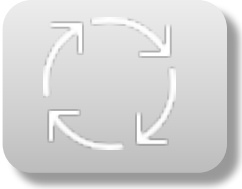
Tool 21: Supporting Systems to operate on an outcomes basis



This document is part of the Home Care Outcomes-based Commissioning Toolkit developed by the National Commissioning Board for Wales to assist home care commissioners and providers to move the home care service towards a more outcomes-based approach. This is an outline document **(which is yet to be completed)** that will be developed further as the project moves forward.

1 Core Material: Overarching principles of this toolkit

The provision of social services in Wales is governed by the Social Services and Well-Being (Wales) Act 2014. The Act is accompanied by a Code of Practice and guidance on the exercise of social services functions and partnership arrangements. The Code of practice stipulates that:

"In order to seek to promote the well-being of people who need care and support and carers who need support, local authorities need to understand what matters to people and the personal outcomes they wish to achieve".

The provision of health services in Wales is the remit of NHS Wales under the direction of the Welsh Government. Local Health Boards have responsibility for all commissioning and provision of health services in their area. The Welsh Government have produced an Outcomes Framework for the NHS in Wales that it describes on its website as follows:

"The NHS outcomes framework includes only outcomes and outcome indicators that have been determined to measure health related well-being. A delivery framework is in place to support the delivery of health and well-being by health boards and health trusts. "
Generally, the toolkit identifies that there are three models of outcome-based commissioning:

- **Model 1: Outcome Based Care Planning:** (Using outcomes as the basis for planning and reviewing a care package)
- **Model 2: Reward for Achieving Outcomes and customer satisfaction:** Again, Individual focused but concentrating on the financial aspects of meeting outcomes.
- **Model 3: Population based accountability for Outcomes:** Responsibility for the provider(s) for meeting the outcomes of a group of people across a defined geographic area

2 Purpose of this tool

The effective commissioning of home care and re-ablement services depends upon a number of different systems and process and their smooth operation. They include:

- Commissioning systems.
- Procurement systems.
- Contract Management Systems.
- Review processes.
- Work allocation/Micro-commissioning processes.
- Assessment and Care planning.
- Finance.

The purpose of this tool is to outline and expand upon these systems and to describe how they might be best used to support an outcomes-based approach to commissioning re-ablement and home care services.

In terms of home care and re-ablement services most of these systems and processes and have been developed and/or adapted on the basis of a time-and task model and need to be reviewed and modified to properly accommodate an outcomes-based approach. This documents looks at some of the issues involved with this and how some key processes can be supported or adapted to work on an outcomes-based model. It focuses upon:

- Commissioning systems.
- Procurement systems.
- Contract Management systems.
- Assessment and care management.

3 Commissioning Systems

Commissioners have a key role to play in the shift towards outcomes-based home care and re-ablement and need to ensure that their own systems and processes are properly adapted to reflect an outcomes-based approach.

The approach to **Needs analysis** has traditionally focused upon population and demographic-based information, often broken down into subsets (older people, physical disabilities etc) supplemented by whatever information is available from internal information systems (e.g. numbers of people in services, size of care package etc).

However, any form of needs analysis should take account not only of the outcomes likely to be associated with home care and re-ablement but also the national outcomes framework for people who need care and support and carers who need support produced by the Welsh Government in March 2016 in conjunction with the Social Services and Well-Being (Wales) Act 2014. These are national outcomes

though, and local commissioner may want to consider both how they apply in their local context and what additional local outcomes might be added to them. As with needs more generally though, the level of service required by different people to achieve their outcomes will vary from person to person and wider information will need to be drawn upon to have at least an estimate of the amount of service(s) that will be needed to deliver the required outcomes.

Also, in carrying out a needs/outcomes analysis commissioners will have to be mindful of which model of outcomes-based commissioning they are intending to follow. Where they are looking to commission a single organisation to deliver population level outcomes **('Model 3'**) then the needs/outcomes analysis will be crucial in determining the right population level outcomes upon which to focus. Also, it is important to identify how the services being commissioned are expected to impact upon the identified population outcomes.

When looking at levels of need/outcomes to be achieved, it is likely that some of the parameters will be different for home care as opposed to re-ablement as opposed to home care. Home care is a relatively long-term services and the numbers within it are likely to change relatively slowly over time. Re-aliment generally is a short-term service and the rate of referrals is likely to have a much bigger impact than for the home care service.

Commissioners also need to take into account the **resources** available to deliver the required outcomes. This includes both the financial resources available to the commissioner to spend as well as the wider resources available within the locality to deliver the required services (this may include analysis of providers, workforce and community resources, for example). There continues to be a need to identify those available resources, but for the analysis to be effective there also needs to be consideration as to their current and likely effectiveness in terms of responding to an outcomes-based approach. This will vary depending upon which of the three models of outcomes-based commissioning is being adopted, and being able to deliver a service that supports achievement of the identified outcomes. Where there is not sufficient confidence that providers can adapt to the new model there needs to be a preliminary programme of work to address that.

Linked to the Resource analysis is the **market analysis** that is crucial in terms of informing the approach to both commissioning and procurement for home care and re-ablement. Again, in looking at the market the most important questions to ask will be:

- Can the market deliver services required to support achievement of outcomes.
- What needs to be done to enable the market to deliver those services.
- How might this impact upon the approach to procurement of services?

Option Appraisals and other tools are often used by commissioners when considering the best way to procure a particular service. Evaluation criteria are used within such a process to help decide on the preferred option. Again, those criteria need to include the likelihood that any particular option will be able to deliver with regard to support to achieve outcomes.

Service design and the drafting of service specifications are often a key responsibility for commissioners. Clearly, the design and specification for outcomes-based home care and re-ablement services need to reflect outcomes rather than inputs and outputs. However, it is important to recognise that whilst outcomes are what we looking for to be achieved (and are the measure of success and effectiveness for a service) other requirements will continue to be needed within specifications in order to ensure that the service is able both to deliver the required outcomes and to provide some assurance that those outcomes will be delivered successfully. So, it is most likely that outcomes-based specifications for home care and re-ablement services will include reference to:

- Activity levels (how many people will be expected to receive a service).
- Outcomes.
- Quality Assurance requirements (for example management and supervision arrangements for staff, workforce development plans etc).

Also, It will be essential for service specifications to be built round the achievement of outcomes, but they will continue to need to include these auxiliary elements and careful attention needs to be given as to how the achievement of outcomes themselves will be measured (See the accompanying tool on 'Quality Assurance Frameworks').

Also, where the approach is to follow the population level outcomes model (**'Model 3'**) it will also be necessary to have some clarity as to how the activities of the provider will support the achievement of those outcomes. In some cases, it may be appropriate to construct Logic Models[1] to map out this connection.

4 Procurement processes

Home care and reablement services can be procured in a variety of ways, and that remains the case with an outcomes-based approach. Some local authorities in England (most notably Wiltshire) have sought not only to commission and procure home care and re-ablement services on the basis of outcomes, but also to include outcomes in the reward process (**'Model 2'**). However, as yet it remains unclear as to how helpful is that approach in terms of shifting to outcomes-based commissioning and it is not specifically advocated here. It is the case, though, that without reward-based mechanisms in place, other aspects of the process need to be specifically geared-up to support the commissioning of outcomes.

With those additional supports any approach to procurement can be used to commission outcome-based services. Spot-purchasing, block contracts, framework agreements and dynamic purchasing systems can all become the basis for an

[1] Logic Models are a concept taken from implementation science and involve a process evaluation that examines what the programme is and how it is delivered to the target clients ('*Systematic evaluation of implementation fidelity of complex interventions in health and social care,* Henna Hasson Implementation Science, September 2010). The concept can be extended to identifying how the planned intervention leads to the desired outcomes.

outcomes-based approach to commissioning (although not all will necessarily work or work well). Careful account of the procurement regulations is required in relation to spot purchasing.

5 Contract Management Systems

The successful commissioning of an outcomes-based approach to home care and re-ablement will rely heavily upon an effective contract management system that has at its core a focus upon outcomes. As indicated above, the achievement of outcomes becomes the measure of success and effectiveness in an outcomes-based approach and the contract management system needs to be geared up to that approach.

Monitoring outcomes becomes a key activity. For '**Model 1'** and '**Model 2'**, providers and assessment and care management staff need to work together to ensure that clear outcomes are identified for each individual and that measures are in place to capture whether or not those outcomes have been achieved. Whilst there has to be recognition that achievement of some outcomes rests upon a wider range of factors and circumstances, some can be attributed to the input of the home care and re-ablement service whether wholly or in part. Good relationship management as part of this process is essential. Successfully adopting an outcomes-based approach needs a close relationship between providers, commissioners and assessment and care management staff. Commissioner have to be prepared to work closely with providers to ensure the focus is upon achieving the required outcomes and that services are supported, developed and delivered in order to achieve that. It may also be appropriate to give providers more scope and flexibility around agreeing the shape of the support given to service users and carers

This is less crucial where an organisation has been commissioned to deliver population level outcomes (**'Model 3'**). However, commissioners will still want to have in place monitoring arrangements that give them some degree of assurance that the provider's activity is likely to contribute to the required population level activities.

6 Assessment and Care Management

Outcomes-based commissioning can only be achieved if assessment and care management systems are operating on the same basis.

For '**Model 1'** and '**Model 2'**,, individual assessments for service users and carers and their care plans all need to be couched in terms of the outcomes to be achieved, indicating, wherever possible, which support services or activities are likely to contribute wholly or in part to the achievement of that outcome. There also needs to be a process to review progress with regard to identified outcomes and to re-formulate plans if need be. Again, this may include changing the outcomes to be achieved and/or the attribution of that achievement to one or more of the parties involved in the care package (including the service user and carer). Where a provider service is involved, there also need to be clarity as to what outcomes they are expected to be contributing. Information about the success in achieving the

identified outcomes need to be shared between the care management system and whoever is monitoring the home care contract.

For **'Model 3'**, the link between assessment and care management and achieving the desired population level outcomes is less clear. Certainly, it would not be acceptable to expect assessment and care management staff (and for that matter providers) to operate on the basis of delivering population level outcomes rather than those most helpful to the service user/carer being assessed and supported. However, the population level outcomes will hopefully have some general relevance to those people receiving services and the outcomes agreed with them.

7 Examples

Effective commissioning for outcomes requires many of the same building blocks has good commissioning always has done. Kent County Council, on their way to being a 'Commissioning Council' published a very good and clear commissioning framework (Listed under 'Further Resources' below.)

At a more micro-level Southend Council published 'Commissioning for outcomes and impact: guidance and tools' (Again see below under 'Additional material). This includes a tool "*designed to help explore the links between broad outcomes for whole populations (Population Accountability) and ways of identifying and measuring key performance dimensions (Performance Accountability) that will help to meet these."*

In terms of commissioning home care for better outcomes, Southwark Council , in London, provide a good example of how to transform the commissioning of home and improve users' experiences.

The exercise they undertook is reported as follows on the SCIE 'Commissioning home Care for Older People' webpage (http://www.scie.org.uk/publications/guides/guide54/practice-examples.asp)

*"It started by convening a series of stakeholder/user meetings to create a vision of what quality of life in home care looks like, what the values are that underpin this and what the ideal behaviours should be. The discussions started with the views of users and their carers, and continued around the themes from **'My Home Life'** [22] and **'The Senses Framework'** [23], which underpin 'relationship-centred' care and were shown to work in home care.*

From the discussions it was identified that home care providers are crucial in fostering the right conditions for a relationship-centred approach to the delivery of care alongside better working conditions. Both of these are necessary to deliver improvements in the quality of care. To achieve this, the council recognised that it would have to change its commissioning practice to support the providers to change, as well as try to influence a change of attitude towards home care workers.

One of the other conclusions of the 'visioning' work was that home care services as they currently exist and are commissioned need to be valued as part of a wider system. So the relationship that home care has to wider community health services,

and activity in general practice and hospitals, is crucial to consider. These relationships are an important part in valuing home care and its workforce. As a result, Southwark has changed the language it uses to describe home care and now calls it 'integrated community support'.

The vision and values that emerged from the discussions were put to Cabinet, who agreed that they should drive a new commissioning strategy for home care in Southwark that would honour the Ethical Care Charter and raise the bar for home care.

The exercise showed that by using existing models and work already done by other organisations as a starting point, it is possible not to reinvent the wheel. The work done in Southwark is the foundation for a wider culture change programme and a new way of commissioning home care."

John Bolton in his IPC paper *'Emerging practice in outcome- based commissioning for social care'* identified a number of authorities where some progress was being made with outcomes based commissioning.

Wilshire are identified as a pioneering authority in this regard. Bolton describes their approach as being:

"Based on the principle that the way in which care is delivered (especially for older people) can have a big impact on the person's ability to retain or regain levels of independence"

A key element of the Wiltshire approach is the need for commissioners and providers to work together to develop and improve the system.

Other authorities in England (E.g. Hertfordshire and Windsor and Maidenhead) are identified as having begun to follow Wiltshire's lead, but were only in the early stages.

Essex County Council are engaged in a long-term programme to shift their care and support provision away from a time and task approach. They articulated their approach in a Market Position Statement, and have moved towards a best value ranking framework which emphasises both cost and quality. They are looking to work with providers to develop a performance-based system, which pays for outcomes, rather than activities, and which promotes independence for service users wherever possible.

They have embarked upon further consultation with providers and re-tendered their reablement service. Formerly, providers were paid for six- week packages at a set price. Under the new model, they will be paid in two ways. They will still receive a set price for the package, but will also receive a bonus payment if, at the end of the reablement plan, the service user does not require any further support.

Essex intends to move away from setting an arbitrary number of weeks for the package, which will be shorter or longer than six weeks depending on the needs of

the individual service user. (Reported in '*LGIU – Effective Commissioning in Domiciliary Care,'* listed below).

Developments in Wigan (also reported in '*LGIU – Effective Commissioning in Domiciliary Care'*), emphasise the importance of aligning commissioning and assessment and care management. They have changed their assessment process t

"to one which is entirely outcome focused, and established a team of brokers who are able to use the outcomes that customers have agreed they want, as the basis of helping someone plan their support. Along with this, an indicative allocation of money is calculated. So the request for home care is not, for example, based on specifying the number of visits, time of day and tasks to be done, but the outcomes the customer has agreed they want delivered for them personally and the indicative amount of money available to provide the service. Proposals from providers can then be reviewed and agreed based on the best offer that the social worker and customer feel will meet their need.'

'LGIU – Effective Commissioning in Domiciliary Care'

Calderdale's approach to personalisation and how this fits with commissioning for outcomes has been examined through the LGA process. Their approach to re-commissioning home care services was very much based upon service user consultation and engagement, resulting in many people opting to use Individual Services Funds (ISF'). However, interestingly the Peer Review flagged up the point that regardless of what mechanisms you have services can struggle to deliver when there is a lack of capacity in the locality. This emphasises again, the importance of wedding an outcomes-based approach with other essential aspects of commissioning including market shaping and workforce development.

8 Further Resources

Kent County Council 'Commissioning Framework'
Commissioning Framework

Southend Borough Council, 'Commissioning for outcomes and impact: guidance and tools'
Access only via search engine.

IPC - Emerging practice in outcome- based commissioning for social care
Discussion paper April 2015 – John Bolton
Emerging practice in outcomes based commissioning for social care

Wiltshire Council 'Help to Live at Home Service – An Outcome-Based Approach to Social Care'
Wiltshire Council: Help to Live at Home

LGA/University of Birmingham - Commissioning for better outcomes: a route map
Commissioning for better outcomes

LGIU – Effective Commissioning in Domiciliary Care.
LGIU: Effective commissioning in domiciliary care