New Development: Using the Vanguard Method to explore demand and performance in people-centered services

Abstract

Demand is rising for people-centered services in areas such as health, social care
and housing. Such services generally seek to manage demand through layers of
triage and assessment, reserving their specialist functions for people assessed with
complex or acute needs. This article draws on the experience of managers from a range
of public and voluntary sector organisations, who as part of a postgraduate university
course used the Vanguard Method to explore demand and performance
in their services. Their work suggests that excessive focus on gatekeeping and
functional specialisation is preventing services from understanding their users and
is therefore implicated in driving up demand.

Impact

The question of how to manage rising demand with tighter financial constraints is a
crucial one for people-centred services such as primary health, social care, and welfare
support. This article explains why conventional approaches to addressing this problem
tend to make services more bureaucratic and difficult to access, which negatively
impacts on performance and counterintuitively leads to higher demand. Drawing on
insights from managers using the Vanguard Method in their own services, the article
points towards alternative ways in which services can evolve and adapt to become more
people-shaped.

Introduction

We used the term 'people-centred' to describe a service that is primarily concerned with, and responsible for, the welfare of human beings. Typical examples include health and social care, youth services, housing support, welfare and citizen's advice, although many other services might also consider themselves to be people-centred. A contrast is drawn with 'transactional' services, such as retail, finance or transport, which tend to focus on a more limited and discrete exchange between individuals and organisations, usually within some form of market. The difference is partly about the importance and nature of the relationship between recipient and provider, and the personal and professional skills required, but also about the locus of attention: the person as a whole, in as much as health and wellbeing are holistic concepts, too complex and dynamic for a purely transactional exchange to encompass.

Over the past decade, concerns about people-centred services (PCS) have mounted on two fronts. In an age of austerity and shrinking government budgets, in a society stricken by pandemic and whose poorest members struggle to cope with precarious employment, food poverty and housing shortages, the demand for health, housing, social care and related fields is rising beyond the capacity of existing institutions to manage (Bolton 2016; Dorling 2014). Meanwhile, processes geared towards gatekeeping and rationing access to services have made them more bureaucratic, inflexible, and preoccupied with thresholds (Hood et al. 2019). The question arises as to how PCS can cope with the level of demand presenting at their 'front door', while retaining scope for the kind of meaningful helping relationships on which people's efforts to improve their lives often depend (Dickinson and Glasby

2010). To try and answer this question, we report on one approach within the general domain of systems approaches to management, the Vanguard Method.

The Vanguard Method

The Vanguard Method (VM) is a proprietary framework for organisational systems design, developed by John Seddon (2008; 2003) and delivered by a management consultancy, Vanguard. In public management the VM been applied to transactional services such as housing repairs or benefits claim processing (see Seddon, 2008, for examples) as well as in children's and adults social care, (Gibson and O'Donovan 2014; Newmann and Jones 2016) and other PCS (OECD 2017). Seddon envisages the VM as a way of countering what he terms 'command-and-control' management, a concept similar to the 'managerialism' discussed in certain critiques of New Public Management (NPM) (Levy 2010; Dunleavy and Hood 1994). In Seddon's account, command and control organisations tend to combine the organisational characteristics of a bureaucracy (hierarchical structure, functional specialisation, tight financial controls) with neo-Taylorist management techniques (compliance with standards and specifications, management by numbers and targets, and separation of decision-making from frontline work). To overcome the limitations of such designs and go 'beyond command and control', Seddon draws on the ideas of W Edwards Deming (2000) and Taiichi Ohno (2000), which were developed in the context of manufacturing industry, and applies them to service organisations. Seddon considers Deming and Ohno to be systems thinkers, whose focus on the 'flow' of work runs counter to the reductionist tendencies of conventional management approaches (see also O'Donovan (2014).

Alongside its conceptual basis in systems theory, the VM is also an action learning programme in the tradition of Revans (1980) or Checkland (1981). In the VM, learning and action take the form of a cyclical three-step process, 'Check, Plan, Do' (Seddon, 2003). In 'Check', managers seek to understand their organisation as a system, followed by the 'Plan' stage, in which they identify levers for change, and finally 'Do', in which they take direct action on the system. The Check process is vital because it enables managers to see for themselves how their current system is working: 'it is only by doing that managers can unlearn, can find out for themselves where their current beliefs about the design and management of work are flawed, in order to put into place something that works systematically better, and can systemically be further improved' Seddon and Caulkin (2007: 15). Check consists of six stages:

(1) Define the purpose of the service from the citizen's perspective, and what matters to citizens about how the service is delivered

(2) Analyse patterns of demand in order to identify 'value' demand from citizens - things which citizens know they want and the service exists to serve, and 'failure demand', which arises because of 'failure to do something or do something right for the customer' (Seddon, 2003, 26).

(3) Analyse the capability of the system to respond to demand effectively, using appropriate measures.

(4) Map the flow of work, including individual cases, from first point of entry into the system to the eventual resolution of the issues identified, including all contacts, handovers and onward referrals, in order to distinguish between 'value' work (i.e. activity that directly benefits the citizen) and other kinds of work, which may be labelled 'waste'.

(5) Identify the 'system conditions' (Seddon, 2003: 120) that govern how work is

organised and services delivered.

(6) Explore the principles and assumptions (the 'thinking') underlying how the

system operates.

Figure 1. The Vanguard model for 'Check' (Seddon, 2003)
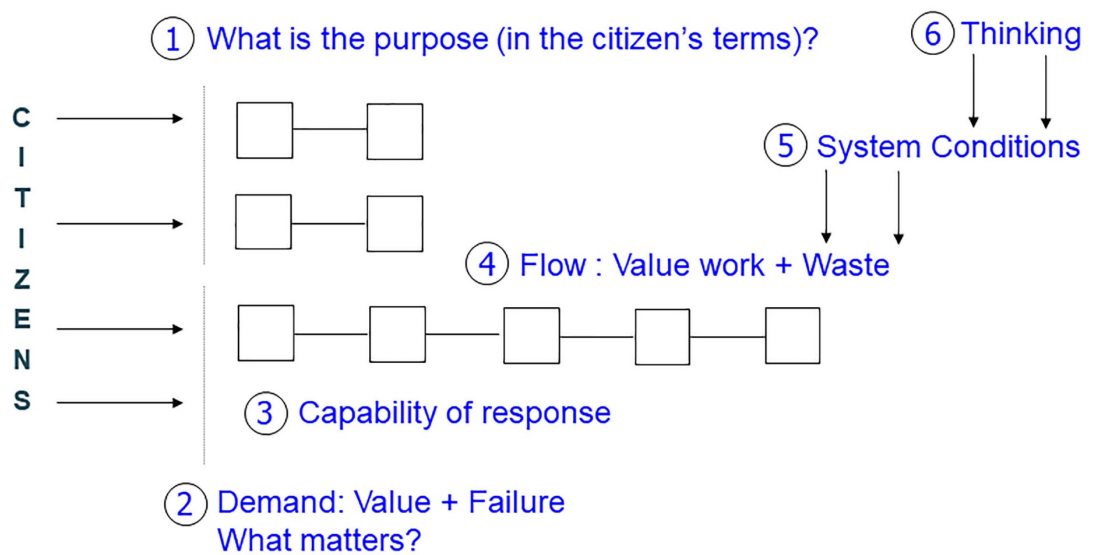
Once Check has been completed, managers and workers should know enough

about the system to decide how to design it differently, using measures that are tailored

to overall purpose, removing unnecessary steps, assessments and handovers, and

increasing responsiveness to need at the first point of contact. Organisational change is

seen as a social process, which emerges via relationships, interactions and the joint

construction of knowledge rather than the enforcement of top-down directives.

Applying the Vanguard Method in PCS

This article is based on the work carried out by managers in PCS, who as part of a postgraduate university course run by the authors used the VM to explore demand and performance in their organisations. Students focused on the first stage of the method, 'Check' (Figure 1), which enabled them to understand how their services currently dealt with demand and how well they responded to what actually matters to the citizen/end user. Participating services included an NHS general practice, local authority (LA) adult social care, LA rights and welfare support, voluntary sector housing advice and support, a tenancy support service, LA commissioners, and LA business transformation (social care).

Given the diversity of these organisations and user groups, students on the course reported striking similarities in how their services operated. Shared assumptions were that demand would overwhelm a service unless contacts were queued and triaged, that splitting up work between functional specialisms was necessary for the service to operate efficiently, and that costs should be managed by separating decisions about resources from frontline work. These assumptions dictated various features of design, such as the fragmentation of workflow, over-specification of tasks and timescales, and the adoption of inflexible, compliance-oriented IT. In most services (although not GP surgeries), initial contact with citizens, the 'front door', was almost entirely geared towards triage and information gathering. For cases accepted by the system, a series of further contacts, handovers and assessments were made to check eligibility and match people to the type of intervention best suited to them. In most cases, services were designed to provide a quick response to people in acute need and crisis, while other requests were either queued for further assessment or signposted elsewhere.

At first sight, the convergence of PCS on this type of design seems a utilitarian compromise forced on services by a shortage of resources to meet demand. However, further investigation of work systems using the Check method suggested that it was often adding to the pressure on services. This was partly due to a discrepancy between what mattered to the people using a service and what organisations thought they were there to do. For example, an immigration lawyer spoken to by one of the students had not previously considered that her clients might have problems to do with housing, money and mental health, rather than just with their legal status. A disinclination to probe beneath the immediate reason for requesting a service was also driven by the widespread use of time-limited triage, or 'screen and intervene' models of provision. These had a number of unintended consequences. First, the more resources were tied up with assessment the less were available for direct work and intervention. Second, services reacted to rising demand either by adding more layers of screening or by tightening eligibility thresholds. Third, there was an escalation in failure demand, as people were left to 'get worse' before returning with a higher level of need and/or turning elsewhere for help with their problem. Fourth, from the user's perspective, the experience of receiving (or requesting) a service was quite time-consuming and frustrating, characterised by lengthy forms, repeated assessments, and inevitable delays as information was passed between different workers and teams. Fifth, the ability of services to understand their users and respond flexibly to their needs was reduced, so that sustainable improvements in people's lives became harder to achieve.

The final point is perhaps the most important one. Without attention to the person as a whole, efforts to address aspects of their behaviour or lifestyle may not bear fruit. While this view was uncontroversial among practitioners and managers in PCS,

their institutional context often militated against an ethos of person-centred care. The course provided many examples of this. For instance, there was the stark picture of boredom in a drug rehabilitation centre, whose residents started queuing at 11.30 for lunch that would not be served until 12.30 – there being little else to do. There was the general practitioner who (like most of her colleagues) could only see patients for a single ten-minute slot, with longer appointments being a closely monitored resource. There was the tenancy support service that had been created to 'mop up' work previously been done by housing officers, but quickly became overwhelmed with demand as the rest of the service withdrew from any kind of preventative or welfare-related work. Such examples point not only to the dysfunction that can hide within apparently rational systems, but also to a tantalising prospect: what if demand for these services is not as high as it seems?

Conclusion: towards better design

The analysis of PCS presented here aligns with a longstanding critique of NPM in health and social care (e.g. Dustin 2016; Dunleavy and Hood 1994). NPM has contributed to a fragmented ecology of PCS that under the harsh glare of austerity has been gearing itself towards crisis-response and the rationing of acute care. With referrals managed via standardised responses that are not people-shaped, and efficiencies sought through containment of the cost of engaging with people, it has become increasingly difficult to establish the kind of purposeful relationships and information about demand that are essential for preventative strategies to take hold. From a critical systems perspective (Flood and Jackson 1991), the key question might be: *whose interests* are served by designing services in this way? Not, it would seem,

those of service users. The alternative is a work system geared around the changing needs of citizens, in which frontline teams are given the means to help people lead the life that they want. Some examples of this are beginning to emerge in the literature on PCS (e.g. Newmann and Jones, 2016; Gibson and O'Donovan, 2014). Importantly, such alternatives are about redesigning 'the way the work works' (Seddon, 2003) rather than finding extra resources to prolong current models of provision. As the pace of social and economic change continues to undermine the economic sustainability of our welfare system, creating an evidence base for redesign, preferably longitudinal studies with an evaluative component, should be a key priority for the future.

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