ACTIVITIES -

KEY MECHANISMS



OUTPUTS → OUTCOMES → IMPACT

Local delivery models (Demonstrators, Networks, Facilitators, Ask IMPACT) – based in the reality of local practice/people's lives

Embedding local lessons in national policy and practice

Effective leadership, management and operations, including PMO, communications and engagement

- Practical support to make change on the ground
- Ensuring participation of seldom heard voices
- Bringing people together to co-create change

Underpinned by:

- Inclusive definition of evidence (with transparent and rigorous review)
 - Facilitation/OD skills of delivery staff
 - Building capacity by promoting hybrid roles
 - Co-production/tackling power imbalances
 - Local ToC/evaluation built into all projects
 Planning for embedding/scaling from the start
 - Planning for embedding/scaling from the startDepth and breadth of IMPACT's relationships
 - Alignment with current/future policy agendas

KEY FEATURES OF ASC CONTEXT

- Fragmented, short-staffed and under-funded
- Financial/service pressures lack
 of time and space
- Inequalities and power imbalances
- Lack of shared spaces

Lack of research culture
Over-reliance on pilots
Anglo-centric
Poor relation of NHS

Can be overly task-oriented

KEY FEATURES OF IMPACT'S APPROACH

- Embedded in realities of local practice/people's lives
- Inclusive approach to what constitutes valid evidence
- Strong emphasis on learning by doing
- Working locally, regionally, nationally and across the UK
- Co-production and hearing 'seldom heard' voices
- Ambition, level and duration of investment
- Scale, reach, depth and breadth of relationships
- Focusing on ASC in its own right but also on boundaries with other sectors

Evidence that connects to people's value bases

Diverse range of stakeholders engaged with IMPACT, locally and nationally, and excited about what's possible

People feeling
that IMPACT is
helping with
things they find
hard/starting to
see that
evidence can
make a
difference to
their
work/people's
lives

Research, lived
experience and
practice
knowledge
starting to be
seen as equally
valid

Sustainable and productive relationships between ASC stakeholders to cocreate positive change/innovations and improve outcomes for people drawing on care and support/families

Increased capacity and skills in the ASC workforce to work with evidence of different kinds to innovate, improve care and deliver better outcomes

Greater
understanding of
the factors which
help and hinder the
implementation of
evidence in
practice, using this
to overcome
longstanding
barriers to positive
change

More
widespread
use of
evidence,
leading to
better care
practices,
systems and
outcomes for
people who
draw on care
and support,
their families
and
communities

WHAT ARE WE TRYING TO CHANGE?

Think about the current situation and how change will be measured

KEY ASSUMPTIONS

What do we know already as a starting point locally and nationally?

WHO WILL BE LEADING THE CHANGE?

Lead
organisation/partners
Co-production with
people and communities
Stakeholder
groups/governance

KEY ASSUMPTIONS

Why are these the right people to lead?

WHAT ARE THE MAIN ACTIVITIES?

What are the core activities that will lead to the change? Who will resource these?

KEY ASSUMPTIONS

What will result in these activities bringing about change?

WHO WILL PARTICIPATE IN THESE ACTIVITES?

Which stakeholder groups should engage in these activities?
What will encourage their engagement?

KEY ASSUMPTIONS

What is their role in achieving the change?

LOCAL AND NATIONAL CONTEXT

Local issues and opportunities
Previous change initiatives
National policy and practice issues

WHAT DO WE KNOW ALREADY AS A STARTING POINT LOCALLY AND NATIONALLY?

Initial outputs from the activities (number of people trained, process redesigned, engagement events undertaken)

KEY ASSUMPTIONS

What makes these outputs achievable?



WHAT ARE THE MAIN BENEFITS IN THE MEDIUM TERM?

What outcomes would be expected in three years? How will these be evaluated?

KEY ASSUMPTIONS

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How will the activities result in these outcomes? What else needs to be in place?

WHAT ARE THE LONGER TERM GOALS?

What wider benefits would be expected in five years and beyond? How will these be evaluated?

KEY ASSUMPTIONS

What would lead to these wider benefits? Who would need to be engaged?