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Looking Ahead: Leading Practices for Collaboration and Integration in the Community Support Sector

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Plan of the presentation

1. Community services – aims; processes
2. Some challenges ahead
3. Assessing performance
4. But why all the fuss about performance?
5. Working together - benchmarks

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Community services: aims, processes

Core aim: to improve the well-being of individuals

Dimensions of well-being (... a selection)

- Health
- Extent of disability
- Social functioning
- Self-care abilities
- Independence
- Place of residence (staying in own home)
- Employment, occupation, activities
- Behavioural problems
- Quality of life (self-rated)
- Normalised lifestyle
- Autonomy, choice, control
- Carer and family well-being (multiple)
- Societal concerns (e.g. safety)

**... and how
do we
achieve
those aims?**

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Final outcomes

- Length of stay in community
- Improved health
- Improved quality of life
- Reduction in caregiver stress

'Production of Welfare Approach'

Final outcomes

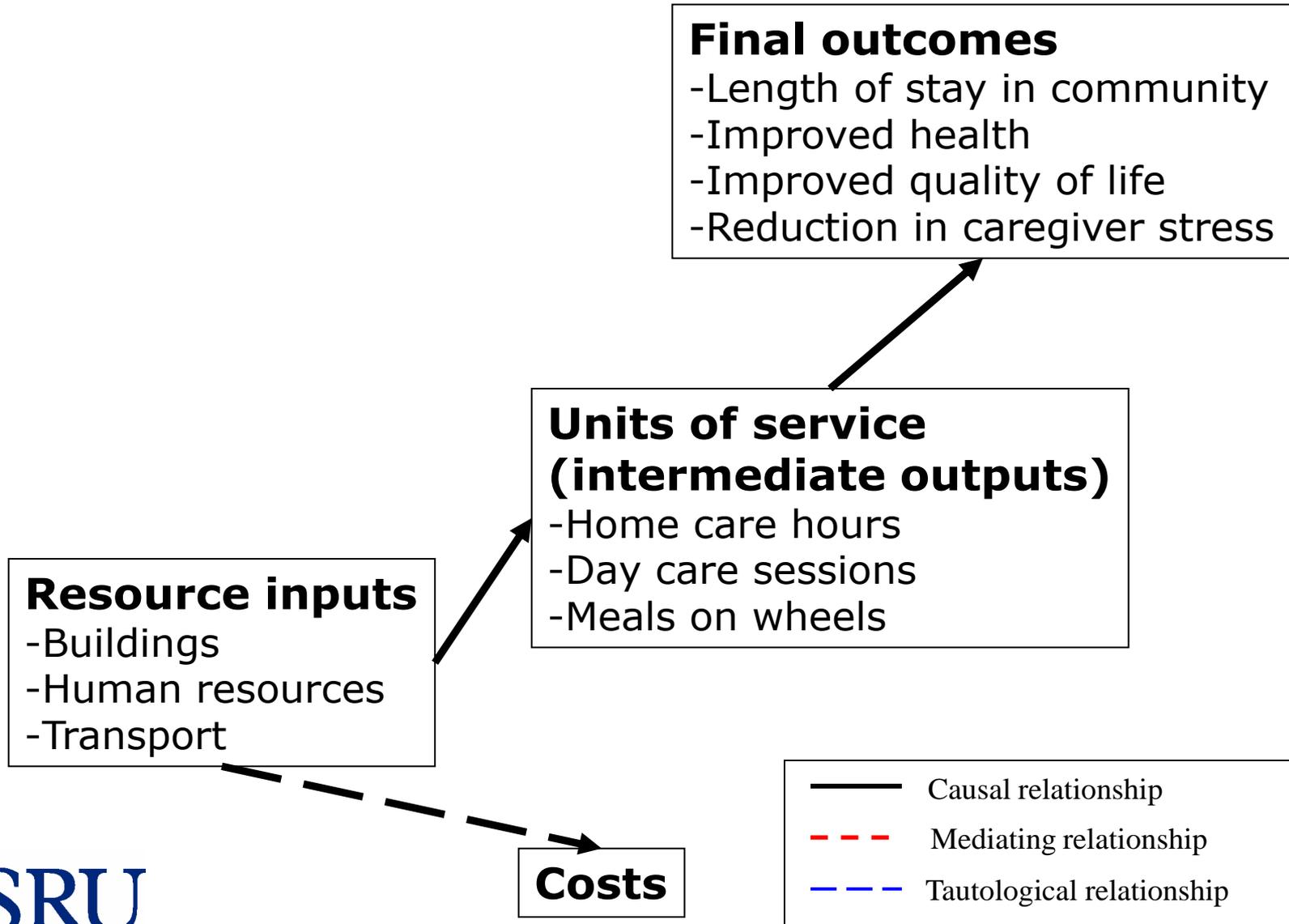
- Length of stay in community
- Improved health
- Improved quality of life
- Reduction in caregiver stress

Units of service (intermediate outputs)

- Home care hours
- Day care sessions
- Meals on wheels

- Causal relationship
- - - Mediating relationship
- - - Tautological relationship

'Production of Welfare Approach'



'Production of Welfare Approach'

Non-resource factors

User, carer characteristics

- Living circumstances
- Dependency
- Mental and physical health
- Informal care support

Supply-side factors

- Attitudes of staff
- Organisation of services

Processes

- Empowerment of users

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Resource inputs

- Buildings
- Human resources
- Transport

Costs

- Causal relationship
- - - Mediating relationship
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**Some
challenges
ahead**

Some emerging challenges

- Rapid population **ageing**
- More rapid growth in **dementia** prevalence
- More **disabled people** surviving into old age – often with complex needs
- Care '**technologies**' getting more complex
- Demands for greater '**participation**' by older people
- **Self-directed support** – growing demands
- BUT ... resources are **scarce** – so growing demands, too, for evidence of outcomes, efficiency, equity – i.e. of **performance**

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Assessing performance

Why assess performance?

For commissioner monitoring:

- So that funders know what they are buying, and can target their resources where they can have most benefit for people in need and their carers

For citizen re-assurance:

- To show that tax dollars are being well spent

For provider self-assessment:

- If you don't check your progress, how do you know you are making any?

Especially – primarily – to support improvement:

- To provide benchmarks and feedback so that services can be more effective, efficient and fair

**And what does 'performance'
mean? Many things ...**

'Production of Welfare Approach'

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And what does 'performance' mean? Many things ...

Some possible meanings:

- Better **outcomes** for individuals
- Higher **satisfaction** for service users
- **More services** made available / delivered
- **Better services** (e.g. punctuality)
- **Better processes** (e.g. empowerment)
- **Cost** containment ... or higher **spending**
- Greater **efficiency** in using resources
- Better **targeting** of services on needs

'Production of Welfare Approach'

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Ideal performance indicators ?

Final outcomes

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Conventional indicators of performance

Resource inputs

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- Transport

Units of service (intermediate outputs)

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Where do the standards and indicators come from?

- Legal requirements from outside the sector re employment, 'health and safety' etc
- Judgements from experienced service professionals / managers about what works
- Feedback from people who use services about what is important to them; what they see as 'performance'
- Previous research evidence on what works, cost-effectiveness, etc
- New research conducted in member agencies

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**But why all
the fuss
about
performance
assessment?**

Community services are not like groceries ...

- Many service users are vulnerable, frail, confused
- Complex services with effects that vary from individual to individual ...
- ... With some effects that really only the individual user can judge
- Co-production with family carers
- Often highly personal services – so, relationships matter
- One-off decisions with considerable consequences
- Collective, societal concerns about well-being of seniors

... which means ...

- Vulnerable, frail, confused service users
- Complex services with effects that vary from individual to individual ...

A red thought bubble with a black outline, containing white text. It is connected to three smaller red circles of increasing size that trail off to the left.

**... So we
cannot leave
judgement of
performance
just to the
people who
use services**

...

... which means ...

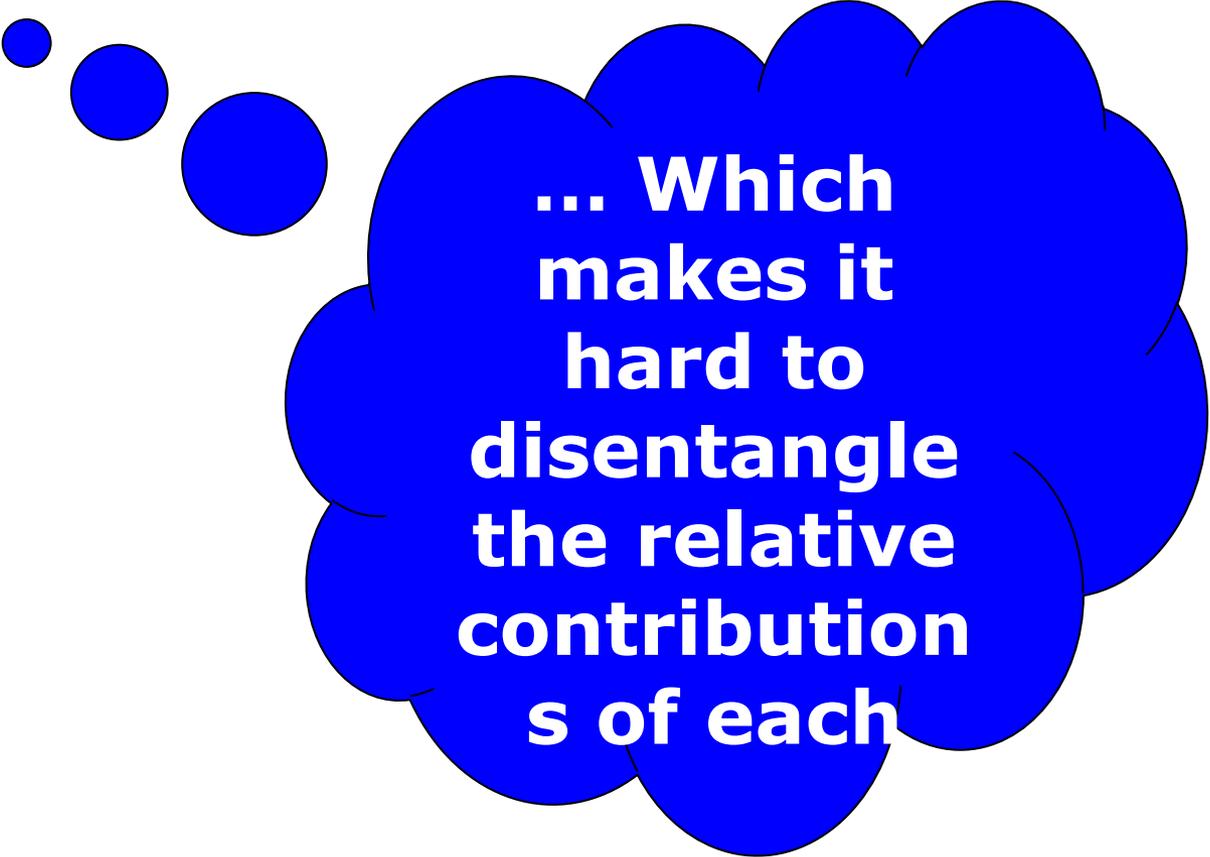
- ... With some effects that really only the individual user can judge



**... So we
must still
find out the
views of
the service
users**

... which means ...

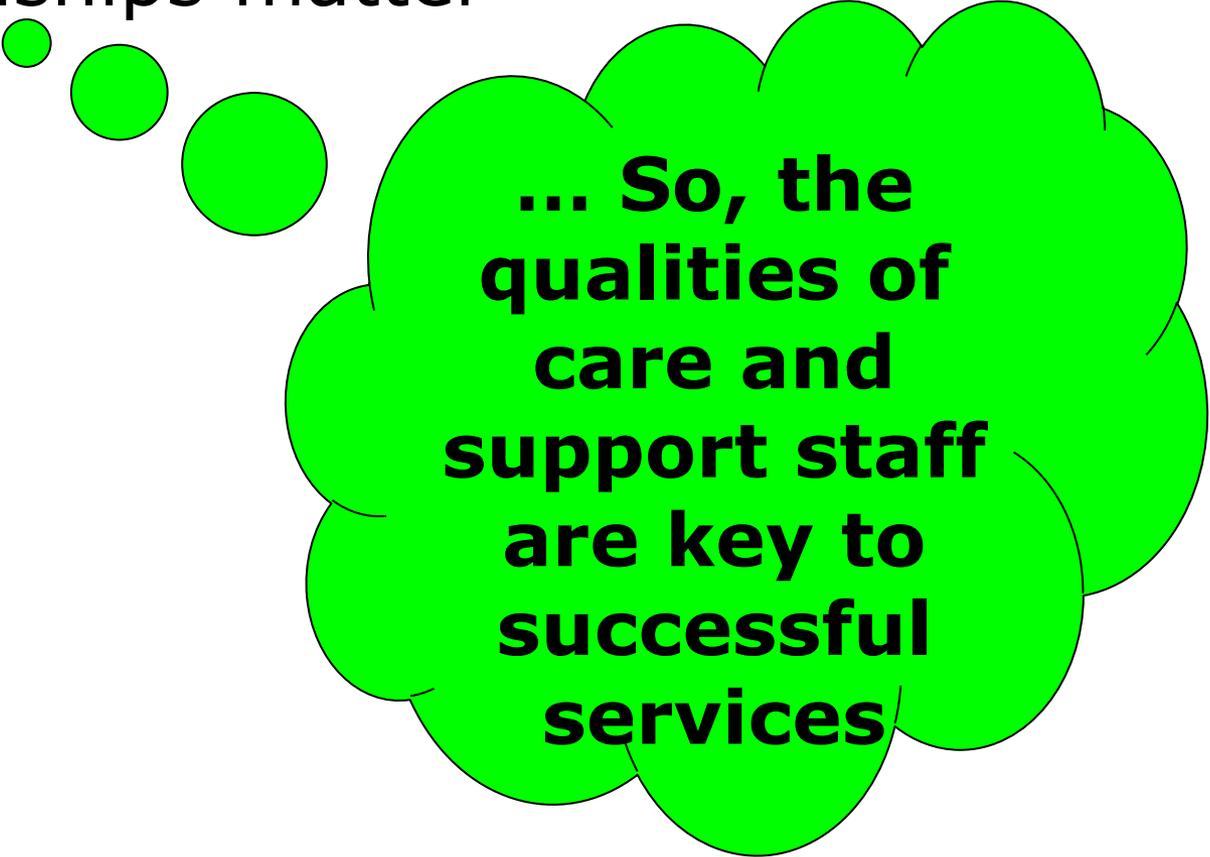
- Co-production with family carers



**... Which
makes it
hard to
disentangle
the relative
contributions
of each**

... which means ...

- Often highly personal services – so, relationships matter



**... So, the
qualities of
care and
support staff
are key to
successful
services**



Working together: benchmarks

What exactly is benchmarking?

Wikipedia (yesterday):

“Benchmarking is the process of comparing the cost, time or quality of what one organization does against what another organization does.”

British government department (1992)*

“The practice of being humble enough to admit that someone else is better at something, and being wise enough to try to learn how to match and even surpass them at it.”

Professional responsibilities

- “Health care professionals are under a professional duty to ensure that the [people] they care for receive high quality care.
- “Most take this responsibility extremely seriously, but getting it right relies on knowing about best practice.
- “With the vast number of developments in health care, it can be difficult to find out about optimum practice:
- “Benchmarking can help.”

(Karen Phillips, report for the Royal College of Nursing, London, 2007)

So ... what are the advantages of benchmarking?

- Providing a **systematic approach** to the assessment of practice
- Promoting **reflective practice**
- Providing an **avenue for change** in clinical practice
- Ensuring pockets of **innovative practice** are not wasted
- Reducing **repetition of effort** and resources
- Reducing **fragmentation/geographical variations** in care
- Providing **evidence for additional resources**
- Facilitating **multidisciplinary team building** and networking
- Providing a **forum for open and shared learning**
- Being practitioner-led, so giving a **sense of ownership**
- Accelerating **quality improvement**

National Institute for Health Research

School for Social Care Research

Prevention and reduction

How can we best prevent or reduce the development or exacerbation of circumstances that lead to the need for social care?

Empowerment and safeguarding

How can we best empower and safeguard people who use social care services?

Care and work

How can we best equip and support people – practitioners, volunteers, informal carers – to provide optimum social care?

How can we ensure that people who use social care and their carers are enabled and supported in paid work and other types of meaningful activity?

Service interventions, commissioning and change

What interventions, commissioning and delivery arrangements best achieve social care outcomes?

Resources and interfaces

How can social care and other public resources best be deployed and combined to achieve social care outcomes?