

Short Report

‘Who – Me?’ Managing performance management – the West Midlands ADSS Benchmarking Club.

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Abstract

The success, or otherwise, of central government initiatives to improve the quality of social care services will, in large measure, be determined by the extent to which the local authority social services function embraces the ‘Personal Social Services Performance Assessment Framework’ introduced by the Department of Health in 1999. Developing tools and techniques to bridge the divide between this strategic imperative and service activity at an operational level can make a significant contribution to the development and implementation of a performance management culture.

Introduction

In 1998 the New Labour white paper, ‘Modernising Social Services’ (DOH, 1998) signalled central government’s intention to shift the focus away from the issue of who was providing welfare services towards an emphasis on the quality of those services. There was also a clear acknowledgement that this change would, in large measure, be achieved by a much more rigorous approach to the management of Social Services Departments’ performance. In order to achieve this change in the quality and value for money of social care, the Department of Health launched the ‘Personal Social Services Performance Assessment Framework’ (DOH, 1999), commonly known as the PAF.

Some three years after the implementation of this strategic, top-down vehicle for change, Alan Milburn, the current Health Secretary stated, in a keynote speech to the 2001 National Social Services Conference in Harrogate on 19 October, that:

‘What is clear from the latest performance tables is that there is excellence in our Social Services, but it is excellence that is spread too thinly. It is available only to some when our ambition surely must be to make it available to all’. (DOH, 2001)

This article describes how, under the auspices of the West Midland Regional Association of Directors of Social Services, a group of Social Services Departments (SSDs), in partnership with an independent social care consultancy, set up a benchmark club. This ‘club’ sought to develop a response to the PAF that was rooted more in the practicalities of day-to-day service delivery. Having now been operational for some three years,

the club’s experiences to date suggest that it is possible to develop tools and techniques that can assist both in the identification of good practice and its sharing, as staff seek to improve service quality at the operational level.

Aims of the Club

The West Midlands Benchmarking Club was established in September 1999 with the following aims:-

- To establish regionally agreed definitions and formulas and methods for collecting data to ensure the accuracy and comparability of data across the region
- To draw together service, finance and outcome activity data to assist in the analysis of comparative performance
- To focus on agreed groups of performance indicators (PIs)/services to aid regional policy and strategy developments
- To assist with the development of management information arrangements in partner authorities by helping to improve data collection practices (especially with operational staff), developing information systems to aggregate data, and structures and strategies for reporting on that data
- To develop practical proposals to assist with the ‘management of comparisons’ and the greater integration of operational and strategic decision-making within departments.

In practical terms the club is overseen by a steering group made up of representatives of the fourteen regional SSDs covering operational, financial and information management perspectives and is chaired by the Director of Warwickshire Social Services.

Initial Activities

The initial focus of the club was on the PAF performance indicators themselves but, as has long been acknowledged, these performance indicators are rather blunt instruments by which to compare departmental performance. Thus a much more rigorous analysis of the issues behind the performance indicators was pursued utilising both quantitative and qualitative tools.

Based on the learning acquired from early work to develop a flow-chart for analysing the 'HH1' (a statutory return to the Department of Health reporting on various aspects of home care for adult service users), the club decided to examine issues surrounding the stability of placements for looked after children, PAF indicators A1, D35 and B8, B9, B10.

In order to progress the initiative, a working group was established comprising representatives of the fourteen regional departments. However, to make this group manageable and to capture both the diversity of the region and the three main functional perspectives identified earlier, individuals with a finance, operational and information background, spanning the Shires, the Metropolitan and Unitary Authorities, were identified. This group met on a regular basis for several months in early 2001. It was supported by the Regional Social Services Inspectorate, both in practical terms with the provision of facilities at its Birmingham office, and in professional terms via the advice and guidance of a Regional Children's Inspector. Additionally, the Department of Health offered comment and feedback on the work as it evolved.

Given the multiplicity of factors that can influence the performance of any Social Services Department, it was agreed to develop a data gathering and analysis approach based on qualitative research methods. Thus the group spent some time debating a range of factors that might be contributing to the variations in departmental performance (as contained in the PAF). These included data quality and IT systems capabilities, differing financial priorities and different planning and reviewing processes. This led to the design of a questionnaire, which served as the vehicle for gathering data on various elements that it was

believed, from an operational perspective, contributed to variances in performance. The questionnaire was circulated to the fourteen departments in the spring and analysed by the consultants who presented the key findings to a regional workshop in the early summer.

This workshop was a pivotal element of the initiative and was attended by key operational and service managers from the regions' departments. The aim of the workshop was to encourage an exploration of the key findings of the research to assist in enhancing an understanding of how the PAF could become more meaningful in the design and delivery of services. For instance, participants were asked if they were able to identify their department from the pictures generated from the material gathered. They were also encouraged to comment on topics such as how to improve their management information practices and how to enhance the consistency of reporting across the region. A significant emphasis was placed on exploring how the national reporting of the PAF influenced local practice. One of the main concerns to emerge was related to definitional aspects of the performance indicators and in particular the interpretation of the word 'move' when applied to the number of placements a child had. By involving the Department of Health in clarifying this (through the use of a quiz based on right and wrong responses to a series of core issues) it was possible to generate a clarity and understanding that was mutually beneficial. It should now be possible for both the Department of Health and the regional SSDs to have a greater confidence in PAF performance indicator A1.

Conclusion

When participants were asked to feed back on the value of the initiative, both at the workshop and afterwards, a number of significant learning points were identified. Clearly the workshop approach reinforces the benefits to be generated from establishing local professional networks for the sharing of concerns and interests, and the exchange of good practice ideas. However, all too often this informality results in the dissipation of those benefits rather rapidly. By adopting a more structured and focused approach under the auspices of the benchmark club, a number of more tangible and sustainable benefits can accrue. In utilizing

qualitative tools such as questionnaires, it is possible to establish a good practice database. Additionally, by making the information available on the consultants' website, the transfer of learning can be a much more timely and accurate process. It has also been confirmed that, whilst there will always be variations in departmental performance due to their histories and context (political, geographic, financial and demographical), there is considerable scope for learning and improvement in service design and delivery. It is also important to acknowledge that, although central government initiated the drive towards greater performance measurement and management in social care, it is willing to listen, learn and change in the light of local experience.

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It is still too early to say with any confidence that service quality within the fourteen West Midlands Social Services Departments has improved directly as a consequence of the creation of the benchmark club. However, both the Department of Health and the Regional Social Services Inspectorate have acknowledged that the club is making a significant contribution in this area. The initiative presented in this article has certainly increased the credibility of social work practice from an appraisal perspective. Furthermore, it has enabled member departments to shift focus from an inward looking to an outward looking perspective on how to achieve service quality improvements. Additionally, in striving to resolve real problems for operational staff, the potential to develop excellent services across the whole region is more likely to be realized.

References

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