

Table 5 – Post-Its

How will it feel different 'working together' to plan services / what needs to take place?

How to help people to take part?

- Mentoring of new people?
- Timing of sessions / meetings
- Go to work places and meet there

Check back with wider community about how things are going

- Feedback forms for users before they leave
- Wider community – how? Workplaces, schools...

Has sometimes felt that professionals have been going quicker (understandably) that lay – so lay input always behind the curve.

“Are you on our side?” rather than “are you from round here?”

Fear about what is seen to be happening in West Cumbria as a whole = economic decline. It is a real and correct fear. How do we deal with this?

Count our blessings. Unique things about West Cumbria.

Partnership with:

- Politics
- Media
- Churches
- Education
- County Council
- Local business
(envisage a smaller
West Cumbria)

Realistic expectations about
what is possible for West
Cumbria.

Looking after our staff in post.

- Pay on time
- Somewhere to live
- Rotas in advance

Share information about how
services work, so service users
have some expectation.

IT needs to be working well to
enable us to talk...
Good news – little snippets.

Example of co-production on
survey of patient experience
around transfers between
WCH and CIC.
But need to continue co-
production and what to do
with scores/outcome.

Mentorship for registers of co-
production – someone who has
experience.

Capture the things we could do
better from those both in
services and using services.

Some apathy, because it's gone on so long to date. What is up for grabs? Options – how much choice is left?

Patient stories can be useful for what works well and what could be improved.

Keep on attending the forum. Commitment from senior staff at the Trust.

Co-production – change the word to Working Together.

Really do what we have said we will do.

Need to make it understandable and relatable to enable people to contribute.

Co-design
Co-production is bigger – includes design and implementation – may need to revisit design.

Publicise better. Go to workplaces, schools and playgroups to get ideas. (Sellafield)

Proactively meet patients without expecting them to come and find us.