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# CREATING SPACES FOR COMMUNITY CO-INNOVATION IN DIGITAL HEALTHCARE

## Playbook for Integrated Care Systems

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# Key principles





# Community co-innovation and why it is important

## What is community co-innovation?

It is the participation of communities, as users of technologies and services, in the process of co-innovation of technologies and co-design of services.

## Why is it important?

Because different communities use technologies and services in different ways. What may work for some communities may not work for others. To ensure technology works well for communities it's important to have their involvement in the innovation and design process.

## Why is community co-innovation particularly important in healthcare?

Health outcomes are largely determined by social factors such as quality of employment, housing, income and environment. [Marmot](#) studies show that communities from economic and socially deprived areas have poorer health outcomes and therefore have the highest health needs. However, these communities also face the greatest challenges in engaging with healthcare and managing their health conditions. They tend not to be active in patient participation forums.

It is important to integrate knowledge of how these communities use technologies to access the healthcare they need into the innovation process. There are known barriers to digital inclusion that prevent some communities from engaging with digital healthcare tools that could potentially support them to stay healthy.

# Community co-innovation for Integrated Care Boards to meet their statutory duties

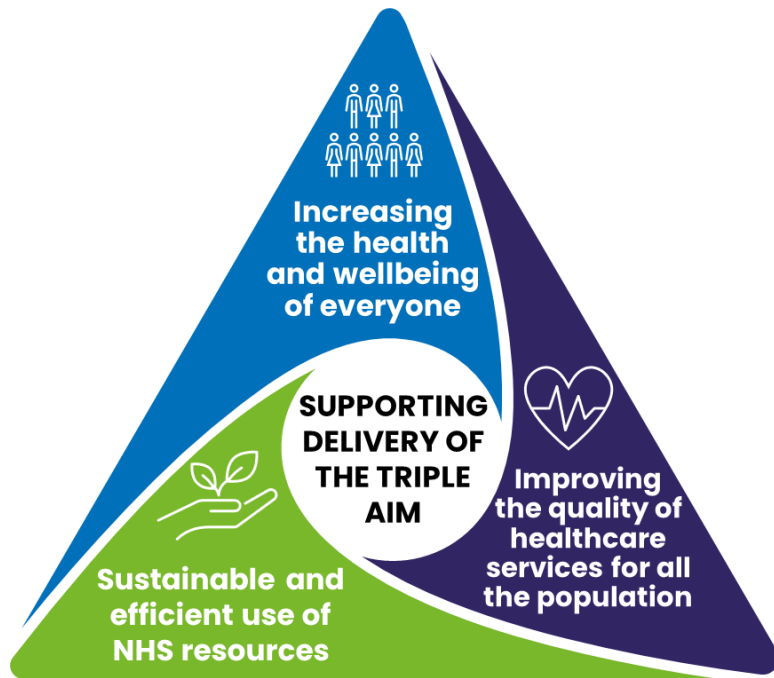


Integrated Care Boards have a legal duty within the Health and Social Care Act 2022 to deliver the Triple Aims of:

**Increasing the health and wellbeing of everyone** – services need to respond to the fact that within some communities people will experience more of their lives in poor health and will require more health and care support

**Improving the quality of healthcare services** for all by designing services that are accessed and delivered to meet the specific needs of communities whose voices are often overlooked

**Sustainable and efficient use of resources** often means rapid digital transformation to deliver within constrained budgets. Building community knowledge into the innovation process maximises the value gained from limited resources invested in digital healthcare.





## Looking at data available for the present state of digital healthcare

Use quantitative (population) data to:

- **Review health outcome data** to identify disparities in use of health services (particularly emergency healthcare) and outcomes
- Identify who has **the highest health needs** and heaviest use of emergency healthcare services?
  - Review national data for links with levels of economic and social deprivation and experience of excluded groups
  - Review localised data to identify areas of greatest challenge
  - Compare local place data against other places with similar economic and social characteristics to identify particular local challenges
- Review existing **digital inclusion data** where available and the impact of existing programmes to widen digital participation
- Access **frontline knowledge** to review data and consider where are the gaps between health needs and the services that would best be able to keep people healthy?
- Identify where **evidence** suggests whether digital healthcare is meeting the needs of communities.



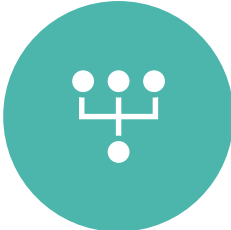
# Identify stakeholders in the system for innovation of digital healthcare



**INNOVATORS**



**FRONTLINE DELIVERY**



**DECISION-MAKERS AND PROCESS OWNERS**



**CLINICIANS**



**COMMUNITY ORGANISATIONS SUPPORTING COMMUNITY CHAMPIONS**





## Communities as equal partners in the innovation process

Within communities, there are **trusted organisations and advocates** that can support individuals to participate in the innovation process as community champions. These champions can participate in conversations with other stakeholders within the process of co-innovation of technologies and co-design of services as equal partners.

This is vital to address the needs of service users who live and work in more economic and socially deprived communities who not only suffer the worse health but also often **lack the resources to manage their health.**

Innovators and clinicians and those who are responsible for shaping services should meet with communities with the highest health needs to **understand the challenges** and how to frame the questions for gathering community knowledge. This creates space for the start of community co-innovation processes.





## Mobilising and supporting community champions as peer researchers

Peer researchers collect qualitative data through interviews with community members to gain insights and understanding from the perspective of the community on the problem identified. This identifies patterns to explain the ‘why’ behind the quantitative data and uncovers new factors behind the inequalities that exist.

Identify community organisations who can deliver these insights. This is likely to be the case when organisations:

- Are **embedded in the community** and have a stake in its wellbeing
- Live and work as **Anchor organisations** with a permanent place in that community
- Have the **trust of their communities** enabling them to gather knowledge that is more complete and accurate
- Are **accountable to their communities** and act as their advocate. They may or may not provide services to their communities but will have a wider accountability for their communities other than service provision so can act as advocates
- Can **mobilise trusted community champions** who have access to the views from community members as peer researchers.

Community champions, supported to work as peer researchers, can collect qualitative data through systematic conversations with their communities about how people use digital technologies to access services. These conversations are semi-structured but informed by agreement between stakeholders articulating the problems and how questions are asked.





## Planning community co-innovation space

Analysing the **outcomes of peer research** identifies how communities access digital healthcare and the barriers they may face. The research questions are based on views from across the innovation process.

Planning an event for stakeholders across the innovation process creates a space for co-innovation to happen when **hosted by and rooted in the community** where the end users live. It is a forum for the peer researchers to present their research findings and share community knowledge.

The aim of the co-innovation event is to **understand each other's perspectives**, frame problems in a manner that is meaningful to all stakeholders, explore alternative solutions, and identify options that could work from the point of view of different stakeholders.





## Community co-innovation space

Identifying ‘what good looks like for communities’ in terms of digital healthcare:

- Invite speakers from multiple stakeholders to present problems that affect their delivery with **mixed groups of different stakeholders** invited to consider solutions
- Notetakers and **facilitators** to collect insights
- **Panel of decision-makers** to reflect and identify issues that require further action
- Means of collecting feedback from participants to feed into how community co-innovation is done and also to **capture insights** that have not been raised within the groups.





## Insights into actions

- **Deciding the priorities for change** – what needs to be changed for how services are delivered? What additional support needs to be available within communities?
- **Formation of ‘task and finish’ groups to develop innovations or design new services.** These groups should include representatives of communities who can contribute knowledge of communities as users of technologies and services, relevant clinicians, and anyone who has a role in developing technologies or shaping services.
- **The task is to focus on actions to deliver innovative solutions to the problems presented.** The primary aim is to change how communities access services and their overall experience of healthcare.
- **The finish is where changes are rolled out and tested with communities** – to consider their experience and impact on take-up of services and health outcomes.

# Key principles for success



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Read the full research results at:

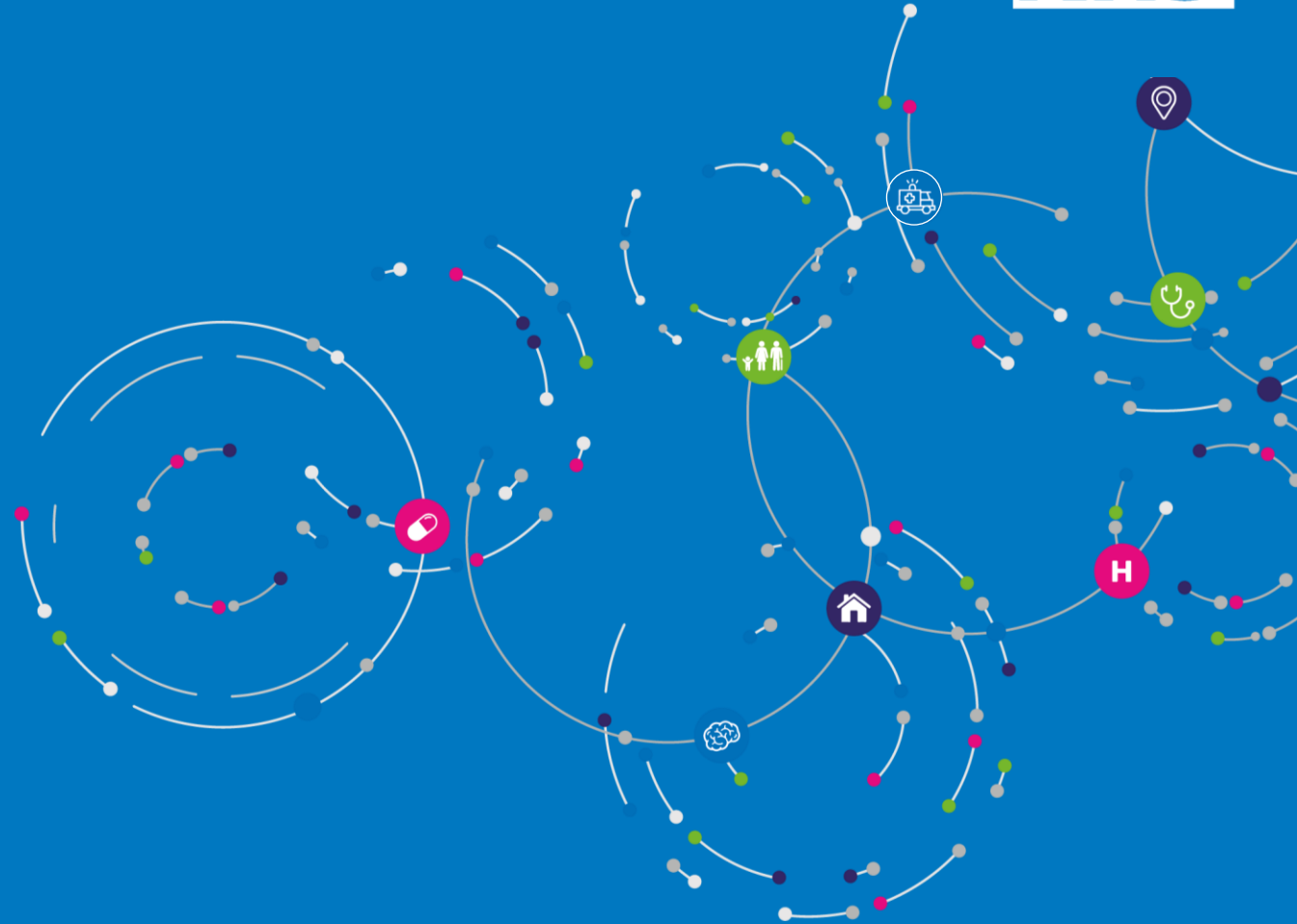
[What Good Looks Like for Our Communities \(2023\)](#)  
Paulina Ramirez, Birmingham Business School

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