Good Thinking

PROJECT SUMMARY REPORT

END OF BETA

MINDWAVE

Good Thinking

Contents

Introduction

This report outlines the set up of the Good Thinking service operation from the perspective of Mindwave.

The report also touches upon the future potential of Good Thinking in terms of its possible reach and impact within the changing healthcare environment.

Suppliers

Mindwave is the lead service supplier for Good Thinking, supported by Fresh Egg who is the digital marketing agency. Together, these agencies support and maintain the service and respond to data and user feedback to ensure that the service is tailored to meet the needs of its growing and widely varied audience.

In addition, we work closely with the Clinical Lead and Behavioural Insights Team regarding the clinical aspects of the service, ensuring that it is appropriate for users and their e-safety.

Mindwave's role in Good Thinking is as follows:

- Design and develop the service
- Manage the service day to day
- Maintain and monitor quality and performance
- Maintain the content of the site and check on destinations
- Actively engage with users and potential users through social media
- Monitor and respond to social media comments and other engagement directed at Good Thinking, eg email
- Contribute to reporting on the performance and direction of advertising
- Maintain governance processes

To achieve this and maintain the service operation, a large amount of set up was required. These aspects are outlined in the following pages.

Service model

A service blueprint is an operational tool that visualises the components of a service in enough detail to analyse, implement, and maintain it. Blueprints show touchpoints, processes, and technology both 'frontstage' and 'backstage'.

During the discovery phase, Mindwave created a service blueprint *(see Appendix Ai)* which highlighted decisions that needed to be made before the Minimum Viable Product (MVP) was delivered, such as, which method(s) should be used to communicate and motivate the users and what "backstage" systems would need to be in place to support the service. The blueprint also allowed us to visualise initial user journeys along with a number of hypotheses, such as "users will want to be able to engage with content before taking any action such as signing up", and "users will want to know the benefit of answering questions before giving their answers". Mindwave also began to hypothesise details around engagement methods, such as "positive images will be more engaging to users than negative images".

The service blueprint was evolved throughout the Alpha phase as decisions were made and hypotheses validated or disproved.

The following are a few examples of elements laid out in the service blueprint that have been implemented:

- Sponsored, targeted advertising
- Keyword research
- Google Analytics
- Tag Manager
- Ad tracking
- Cookies
- Content filter
- Government Digital Service (GDS) style feedback forms

The service blueprint continues to be a working document and evolves with user research and stakeholder requirements (see Appendix Aii), and as such, some items have not yet been - and may never be - implemented, for example, email strategy, personal data collection (eg sign up), and on-site user review submission.

Mindwave and Fresh Egg utilise aggregated data[1] from the use of the service, learn from the data and respond in order to serve the individual user. This drives both the personalisation and growth of the service, whilst ensuring quality - and the anonymity of our users - is maintained.

USER ENGAGEMENT
We currently reach users through:
- Paid social media advertisements (currently Facebook, Twitter and Instagram)
- Paid search advertisements (Google)
- Organic search
- Social media
- Referral
- Direct

Active community management is increasing as Good Thinking's social media presence grows. Mindwave have protocols in place to ensure that users are safe. As the service becomes more established, it might be necessary to expand community management to longer hours and weekends to ensure full coverage on social media during times when users might be more active.

[1] *no personally identifiable data is collected by the service.*

Development culture

Creating a service development culture which complements agile system development

During the design and development of the service, Mindwave followed the Agile methodology framework which enabled rapid, iterative development. This followed the format of fortnightly sprints which ended with a demo where the Product Owner / Lead Commissioner was present to feedback and agree priorities for subsequent sprints.

This approach has continued into the operation of the live service by creating a continuous cycle from user testing through to implementation.

This incorporates:

- Periodic user testing which is collated and summarised
- A live data dashboard shared amongst the team, to ensure all have sight of the analytics
- Regular communications via Github, Trello and Slack means that feedback is in real time amongst the team
- Feedback from users and lessons learnt are filtered through the governance structure. Particular focus is given to this during the Expert Operational Group, whereby lessons learnt, feedback and the data dashboard are analysed, and decisions are made
- Lessons learnt are responded to and implemented, through copy changes via the content management system (Wagtail), and design and development work to enhance the user experience

This iterative process means that Mindwave are quickly able to adapt. and respond to user needs, with guidance from the weekly Expert Operational Group, who utilise the data available to make informed decisions on the direction.

We also plan to build upon this iterative cycle by implementing further methods to achieve enhancements to the content. This will be through the use of a Jira content publishing process, which has been set up and shared with the wider project team.

Governance

The project governance structure is robust and has been set up in a way to ensure there are sub-groups which feed into the overarching programme governance structure *(see Appendix B)* and steering group.

The functions which Mindwave cover are as follows:

LONDON DIGITAL MENTAL WELLBEING (LDMW) PROGRAMME MEETING

Frequency: Fortnightly

Chair: SRO (Javina Sehgal)

Mindwave role:

- Attend by invitation
- Provide weekly update of the service operation
- Weekly highlight report issued in advance of this meeting

QUALITY AND PERFORMANCE MEETING

Frequency: Fortnightly

Chair: Clinical Lead (Richard Graham)

Mindwave role:

- Provide operational review of the service, covering performance, clinical and technical aspects
- Review of service specification requirements
- Fortnightly report is provided in advance of this meeting

EXPERT OPERATIONAL GROUP

Frequency: Weekly

Chair: Design Authority (Diarmaid Crean)

Mindwave role:

- Report on the performance of advertising
- Discuss advertising strategy, future direction and solution design

PRACTICE AND POLICY

To establish the service operation, Mindwave has set up information and clinical governance practices, along with a set of policies

covering all aspects of the service. These policies have been reviewed by an ex-Caldicott Guardian of a NHS mental health trust.

POLICY DOCUMENTS:
- Acceptable use (Terms of Use)
- Privacy policy
- Cookie policy
- Non-medical device disclaimer
- Adult safeguarding
- Children and young people safeguarding
- Accessibility policy
- Incident reporting
- Information governance
- Customer Service / Community Management Policy
- Business Continuity Plan
- Moderation policy
- Complaints policy

CLINICAL GOVERNANCE

Specifically focused on clinical governance, the Quality and Performance meeting provides the opportunity to discuss all clinical matters, including clinical e-safety in the form of the comments users submit on social media channels and via email.

In addition, the paid advertisement copy is reviewed by the Clinical Lead and Behavioural Insights Lead to ensure there is clinical oversight of all aspects of the service.

All resources listed on the site have been through an internal Mindwave evaluation process to ensure that they are appropriate for the site. The areas covered within this evaluation are listed in Appendix C. This evaluation has been shared with and reviewed by the Clinical Lead.

INFORMATION GOVERNANCE

The Mindwave team has been through both the internal Mindwave and NHS (Information Governance Toolkit) information governance training, to ensure that they follow information security and data protection procedures so all data are secure within the service.

Risk management

Development of risk management strategies

The governance structure ensures that risk is well managed, monitored and mitigated within the service.

As discussed in the previous section, the Mindwave team has developed policies and procedures covering various risk aspects, including safeguarding users and data privacy, through to business continuity.

The internal risk management process is documented and the team is trained in this, along with the associated escalation process.

USER RISK MANAGEMENT:
- Social media protocols have been established to ensure users are safe
- Clinical e-safety is reviewed at the Quality and Performance meeting by the Clinical Lead
- Good Thinking does not appear in Google searches for high risk users, for example suicide, as it is not tailored to cater for those users
- There is an 'urgent support' section within the site containing guidance of where help can be obtained when in a crisis
- The self-assessment within the site contains "red flags" to alert the user when they should seek further support
- The Mindwave team is DBS approved

Iterative agile development also accommodates risk elements as we are able to quickly respond to user feedback and data to ensure that the service meets user needs.

Stakeholder engagement

Up until January 2018, stakeholder engagement was carried out by the Communications Team who were responsible for writing and distributing the Good Thinking newsletter, which was sent on behalf of the Chair of the LDMW Steering Committee.

In an effort to re-establish stakeholder communication, Mindwave have been asked to create a stakeholder website which will showcase the journey of Good Thinking, together with the latest updates and methods of contact to engage further.

Technical platform and strategy

Good Thinking is built using Wagtail which is written in Python and uses the Django framework. It is hosted on Amazon Web Services (AWS) and supported by Heroku. The service is hosted in a way that has the capacity to support the number of users that would be expected to utilise a London wide digital service.

The service utilises Google Analytics and Yandex both of which are web analytics tools that track and report the website traffic. They are used to collect information about how visitors use the service. This information is used to compile reports and to help us improve the service. The service also uses cookies which collect information in an anonymous form. Google Analytics tracks information such as the number of visitors to the site, where visitors have come to the site from and the pages they visited. Yandex tracks the users movements on the pages, which assists in the iterative process to develop a user-friendly service.

Engagement

Identifying and engaging the target population

There are two key parts to engaging the population with this service; firstly, to engage a selection of the target audience for research, design, development and testing, and secondly to drive traffic to use the service.

i) Development and testing of the service

The User Research Report details the design, development and testing of the service from the discovery phase through to its current state.

HIGH LEVEL PARTICIPANT DEMOGRAPHIC DATA:

ETHNICITY

Legend:
- WHITE BRITISH
- WHITE (OTHER)
- EUROPEAN
- ASIAN
- MIXED
- OTHER
- BLACK BRITISH
- AMERICAN
- SOUTH AMERICAN
- CARIBBEAN
- AFRICAN

GENDER

53% MALE

47% FEMALE
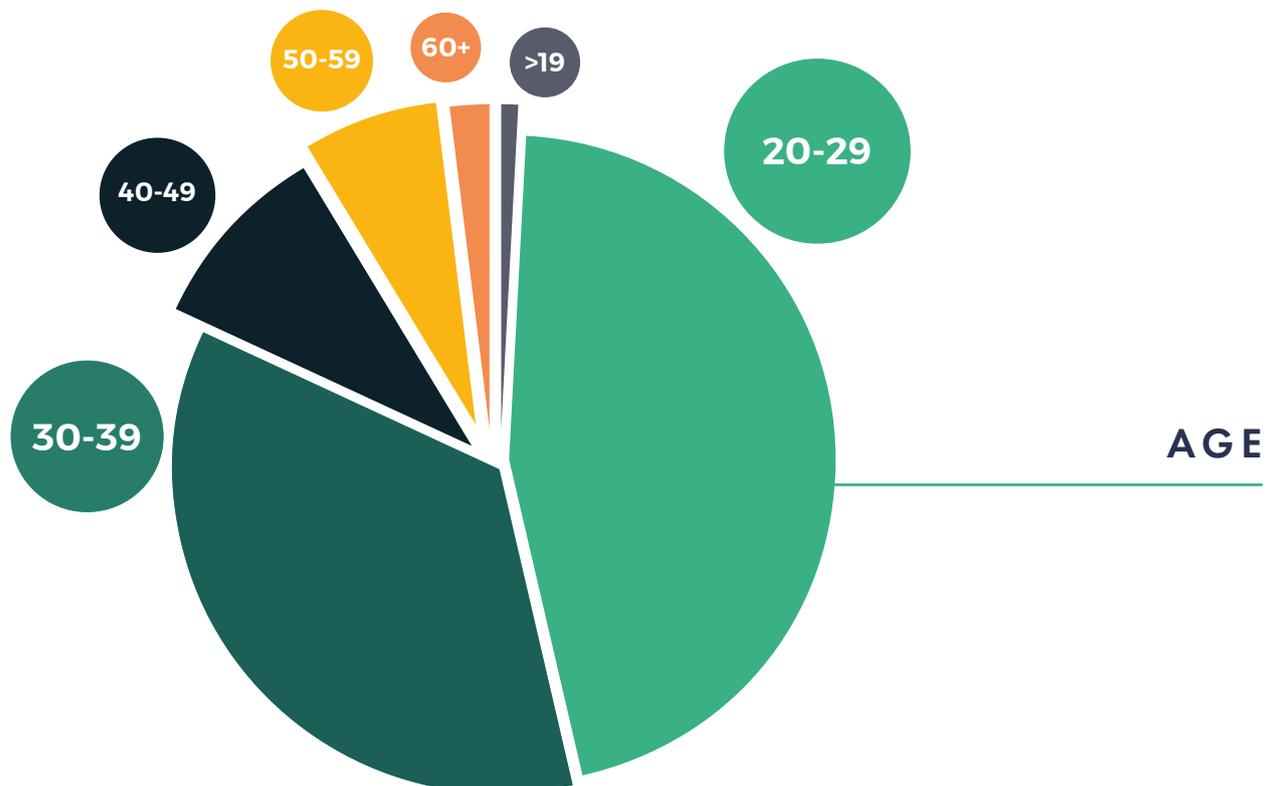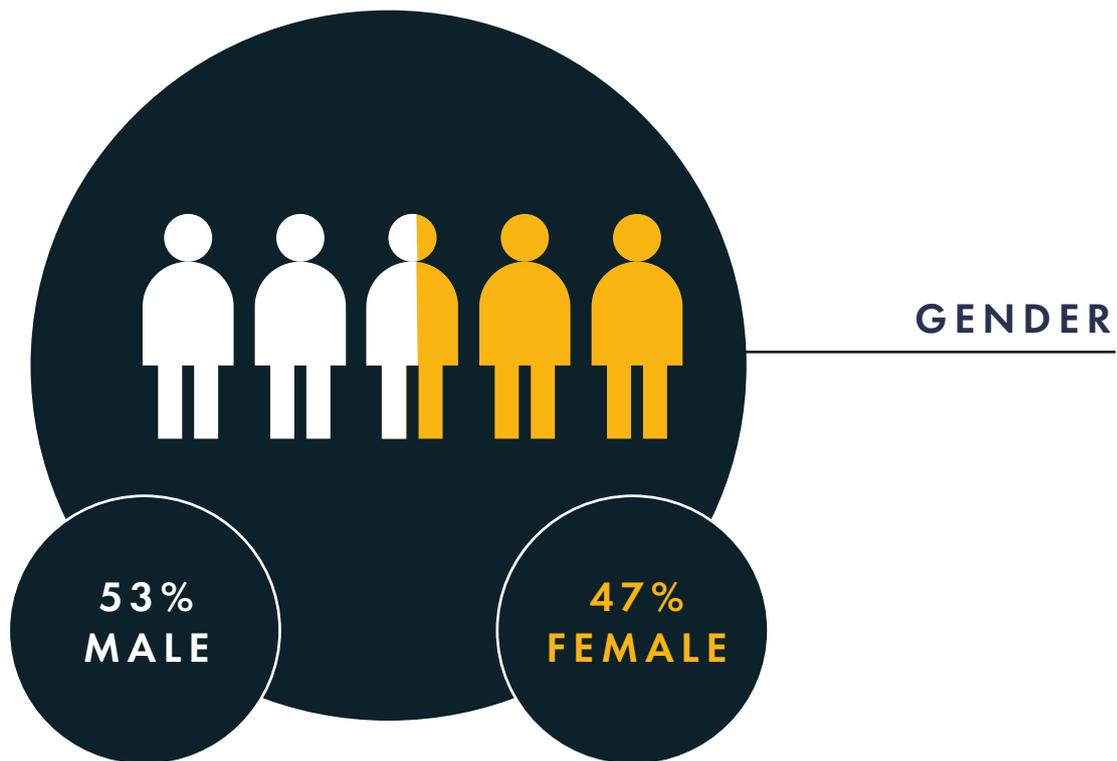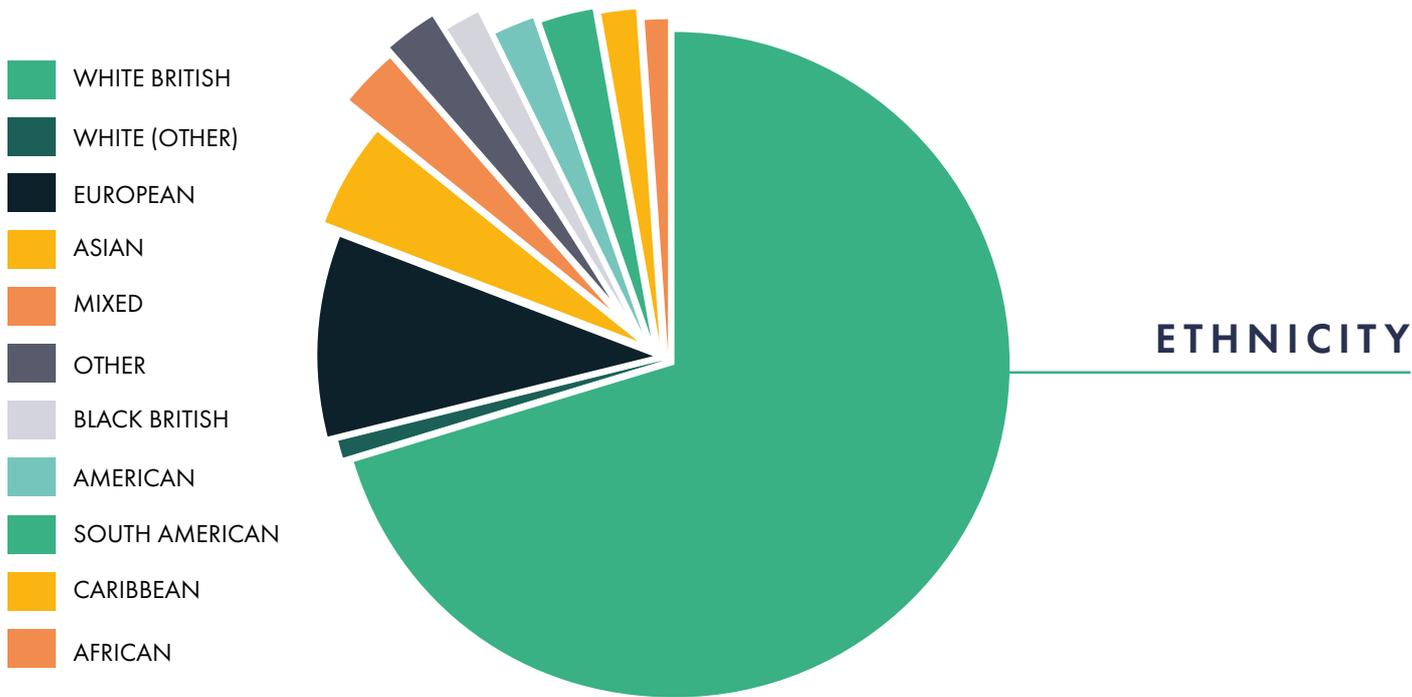
What participants do for work:

unemployed, retired, student, sound engineer, trainee paramedic, paramedic, nurse, project manager, petroleum engineer, medical student, digital artist, TV editor, electrician, yoga teacher, lawyer, doctor, marketing executive, teacher, civil servant etc.

ii) Driving traffic

An initial piece of discovery work was completed by Mindwave and Fresh Egg in order to create baseline data and evidence to prove an engagement strategy via Google, Facebook and Twitter ads.

INITIAL TEST:
- **3.5 weeks (Aug 2017)**
- **£2.9k spend**
- **401k impressions**
- **3.5k clicks**

Further testing and analysis has been conducted throughout the project with ads running for different periods of time. Ad copy and imagery is planned, with different images and copy targeting specific groups. The results are then analysed and used to inform the next test cycle.

TRAFFIC TO DATE:
- **Aug 2017 - March 2018**
  (ads run through monthly test and learn cycles with breaks for analysis)
- **~ £17k spend**
- **> 2m impressions**
- **> 37k clicks**

ANALYTICS DATA SHOWS THAT THE SITE IS BEING USED 24/7

ACROSS DEVICES - WITH MOBILE THE MOST POPULAR

DESKTOP

TABLET

MOBILE
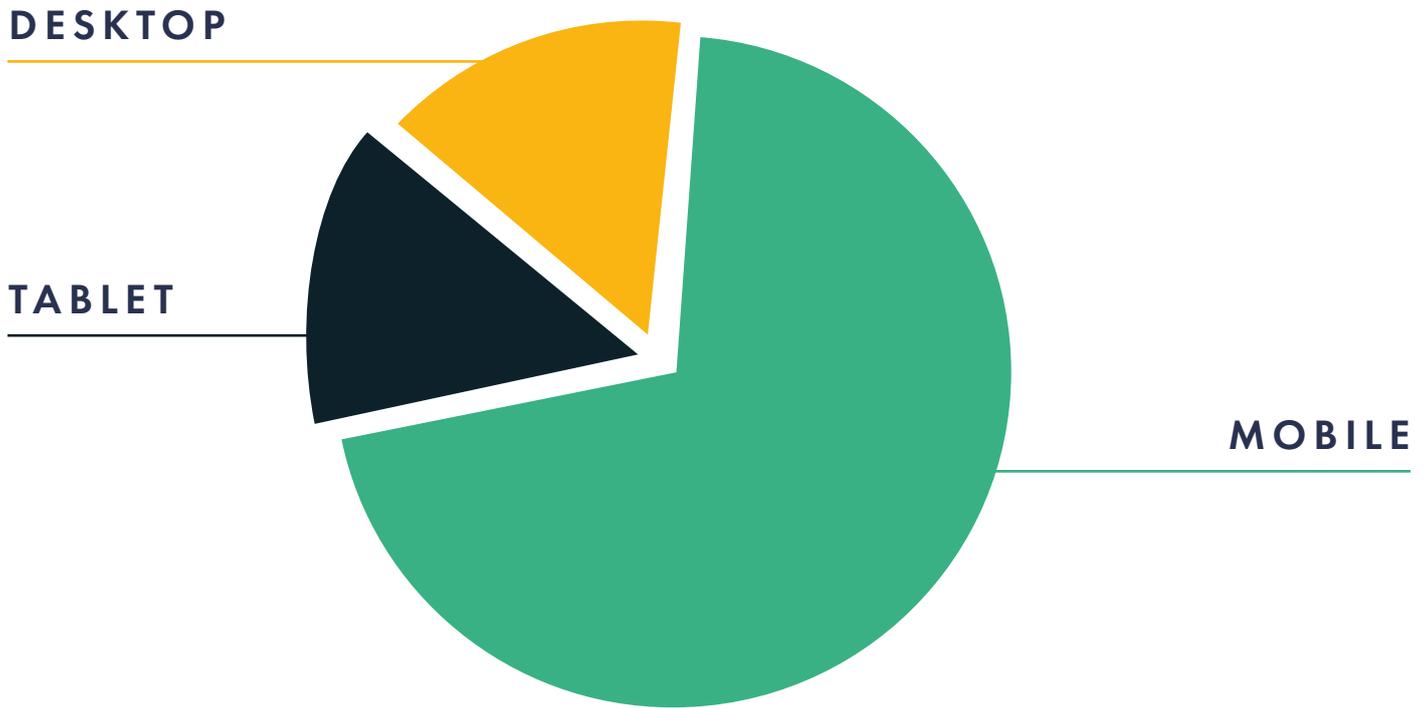
THE SERVICE REACHES ALL AGES[2]

787 Results: Link Clicks ▾   **137,812** Reach ▾
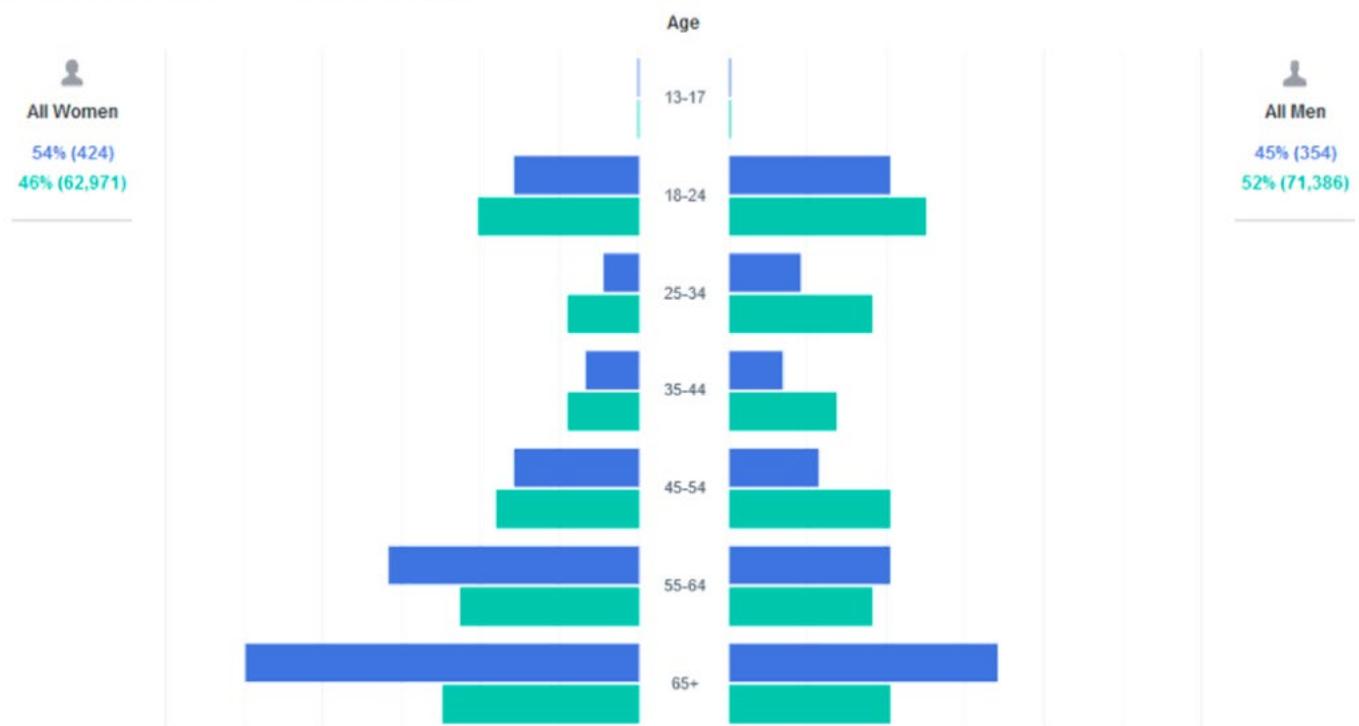
Age

All Women

54% (424)
46% (62,971)

All Men

45% (354)
52% (71,386)

	Age	
	13-17	
	18-24	
	25-34	
	35-44	
	45-54	
	55-64	
	65+	

Capability and capacity

Good Thinking has reached 31,000 users to date. Whilst this is a significant number of users, digital services are scalable by their very nature, and so Good Thinking has the capability of reaching a greater audience.

The key to achieving this is advancing the service using iterative design and development to ensure that the service continues to meet evolving user needs.

The paid advertisements also play a role in this growth, with a clear strategy around the future approach and direction required in order to ensure this reach is achieved through various methods of social media and search engine optimisation.

Future growth strategies should involve the expansion of the site to include geo-location, so resources can be tailored to the individual based upon their location.

In addition, to secure future funding, it is necessary to evidence the service benefits, for example, the number of people it helps and the reduction in people using NHS services as a result of Good Thinking. This will also build trust and confidence in the service and thus contribute towards the growth.

Supporting healthcare goals

Potential to support achievement of the social determinants of health

The initial requirements set out by the client were to:

- Build a scalable digital mental wellbeing service
- Target Londoners of working age affected by a common mental health problem (with or without diagnosis) such as low mood, stress, anxiety, sleep difficulties, unhappiness and loneliness
- Focus on self-help including self-assessment, access to quality information and services and peer-to-peer support with clinical guidance and governance to provide a safe environment with effective risk management

Good Thinking is accessible by all people regardless of education, employment status, socio-economic background, demographic or community. It is a flexible service that has considerable reach to help the entire population. This is achieved through the varied nature of the resources present on the site, which offer something for everyone.

In doing so, the service supports the general wellbeing of the user and the population.

Opportunities

i) For system integration and impact (e.g. primary care, social care)

The Good Thinking platform offers great potential to expand. There are future plans to integrate this into other systems. For example, social prescribing which will enable primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, provided by the Third sector.

Organisations such as ORCHA and Sleepio are already paving the way for social prescribing of this kind and there is potential to integrate with existing systems and evolve the process at scale using digital platforms.

There is opportunity to use algorithms to create GP and/or patient dashboards to allow visibility of which providers are used / liked / impactful to "people like me" - and further down the line, which resources are "successful" as prevention, early interventions, and treatments.

Considerations for social prescribing within Good Thinking:
- evaluation / safety / evidence of provider
- capacity management
- appropriateness /relevance of provider to user
- sending high risk users to a resource (safety of provider)

Recommendation: look to Lancashire and South Cumbria, and Brighton Health and Wellbeing Centre as case studies.

ii) Potential markets

Good Thinking has the capability to expand into different geographies, demographics and conditions.

GEOGRAPHY
This will initially be regional expansion across the United Kingdom. The team are already in discussions with Lancashire who are interested in procuring the service.

The introduction of geo-location could assist with regional expansion as it enables the introduction of local resources tailored to the individual user.

DEMOGRAPHICS
Good Thinking is currently focussed upon the adult population. However, it could be easily expanded to cater to children and young people. Consideration of the journey this could take is being planned.

CONDITIONS
The service does not just have to focus upon mental health. Current considerations are cardiovascular illnesses.

Funding

Funding model and other commissioning implications

To date, Mindwave's understanding is that the service has been funded by the NHS. In the future it is expected that funding will be made available by both the NHS and Local Authorities. It is essential that the investment is made now in order to prepare for the future benefits that the service will bring in the digital age.

Using the same metric as the King's Fund *(see item 1)*, the team can make a very rudimentary comparison: current analysis states that the average cost of acquisition to the Good Thinking service is £0.50, which is significantly lower when compared to the cost of £36 for 10 minutes with a GP (see image below). However, Mindwave is aware that there are far more factors at play here[3].

The NHS target is to see patients within 18 weeks for their assessment appointment. Patients can then wait even longer before their first treatment session.

Data from an ORCHA report[4] - although not London-centric - gives an idea of the UK mental healthcare landscape:

> **"***A total of 250,173 days were spent waiting for specialist services by the 6930 waiting listed users in the city of Salford during 2014/15, all of whom could have been supported using Apps in this time.*
>
> *Although all of these patients were assessed by Mental Health experts as having a condition severe enough to warrant specialist care, they waited an average of 36 days, and in some cases over 18 weeks.***"**

The Good Thinking service is available - and used - 24/7. The audience differs from the ORCHA report in that the service aims at prevention and early intervention, however, it also accommodates users with more serious conditions through the self-assessment - where if a user is told to seek medical help, the service will offer them resources to use while they wait for their appointment.

Using our basic comparisons as a starting point, future analysis will need to focus upon attempting to determine how many users:

- did not use an NHS service because of Good Thinking
- had less sick days
- reported improved wellbeing

This data will enable the true cost / benefit ratio of the Good Thinking service to be established. It may secure additional funding as the benefits are realised and the service is positioned as an essential element within the changing mental healthcare service delivery model.

However, as the service continues to develop and grow, it is guaranteed that the cost per click - as well as costs for design and development - will significantly reduce. It can safely be suggested that the cost of a visit to a GP will increase over time.

ITEM 1

A visit to the GP costs the NHS £36, a nurse consultation in a GP practice costs £12, a visit to a walk-in centre costs £37 and a call to NHS Direct costs £25. A visit to the NHS Choices website costs 13p.

NHS CHOICES

13p
Online

£37
Walk-in centre

£36
GP

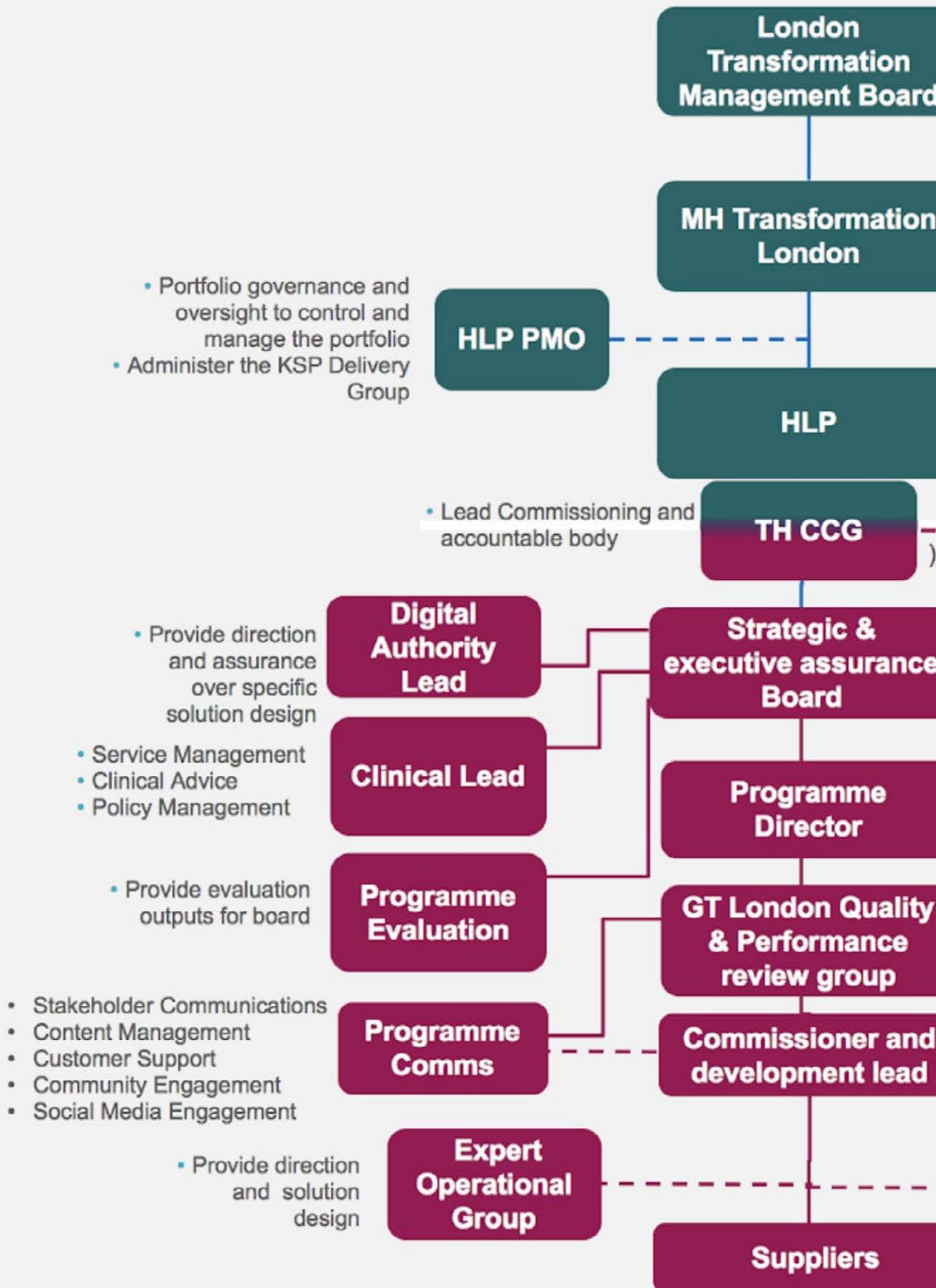£25
NHS Direct

£12
Nurse

The King's Fund>

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[3] *50p is the cost per click on an advert. This figure does not include other cost factors such as design and development resource, and hosting and so is not directly comparable when being directly compared with a £36 GP visit.*

[4] *https://www.abc8.healthcare/wp-content/uploads/2017/03/Orcha-brochure.pdf*

Appendix A

Service Blueprints

ii BETA

Service Blueprint

Stages (columns): Aware · Onboarding · Identifying at-risk users · Results / signposting · Filtering · User feedback · Sharing · Re-contact · Peer reviews · Supported self-management

Physical Evidence

Aware: Offline ads, posters, postcards · Media and press · Ads on social media, sponsored / targeted ads · Easy to remember URL / brand

Onboarding: User reviews, quotes, testimonials · Content I can immediately engage with · Welcoming tone of voice, on brand · Strong, trustworthy, recognisable brand identity · Tutorial video?

Identifying at-risk users: Clear call to action for taking an assessment · Clear call to action for people who require immediate support · Emergency contact numbers, organisations

Results / signposting: Landing page customised to where you've come from · Content that's personal and relevant to me · Summary page for each piece of content · Icon, picture, notes, title, tagline, description, feedback from users · Badges - Clinically approved - London Minds approved - From the community

Filtering: URLs, calls to action for expanding content · New website opens in new tab, ideally with some London Minds branding · Clear London Minds brand, tone of voice · Filter sidebar

User feedback: CTA to suggest content · Free-text box - enter suggestions for new topics · GDS style feedback boxes · Content prioritised by recommendations

Sharing: Clear opportunities to share content on social media

Re-contact: Box to leave my email address

Peer reviews: Email at appropriate intervals asking for feedback · London Minds champions / ambassadors

User Interaction

Aware: I click on the link that's been shared on social media · I click on a sponsored ad in a forum · I search and LM comes up · I am recommended the service by a friend or professional · I go directly to LM after seeing offline advertising

Onboarding: I learn to trust the service - what it does - if it's relevant - why I should engage

Identifying at-risk users: I am immediately shown content, prioritised by user recommendations · I can access immediate support in the case of an emergency · I have the option to go through a clinical assessment answering a series of questions · Support and advice about how to get immediate help (If I am at risk / If I am not at risk)

Results / signposting: I am immediately relevant to what I'm experiencing · Read overview of each search result - Title - URL - tags - approval badges (e.g. clinically approved) - description - pros/cons - user recommendations

Filtering: I select a URL and am redirected to another site · I choose to read more on a London Minds piece of content · I have the option to filter the content - by what I'm experiencing ('the effect') - by what's affecting me ('the cause') - the type of support I'm looking for

User feedback: I can contribute ideas about content/filters I'd like to see · Opportunity to rate this bit of content: "Would you recommend this?" "Why would / wouldn't you recommend this?"

Sharing: I can share the content via social media

Re-contact: I leave my email to get personalised content sent to me

Peer reviews: I receive an email asking me to review my browsed piece of content · I go back to London Minds and get involved with my learnings

Supported self-management: I find what I'm looking for and support myself to stay well

Backstage Processes

Aware: Building relationships and partnerships with other brands / organisations - direct links to categories · Performance analysis

Onboarding: Sourcing user reviews and testimonials from London Minds champions

Identifying at-risk users: API with Expert 24 algorithm · Medical device compliance · Clinical leadership and clinical governance · Capturing free-text entry, managing risk and safe-guarding, flagging with keywords · Partnerships with organisations to provide urgent/immediate support

Results / signposting: Content has been found, shortlisted, approved, uploaded, checked to internal assessment and evaluation criteria · Review to ensure on brand · Capture, review and accept user reviews · Process for checking content is up to date at regular intervals - audit? · Review and prioritise content based on user feedback · Tagging of parent and child tags Exclusion criteria · Clinical approval process

Filtering: Partnerships with other sites to pull in their content · Partnerships target our branding on their site

User feedback: Capture and review all suggestions · Feed into how content is prioritised for user groups · Prioritise user feedback

Re-contact: Capture & organise your email addresses

Peer reviews: Series of newsletters / feedback emails developed in LM branding

Support Systems (software, people, resources)

Aware: SEO - keywords - Tracking - Analysis - Google Analytics Tag manager · SEO for common search terms · Ad tracking - ROI · Brand listening on social media

Identifying at-risk users: Expert 24 Assessment · Natural Language Processing

Results / signposting: Custom landing page depending where the user has come from User feedback links - Wagtail

User feedback: Customer support team IT support (through hosting provider)

Re-contact: Mailchimp or similar

Data & Tracking

Aware: Where users come from (nhs) - What they search for - Return / new visits - Time of day of visit - Cookies

Identifying at-risk users: Is there a certain user group more likely to start self-assessment? · Overall rating by users

Results / signposting: Where are people coming from? Tracking links

Filtering: At what points do users drop out?

User feedback: How do users explain in their own words? Use to prioritise results

Sharing: Where is it shared?

Re-contact: Repeat visits? Use cookies

KPIs

Filtering: A complete journey (through to selecting a piece of content)

Supported self-management: Reduction in people accessing MH services in London

Appendix B

London Transformation Management Board

MH Transformation London

- Portfolio governance and oversight to control and manage the portfolio
- Administer the KSP Delivery Group

HLP PMO

HLP

- Lead Commissioning and accountable body

TH CCG

Digital Authority Lead

- Provide direction and assurance over specific solution design

Clinical Lead

- Service Management
- Clinical Advice
- Policy Management

Strategic & executive assurance Board

Programme Director

Programme Evaluation

- Provide evaluation outputs for board

GT London Quality & Performance review group

Programme Comms

- Stakeholder Communications
- Content Management
- Customer Support
- Community Engagement
- Social Media Engagement

Commissioner and development lead

Expert Operational Group

- Provide direction and solution design

Suppliers

- Set strategic direction for Specialised Commissioning
- Oversight of portfolio progress
- Make decisions on escalated risks and issues

- Oversight of portfolio progress
- Make decisions on escalated risks and issues
- Make decisions to initiate new initiatives, terminate in flight delivery and release funds
- Make decision to assign SROs to initiatives

- Monitor portfolio progress and resolve issues that may compromise delivery and benefits realisation
- Escalate risks and issues where necessary
- Make recommendations on the initiation of new initiatives, termination of in flight delivery and release of funds

- Guide and direct the initiative
- Includes strong clinical leadership
- wider strategic focus (currently steering group)

- Provides senior oversight of programme and assurance to board.

- Operational review group of the service chaired by clinical lead, covering performance, clinical and technical
- Overall ownership of service performance and safety

- Oversight for: Stakeholder Communications; Supplier Management; Service Management; Financial Management; Digital App Commissioning; Policy Management; IG Management

Service contracts and projects manager

Supports management of service for commissioner:
- Supplier Management
- Procurement
- Financial Management
- Policy Management
- Administration & Support
- Data Collection and Management
- Service development project
- IG Management

Administrator

Appendix C

Resource Evaluation

The internal evaluation that is completed by Mindwave for each resource has three core purposes:

- Ensure relevance and value of resource
- Objectively reduce risk
- Track content creation and management

THE EVALUATION COVERS THE FOLLOWING AREAS:

Key topic (eg global nav)
Eg, sleep, anxiety, depression or stress - to ensure relevance

Content type
Eg, app, podcast, article, video, fitness programme, support group etc

Is the resource clinical?
The recommendation for any clinical resource was for the clinical lead to go through this evaluation process - with the addition of the Scottish Matrix evaluation. (NB this did not happen! Lack of clinical resource?)

Evaluation assignee
To ensure clinical resources were assigned to the clinical lead. (NB "clinical evaluation" did not take place on any resource... Lack of clinical resource?)

Date found
For our own tracking and monitoring purposes

Condition it addresses
If more specific than the 4 main topics - e.g. panic attacks

Type of support
Eg "self help", "education", "tracking/ data collection", "advocacy of MH" - to ensure that the resource is in line with our requirements and outcomes

Severity of condition
To track any resources that target more severe conditions to ensure appropriateness - as the service is aimed at wellbeing, prevention and early intervention and not cure

Who is the service run by?
(eg NHS, NFP, charity, private...)

Is it free or paid for?

Who is it paid for? (Eg funded by NHS or employer)

Does the service measure clinical outcomes or behavioural change?

Does the service provider monitor user progress?

Is useage recorded and reported for analysis by service provider?

Is there a risk assessment that will notify the service provider?

Usability score
Based on our own testing of the resource

Can the user track / measure their progress?

Quality of presentation?

If an app, is it available on multiple OS / platforms / devices?

Is the website up to date?
Is the copyright up to date?

Does the user have to give data? (eg sign up)
If so, this is listed on the GT service site with the following message:

"Please note that we cannot be held responsible for the security of data that you share outside of this website."

Privacy statement?

Data security / confidentiality statement?

Equality / accessibility statement?

What language is the service available in?

NOTES
(eg if low scoring, reasons for approval)

CONTENT TRACKING

- Approval date
- Tags
- Hidden tags (for self-assessment)
- Summary
- Benefits and Considerations
- Labels
- Page title
- Search description
- Full description
- Destination partner? Y / N
- Video / image embed URL / codes
- Published? Y / N
- Publisher
- Date published

MINDWAVE

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