

Talking Points Change Implementation Framework – August 2009

This framework has been put together to support planning, management and implementation of Talking Points: Personal Outcomes Approach, based on learning from early implementers. Project management methodologies, such as Prince 2 are available to support service improvements. This framework is not intended to replace such methodologies, nor does it claim to cover all relevant considerations. It can sit alongside project management tools, with the aim of outlining specific considerations relevant to an outcome focused approach. A further intention is to avoid repeating mistakes as identified by early implementers.

An outcomes approach to assessment, planning & review aims to shift engagement with people who use services away from service-led approaches. This involves individuals, carers, professional staff and partners working together to achieve the best possible impact on the individual's life. The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals, builds upon natural support systems and includes consideration of wider community based resources. This personalised approach places the person at the centre and provides a clear framework for assessment, planning and review. Although in some ways building on good practice, it also requires a significant 'culture shift'. Practitioners have identified that a focus on outcomes supports practice lost by previous assessment and planning processes, which centred on processing people rather than engaging with them, on weakness rather than strength and capacity, and available services rather than achievable outcomes in partnership with individuals. The approach reflects policy priorities to engage individuals and their families using services, greater personalisation and the patient experience programme. This new emphasis is also reflected in the new National Minimum Information Standards for shared assessment (2008).

As well as considering requirements for culture change, it is also necessary to ensure that senior management within the organisation buy in to the proposed change. This is important to ensure that staff feel they have 'permission' to practise in a different way. It is also essential to ensure ownership at the strategic and governance levels to support the service development and structural and organisational changes required to support a focus on outcomes. The approach links with the community care outcomes and their partner tool the community care outcomes framework (CCOF).

Background to Talking Points

- The Talking Points approach builds on research conducted over many years by the Social Policy Research Unit (SPRU) at York University and further research by members of the Talking Points team at the University of Glasgow (Petch et al 2007).
 - Outcomes are the impacts or end results on a person's life, and outcomes-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (Glendinning et al 2006)
 - Talking Points centres on two frameworks of outcomes, ones for patients/users of community care support or services, and one for unpaid carers. The approach involves building these outcomes into assessments, support plans and reviews.
 - The approach can be used for shifting practice and systems towards an outcomes focus, as well as for evaluating and improving services.
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- Outcomes for service users come in three categories: *Maintenance* outcomes focus on trying to maintain quality of life, despite sometimes deteriorating health. Examples include feeling safe and social contact. *Change* outcomes result from removing barriers to achieving quality of life, or reducing risks. Examples include reduced symptoms such as feeling less depressed and improved confidence. *Process* outcomes result from the way in which services interact with people. Examples include being listened to and respected.
- Outcomes for carers come under four categories: *Quality of life of the cared for person*, *Quality of life of the carer*, *Coping with caring* and *Process* outcomes. Underpinning many of the outcomes in the last two categories is the concept of carers as key partners.
- The approach should both influence decisions about plans for individuals, and also contribute to shaping service provision, through aggregation of the data collected. The approach involves collecting both qualitative and quantitative information.
- Partnership working is necessary to achieving user and carer outcomes as very few outcomes can be delivered by one agency in isolation. The Scottish government continues to emphasise joint working between local authorities and NHS Scotland, "to secure further improvements in key areas including user satisfaction, faster access, better support for carers, the quality of assessment and care planning, identifying those at risk of admissions, and moving services closer to users/patients." (Better Health Better Care 2007).
- Talking Points has been developed alongside the National Minimum Information Standards (NMIS) (2008) for assessment, care and support planning and review for all adults. http://www.sehd.scot.nhs.uk/publications/CC2008_03.pdf The NMIS along with Talking Points are intended to improve outcomes in community care.
- Talking Points and the NMIS will together support reporting on 10 of the 16 measures in the Community Care Outcomes Performance Framework.
- Wider developments at a strategic level support the focus on outcomes in community care. Single Outcomes Agreements require local authorities to work with partners through Community Planning Partnerships, involving Community Health and Care Partnerships in setting and monitoring objectives, all framed in terms of improving outcomes for individuals..

Generic planning considerations

This section outlines some core planning considerations, alongside timescales, checkpoints, deliverables. [SMART criteria](#) can be used to identify core objectives.

1	NATURE OF IMPLEMENTATION WORK
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	Describe the nature of the plan for implementation (i.e., evaluation of a pilot project, implementation of an approach as part of a strategy following a Pilot exercise.)

2	BACKGROUND
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Enter background informing the plan (ie. Service review, concerns about practice or current service delivery, previous evaluations, pilot the outcomes approach)

3 OUTCOMES, OBJECTIVES AND VISION

How will this work improve outcomes for people who use our services or support, and/or their carers? What will success look like? What are the anticipated benefits for the organisation/ stakeholders/staff? What is the vision which can be shared with and used to engage stakeholders. Establishing communication channels, both formal and informal, is essential

4 SCOPE

Enter details of the scope of the plan, including what is in and out of scope, specific service, community based team or wider and identify sample size for pilot/implementation plan.

5 DELIVERABLES/OUTPUTS

Enter details of the intended outputs of the plan here. For example, performance framework, research findings presented to SMT, committee report, new outcomes tools

6 CONSTRAINTS AND STRATEGIES

Enter any possible constraints the plan may have such as time constraints, staff resources, and strategies to manage these

Talking Points implementation planning considerations and available support materials

STAKEHOLDER ENGAGEMENT/COMMUNICATION PLAN

Enter stakeholders consulted in preparation for the project, including patients/users and carers, staff and management. Who else should be involved? How can the vision be used to make the case for change. Identify champions and resisters early on. Consider governance arrangements and methods for continuing communication throughout the workplan, including opportunities for feedback from staff and others.

ENDORSEMENT & OWNERSHIP BY SENIOR MANAGEMENT

Management buy-in, including senior management across the organisation, is essential to ensure ownership, and so that the vision is promoted to staff. Senior managers should be visible and supportive through the period of change. Documentation of management endorsement should be disseminated widely. If the approach is being implemented on a small scale initially, the walls around that project should be kept low so that others are aware of progress.

STAFF DEVELOPMENT PLAN

A Learning & Development/Human Resources manager should be involved in the project team to identify requirements for staff development. Local staff should be involved to ensure practice issues are at the forefront. It is recommended that staff bring their own case study material as a springboard for learning. The national assessment and care management guidance should also be referred to. A range of support materials are available – case studies, powerpoints, digital stories, key messages, summary of the approach etc.(See JIT website) A considered approach is recommended, taking a longer view of successful culture change.

DOCUMENTATION, SYSTEMS AND PROCESSES

Enter plans for development of tools and process expected, including who will be involved. Involvement of staff is recommended to increase relevance and ownership. Rather than bolt on approaches, existing practices should be reviewed to reflect changing circumstances. Adaptation of tools without staff development programmes has also been found to be unsuccessful. Most tools now focus on recording narrative with scale measures also included. Some existing examples of tools are available on the website, with others to follow shortly.

SERVICE DEVELOPMENT

Enter plans for service development, including who will be involved. Organisations need to be prepared in the longer term to fundamentally redesign their service delivery systems, including commissioning/balance of care. Staff will become disillusioned if they are asked to change thinking and practice but organisational systems do not support this.

DATA MANAGEMENT

Two types of data can be collected through Talking Points, qualitative and quantitative. Guidance is available to support Talking Points data management in general and qualitative data guidance is now available on the JIT website. Whilst research and information officers will have a significant role in managing and analysing data front line staff can also play an important role in contextualising findings to ensure the robustness of conclusions. Enter plans for data collection inputting, management and analysis including IT liaison, roles of research and information staff and operational staff.

MONITORING

Outcomes and progress of the implementation plan should be assessed at regular intervals against the original aims and agreed deliverables and reported accordingly. Progress should be celebrated. Significant variance should be picked up by the steering committee, investigated and changes to the plan identified. Communication with stakeholders during the period of change can highlight any concerns. Long term change projects may require end of year interim reporting.

EVALUATION

Plan evaluation from the outset against agreed objectives, as measuring success should not be an afterthought. Agree how measurement is going to be achieved. Consider how best to capture user/carer, staff, management and stakeholder perspectives as appropriate. Cost effectiveness/ comparisons may also be considered, including any additional time taken and changes to inputs/outputs resulting from the change. Monitoring and evaluation helps people learn what works and provides a solid evidence base for improving practice. General guidance on evaluation is available on the JIT website. <http://www.jitscotland.org.uk/action-areas/delayed-discharge/>

REPORTING

Enter those with responsibility for reporting on the plan early on. Identify relevant timescales. Reporting should involve collecting information throughout the implementation period, and fit with planning cycles. Reporting is critical to sustaining the work undertaken. Reports should include positive and negative feedback. Consideration to be given to reporting formats for different audiences, e.g. users/carers, staff, management, other stakeholders

- Title page - title, authors, date
- Summary of progress to date – around two pages, including the headings of the full report
- Intended outcome – what were you trying to achieve
- Background – Talking Points (use existing documents, including guidance where helpful)
- Approach including sampling strategy
- Approach to data collection – who what where why when
- Approach to analysis – including coding framework
- Reporting key themes and trends in the data (balancing qual and quant)
- Use quotes to evidence findings
- Use of other information to contextualise findings and inform conclusions & recommendations
- How counts arrived at
- Unexpected outcomes and lessons learned
- Conclusions and recommendations
- References and appendices

DISSEMINATION/APPLICATION OF INFORMATION

Enter plans to disseminate the information. Outcomes information can be fed into e.g. user and carer events, staff development/induction, personal development plans, service reviews, local planning and commissioning. Communicating the work undertaken and related outcomes is essential for sustainability of the approach. Potential uses can also include informing training requirements, value for money, performance management, service improvements, policy influence

PLANNING STAGES

In order to implement the above approach, it should be divided into a number of stages, identifying content and stated objectives for each stage, with expected milestones, main areas/resources required, start date and end date. An example is outlined below.

	CONTENT OF STAGE, STATING ITS OBJECTIVES	EXPECTED MILESTONES	MAIN AREAS/ RESOURCES REQ'D	START DATE	END DATE
STAGE 1 PLANNING	Give details and objectives expected to be met as a result	Enter details of milestones	Detail main tasks indicating resources required, both tangible and intangible		
STAGE 2 IMPLEMENTATION					
STAGE 3 INTERIM PROGRESS					
STAGE 4 REPORTING					

RISK ASSESSMENT

These are risks apparent at the outset of the plan. Indicate actions that will be required to minimise these risks. With regard to Talking Points, specific risks have arisen from insufficient account taken of the requirements to support staff development, including ongoing support through the period of change. Other risks may emerge e.g. from demands from other changes taking place within the organisation, unanticipated additional demands on the service or existing difficulties in partnership working in the locality.

REF	DESCRIPTION	IMPACT	PROBABILITY	HOW CAN THIS BE ADDRESSED?
1.	(Detail the risk involved)	(Detail the impact that the risk may have - will it be catastrophic, significant, or of minor relevance?)	(How probable is it that this risk will happen? "High" Or "Medium" or "Low")	
2.	(Detail the risk involved)	(Detail the impact that the risk may have)	(How probable is it that this risk will happen? "High" Or "Medium" or "Low")	

ORGANISATION OF THE IMPLEMENTATION PLAN

Have Governance/sponsorship arrangements been clarified from an early stage? Yes/No

If “Yes”, how will communication be maintained throughout the implementation period?

Has a Steering Group been established to oversee the implementation? Yes/ No

If “Yes”, how frequently will the Steering group meet?

Have an Implementation Manager and Planning Team been established? Yes/ No

If “Yes”, how frequently will the Planning Team meet?

Have any working groups or sub-groups been established? Yes/No

If “Yes”, how frequently will these working groups meet?

(NB: Project Steering Groups tend to meet regularly providing opportunities to develop an understanding of the project aims and principles over time. It is imperative that frontline staff involved are afforded similar opportunities to become familiar with the vision, purpose and associated culture change associated with an outcomes approach over time, which may involve continuing development opportunities

For larger, more complex plans, a diagram of the reporting structure should be attached to the Implementation Planning Proposal. Is an Organisation Chart attached? Yes/ No

Detail the roles and responsibilities of members of these groups below:-

ROLES AND RESPONSIBILITIES

The following standard list of roles should be customised as necessary for this project and the post-holders’ names inserted.

ROLE	POST-HOLDER	RESPONSIBILITIES
Governance	(Enter names and job-titles)	(Detail any extra responsibilities each person has connected with this role)
Chair of Steering Group	(Enter names and job-titles)	(Detail any extra responsibilities this person has connected with this role)
Steering Group members	(Enter names and job-titles)	(Detail any extra responsibilities each person has connected with this role)
Project Manager	(Enter names and job-titles)	(Detail any extra responsibilities this person has connected with this role)
Project Team members	(Enter names and job-titles)	(Detail any extra responsibilities each person has connected with this role)
Working Group (1)	(Enter names and job-titles)	(Detail any extra responsibilities each person has connected with this role)
Working Group (2)	(Enter names and job-titles)	(Detail any extra responsibilities each person has connected with this role)
Administrative Support	(Enter names and job-titles)	(Detail any extra responsibilities this person has connected with this role)
(Enter details of additional roles)	(Enter names and job-titles)	(Detail any extra responsibilities this person has connected with this role)

Details of any External Stakeholders or Partners should be provided below

EXTERNAL AGENCY	NAME OF CONTACT PERSON	KEY RESPONSIBILITIES	THEIR EXPECTATIONS
(Enter name of agency)	(Enter names and job-titles)	(detail any responsibilities this	(detail expectations of this agency)

		person has connected with this role)	
(Enter name of agency)	(Enter names and job-titles)	(Detail any extra responsibilities this person has connected with this role)	(detail expectations of this agency)
(Enter name of agency)	(Enter names and job-titles)	(Detail any extra responsibilities this person has connected with this role)	(detail expectations of this agency)

STAFF RESOURCE REQUIREMENTS

1 ESTIMATED No. OF WORKING DAYS FOR SENIOR OFFICER(S) (PERFORMANCE AND RESEARCH)

(Detail the no. of working days required for completion of the project) It is good practice to do this but can be challenging to achieve. Ideally staff should have protected time for participating in change programmes

2. ESTIMATED No. OF WORKING DAYS FOR OFFICERS FROM OTHER TEAMS OR SERVICES.

(Detail the no. of working days required for completion of the project)

3. ESTIMATED No. OF WORKING DAYS FOR SUPPORT STAFF (WHERE APPLICABLE) E.G. ADMINISTRATION

(Detail the no. of working days required for completion of the project)

4. ESTIMATED No. OF WORKING DAYS FOR OFFICERS FROM PARTNER AGENCIES

(Detail the no. of working days required for completion of the project)

NEXT STEPS

Continued communication with senior management and governance is required to ensure endorsement and buy in for the need to fundamentally review commissioning, financial procedures and practice arrangements across the whole organisation

Additional sources of information can be accessed on the JIT website.

<http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/>

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