care and life.

**Are systems isolating the person with dementia?**

dementia impacts on it all

Without Action



**One in two** of us will be affected by Dementia in Our Lifetime. Either by caring for someone with the condition, developing it ourselves, or both



**One in three** people will develop Dementia in their lifetime



The Number of People with Dementia is predicted to **rise over 1.1 million by 2030**

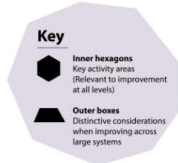
**12 MODIFIABLE RISK FACTORS – Lancet Report**

# Improve health and care across systems

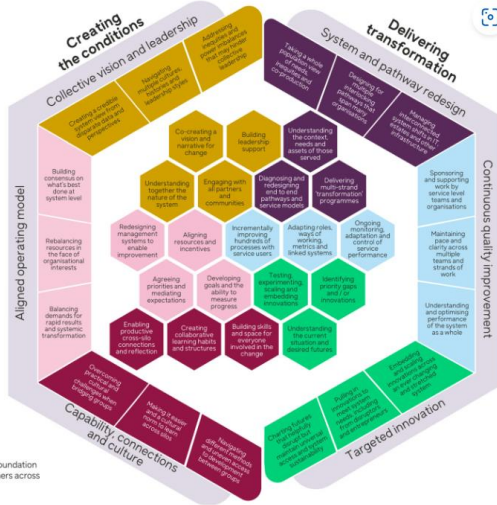
## Learning framework



Improving across health and care systems: a framework



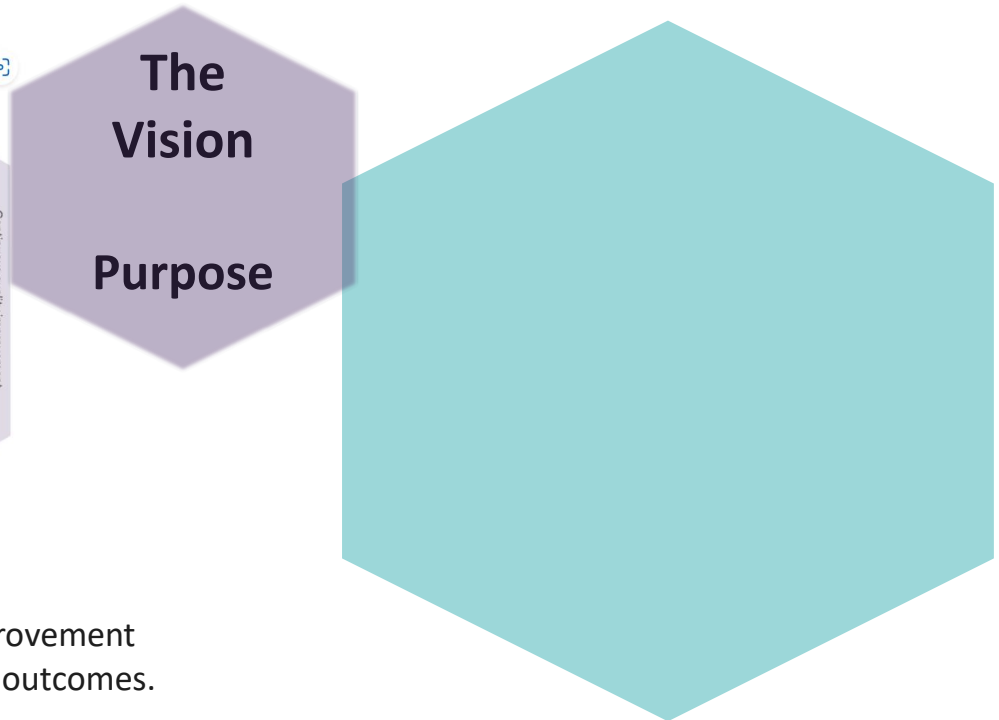
The Health Foundation  
Q is led by the Health Foundation and supported by partners across the UK and Ireland.



**Equally relevant to coproduction**

Create the conditions for sustainable improvement that enable transformation of services and outcomes.

Co-production builds upon the principles of person-centred care and communication, where the knowledge and expertise of people with lived experience are valued and respected equally

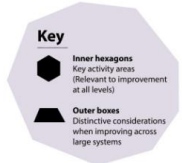


# Improve health and care across systems

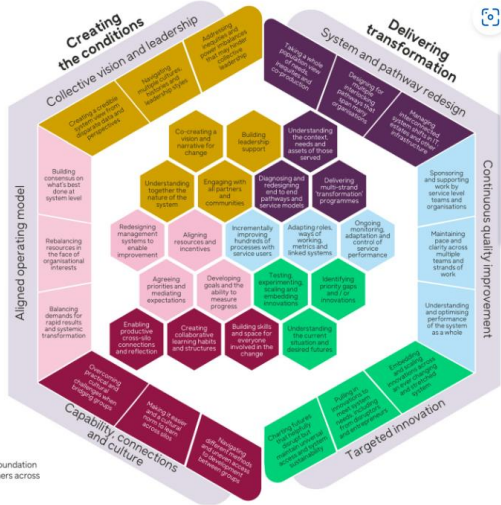
## Learning framework



Improving across health and care systems: a framework

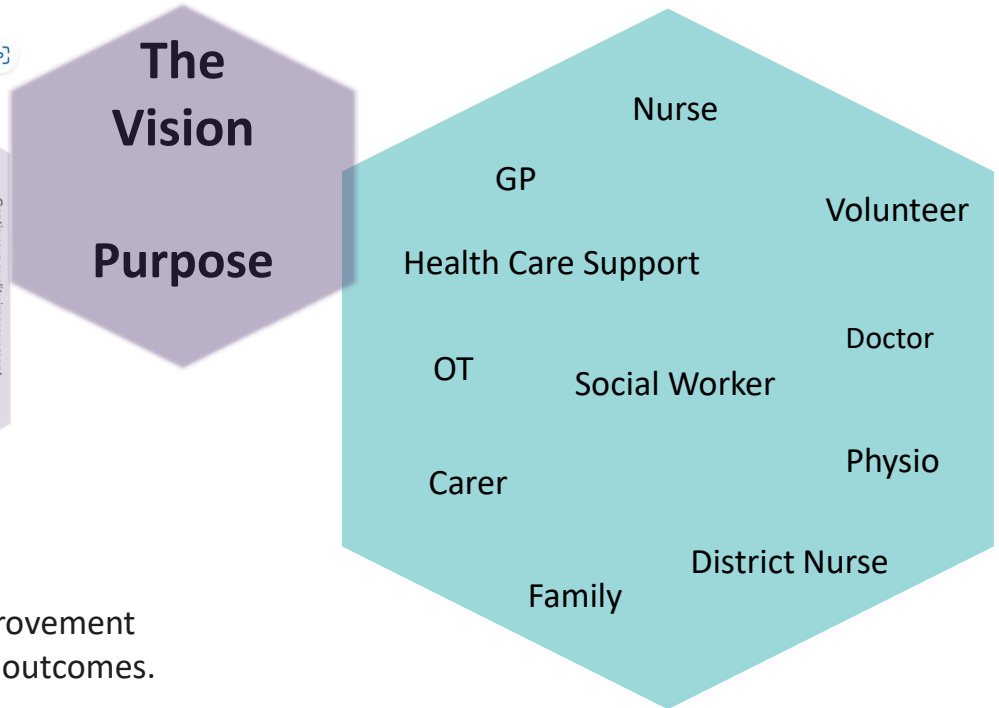


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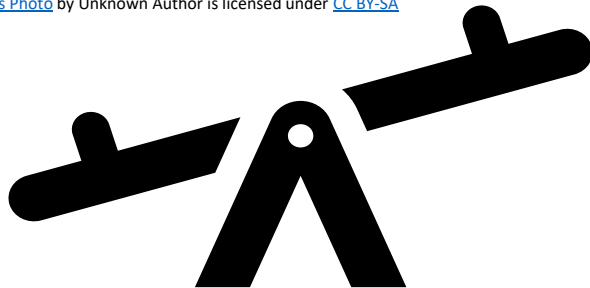
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## Getting the Balance Right

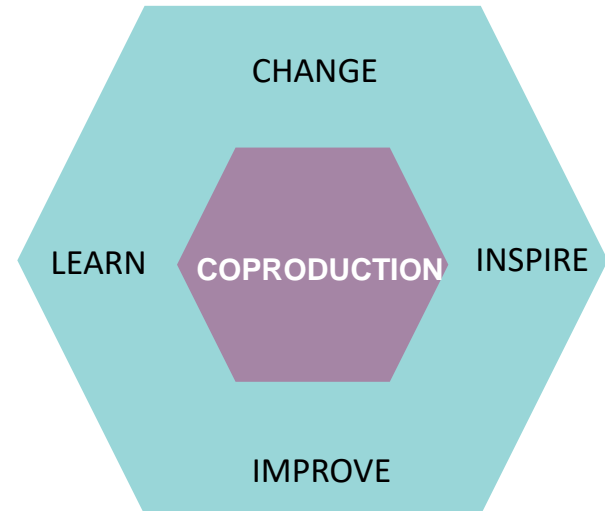


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**REAL  
Vs  
IMAGINED**

**SENSE CHECK  
REALITY  
CHECK**



It involves citizens, communities, and the professionals who support them, pooling their expertise to deliver more effective and sustainable outcomes and an improved experience for all involved. [Spencer et al 2013]

A key motivation for the drive for better patient involvement is to use patient experiences as an outcome measure for improving quality. [Wiig et al 2013]

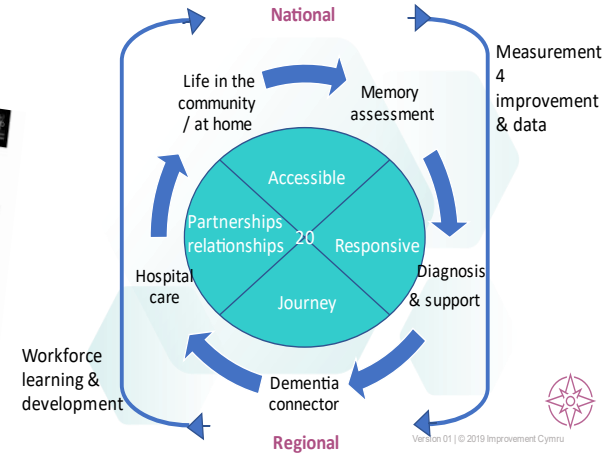
20 + 4



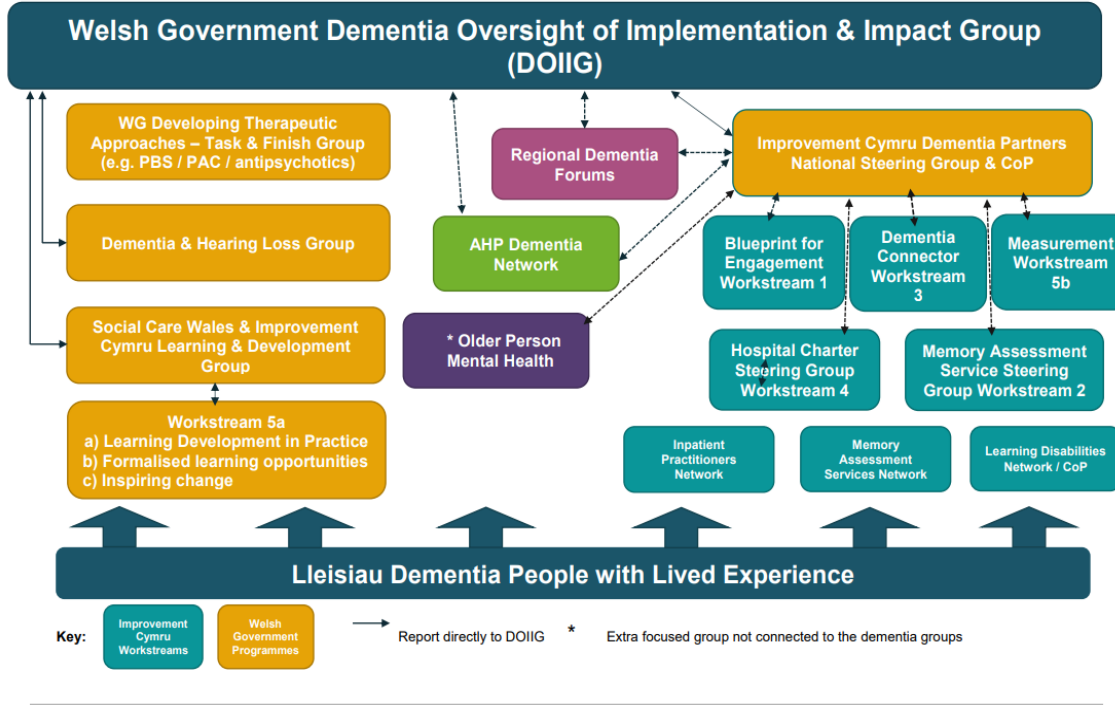
Accessible  
Journey

Responsive  
Relationships

DEMENTIA: Actions & Standards - *Being kind and brave*



# National Programme Structure



## Menti 2. Questions



- Q. Are systems isolating the person with dementia?
- Q. Are systems counteractive?
- Q. What can we do to improve?

We have built this programme on being interactive



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**Building a movement for change!**

We need to be interactive – hexagon approach is dynamic  
**Improvement is dynamic and interactive!**

# Dementia Programme Journey

35 workshops across 7 health boards

- Measurement
- Inspiring change
- Positive approaches to care
- Dementia Care Mapping
- Appreciative Inquiry

2019/  
2020

Dementia Pathway of Standards Launched  
1800+ engaged

2021

Developed National & Regional Delivery framework approach  
Leads posts planning commenced

2021/  
2022

Hospital Charter Development

2022

Increased Regional Leads

70

7 leads  
Regional workstreams  
Infrastructure functioning

70

Regional workstreams fully commenced

2022/  
2023

COVID-19

March 2020  
Reduced engagement - virtual world

30

30

2018

Engagement, scoping, Q Planning commenced

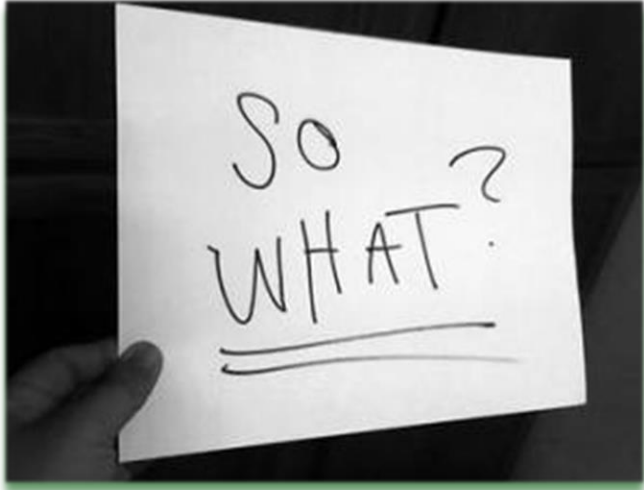
Hospital Charter launched

April  
2022

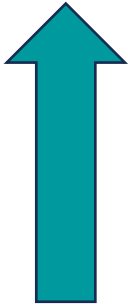
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production

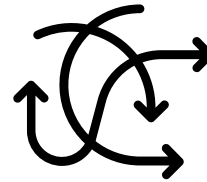




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**WE WOULD NOT BE HERE IF IT WAS EASY!**



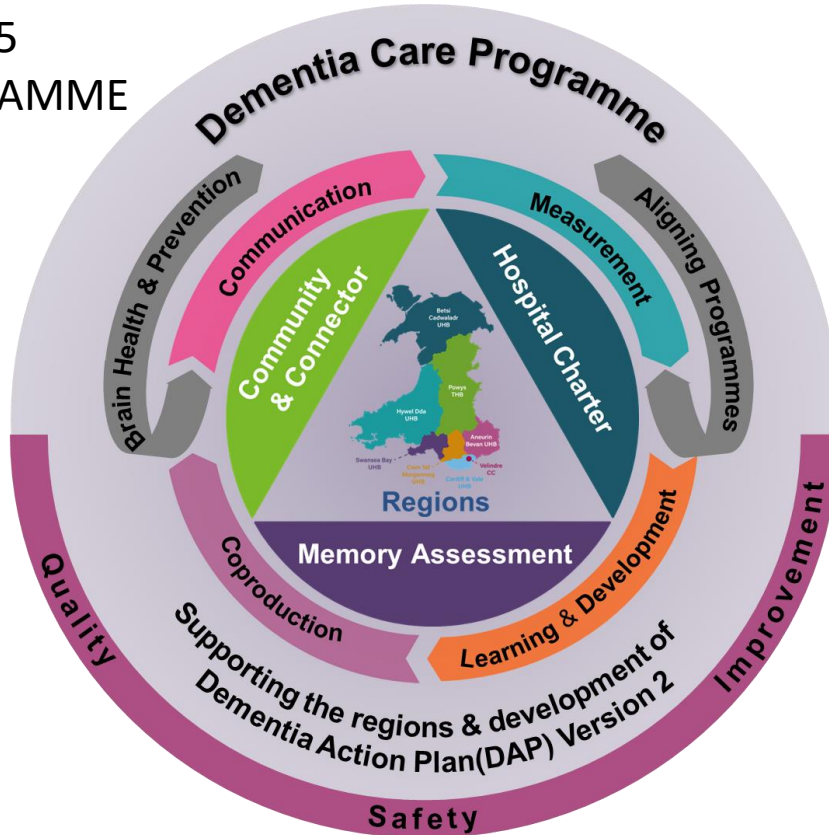
$$S(\omega) = \frac{\alpha g^2}{\omega^5} e^{[-0.74 \left\{ \frac{\omega U_{\omega} 19.5}{g} \right\}^{-4}]}$$
$$= \frac{\alpha g^2}{\omega^5} \exp \left[ -0.74 \left\{ \frac{\omega U_{\omega} 19.5}{g} \right\}^{-4} \right]$$

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**Everybody's business!...  
is Nobody's business?**

**Thomas Babington Macaulay**

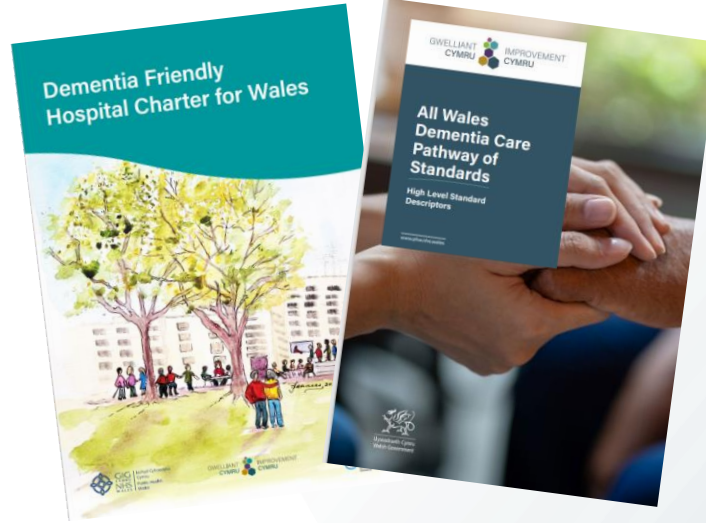
## 2024-25 PROGRAMME



The Learning Framework – Hexagon Model

- Regions and alignment
- Reporting
- Sharing Learning, Spread and scale
- QI collaboratives
- Outcomes
- Measurement for Improvement
- Welsh Government Action Plan V2.
- Lleisiau Dementia – lived experience





Thank you

Improvement Cymru Website:

[Dementia Care - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/public-health-wales/)

Email: [PHW.ImprovementCymruDementia@wales.nhs.uk](mailto:PHW.ImprovementCymruDementia@wales.nhs.uk)