



Stephen Kerr
Head of Integration
Health & Social Care North Lanarkshire

Chair of HSCBN



The University of Edinburgh



HSCBN

HEALTH & SOCIAL CARE BENCHMARKING NETWORK
Realising Improvement in Health and Care in Scotland

Thirty One Health & Social Care Partnerships in Scotland

hosted by

The University of Edinburgh

Policy and Planning Managers
Performance and Information Managers
Operational Managers
in
Health & Social Care





What is a network?

- social organisation
- set of “nodes” connected by “links”
- nodes = people; organisations
- links = relationships; interests; collectives; ties





What makes networks distinctive?

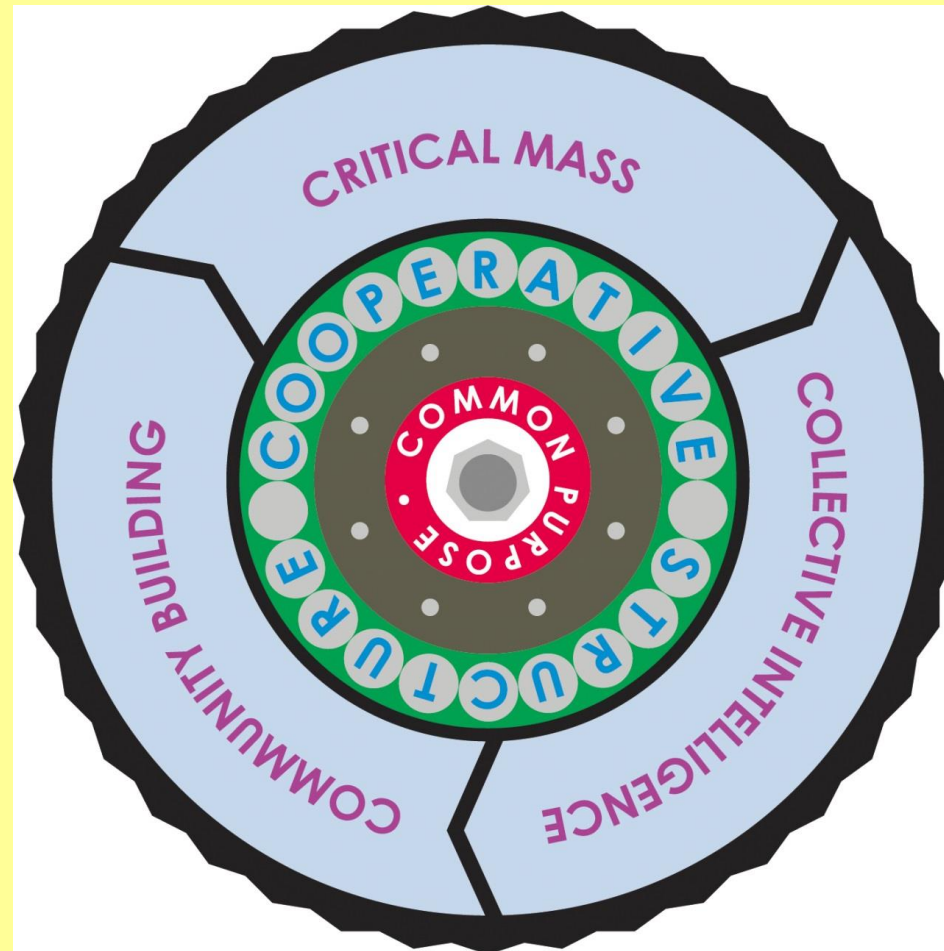
- Their ability to be innovative and creative and their reliance on diversity
- The distribution of power and leadership across members
- Reciprocity and exchange as the defining relationship between members based on mutual interest around a common purpose
- Fluctuations in their member engagement and impact
- Their adaptability to survive and thrive
- The centrality of the knowledge function



Key design features of effective networks

- Shared purpose and identity
- Address big issues / have a compelling purpose
- Meet member needs
- Adaptive leadership
- Strong relationships and ties
- Generate helpful outputs

The 5C wheel for effective networks



Source: The Health Foundation. *Effective networks for improvement*. The Health Foundation, 2014.
www.health.org.uk/publications/effective-networks-for-improvement



What do Networks offer?

- Distributed leadership / champions at all levels
- Whole greater than sum of stakeholders
- Creativity through connections and relationships
- Innovation at point of delivery
- Disseminating information on good practice
- Enriching service by developing people
- Focus on personalised care and outcomes
- Timely sharing of data for improvement
- Enabling a 'habit of change' culture
- Boundary spanners across organisational boundaries





What makes networks fail?

- Failure to reach common understanding on purpose
- Over-expectation of readiness / ability to collaborate
- Favouring some members over others
- Constraining network members' independence
- Not recognising when leadership needs to change/rotate
- Lack of impact in terms of network purpose
- Over-management of relationships and structures that need to be dynamic and evolving

Andrew Constable The Health Foundation



Our Vision and Strategic Objectives

The Vision

- **To improve health and wellbeing outcomes, by sharing data, analysis and learning.**

The Strategic Objectives

- **To be outcome-focused in everything we do**
- **To provide effective benchmarking services**
- **To build collaborative relationships and facilitate learning**
- **To be contemporary in our thinking and our practice**
 - **To be a strong and credible network**





Definition of Benchmarking:

“The process of identifying, understanding and adapting, outstanding practices and processes from organisations in any industry, anywhere in the world in order to help your own organisation to improve its performance.”



How we will achieve our objectives

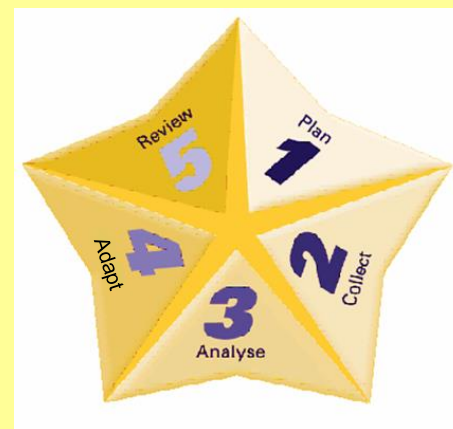
Activities

- **Engage Partnerships in benchmarking activity** as a mechanism to improve and support better outcomes for people who use services, and their carers;
- **Facilitate the sharing and development of best practice** towards achieving efficiency, effectiveness and economy;
- **Influence and support the improvement of national and local performance management frameworks**

Engage Partnerships in Benchmarking Activity

Methodology

- Systematic and rigorous
- Evidence based
- Compare *quantitative* and *qualitative* data
- Identify “best” performers
- Discover “What works”
- Compare systems, processes, culture and practice
- Compare outcomes
- Compare service design and approaches
- Identify factors that may affect performance
- Identify practice that may improve performance
- Share the results
- Save time



Influence and support improvement

Research: Appreciative Inquiry

What Works?

Peer led benchmarking projects

2010-12 Support for Carers & Faster Access (delayed discharge)

2014-15 Reshaping Care (multiple emergency admissions/bed days/delayed discharge)

2015-16 Intermediate Care: Re-ablement & Step up/Step down

In collaboration with Joint Improvement Team of Scottish Government and Edinburgh University

2012-14 Meaningful and Measurable (issues and challenges in recording and measuring personal outcomes)





Facilitate the sharing and development of best practice

Knowledge and Practice Exchange

- *Website/bulletins/practice exchange meetings*
- *Responding to consultations*
- *Built Relationships with JIT/ASD/ISD*
- *Developing Relationship with the Care Inspectorate*
- *Developing a Knowledge Exchange Partnership with Edinburgh University*





Influence and support improvement

Networking

Reshaping Care and Integration Improvement Network
Quality Measures Action Group
Intermediate Care Steering Group
Information and Impact Task Group
National Health & Wellbeing Outcomes Working Group
National Information and Intelligence Framework

Supporting Improvement

*Community Care Outcomes Framework:
Implementation and Review*
*National Monitoring and Evaluation Strategy for Self
Directed Support*
Health & Social Care Experience Survey
Respite Care Survey





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Any Questions?

stephen.kerr@lanarkshire.scot.nhs.uk

gordon.smith@ed.ac.uk

<http://www.hscbn.ed.ac.uk>



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Workshop Session