GROUNDSWELL PARTNERSHIP

Working Together for Change

Citizen-led change in public services

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Working Together for Change:
citizen-led change in public services

By Sam Bennett, Helen Sanderson
and Simon Stockton

GROUNDSWELL PARTNERSHIP

About Groundswell Partnership

Groundswell Partnership works with health and social care organisations to transform support and improve people's lives. We are a partnership between Bennett & Stockton Ltd and Helen Sanderson Associates (HSA). We support sustainable change in organisations through personalisation and community based support and are committed to sharing our learning and spreading innovation across the sector.

We are currently working alongside councils, providers, health organisations, the Think Local Act Personal partnership and the Department of Health to support the successful implementation of personalisation in health and social care, including through the use of Working Together for Change. The Working Together for Change methodology was originally designed by HSA and has since been further developed and refined by Groundswell Partnership.

Publishing information

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Summary

This report is about Working Together for Change (WTfC), a citizen-led approach to change in public services that is at the heart of what we do.

Over the last five years the approach has been developed, tested and refined and is now being used across the country in a variety of settings and internationally as a tool for delivering inclusive strategic change. We think this is the beginning of something important rather than the end of the road. This report marks our commitment to building on the experiences of partners across the sector to make WTfC a central driver for person-centred commissioning and service development in the UK in the next five years.

We will do this by:

❖ Establishing a community of interest to support you to share your learning in using WTfC

❖ Developing a robust evidence base for the benefits of person-centred change in public services

❖ Sharing our accreditation framework for "what good looks like" in delivering effective programmes of work through WTfC

❖ Working alongside you to break new ground and further improve the approach

This is not the first publication about WTfC. Following several earlier reports by Helen Sanderson Associates, a major Department of Health publication in 2008 shared the results of a project involving four localities where the approach had been tested. This report is a necessary addition for two important reasons. First, the 2008 publication focused solely on using the approach for commissioning, whereas we now know it works equally well as a tool for service and business development for providers. Second, the methodology has continued to evolve and improve over time, particularly to include a greater emphasis on generating solutions and developing robust plans to make them happen.

This report is the first full articulation of the eight-stage WTfC process that has been used to great effect from Hartlepool to the Isle of Wight. It explains what the approach is about and why we think it is particularly important now. It describes

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the process in detail, including what we've learned delivers the best results. It also sets out our plans for a next phase of development and experimentation and what we think the future holds. We hope this report will help maintain momentum where WTfC is already used and create new interest in areas it is yet to reach. Most of all, we hope it helps everybody using the approach or thinking of doing so to continue making a positive difference to people's lives. We are aiming high and we encourage you to do the same.

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About Working Together for Change

Working Together for Change is a tried and tested approach to coproducing change with local people and harnessing the energy from that process for strategic planning, commissioning and service development.

It can help to make better use of scarce resources, improve productivity and lead to better outcomes for people by ensuring services provide the things people want and need in ways that make sense to them. It can help statutory agencies understand the impact of their interventions, including the outcomes of the shift to personalisation in health and social care and as part of local plans to deliver against the Think Local Act Personal markers of progress set out in *Making it Real*. The process goes well beyond consultation towards enabling people with support needs to play a leading role in determining the changes and improvements they want to see. Through testing and refinement over the last five years, people using WTfC have been building a new approach to public service design that empowers citizens to truly lead the debate.

WTfC uses information, most commonly from person-centred or outcomes focused reviews, to shine a light on what is working well for people, what is not working so well and what might need to change for the future. Person-centred information is collected routinely in some services (though fewer than we would like!) and is becoming more common through the spread of good, person-centred practice within organisations that provide or commission support in health, social care and beyond. It is the information we need to ensure people's support is tailored to their needs and aspirations for the future – the very bedrock of personalisation. But until recently, most people have done little beyond planning support for individuals with the person-centred information available. They are missing a trick!

The process is scalable, highly adaptable and applicable at different levels of change. From a social enterprise planning their business or a council reviewing a service, right through to multiple agencies working to address a crosscutting

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issue, WTfC makes a reality of citizen-led change. There are compelling reasons for adopting WTfC now and significant benefits to be gained from making the approach part of everyday practice. The next section tells you why, and more specifically – why now?

Why now?

There are a number of important reasons why this is the time to Work Together for Change:

Making good decisions in challenging times

At a time of sustained pressure on public finances, organisations cannot afford to ignore the collective knowledge and resources the people they support can bring to meeting the challenges we face. There is real and present danger that public organisations managing the fallout of cuts to their budgets will retrench behind commitments to protect 'frontline' services, while taking a scythe to everything else. When the money needs to go as far as it does now, it becomes even more important to get the important decisions right. While it will be tempting to jettison "user engagement" along with everything else for which quantifying the benefits is difficult, we believe the opposite should happen. This is the time to work together for change so that we use scarce resources on the things people need, want and value.

Putting co-production into practice

Co-production is a concept that has been enthusiastically adopted in the policy agenda in health and social care over the last few years, but the practice has so far lagged well behind the rhetoric. While we think it's probably sensible to leave debates about defining the concept to others, co-production has been described in policy terms as being about people's deep involvement in the "design, delivery and evaluation" of services. There is increasing evidence for the financial as well as social value of co-production. It seems intuitively correct that designing support *with* people should lead to more efficient services and better outcomes. Co-production happens through WTfC in two distinct ways. Firstly, by engaging with person-centred information that gives a voice to the people that matter most – the people using the service or caring for someone that does. Secondly, by getting the right people in the room together to understand what the information is telling them, analyze root causes and develop ideas and solutions. This is the time to work together for change so we can make a reality of co-production in public services and build a stronger evidence base for the benefits.

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Making it Real

Many organisations across the sector are currently signing up to Think Local Act Personal's *Making it Real* (MiR) and declaring a public commitment to the continued development of personalisation and community based support.[1] Working Together for Change is both a powerful tool to accompany any MiR assessment and a strong source of information to evidence progress towards MiR action plans. One national provider has already identified embedding WTfC as a key target for their first MiR action plan to improve customer engagement in services across all six markers of progress.[2] This is the time to work together for change so that people with support needs, their carers and families can lead the way in Making it Real.

Building stronger markets of personalised support

The drive towards personalisation in public services gathers pace with ambitious targets announced in social care and the forthcoming rollout of personal health budgets. While we are yet to fully understand the impact on public service commissioning, it seems clear that the times of service driven strategies and block purchased solutions are drawing to a close. While the commissioning role in directly securing supply is reducing, the responsibility for shaping local markets of high quality, personalised support has never been greater. Meeting this challenge will require coordinated action by commissioners and providers working together with the citizen at the centre. This is the time to work together for change so that local markets of care and support provide the sorts of things personal budget holders and self-funders want to buy.

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Unlocking providers' expertise

The expertise about what works well in delivering personalised support increasingly sits with provider organisations rather than funding authorities. While there has been much emphasis over the last few years on personal budgets and changes in process, this will be of little value if not matched by significant change by providers to address engrained thinking and behaviour and shift organisational culture towards trusting and empowering the people they support. People's experience of support is impacted as much (if not more) by their relationship with individual support workers day-to-day as by their access to a personal budget. This is the time to work together for change so that providers

can adapt their businesses and working practices and be fitter for the future delivering fully personalised support.

Strengthening local accountability

There is an increasing need to strengthen accountability between public bodies and their local communities as regulation recedes and more decisions are devolved from Whitehall. For us this means more than good information and traditional consultation, where strategies are developed and plans all but written before people are asked for their views. Rather, this requires a dynamic approach that brings people in at the beginning and sets a clear framework around their expectations and involvement. This is the time to work together for change to create an invaluable audit trail and golden thread between what people identify as important and the actions organisations take on their behalf.

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**Some of the many other reasons to work together for change:**

- ❖ **Duty to consult** – Councils have a statutory obligation to consult on changes and developments, so why not do it better and in a way that builds trust, commitment and accountability?

- ❖ **Dignity in Care** – WTfC can help organisations demonstrate their commitment to delivering on the 10 point Dignity Challenge, particularly point 5 "Listen and support people to express their needs and wants" and point 8 "Engage with family members and carers as care partners"

- ❖ **Joint Strategic Needs Assessment (JSNA)** – it is acknowledged that engagement with local people and communities around the JSNA has been relatively weak. WTfC can strengthen this engagement and provide vital data to inform strategic commissioning and service planning

- ❖ **Business information** – whether on the commissioning or supply side, we all need information about how the system is working and what the outcomes are for people. WTfC builds on routine best practice in individual reviews to create a valuable evidence base for what works

- ❖ **Health and Wellbeing** – WTfC can provide useful information and measures of progress towards a range of local and national outcomes and can be used by Health and Wellbeing Boards to identify strategic priorities

- ❖ **Joint commissioning** – WTfC helps to develop stronger relationships between commissioners by fostering a shared understanding of each others context and stimulating debate over how benefits derived from joint commissioning are attributed across the health and social care system

- ❖ **Equal opportunities** – WTfC can be a useful tool to understand different people's experience of support and to ensure statutory responsibilities regarding equal opportunities are effectively discharged

- ❖ **Market Position Statements** (MPS) – MPS are becoming an important way of communicating information about the local market so that providers can adapt and respond and have confidence to innovate and try new things. WTfC can provide a valuable thread of data about the things people want for the future, which can considerably strengthen an MPS

- ❖ **Quality agenda** – WTfC can play an important part in any local strategy to drive up quality within care and support services and providers can be encouraged to provide evidence of outcomes using the process

- ❖ **Patient and Public Engagement (PPE)** – WTfC can be an important part of any PPE strategy and can be used by Clinical Commissioning Groups to identify priorities for local commissioning

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- ❖ **ASCOF (Adult Social Care Outcomes Framework)** – WTfC can provide useful evidence for ASCOF, particularly outcome measures:
  - ✳ **3a**: Overall satisfaction of people who use services with their care and support
  - ✳ **3b**: Overall satisfaction of carers with social services
  - ✳ **3c**: The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- ❖ **NHS Outcomes Framework** - WTfC can provide useful evidence against a number of overarching indicators in the NHS Outcomes Framework, including:
  - ✳ **2**: Health related quality of life for people with long-term coniditions
  - ✳ **4a**: Patient experince of primary care
- ❖ **Safeguarding** – WTfC can help to identify instances and patterns of institutional abuse within care and support services

8 Steps
WTfC

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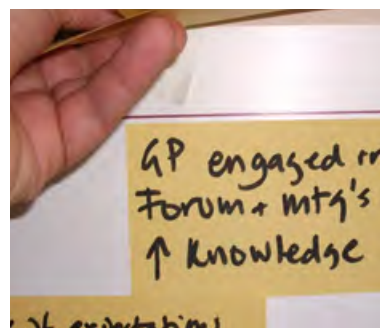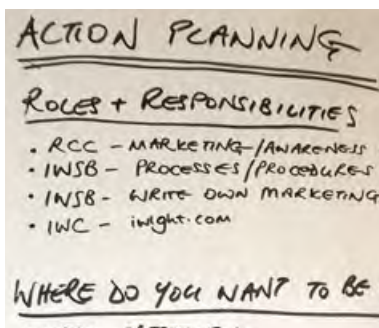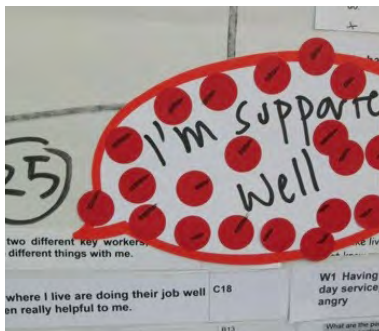
The 8 Steps

Working Together for Change is an 8 step process. Any programme of work delivered through WTfC will go through each of these steps consecutively.

The original WTfC methodology included just six steps and concluded with "Identifying success." While it can still be valuable to take the process only this far where the priority is to simply identify priorities for change, the process was developed further through the National Provider Development Programme at the Department of Health in 2010 to strengthen the focus on action and seeing work through to conclusion. The full eight step process puts greater emphasis on action planning, on measuring progress and on learning and review. The process is designed to work cyclically and to be embedded within the core cycle of commissioning or business planning, rather than to be picked up for a single usage - though that can still work well too! The graphic overview of the eight steps on the following pages shows how the process works from start to finish.
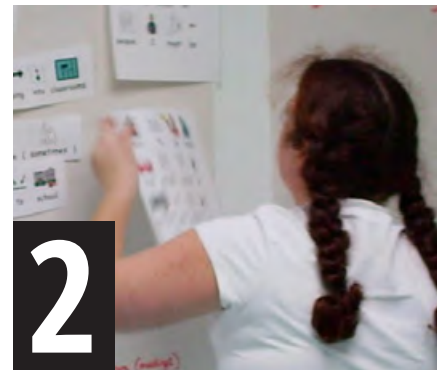
The rest of this report is arranged around these distinct stages to share our learning and experience of what works and to help you plan and structure your local approach.

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1 Prepare

Agree how, when and where you want to use Working Together for Change and who needs to be involved. Ensure people have a recent person-centred or outcomes focused review.

2 Collect

Gather the information from reviews – what are the two top things that are working and not working for each individual, and what do they want for the future?
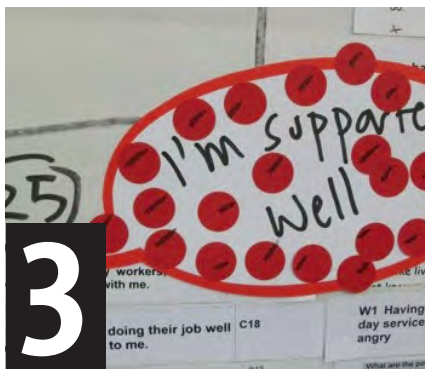

5 Identify Success

Identify what success would look like if the root causes were addressed and changed. Agree success statements from different perspectives.

6 Plan

Look at what is happening already to move towards success, think together about a range of other ways to make change and agree which ideas to turn into action plans.forward.

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3 Theme

Work with a range of stakeholders, including people with support needs, to recognise themes in the information from reviews and give each theme an "I" statement.

4 Understand

Work together to understand the root causes of what is not working for people and prioritise the top ones to address.
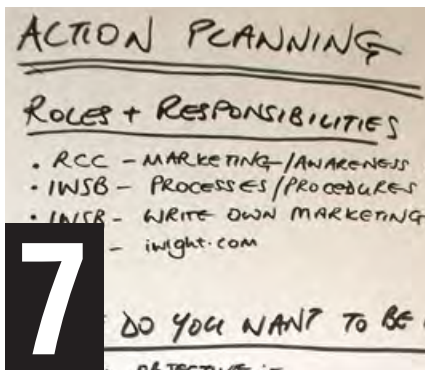
7 Implement

Identify where you are now (baseline) and how else you will know you've been successful (indicators). Share this information and start to implement action plans.

8 Review

Evaluate progress against success criteria and write Working Together for Change report. Communicate progress and next steps to all involved and other people interested in the changes.

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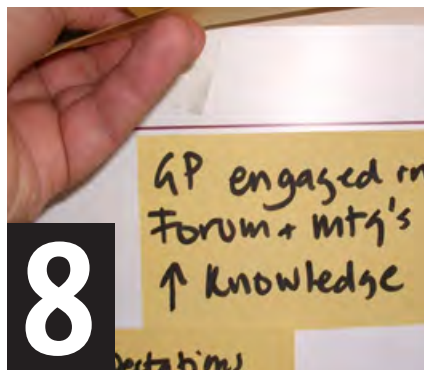
Working

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Choosing where I
it eg hall or office to
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goings on

ting in my
den which is nice
watching birds

Feeling
comfortable with my
home & people
around

Living in 26 -
Happy since
move

I like my
room

Getting out
and about
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crafts and knitting
at home

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or a meal

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"easy" chair in the
living room

Going to the
Irish centre

Going to
Church

Going to the
church café (every
week)

Having my
review in temple
with family

Going to Church
each week -

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moved closer and
smaller group
(day opportunities)

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Dramatherapy

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solicitor

Going t...

Step 1

Prepare

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Prepare

Agree how, when and where you want to use Working Together for Change and who needs to be involved. Ensure people have a recent person-centred or outcomes focused review.

Step 1: Prepare

The first step of WTfC involves deciding the scope of work, agreeing the quantity of information to be collected and how, clarifying the timescales and identifying who needs to be involved

Scope of work

Most people who use WTfC have a fair idea at the outset why they are using it and what they are using it for, but it is important to ensure that the process starts from a firm foundation of co-production and is as inclusive as possible from the earliest stage. In practice this will mean ensuring the right people are involved in Step 1 when important decisions are made about the scope of work and its objectives. In most cases this will mean ensuring that three key perspectives are well represented in the planning – people using support, their carers and families, people or organisations delivering support (providers) and people or organisations that seek to influence or purchase support on behalf of others (commissioners). While the process of identifying everyone that needs to be involved throughout the process will necessarily be iterative, it's worth making your best effort to get the right people round the table from day one.

The first questions to ask when deciding to use WTfC, are "why are we using it, what is the purpose?" and "how will we use it?" These may seem rather basic questions and in many cases the answers will be obvious, but they are important things to clarify and agree so that everyone involved starts with the same understanding and expectations of what they are trying to achieve. It is best to keep your answers to the first question "why are we using it, what is the purpose?" as simple and specific as possible as this will help you communicate your objective and the intended outcomes of the project to different stakeholders you want to engage. Your answer should read like a brief statement or description of what you hope to achieve. For example:

"We are using WTfC to review day opportunities for older people across the borough so that people have more choice and control over what they do during the day"
Or
"We are using WTfC to understand how our service is working so that we can improve people's experience of the support we provide"

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To answer the second question, "how will we use it?" you will need to understand the type of project you are running. No two WTfC projects will be precisely the same because there are a multitude of possible applications. Even where there are superficial similarities, there will be differences in process and outcome that result from various factors: local leadership, geography and demography, quality of data etc. And this is as it should be. This doesn't make it less important to start with an informed view of what you are doing and how best to go about it.

For this reason we have identified four broad categories, or "levels" of WTfC usage that lend themselves to roughly similar sorts of preparation. These are listed in Figure 1 below. We suggest that although the process remains essentially the same, there are different and in some instances more demanding preparatory tasks involved at each level. Mostly these relate to the data requirements and sample size needed, though they may also impact on the timescale for completing the work and the range of different stakeholders that need to be involved. The suggestions that follow are borne out by our learning to date about what works best in each situation.

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LEVEL	TYPE	DESCRIPTION
1	Unit	A small number of people sharing a specific service or range of services, usually including accommodation e.g. a supported living arrangement for four people with learning difficulties.
2	Provider	Support offered and provided by a single provider organisation, e.g. an independent sector residential care provider or in-house mental health outreach team. This can also include a provider looking more strategically across a range of different service offers.
3	Service	Support offered and provided by a more than one provider where there is commonality of service type and/or outcomes expected, e.g. day opportunities or homecare.
4	Population	Support offered and provided by more than one provider to meet a range of needs and outcomes for a specific population, e.g. services for people with a learning difficulty in the north of the borough or mental health services across the town.

Person-centred information

WTfC stands or falls on the quality of the person-centred information used. You cannot expect to accrue all the benefits of running a successful process without putting in the hard work to gather data that truly reflects what is important to people in their own words. The important information needed to run any successful WTfC process are people's answers to three basic but powerful questions:

"What is working well?"

"What is not working well?" And

"What is important to you for the future?"

The co-production that is fundamental to WTfC is considerably weakened if you don't have this information in sufficient quantity and quality. Why?

❖ Because it is often difficult to get people other than the *"usual suspects"* involved in consultation and almost never the views of people who don't use words to speak. Having information that reflects the views of a wider group of people, including voices that are not often heard, makes the process more inclusive and more legitimate

❖ Because this helps to keep the focus on what matters most to people rather than what people in positions of authority think is important! These are not always one and the same and it is far harder to ignore the words of many people than the voices of a few

❖ Because person-centred information reflects person-centred practice – without it we cannot know that we are working in ways that help put people in the driving seat. Person-centred change at strategic level should always happen alongside meaningful changes to peoples' individual support

In practice this means collecting the best person-centred information you can in ways and quantities that are practical and achievable.

Sample

The sample size will depend on the kind of project you are running. In practical terms, the resources you have available will also have a considerable impact. The prospect of a relatively meager sample should not rule out the possibility of using WTfC, though it will put a greater onus on the people that attend the events being well chosen, representative and knowledgeable about the issues at

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hand. Broadly speaking, some data is definitely better than no data and a small quantity of good data is more valuable than a large quantity of poor data (see the section in Step 2 on quality). The important thing is to have an open debate about sample size, preferably with the important stakeholders in the room, and to reach an agreement on what is practical, possible and achievable within the time and resources available.

LEVEL	TYPE	DATA REQUIREMENT
1	**Unit**	Depending on the size of the unit you should aim to collect information from everyone that lives there or uses it. When it is possible to hear from everyone then you should try to do so! If it's a particularly large facility, aim for a cross section of information from people with different levels of need and at least 50% of the possible sample.
2	**Provider**	The ideal sample will depend on the number of people supported and in how many different settings. You will need a cross section of different needs profiles and data for each service type included proportionate to the ratio of people using each service, i.e. the same percentage of each. The minimum quantity of data we have worked with at this level is 15 reviews, which was 20% of the possible sample.
3	**Service**	For this level, the sample you decide on will likely be driven by the resources and time available rather than the pursuit of perfection because of the larger numbers involved. The maximum amount of data you can comfortably work with is instructive here – information from no more than 100 subjects. Aim for a representative sample of at least 10% or 100 reviews, whichever is the lowest.
4	**Population**	The aim here is for a broad and reasonably representative mix of data rather than a particular percentage because the numbers would likely be prohibitively large. It may actually be sensible to aim for lower quantities of data here than at service level because the differences in what 2% or 3% of reasonably representative data will tell you are probably not worth the additional effort required to collect it! This is level of usage is broad brush and strategic so keep the data manageable – information from no more than 100 subjects and conceivably from far fewer.

In having this discussion and making this decision it can help to have an idea of what other people have done in similar circumstances. While there is no specific research on what constitutes "enough" data, we can say from experience that above a certain quantity the information used in WTfC tends to reconfirm existing patterns rather than reveal new ones. Exactly where this tipping point is will depend on the "level" of usage. The table below gives some pointers on what has worked well in each case.

Who to involve in the events?

A fundamental principle of WTfC is that any successful project must have three key perspectives represented at the events in roughly equal ratios – commissioners (senior decision makers), providers (senior decision makers) and most importantly, people with support needs, their carers and families. Depending on the type of project there may be other stakeholder groups that need to attend in fewer numbers, such as frontline practitioners, user led organisations or partner agencies.

The optimum number to attend any WTfC event is 25-30. More than this and the facilitation becomes tricky and the time needed to hear back from everyone squeezes important parts of the process into unhelpfully small time slots. The upshot is that it is very important to think carefully about who should attend and to make concerted efforts to ensure the people you want there can prioritise the sessions. While the most important perspective will always be that of people, carers and families, there is little merit in taking two days of their time to develop ideas and solutions when the people with responsibility for the service are not in the room. The providers and commissioners that attend need to be people who can make things happen, which will mean giving them plenty of notice.

Equally, it is often considered difficult to get people with support needs, their carers and families to commit to engagement events. People generally have better things to do with their time! But WTfC cannot work without them, so do everything you have to do to get them there, including payment and a decent lunch. Try to get a range of people with different needs and perspectives but don't panic too much if you have to rely on the people that most often attend existing groups and forums. They will have important views and as long as your sample is representative the voices of the seldom heard that wouldn't attend your event however good the sandwiches will still be present. Finally, learning from elsewhere suggests that though it is fine to ask people whose data is being used to attend

the events, this shouldn't be a prerequisite for their involvement. The important thing is that they are able to reasonably represent the perspective of the group or population under consideration, which does not mean being part of the sample cohort.

Where to hold the events?

The venue for WTfC events is important. Think about the last time you enjoyed a meeting in a windowless basement room. If the meeting had been a whole day it would probably have stuck in your mind for all the wrong reasons. There must be space enough for people to comfortably move around and ample room for pinboards and flipcharts without alarming your friends in health and safety. It is also important to think about access needs and acoustics. Experience suggests that events work best where it is possible to use a community based venue.

Having concluded your preparation, you'll next need to ensure you collect the information you need to do it justice.

Step 2
Collect

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Collect

Gather the information from reviews – what are the two top things that are working and not working for each individual, and what do they want for the future?

Step 2: Collect

The second step of WTfC is to collect the information needed to drive the process, from person-centred or outcomes-focused reviews, or in other ways

The key information needed are statements in people's own words about what is working well in their life, what is not working well and what is important to them for the future. Each person involved is asked to prioritise the two most important things to them in each category and it is this information that drives the process. Decisions about the quantity of information and where to get it will have been made in the preparation stage, so this is about making it happen.

Ideally you will be collecting a broadly representative sample of information from person-centred or outcomes focused reviews.[3] However, there is sometimes a gap between where we'd like to be and where we are that can make either prohibitively difficult. This can be because the project is focused on an area where person-centred information is not readily available (e.g. many services for older people) or where statutory reviews are not conducted (e.g. preventative services for people not currently eligible for state funding).

In such instances the principle remains getting the best information you can in quantities that are practical and achievable – only the time needed and the methods employed may vary. If the focus area is a statutory service and there is enough time, we would advocate the collection of information using full person-centred/outcomes-focused reviews as the best approach. This can be a challenge where it means doing reviews differently to how they are currently done and can be resource intensive. But it is worth it. Where this just isn't possible or where there are no reviews conducted, some form of specially designed and relatively light touch data collection can work well too – questions asked by staff as part of their day-to-day role or posed to people at a drop in centre for example.

In any case, it pays to have a plan for what you will collect, how you will do it, who will do the work, where it will happen and when you want it completed.

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The table below can be a helpful prompt and reference when pulling your plan together.

WHAT?	What is the sample?	E.g. Older people living in the community
HOW?	How will the data be collected?	E.g. A mix of outcomes focused reviews and one page surveys
WHO?	Who is tasked with collecting the data?	E.g. Care management teams and some provider staff
WHERE?	Where is the source of the data?	E.g. from people using the day service and people using homecare
WHEN?	When will the data be collected?	E.g. All reviews completed at least 2 weeks prior to WTfC Day 1
QUANTITY?	How much data do you want – from how many reviews?	E.g. A total of 100 reviews (60 people using homecare/40 using day services)

Quality

Quality is everything. There is no benefit to large quantities of data that is neither person-centred nor particular to the group you are working with. It is often very clear when information is not person-centred, anyone could recognise it. The most common symptom is the encroachment of professional language into supposedly personal statements. For example, it has not been uncommon in our experience for people apparently describing what is "not working" for them to bemoan "the balance of their dietary intake" or to identify "addressing social isolation" as their top aspiration for the future. These are cases where the person-centred practice behind the process isn't up to scratch, where professionals have led rather than supported the review or where the person has not been involved in the decision about what information to prioritise.

Not all flaws are quite so obvious. A good test is for someone who knows some of the sample cohort well to look over at the information. If the data lacks colour or detail and serves to obscure rather than illuminate the lives of the people it reflects, it is likely that the person-centred reviews have been poorly conducted. While you can work with this data if you have to, it will impoverish the discussion

and diminish the likely outcomes so it is best to catch it early and do something about it. For this reason we suggest a checkpoint in the timeline for gathering information, preferably no more than half way through and still far enough away from the events themselves, so that mitigating actions can be agreed and implemented.

We suggest a half day meeting to review the quality where managers from the teams that have been collecting the information, staff involved in conducting the reviews and other relevant parties get together to review progress and evaluate the quality of the data collected. This doesn't have to be onerous, but you will want to pose a number of questions of the sample information, such as "does this reflect what we know of people?" "Is it in their own words?" and "Is it in a usable format?"

If you can answer these questions positively this will bode well for the rest of the process. If you cannot then there are a number of strategies you could employ to

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mitigate the risk of low data quality undermining your project.

These might include:

❖ Adjust the sample: If your quality assurance has thrown up particular concerns that you can trace back to poor practice in certain teams while there is good practice happening in others, you could shift responsibility for

the reviews to these areas and/or reduce the sample size accordingly so that you are only using the best data available.

❖ Re-ask the questions: Where it is possible to do so, you may want to revisit the reviews that have happened, if not to entirely redo them, then at least to ask the three questions about what's working, what isn't working so well and what is most important to people for the future. This relies on you being confident in people's skills and might require some closer direction and/or retraining.

❖ Shift resources: Where quality has been variable but there are still a significant number of reviews to be completed, it may be worth locating the remaining work with certain staff members with the highest competency for person-centred thinking and practice, even if this means moving them between teams and away from their work with particular client groups.
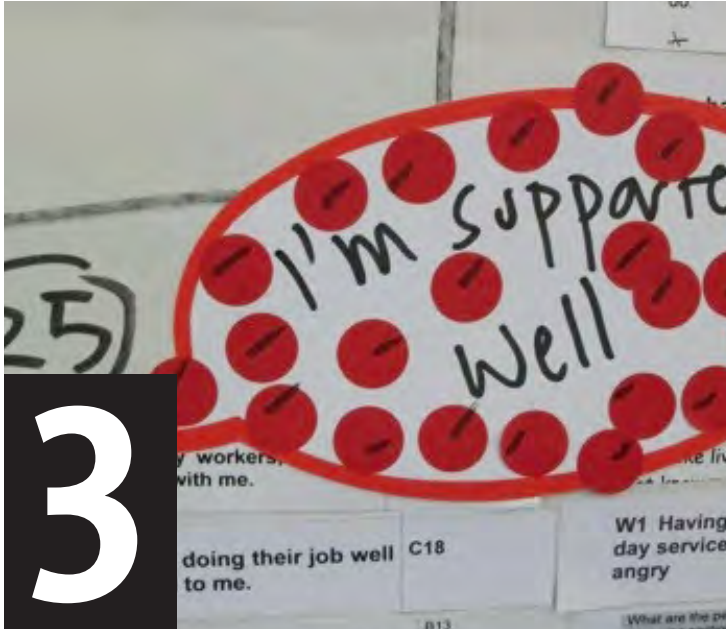
Format

There are different ways of getting the data into a usable format for the day and the method you choose will depend on the quantity you have. This is simply about ensuring that the prioritised statements from the reviews are individually captured in a way that makes them easy to cluster into themes as part of a group exercise (see Step 3). Where there is a relatively small sample, you may want to transcribe people's "working" statements onto green cards, people's "not working" statements onto red ones, and people's "important for the future" statements onto whichever colour the future is where you live! Where there is a larger dataset, it may be easier to have the statements cut out on strips of paper with the largest font possible given the pinboard space available. Ideally, you want these to be readable for people from wherever they are sitting as you start the work of identifying themes in the information.

Step 3

Theme

3

Theme

Work with a range of stakeholders, including people with support needs, to recognise themes in the information from reviews and give each theme an "I" statement.

Step 3: Theme

The next stage of WTfC happens at the first of two full-day workshops. It is about working with a diverse group of people, including commissioners, providers and people with care and support needs their carers and families, to identify themes (or clusters) in the person-centred information.

This happens through a facilitated "card call" and involves people hearing each individual piece of information read out and deciding if it is similar or different from the other information. This requires at least two large pinboard at the front of the room, and a competent facilitator who can help ensure everyone can contribute. Once all the data has been worked through in this way a number of clusters of information will have emerged. The group then decides on a name for each cluster, using a first person (or "I" statement), which helps to retain the integrity of the original data. These statements should ideally be short, easy to understand and reflect the group's view of what the cluster is telling them.

For example, a "not working" cluster containing the statements "I don't have my own space" and "my bedroom is not right for me" might reasonably be titled "I don't like where I live." Similarly, an "important for the future" cluster containing the statements "Staying in touch with my mum and dad" and "Seeing my friends at least once a week" might be titled "I want to see more of friends and family." Here are a few more examples:

"*Going to the pub for coffee, baileys and chocolate cake*"
"*Going out shopping and to the hairdressers*"
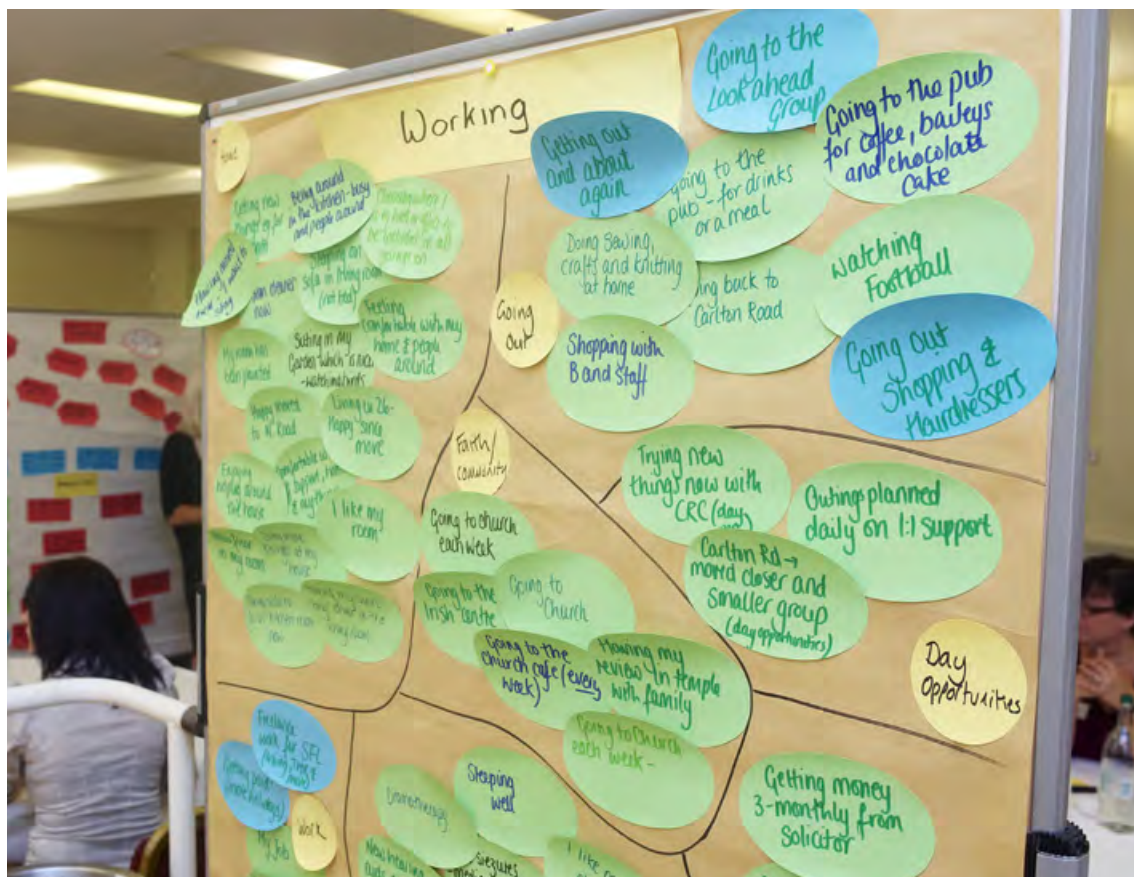"*Getting to the football*"

Theme: "**Getting out and about**"

"*I have only one friend*"
"*I only have staff in my life*"
"*I don't see many people during the day*"
"*I never see people socially*"

Theme: "**I am lonely**"

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In practice, you will likely be working with a far greater quantity of information than this and deciding where some statements fit best and what to call your clusters is not always this straightforward. Often statements will include more than one piece of information and it is part of the facilitator's task to help the group reach consensus (as far as possible) over what comes in and out of each cluster. It can sometimes help to "park" statements where it is proving difficult to make a decision and return to them once the themes are better developed. Deciding on your "I" statements can also be challenging where there is a lot of information and your clusters are varied. It can be easier if sub-themes are divided out rather than clumping them together, i.e. it is perfectly fine to have a cluster of one or two if the statements are very specific and lose their meaning when combined with others.

The process is completed for all of the "working," "not working" and "important for the future" information. Depending on the size of the sample this can take half the day and there are no short cuts. Thankfully, this is also an exercise people tend to enjoy and taking the time to intentionally focus on the things people have said in their own words is really the whole point. It is important to take the needs and preferences of your stakeholders into account when planning the agenda,
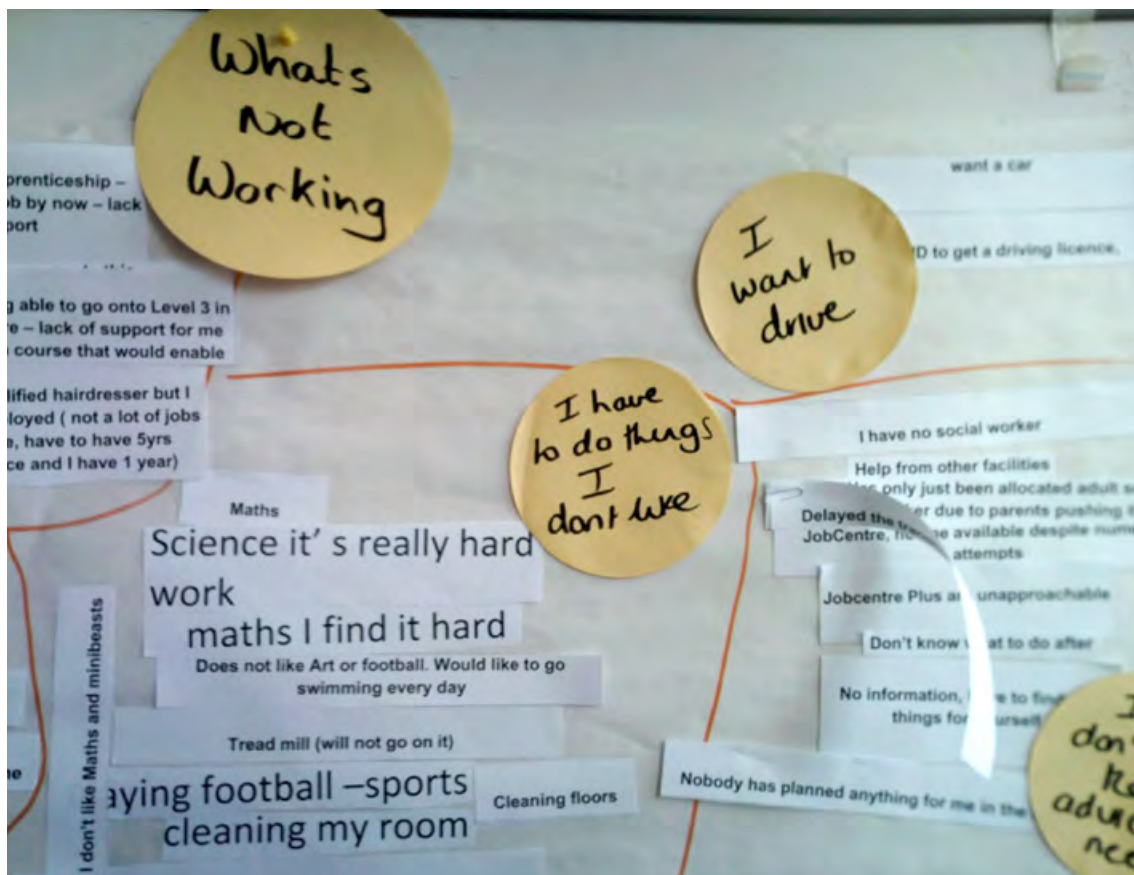
particularly to ensure there are adequate comfort breaks through this section, but avoid veering too far from the model described. Our experience has been that even people with the most complex needs can engage in this process better and longer than one might have imagined. Even if people tire and have to leave, we think it is better they are involved completely in the part of the day they attend than to cover the same ground in an abridged way.

It is important to start with what is "working" so that we can celebrate the things that are best about people's experience of services before moving on to the things that are not working - something we do not do often enough! Information about what is working can be useful to give a rounded view of how well a service is performing and can be informative in relation to whether things are working better in some areas than others (e.g. geographical, different teams, client groups etc.) The identification of "Working" themes highlights what needs to be maintained and should spark thinking about what it would take to make some people's positive experiences into more universal outcomes of a service. Likewise, identifying "important for the future" themes can be a useful way of recognising gaps in current provision and a valuable resource for planning what needs to change.

DATA	VALUE	E.G.
"Working"	Planning what it would take to spread best practice	Identify why it's working (e.g. one page profiles) and develop plans to make this happen standard practice
"Not working"	Planning what it would take to make changes at operational and strategic level	Factor support with making and maintaining friendships into training and peer support
"Important for the future"	Planning how support commissioned or delivered can meet people's aspirations	Agree outcome measures and develop contractual incentives for providers to support people to make and maintain friendships

The remainder of Day One of WTfC concentrates on the "not working" themes, informed by the other clusters identified. This is so we hone in on things that will make the most difference to people if they are addressed. Experience has shown that there are often significant overlaps between what people have said

isn't working and what they say they want for the future, i.e. when a "lack of social interaction" is what is not working, it is likely that "more social interaction" will be a future aspiration. So, focusing on what's "not working" does not mean ignoring the other themes identified. Rather, it provides a lens for building on what's working well, addressing what needs to change and planning for the best possible future.

So that we focus our energies most effectively, people are asked to vote on their three highest priority "not working" themes. These are those that if addressed would have the greatest possible impact for people. Sometimes this is because by addressing one particular "not working" theme we would automatically be dealing with a whole range of others, like identifying the domino that if tipped knocks over all the rest. Sometimes this is because there is an obvious pattern in the information, such as some clusters containing many more individual statements than others, which demonstrates they are important to more people. But often this is simply because some things just are more important than others – like gainful employment over a new pair of trainers or spending time with family over more tasteful curtains. Once people have voted we would generally take the top four or five "not working" themes forward into the next stage.

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What's Not Working

...ship –
...w – lack

...go onto Level 3 in
...of support for me
...that would enable

...irdresser but I
...not a lot of jobs
...to have 5yrs
...have 1 year)

I have to do things I dont like

Maths

Science it's really hard work

maths I find it hard

Does not like Art or football. Would like to go swimming every day

Tread mill (will not go on it)

I don't like Maths and minibuses

...aying football –sports

...cleaning my room

Cleaning floors

Nobo...

Doesn't like football

Step 4
Understand

4

Understand

Work together to understand the root causes of what is not working for people and prioritise the top ones to address.

Step 4: Understand

The next step of WTfC is for people to think together about what the various reasons might be for the top things that are "not working" for people. We do this to understand the multitude of factors that have played a part in creating the problem.

Health and Social Care is rarely a straightforward environment of cause and effect and it pays to spend the time needed to develop a full and rounded understanding of why things are as they are. In practice, this is rarely what we do or how we behave as public service commissioners and providers and it can often be difficult to withhold the urge to jump straight into proposing solutions. We can be great problem solvers, but it is actually quite rare to take the time to comprehensively and inclusively interrogate an issue in the way WTfC requires. Often we are guilty of choosing the path and designing the vehicle before we have really determined where we are in the first place, let alone where we should be going. Understandably, this can lead to false starts, longer journeys and the occasional

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u-turn along the way, much of which could be avoided through careful planning and co-production. WTfC imposes rigour on this process and ensures we hear everyone's perspective before the route map is developed.

This stage involves people working in mixed groups around each of the top "not working" themes identified and using a process called "the five why's" to quickly get to the root causes. This is a problem solving technique developed by Toyota that consists of continuous and systematic interrogation of a problem. Think of when a child asks you "why?" something is as it is and you give what you think is a perfectly good explanation, only for the "why?" to come right back at you again and you'll get the picture! The technique involves looking at each "not working" theme and asking "why is this?" and "what causes this problem?" As with the child's questioning, the explanation to the first "why?" will often prompt another "why?" and the answer to the second will likely prompt a third, and so on. We use this tool both to unearth as many reasons as we can as well as to dig into each individual reason, i.e. when poor training is offered as an explanation we should ask why the training is poor.

**Here's are a couple of examples:**

"I am lonely"

1. Why are older people lonely? Because staff don't connect people or support them to make and maintain relationships

2. Why don't staff connect people? Because they are not trained in this and don't see it as part of their job

3. Why don't staff see this as part of their job? Because the service focuses on personal care and does not see relationship building as a priority

4. Why does the service not see relationship building as a priority? Because the contract does not put much emphasis on relationship building as an important outcome

5. Why is relationship building not identified as an important outcome in the contract? Because the service specification focuses on outputs not outcomes and was not co-produced with older people.

"I don't get on with my paid support staff"

1. Why do people not get on with their paid support staff? Because our staff don't know the people they support well or have anything in common

2. Why do our staff have nothing in common with the people they support? Because we do not match staff and the people we support on the basis of their shared interests

3. Why don't we match our staff and the people we support? Because we don't have information about what our staff and the people we support are interested in and like to do in their spare time

4. Why don't we have this information? Because we don't ask for it routinely or through our recruitment process

5. Why don't we ask for this information through our recruitment process? Because our approach to staff recruitment is not person-centred and we have not made this a priority

When using "five why's" it is important that all the different stakeholders involved are represented in each group because a range of perspectives makes this easier and more valuable. Depending on your particular viewpoint, as a commissioner,
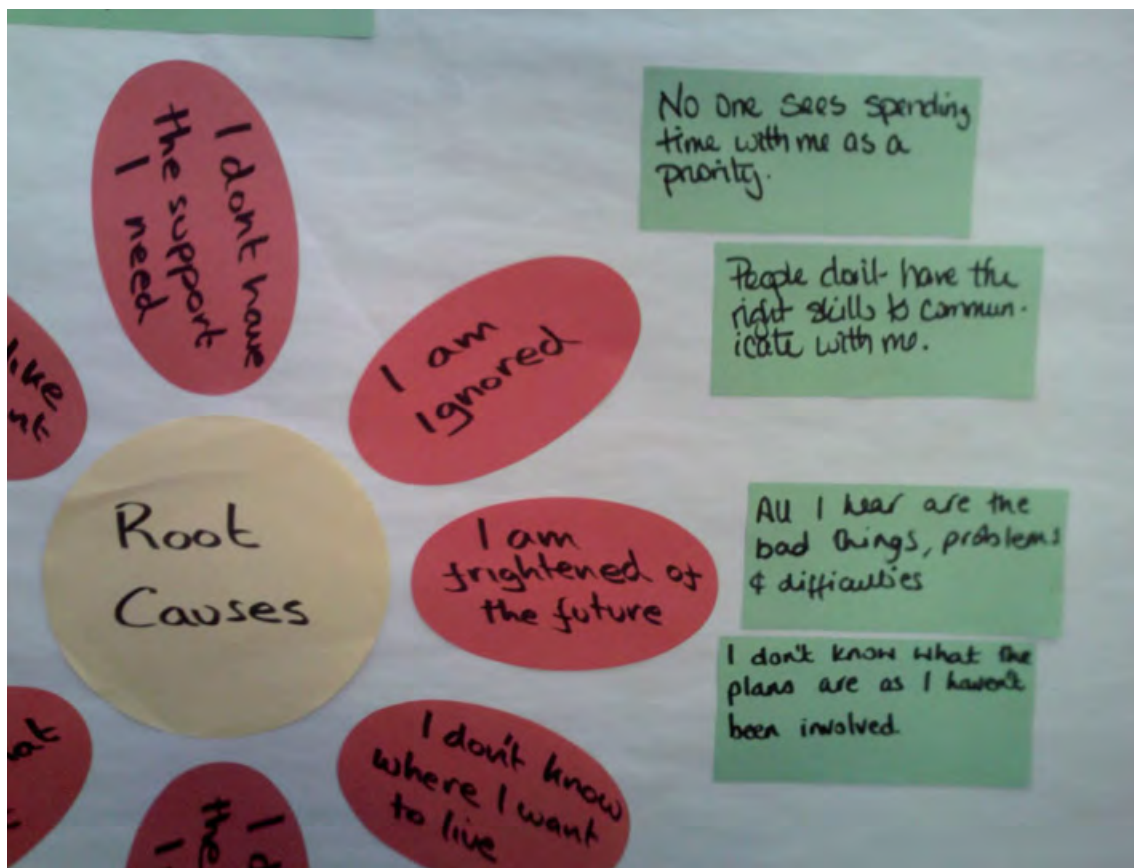
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provider, community group, older person or carer, you will take a different journey towards the root causes of the problem. This is fine because there will be a multitude of reasons for things which are equally valid and important to recognise. While it may be possible to use this technique in car production and come up with an ultimate answer this is rarely the case in a field with as many variables as social care, so don't expect to boil the issue down to a single kernel of truth. Simply sharing your thought process with others who have different views is an important part of the process that can help to build empathy and mutual understanding.

While we generally give a free rein to groups to explore root causes we have learned that it helps to put a couple of simple rules around people's thinking that keep the conversation moving and signal when the process is reaching a natural conclusion. Firstly, we ask people to avoid citing "the inadequacy of the budget available" as a root cause of any issue for as long as possible. It seems a reasonable guess that there will never be enough money in the pot to put everything right. By starting from an assertion about inadequate funding, however true it may be we tend to back ourselves into a corner. The danger is that we'll then miss other equally plausible causes and explanations for an issue which have nothing

much to do with money and that we can conceivably do more about. While the budget will often be part of the cause, it can be fatalistic to start from here and shouldn't absolve us from a responsibility to be part of the solution. Secondly, we similarly ask people to stay away for as long as possible from broad eulogies about the "nature of things." Though is can be an entirely legitimate part of the issue at hand to identify a root cause in society's undervaluing of older people or prevalent negative stereotypes about people with disabilities, these sorts of statements can be difficult to move away from or build upon. For this reason, we tell people that if they find themselves talking about money or the ineluctable nature of man then they've probably exhausted the usefulness of the exercise!

Once people have concluded their thinking using "five why's" and are satisfied that they've identified as many of the reasons as they can, we ask them to vote again on their top root causes. We ask that people place their votes on the basis of which root cause if addressed would have the biggest positive impact on the "not working" theme as well as what causes that it is possible for the group of people in the room to do something about. Having spent the majority of Day One understanding problems and exploring their causes, we turn as a final task to identifying what success would look like.

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I dont have the support I need

I am ignored

Root Causes

I am frightene the futu

I dont know where I want to live

Step 5
Identify Success

5

Identify Success

Identify what success would look like if the root causes were addressed and changed. Agree success statements from different perspectives.

Step 5: Identify success

The next stage of WTfC involves thinking about what success would look like if the top root causes for the things that are not working for people were put right. We do this by asking people to think about what people would be saying if the issues were addressed from a range of different perspectives.

Commonly this means asking what commissioners would be saying, what providers would be saying and what people with support needs, their carers and families would be saying. In each instance, the outputs are first or third person statements that describe what would be different for these stakeholder groups in their own words. This helps to develop a clear vision for the future so we know what we're working towards and can picture what it will be like when we get there. It also helps us to set benchmarks for what we are trying to achieve and to identify the sorts of things we could measure to chart our progress.

To this end, as well as asking, "what would people be saying?" we also ask, "and how else would you know?" This prompts people to identify perceptible improvements alongside the statements of what success would look like. These are the quantifiable things we can track and report in addition to the qualitative improvements we are aspiring to deliver. This is important if we are committed to seeing demonstrable change, interested in knowing the impact of our actions and serious about being held accountable for them!

The value of this stage lies in beginning with the end in mind by drawing on the collective imagination of the group to envision what success would look and feel like. It is based on Stephen R Covey's principle that all things are created twice. There is first a mental creation before a second physical creation in reality, the former providing a blueprint for the latter. Covey describes beginning with the end in mind as the conscious process of "starting each task or project with a clear vision of the desired direction and destination." We think this principle serves WTfC particularly well. All of the stages you have read about so far have the common objective of better understanding where we are now so we can better articulate where we need to be going.

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Unlike the previous stage, identifying success works better when each stakeholder group works separately to develop their statements and measures. This is because people are identifying their own successes and visualising what this looks and feels like for them, not for other people. When combined, these statements and measures represent different sides of the same coin – how each stakeholder group will know what success is and what they will commit to measuring along the way. The powerful element is for people to think about their personal and professional reality in relation to the "not working" themes and their resolution. This helps to maintain the person-centred thread throughout the process and to build people's personal investment in delivering success.

Success statements

As with the "I" statements developed when identifying themes in Stage 3, it is important when identifying success to come up with statements that are clear and relatively concise. However, unlike the "I" statements in Stage 3, these "I" and "We" statements should include some of the detail and specificity that make sense to each stakeholder group. After all, this is their vision of success and not someone else's and it needs to be useful to them.

For people, carers and families, this can often simply involve finding a suitable opposite statement to the "not working" theme. For example, "I am lonely" could become "I am supported to maintain and make new relationships and be a valued and active member of the community." Similarly, "I am not listened to or treated with respect" could become "I am treated with dignity and respect and know that my views are important." For providers and commissioners, the task is about finding statements to describe their own role in this success.

The table below includes some examples:

PEOPLE, CARERS AND FAMILIES	COMMISSIONERS	PROVIDERS
"I am supported to maintain and make new relationships and be a valued and active member of the community"	"We factor in support with making and maintaining relationships into contracts and can see from reviews that this is having a positive impact"	"We train our staff to support people to make and maintain relationships and they know that this is an important part of their job"
"I am treated with dignity and respect and know that my views are important"	"We commission services where individual's views are listened to and important"	"We treat all the people we support with dignity and respect and listen to their views"

Measures

Measures should be identified alongside each success statement that are specific, adoptable and possible to collect information about. The types of measure chosen will depend entirely on the success you are measuring. This is more difficult where success relates to an abstract concept or outcome rather than a directly quantifiable output. For example, it will be easier to identify measures for success that involves increased utilisation of a service or reduced hospital readmissions than for a stakeholder group's happiness or sense of social inclusion. Such things are difficult if not impossible to measure directly and will require proxies to be identified, or more likely a number of related indicators that when taken together give a reasonable indication of the outcome.

In all cases, we would suggest that a combination of qualitative and quantitative measures gives the most rounded and robust picture of progress. It is often tempting to resort to "people will be telling us" type measures, which are fine if

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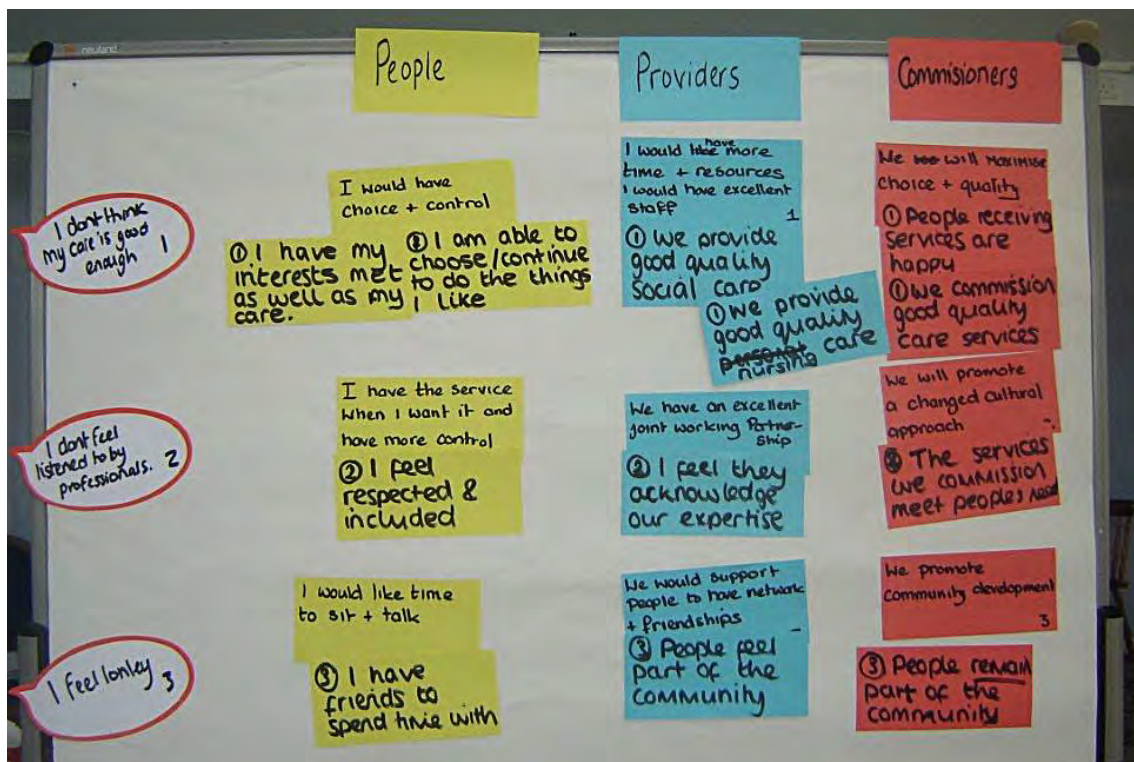
used in combination and where there are obvious channels for the information to be collected. However, you should avoid measures that require too many bespoke surveys to be designed and implemented, as this can be resource intensive and wearing for respondents.

An ideal "basket" of measures will predominantly include indicators for which information is already collected and some quantitative data, even where these are "best guess" proxies for the success. Proportionality is also a key principle here and you should guard against spending too long identifying a multitude of measures for successes that may require relatively minor degrees of change and investment. In practice, this is just about making a start in a co-productive way that underlines your commitment to the work and to feeding back progress to everyone involve. Don't expect to crack it there and then – you will probably need to come back to identifying measures as your action plans are shaped up and further developed. Here are a couple of examples from our work:

NOT WORKING THEME	SUCCESS STATEMENTS	COMMISSIONER MEASURES
"I don't like what I do during the day"	**"I have a range of things to do during the day that suit me"**	• Growth in numbers of people accessing a more varied market of day opportunities • Growth in local social enterprise (Number of new businesses in this sector) • Fewer people in contact with traditional day services • People reporting that they like what they do during the day at review
"I am bored"	**"I have more choices, options and opportunities"**	• Increase in the numbers of disabled people in paid employment or volunteering • Reduced numbers of people using formal day services • Increased number of support hours delivered outside the home and in the community • A shift in the use of resources towards investment in employment (current baseline £1.5 million on day services, £150 thousand on support for paid employment)

With your vision of success agreed and your measures of progress identified, it's time to turn to planning how you'll make it happen.

ngs I can't control

in decisions that effect me.

to have
to deal
they can

I am understood

People take the time to get to know me and how I communicate

The fam
is as valid
the "peo
Family

on't know
ere I want to live

Open and informed discussion of an individuals options. There is an opportunity to talk about it.

My chi
and sep
and had
change

I am ignored

I am valued, important. I have people who are important to my & value what I have to say

My child
of peopl
life wh
them.

don't have support I need

My support is tailored to me. It helps me become more independent

My child
tailored to
which keeps
happy

are frightened of the future

I am excited about the future because I have bee able to discuss my fears & have been involved in the planning.

Planning
future is se
give me a

I feel that I get the right advice from the
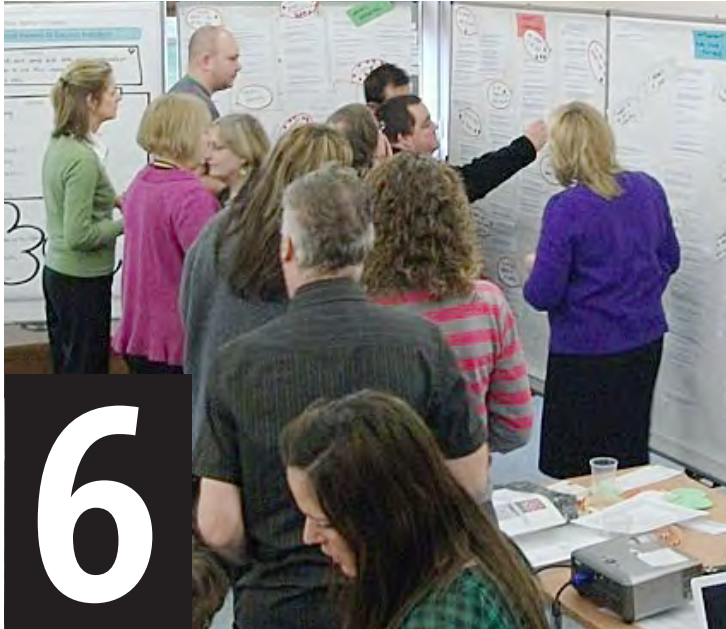
One pla
person
correct

Step 6

Plan

6

Plan

Look at what is happening already to move towards success, think together about a range of other ways to make change and agree which ideas to turn into action plans.forward.

Step 6: Plan

The next stage of the process is where we begin to stand back from the work people have done together to ask, "what does this mean for us?" and "what are we going to do about it?" The previous stages have helped us to recognise and explore a rich vein of person-centred information that tells us a great deal about peoples' experiences of support.

This is valuable in itself, but the reasons for doing it are greater than the acquisition of new knowledge and insight. This is about person-centred change, which means that we have to take the next step, beyond the co-identification of a problem towards the co-development of a set of actions that will push us in the direction of success.

It is very important that this stage is done well and that we don't fall into the trap of proscribing the first solutions we think of without adequate consideration of the alternatives. To this end, we ask people to work through a tightly facilitated process to develop their ideas, identify the best ones and to evaluate which of them is worth taking forward. The first part of this it to divide people into mixed groups around each of the "not working" themes, along with the related root causes and success indicators. People are then asked to think about what might already be in place that does or could contribute to addressing the problem. This will ideally involve some preparation before the day, including through exploring any research available for what has already been tried as a solution in other areas. This is to ensure that when we start to think of new ideas we don't throw the baby out with the bathwater, duplicate something already in existence, or propose something that either undermines good work underway or has already proven to be ineffective.

Having established a reasonable inventory of what we already do that helps to address the problem, we move on to thinking about other possible solutions. To free us up from overly restricted thinking that can unhelpfully narrow our range of possibilities, we ask people to do this in three distinct ways by exploring **traditional** ideas, **radical** ideas and **different** ideas for addressing the problem. This is a well established trick for brainstorming and generating ideas that works

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particularly well in this context but it helps to provide a detailed description of what we mean and preferably something visual to get people started. A common approach is to associate each perspective with a particular personality and therefore the task with how people think that person might deal with the problem. Popular traditionalists have included Delia Smith and the Queen, radicals, Heston Blumenthal and Richard Branson, and "differents," Jamie Oliver and Gandhi, though you may have better ideas!

TRADITIONAL does not hold any negative connotations. Without recourse to a thinking exercise such as this that forces other types of thinking these would probably be the ideas people come up with most naturally and some very good ideas they may be! Another way of thinking about traditional ideas in the context of health and social care is to think about what a "service led solution" might look like or to revisit the list of things identified as already in place to see if there is anything there that can be built upon, accelerated or tweaked that could yield positive results.

RADICAL is intended in the most positive sense. We are inviting thinking in the vein of a successful entrepreneur, someone who takes risks, thinks big and is not constricted by the weight of received wisdom. The point here is to escape the sorts of ideas that emerge simply because "that's the way we've always done it" and to check the natural gravitation towards service solutions that occurs when this is what people know best. Again, there is nothing wrong with these ideas – which we are collecting as traditional – but there can be a lot to be gained from thinking more radically for a change.

DIFFERENT is a little less obvious and more difficult to explain. What we are hoping for in asking people to think "differently" is for ideas that eschew service led initiatives and place the onus firmly on community-based solutions. This is about the sorts of things local people can do for themselves to fix a problem, perhaps enabled and encouraged by statutory agencies, but definitely acting outside the bureaucracy and red tape that comes with service land. What role might volunteers, neighbourhood action groups and user led organisations have to play? And what other informal and community based resources might be galvanised in pursuit of success? Thinking differently is about recognising the assets, knowledge, skills and diversity of the full range of local stakeholders who have taken the time to be part of the process.

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You can manage this process in a number of different ways, but what has worked well for us is for groups to rotate between the different perspectives and ideas with the group facilitator remaining in one place. This allows everyone to develop traditional, radical and different ideas for each of the "not working" themes.

Once people have generated all their ideas, they are asked to vote on their top three solutions to each problem. People need to be particularly careful with these votes because these ideas shape the final stages of WTfC and it is important to have the very best material to work with. Most importantly, you need ideas that can actually be made to happen.

In making their decisions, it helps to ask people to choose ideas that are:

❖ **Practical, possible and achievable within the time and resources available** – not forgetting the broad view of resources we have taken when generating the ideas;

❖ **Stretching and aspirational** – while we definitely need ideas that are workable, this is no excuse for only choosing things that are easy to do, deeply engrained problems are likely to require some fairly major solutions;

❖ **Clear and specific** – we do not need great detail at this stage, but we need to know the idea is grounded in something tangible;

❖ **Within the gift of the people in the room to do something about** – rather than a very broad aspiration that would require the world and her dog working in unison to achieve...world peace comes to mind;

❖ **New and not something that would happen anyway** – it can be tempting to see some ideas that emerge as a vindication of things that are already planned or happening, but this must be about new ideas rather than the endorsement of old ones if we are to get the most out of it!
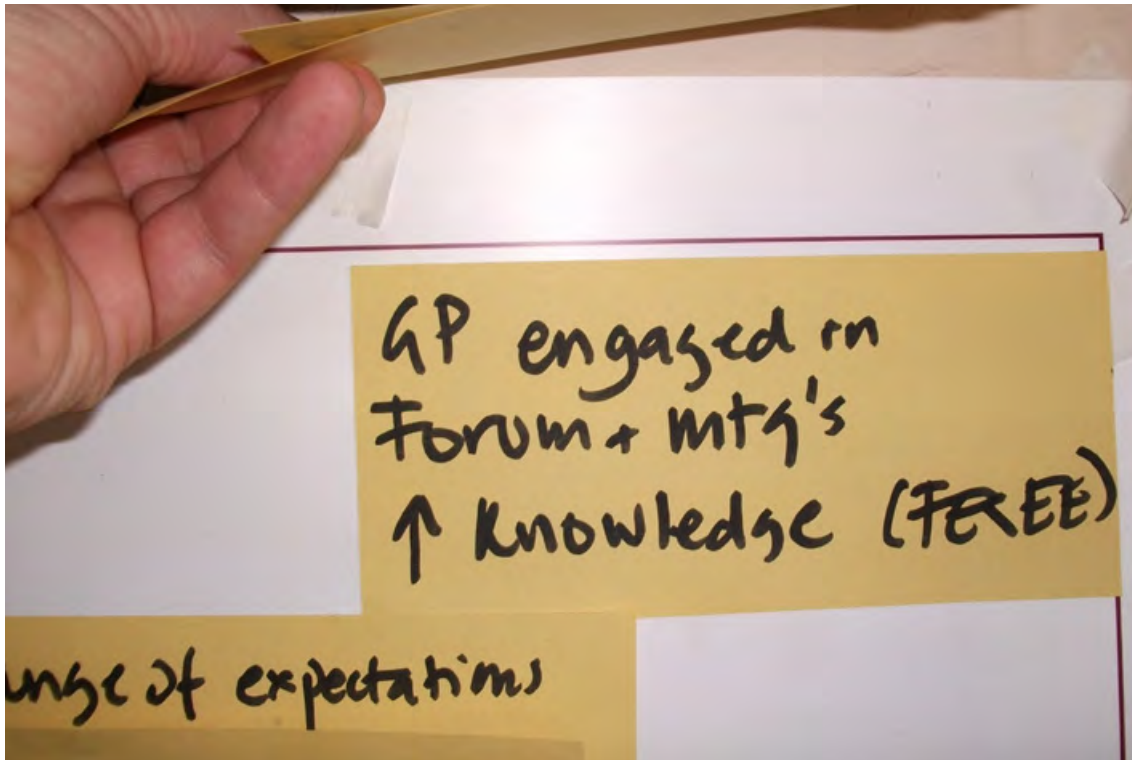
The final part of Planning for Change involves plotting the top solutions people voted for on a pre-prepared board to help us focus on the things most likely to have an impact on tackling the root causes and achieving success. To achieve this we use a simple grid to assess the likely cost of making each idea happen against the benefit we expect to derive from doing so. The horizontal axis of the grid denotes cost, resource or the level of effort required, ranging from low on the left hand side to high on the right. Clearly at this stage we have no business case or costed options appraisal to consult, so this is about getting people's best guess and developing a shared view that is "good enough" about the different levels of effort involved in making each idea happen. The vertical access denotes the benefit, or impact of each idea, by which we mean the degree to which implementing it would move us towards the success indicators identified. Again, we cannot know this for sure, but with the range of different stakeholder perspectives represented, it

should be possible to form an opinion about which ideas will be most effective in addressing the problem, tackling the root causes and moving us towards success.

Depending on where people have plotted their ideas on the "cost/benefit" grid they will fall into one of four quadrants, which broadly denote whether they are **thankless tasks, fill ins, quick wins or major projects.**

IMPACT	**Quick wins**	**Major projects**
	Fill ins	**Thankless tasks**
	EFFORT	

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THANKLESS TASKS are the things that require a lot of effort or cost while yielding precious little benefit. The preceding voting process should have helped to wheedle out most ideas that fall into this category, but if any have sneaked through, this is where they are spotted and dropped.

FILL IN'S are the kinds of ideas that incur little cost or effort and have a relatively low impact in terms of the benefits we would see. This doesn't mean they are definitively not worth doing. They may require so little input that not doing them would be hard to justify, even if the rewards are correspondingly slight. They may, as the name suggests, provide a stopgap on the way to the more substantial success offered by other ideas taken forward in parallel. So, don't dismiss these ideas out of hand, but don't construct an agenda for change around them either!

QUICK WINS are where the effort expected to implement an idea is marginal and the benefit anticipated is substantial. We hope at least some ides will fall into this category! There would have to be a very strong argument for not taking these ideas forward, though you may decide you don't need to focus energies on these in the subsequent action planning if the next steps are obvious and straightforward, as they should be for a quick win.

MAJOR PROJECTS are where the effort, resource, time or cost required to implement an idea are adjudged to be significant and the impact upon achieving success is correspondingly high. This doesn't mean that everything that falls into this category will unquestionably warrant investment. There are inevitably finite resources in every health and social care environment and you can't do everything at once or at all, but these ideas should warrant at the very least some further consideration and perhaps some focused planning in the next stage.
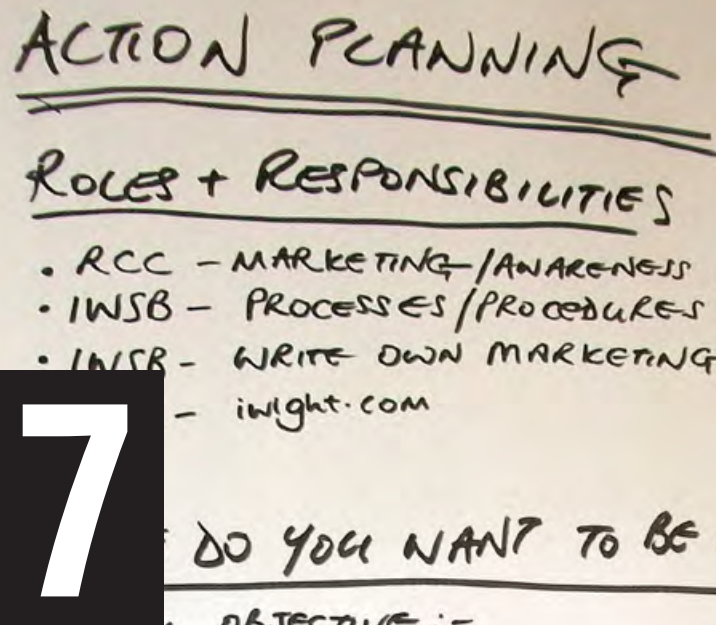
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Step 7

Implement

7

Implement

Identify where you are now (baseline) and how else you will know you've been successful (indicators). Share this information and start to implement action plans.

Step 7: Implement

The next stage of the process is to do what it takes to respond to your analysis, deliver the action plans developed and move towards your vision of success.

This step will look very different from one project to another because the ideas generated and action plans developed will be specific to the issues you have worked towards addressing. The multitude of possibilities makes it hard to generalize though there are plenty of useful pointers here that reflect what we have tried and learned. Often it will be necessary to start this phase with some detailed thinking and planning around what it will take to turn the most promising ideas that emerged from the WTfC events into costed projects with concrete deliverables. This won't be necessary for all the ideas, especially those that fell into the "quick wins" category, but it is certainly worth doing for major projects. It is important to factor in time for this relatively soon after the WTfC events so that discussions are still fresh in people's minds and so you can communicate early progress back to the wider group as soon as possible.

Detailed action planning

Detailed action planning can either happen through small group sessions, bringing together people with an active role to play in delivering projects, or can be done independently where the responsibility clearly sits with one individual. This generally means the stakeholder group that instigated the process making the time and space to plan and operationalise the changes that need to happen and revisiting the earlier work conducted to identify success measures. A good starting point is to work through the project ideas in turn to check your understanding, add further detail where it is missing and make a judgment about which ideas warrant more time and attention.

Some basic planning questions we have used to help people develop their projects have included:

❖ **What are the key features of this work?** This is about unpacking the idea and listing its constituent components – what are the specific tasks involved and in what sequence? Do we need to clarify any of the language used or the

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stated objectives? What is the action plan about and how will it address the "not working" theme and deliver success?

❖ **Who needs to be involved?** Who are the key stakeholders in the work? What audiences do you need to engage? What are their respective roles in ensuring this happens? Who will lead the work?

❖ **What will you do first?** What are the immediate steps you need to take to get the ball rolling? What must you do to establish ownership of the work and to ensure you make progress? When will you do this?

❖ **Where do you want to be with this in 6-12 months?** The timeframe will differ depending on the work in question, but this is about breaking down the ultimate objective you are seeking into tangible milestones and achievable checkpoints on the road to success – choosing a realistic midpoint in the work can be useful here

❖ **What resources are required?** Will this work be delivered through "business as usual" or will there be a specific project established? Are there costs associated with this work and how will they be met? Whose effort and resource is needed to make this a success and how will you secure it?

❖ **What else would help?** Are there other factors in addition to formal resources that could help you deliver success? Are there existing Boards and Partnerships that could helpfully support the work? Are there useful linkages to other priorities and objectives?

❖ **How will you track progress and know you've been successful?** Are the measures people identified workable and fit for purpose? Are there additional measures you can think of that are specific, adoptable and easy to collect data about? How will you collect valid baseline information for each measure?

❖ **How will you communicate progress to everyone involved?** When will you communicate with people involved in the WTfC process and how? How will you keep people engaged and informed throughout the work?

ACTION PLANNING

ROLES + RESPONSIBILITIES

- RCC — MARKETING/AWARENESS RAISING
- IWSB — PROCESSES/PROCEDURES
- IWSB — WRITE OWN MARKETING LITERATURE
- IWC — iwight.com

WHERE DO YOU WANT TO BE IN SEPT?

OVERALL OBJECTIVE :-
- MAXIMISE RESOURCE
- MARKET LEADERSHIP (SHAPING)
- INCOME GENERATION
- % OF USERS WILL BE OUTSIDE IWSB CLIENT

WHAT WILL YOU DO FIRST? (1 MONTH)

- TERMS OF USE
- MARKETING LITERATURE WRITTEN + RCC

HOW WILL YOU ENSURE CONTINUED CO-PRODUCTION

- PROGRESS MEETINGS BETWEEN ALL PROVIDERS INVOLVED, RCC + IWC
- SUPPORT/PROGRESS MTGS WITH DH

Example action plan:

Not working theme

❖ "I am bored"

Success indicators

❖ "I have more choices, options and opportunities" **(people)**

❖ "We provide more choices, options and opportunities in different areas, moving away from traditional services" **(providers)**

❖ "We commission services that ensure people have choices and opportunities and can live active lives" **(commissioners)**

Idea for development

❖ Looking at personal budgets for employment support

ACTION PLAN

What are the key features of this work?	Person gets PB - PB paid direct to employer - % of PB goes to current employee to support PB holder - % goes back to PB holder as "wage"	A way of getting people back into paid employment where there is an assessed need – people paid for doing a job while receiving on the job training	Work placement reviews to ensure people get the right support at work	Improved readiness for work for people using day services – new skills, training, qualifications etc	A way to make employment the default choice, as opposed to usual day opportunities	A way of decreasing dependency – people gaining a sense of self-worth, understanding the value of money, equating work to being able to do activities
What would you do first?	Develop a strategy/plan for discussion and sign-off at SMT	Identify a first cohort – "routes to employment" employees	Make sure the first people that go through the model have the best chance possible of a job at the end	Establish clarity around the model and secure senior management buy-in	Look at possible links to budget pooling – i.e. pooling PBs to set up a business or for employment coaching	Try and start with some quick wins to get early success stories (transition?)
						Identify possible employers

ACTION PLAN

Who needs to be involved?	Learning Difficulties Commissioning Team	Local businesses through Employment Link Team	In-House day services	People from recent LD employment event	
Where do you want to be with this in six months?	Some people on current Employment Link books supported into paid employment using this model	The Council will have taken a lead and set an example as the employer of more people with care and support needs	A shift in people's expectations so that people expect to work – a queue at the door!	Training made available to employers	Citizen support exchange established – matching people and buddying
What resources are required? From where?	Analysis of current day service staff skills with a view to them working differently	Education and training of in-house staff to be able to use their skills to support people into work	Good relations with local employers		
What else would help?	Knowledge of how to sell and market things to employers	Potential partnership with other key employment projects	Being clear about the incentives for employers – both financial and prospect of trained staff at the end	Access to Work and Job Centre Plus aware and on board	
How would you know you'd been successful?	Increase in numbers of people in paid employment	Decrease in numbers of people saying they are bored	Reduced numbers using formal day services	Shift in spend, i.e. currently 1.3 million day services vs. 116K employment	

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I want to do & how to
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③ DIFFERENT IDE
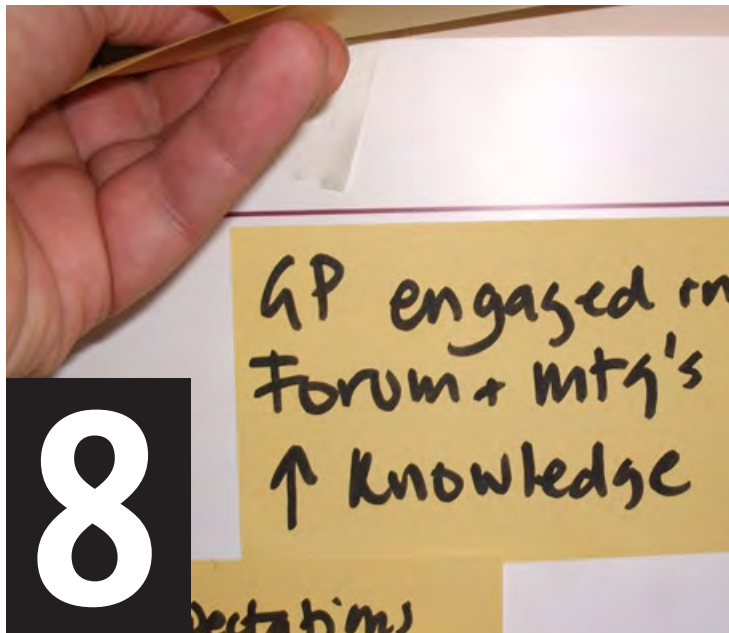- SOCIAL SUPPORT
- VOLUNTARY CAR

Step 8

Review

8

Review

Evaluate progress against success criteria and write Working Together for Change report. Communicate progress and next steps to all involved and other people interested in the changes.

Step 8: Learning and review

The final stage of the process involves evaluating the changes you have made and ensuring you understand, evidence and communicate the impact. A key part of the stage is thinking about what it would take to embed the process and how to adopt WTfC as part of core business.

Learning and review is about taking stock and collecting the data needed for each of the measures identified so that you can assess your progress towards success. We think it is best to do this as soon as feels practical and possible, rather than waiting for the completion of the work programme as this helps to maintain people's interest and engagement. This should be a continuous process rather than a one off, but it can help to fix a date to formally reflect on the work and communicate learning back to everyone involved. This can also be a time to revisit issues and reshape plans to ensure they remain relevant and effective as the landscape changes. If your measures were well chosen it should be relatively straightforward to compare your baselines with your "actuals" and to develop a convincing picture of the journey so far.

Alongside understanding the impact of any changes made, it is also important to evaluate the added value of the WTfC process itself. A good starting point is to conduct a "Working/Not Working" exercise with people to quickly understand each stakeholder group's experience. Here is an example from our work:

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What worked well?	The process helped to stretch people's thinking and some people's opinions changed substantially as a result of the process
	The process helped everybody to get involved, we have had very positive feedback from people with support needs, their carers and families
	Good outputs we can use
	It felt good to be taking ownership of the facilitation
	Good to look at and celebrate things that are working as well as focusing on the things that aren't working well
	Good to have a range of different providers involved
	Providers recognised and appreciated that the process is linked directly to action planning
	The process highlights what really matters to people, which isn't always what we thought
What didn't work?	Getting the right people in the room is critical, we didn't always manage this
	There was too much information to handle – we should use a more manageable dataset in future
	People could do with more pre-event information, some staff in particular struggled with "radical" and "different" thinking
	It would have been better to have more people using services involved
	A few people couldn't manage the whole day
	Action planning at the end of day two consisted of some people giving actions to others rather than thinking of things they could do themselves
	There wasn't enough time or preparation for action planning on day two

Building the business case

It can be more problematic to evidence the benefits and outcomes (particularly financials) of using WTfC because the process can lead to a multitude of actions that are specific to the context in which it is applied. While many benefits would likely not have been derived without using WTfC, it is hard to attribute the impact of changes made to the preceding methodology for identifying them. For example, where changes are made to address social isolation or work opportunities for people with disabilities, it is hard to attribute the eventual benefits to WTfC rather than the subsequent programme of action. Where WTfC

unquestionably contributes is by ensuring that effective coproduction drives the design of the programme, which we believe is instrumental to success.

There are also benefits to this way of working that are not usually measured in financial terms but which do add value to any work programme. For example, establishing a sense of ownership of an issue within a community and creating a community of interest around its resolution, or developing public understanding and positive perceptions of a work programme that may otherwise be missing. It is important to develop an understanding of the implications of adopting WTfC and the likely benefits if you are to establish a credible business case for embedding it within core practice. We hope that the following information will be useful for developing a local business case: a reminder of the drivers for adopting the process, the benefits that can be anticipated, the things you can consider replacing or supplementing and the potential savings that could accrue.

1. THE DRIVERS FOR ADOPTING WTFC

(also see "Why now?" section above):

❖ **Personalisation** – Providing evidence against the Think Local, Act Personal Marker of Progress set out in *Making it Real*

❖ **Duty to consult** – Improving approaches to consultation and engagement

❖ **Dignity in Care –** Demonstrating commitment to points 5 and 8 of the Dignity Challenge

❖ **Joint Strategic Needs Assessment (JSNA)** – Strengthening community engagement in JSNA and the connection to local commissioning strategies

❖ **Business information** – Building a valuable evidence base for what works

❖ Valu**e for money** – Improving the chances of getting it right first time

❖ **Health and Wellbeing** – Identifying strategic priorities for health and wellbeing

❖ **Joint commissioning** – strengthening relationships and fostering shared understanding over how benefits are attributed across the system

❖ **Equal opportunities** – Understanding different people's experience of support

❖ **Corporate plans** – Identifying priorities for and track progress against objectives in the Corporate Plan

❖ **Market Position Statements (MPS)** – Strengthening qualitative and information about people's experience of support in local MPS

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1. THE DRIVERS cont.

- ❖ **Quality agenda –** Providing information to drive continuous improvement in care and support services
- ❖ **Patient and Public Engagement (PPE) –** Strengthening PPE and identifying commissioning priorities for Clinical Commissioning Groups
- ❖ **Adult Social Care Outcomes Framework –** Providing evidence against:
  - ✴ **3A:** Overall satisfaction of people who use service with their care and support
  - ✴ **3B:** Overall satisfaction of carers with social services
  - ✴ **3C:** The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- ❖ **Safeguarding –** Identify instances of institutional abuse within services
- ❖ **NHS Outcomes Framework** - WTfC can provide useful evidence against a number of overarching indicators in the NHS Outcomes Framework, including:
  - ✴ **2**: Health related quality of life for people with long-term coniditions
  - ✴ **4a**: Patient experince of primary care

2. BENEFITS ANTICIPATED:

- ❖ Enables the effective identification of priorities for best use of resources
- ❖ Establishes joint ownership & commitment to deliver priorities
- ❖ Creates strong lines of accountability
- ❖ Provides qualitative information about people's experience of support
- ❖ Saves time and effort that would otherwise be expended on multiple and less effective engagement techniques
- ❖ Creates space for inclusive and creative thinking and problem solving
- ❖ Supports innovation and provider development opportunities
- ❖ Enables the effective identification of service development priorities
- ❖ Increases people with support needs, their carers and families role in co-producing priorities for change
- ❖ Creates new and more equal power dynamics between commissioners, providers and local people
- ❖ Reduces waste ensuring resources are used in ways people want and value

- ❖ Ensures that people with support needs, carers and families feel listened to and heard
- ❖ Reduces safeguarding incidents
- ❖ Reduces complaints
- ❖ Builds trust and reduces the prospect of legal challenge

3. THINGS YOU CAN REPLACE OR IMPROVE

- ❖ Replaces some aspects of contract 'quality monitoring'
- ❖ Replaces some satisfaction surveys
- ❖ Replaces some consultation events and focus groups
- ❖ Replaces some aspects of engagement, including separate approaches across health and social care
- ❖ Supplements or replaces professionally led service reviews
- ❖ Supplements or replaces activity to develop service specifications
- ❖ Supplements or replaces some market development activities (e.g. MPS)
- ❖ Supplements or replaces aspects of provider business planning
- ❖ Supplements or replaces aspects of commissioning planning
- ❖ Supplements provider forums and sets engaging agendas

4. POTENTIAL SAVINGS:

- ❖ Reduced cost of engagement initiatives
- ❖ Reduced cost of market research initiatives
- ❖ Savings from the review of a service, e.g. reducing process bureaucracy
- ❖ Savings in commissioner time
- ❖ Savings in provider business planning time
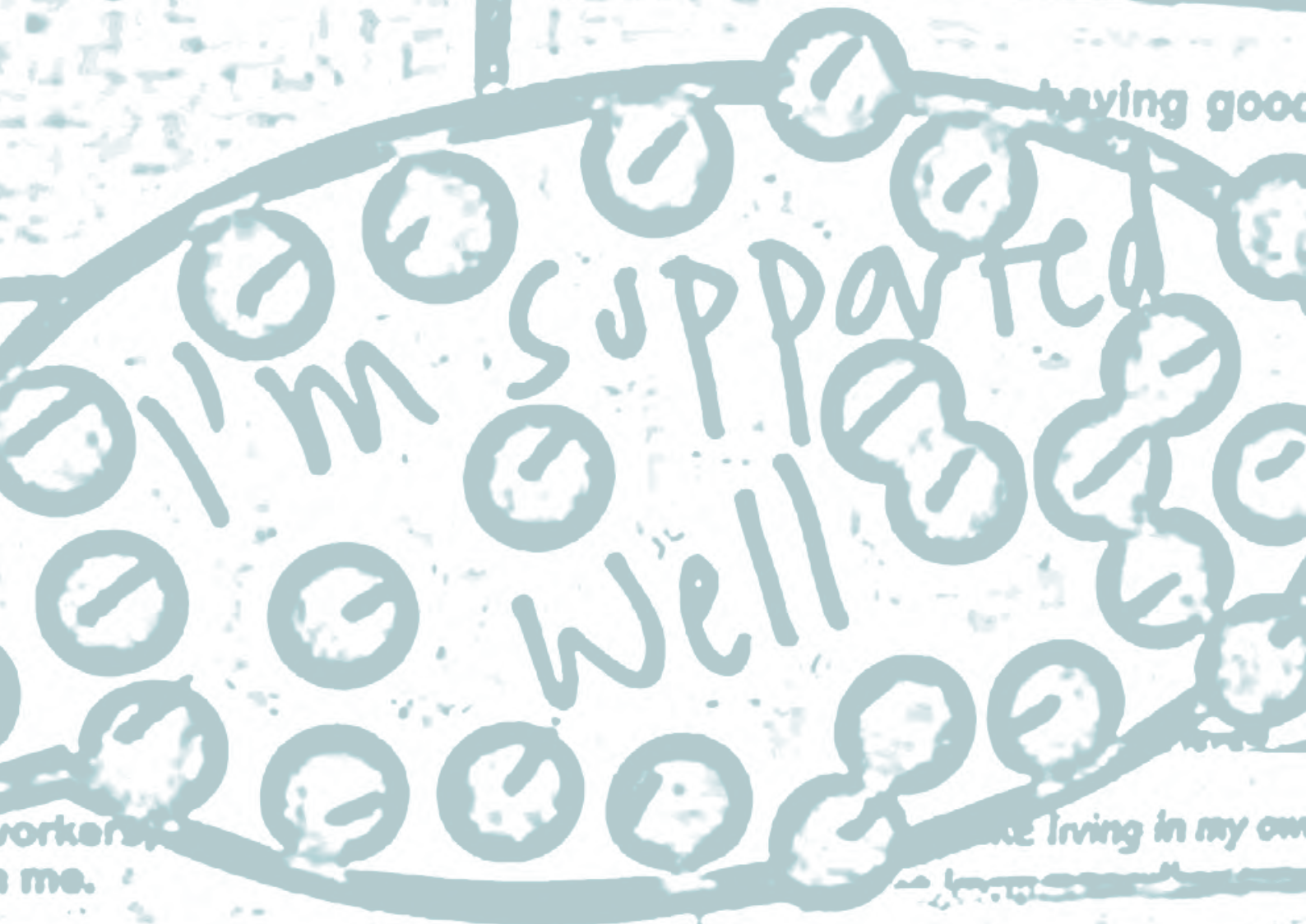- ❖ Social returns.

I'm supported Well

Next steps

What next?

WTfC has already been used in schools, as part of the Getting A Life project, in health, by providers, commissioners and by community groups. It has been used across the UK in all these contexts and is now also in use in the Czech republic, Austria and Australia. We are excited to be continuing to test WTfC in different contexts and in different ways, including recently or currently:

- As a tool to set priorities for Health and Wellbeing and to tackle issues of chronic exclusion across multiple agencies in Cambridgeshire
- As an embedded part of business planning for several national provider organisations, including Dimensions and Real Life Options
- In schools as part of school development plans
- With multiple councils to identify key components of the sub-regional autism strategy for Teesside
- As a means of embedding co-production within policy and practice at MacIntyre as part of their *Making it Real* action plan
- As part of our work with the Manchester Area Partnership Right to Control Programme to develop a regional Market Position Statement for adult social care

In addition to these developments, in the coming months Groundswell Partnership will establish a network so that people and organisations using WTfC can more easily learn from one another's experience. We will also be developing a model to support the continuous improvement of WTfC practice and the consistent collation of information about local projects and their outcomes. This will involve a flexible accreditation and reporting process to support facilitators and local project leads to use WTfC effectively through the full 8 steps, from delivering the best workshops possible to implementing changes inclusively and successfully. We believe this will improve the benefits WTfC can deliver, help to strengthen the business case and ensure that resultant projects remain true to their design and purpose.

Our next steps for moving this work forward during 2012 will be:

- ❖ Testing and refining our reporting and accreditation framework through current and future projects
- ❖ Publishing a template and guidance for people to use when generating their own reports
- ❖ Publishing a sample report to demonstrate best practice
- ❖ Setting up an international learning community with regular webinars and an e-list to share learning and experience
- ❖ Offering on-site and remote report accreditation

We look forward to sharing our progress over the coming months and welcome your thoughts on this report.

Footnotes

1. Making it Real: Marking progress towards personalised, community based support, Think Local Act Personal 2012

2. See Macintyre's Making it Real Action Plan at: http://bit.ly/JNiJtW

3. For an approach to reviews that works really well with WTfC see Outcomes focused reviews, DH 2009

communication aids

Mental health support

Good advice

1 with a familiar person who assesses
n's communication/epilepsy/personal
care – interaction

sitive praise and reinforcement, really
responds to it

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dy

Staff helping
me.

Learning to get the bus to school

Travel trained

travel money

Benefits

EMA and

hen I am 18, I can join clubs and have a beer/curry

Being 18

laving a drink and a dance (clubbing cheers me up)

I get
the right
support

7

I travel
Independently

I get
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I am
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good

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