

Tablecloth 5

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

It's not one Trust one team
– need to change consultant
behaviour to make it one
team and move between
and work on both sites.

12 month timescale not
realistic to enable some
initiatives to be effective.
Adds to sense of futility in
the co-production process.

Improved communication
about services that are
available to Primary Care.
Directly by email.
Reasons need to be given
about changes to services.

How we advertise events
and future events. Got to
staff and services to collect
ideas. Staff meetings, etc.

To mend distrust:

- See senior leaders
at meetings
- Middle managers
may not be as open
or have as much
information
- If you can explain
why

Lay people good source of
what is happening on the
ground – often before an
issue comes to light.

Buy in from professionals
needed. Sustaining input
throughout
implementation. Thought
needs to be given to this.

Positive messages are more
effective than negative.
(Recruiting – new banner at
Brampton)

Training for Lay people to assure professionals of discretion/confidentiality.

Knowledge of how the system works and how the different parts relate to each other (trust – who has influence over commissioning). What and who is responsible for what.

Formalise the relationship as per Millom Alliance – should be an equal share of process.

Professionals to remember the public are a good resource for help and contribution.

Openness of Lay people to learning and developing. System wide.
Briefing regarding context and background on issues to be aware of. Prior to meetings and events.

Staff need some development re co-production.

- Joint training
- Learn from those with experience and ability

People feel duped by consultation process and let down by lack of risk assessment. To move forward you need to show the risk and how it has been considered. It's about being honest about things.

Need to complete the cycle of testing/monitoring the change to see if it is better than what we had before. Should be stopped if not.

Recruitment

Big selling point that at a DGH you have a different experience and, "by God you learn a lot." Be good to be part of a network (across the region).
Rotation.

Working together has to be visible / have to commit to it. Not lip service... do it.

Staff are part of the community – delivering of service – so need to be part of co-production process.

Be part of the staff meeting, so the clinical staff involved in services and with access to service users and parents, to encourage them to get involved (explain what the CCG is).

Small numbers of people interested in strategic meetings.

- Scope
- Give best value we can
- Acceptance

Support the people who can help with the solution. Continue with open doors and forum for comment.

Need to build trust again – acknowledge mistakes.

Ways to help need to be described.

All in this together. Equal standing.

Open to ideas to help move forward.

Paediatrics working more into the community and primary care.

Trusted "individual" expert enough? Independent enough?

Use network that exists to help draw others in.

Build trust – single narrative.

Be explicit about proposal and put it out there for people to comment.

Relaunch the proposal to politicians, community groups, campaign groups, and social media.