Tool 15: Interactive outcome based commissioning technology for health and social care

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 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, this 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.

1.1 Purpose of this tool

This tool is intended to support commissioners, reblement and home care providers in understanding how technology enabled services can be an effective tool in supporting people to manage their own health and well-being and enabling better coordination of care, personalisation and prevention in order to deliver better outcomes.

Included is a range of information and research relating to opportunities to take advantage of new, innovate and emerging technologies that aim to improve services to achieve better outcomes for the people across Wales.

This resource, encourages commissioners and providers to learn from each other and work together to secure better value for money services and achieve improved outcomes and reduced inequalities for citizens and carers.

Please note that this tool has been designed on the basis for considering the adoption of information based technology **for all three models** of the outcomes-based commissioning.

2 Interactive outcome based commissioning technology for health and social care

The Voluntary Organisations Disability Group (VODG), whose membership includes voluntary and not-for-profit care organisations believes commissioning practices must keep pace with technological change to ensure people receive quality home care.

VODG advise commissioners to commission services based on ‘outcomes’ rather than fixed hourly rates to give both reablement and home care providers the confidence to invest in technologies, which it says can lead to an improved quality of life and cut long-term health and social care costs.

Remote personal trainers in smart watches, movement sensors to stop people falling, finger print–based door entry systems and even apps that launch instructional videos when placed near appliances such as a kettle, can all make living at home an easier experience.

Additional examples include, the use of GPS systems to ensure that people remain within an area they can safely manage, movement sensors that tell staff whether someone has fallen, gadgets (from medication dispensers to talking microwaves) that promote independence, and touchscreen technology to aid communication, all have roles in supporting the achievement of outcomes.

The NHS have produced a resource guide for commissioners entitled 'Technology enabled care services'.[1]

Developed by NHS commissioners, it identifies practical tools that can help maximise the value of technology enabled care services for patients, carers, commissioners and the whole health economy, via the use of technology enabled care services (TECS) that can support an individual's health and social care needs from birth to death, including self-care.

It can enable providers across the health and social care system to give better access to care, improve communication, and enhance teamwork and efficiency.

The resource guide is targeted at all commissioners of health and care services, clinical commissioning groups (CCGs) and providers of health and social care.

The guide encourages commissioners to work with providers to ensure eligible patients with long term conditions (LTCs) are offered a personalised care plan which may outline the need for access to digital information and TECS.

You can access the resource guide here: Technology Enabled Care Services (TECS)

The Welsh Health Specialised Services Committee (WHSSC) have produced an 'Integrated Commissioning Plan for Specialised Services 2016-19.'[2]

It is a commissioner-led plan which seeks to balance requirements to improve quality, reduce risk and improve health outcomes for the people of Wales with the challenging financial pressure that is evident in specialised services within both England and Wales.

WHSSC is working to increase its access to, and use of, high quality health intelligence systems. The organisation is endeavouring to do this by strengthening collaboration with several existing providers such as AWTTC and Public Health Wales and developing new relationships when required.

Initial contact has been made with a number of academic units in Wales to understand the opportunities to ensure that commissioning activities are underpinned by a strong evidence base and are therefore in line with the principles of prudent healthcare.

Information & Communications Technology (ICT) provides an opportunity to improve the effectiveness of the way in which WHSSC operates and the priorities for 2017-19 will be to focus on streamlining and automating systems and processes, which includes developing commissioning service dashboards to enable consistent and easy access by all staff to financial and activity information on a service basis, and to ensure intelligence is available regarding equity of access.

[1] NHS Commissioning Assembly: Technology enabled care services, Resource for Commissioners January 2015
[2] The Welsh Health Specialised Services Committee: Integrated Commissioning Plan for Specialised Services 2016-19'. Published 31/03/2016.

3 Technology enabled care services and reablement

TECS can effectively support reablement programmes, hospital discharges - particularly for those who are living alone, or who have limited mobility or dementia. Initially, a social care practitioner, may introduce equipment or modifications to the person's home, this can include the use of assistive living technology. This is where an occupational therapist is likely to contribute. The equipment and modifications might be temporary, to help reablement, or permanent, to help keep the person safe and independent at home.

An example of this model is in the 'Aneurin Bevan Health Board' area, the Community Resource teams are based in each local authority area (two in Monmouthshire) deliver the Gwent Frailty Programme, delivering an integrated model of care which is community based and jointly delivered by five local authorities and the health board. Key components of the service are rapid response, reablement and falls. The multi- agency teams include social workers, occupational therapists, physiotherapists, reablement assistants and trained reablement home carers.

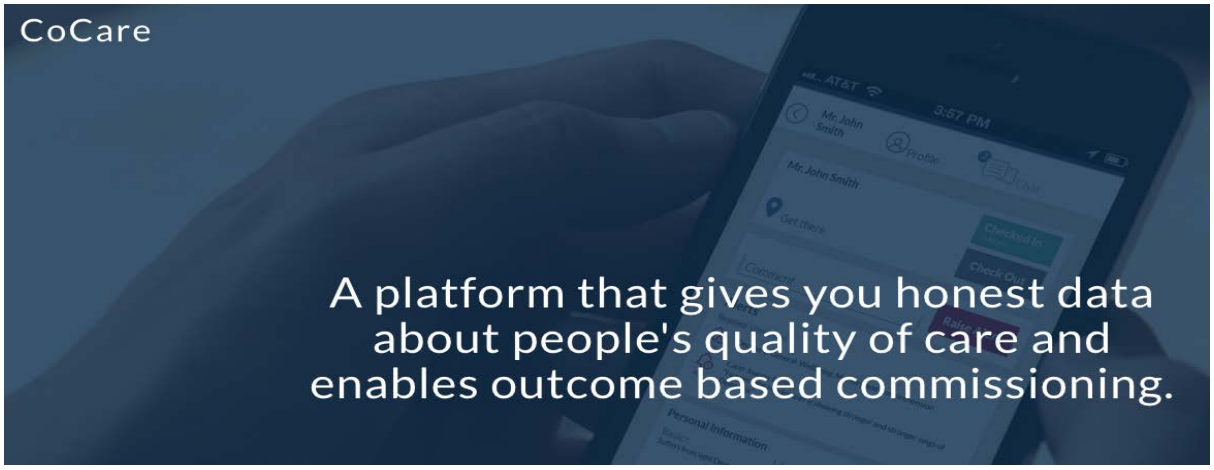
The recent 'Key to Care' Report (Burstow Commission on the future of the home care workforce, 2014') considered that "Home care under time and task commissioning has struggled to integrate people's 'sociability' needs and the willingness of friends, family and neighbours to help. These wider conversations, assisted by digital technology, are a way that networks of support help people live not independently, but interdependently, at home, including during periods of reablement'

4 Technology and Commissioning for Outcomes in Home Care and Reablement

Having an outcomes focus requires and facilitates the use of new technologies (as discussed above) and other innovative practices that offer a greater degree of flexibility to providers in delivering their services.
Freed from the requirements of a time and task model of service delivery, providers can be encouraged to meet need and deliver on outcomes using a much wider range of resources.

However, to ensure the maximum potential of this new technology is realised there may be a requirement to upskill staff commissioners, home care and reablement services in the effective application and use of this technology.

5 Good practice example: Project Co-Care, Technology for outcomes based commissioning



The registered charity LGiU is working in Kingston Council to develop Co-Care an app and information system which supports outcomes based commissioning in home care. Co-Care is an app and information portal to support better commissioning, including outcomes based commissioning, in social care.

Kingston Upon Thames county council are trialling the app as part of their re-design and review of home care services to make them more person centred, outcome focused and effective and trying to bring the whole community of care together.

This innovation app supports support councils, social care practitioners, providers and service users to have better, more personalised home care. The app included an information portal, which focuses on the user and empowers social care teams to share information, escalate problems and captures information about progress (or decline) in a low-burden, easy way.

It is designed to replace existing phone-in or RFID tag systems, which measure only visit times and reinforce time and task commissioning.

5.1 How it works

Home Care workers take the Co-Care app with them on their visits. They use it to record visits and communicate with care professionals, informal carers and family members.

Co-Care also enables care workers to collect valuable information on the ever-changing wellbeing and care needs of the person they care for.

This information is collected and displayed on the Co-Care dashboards. These allow councils access to insightful, real-time data on the outcomes of care and the changing needs of individuals receiving care, of care providers, and of the whole council.

5.2 Key features

Key features of the app include:

- Easy – trust-based – check-in and check-out to capture times, which are checked against GPS location data.
- Basic, key information about service users at a glance. What are their preferences? What do you need to know to help them?
- Low burden monitoring – information on conditions can be captured in seconds and care workers are never asked more than three questions per visit, and include highly visual cues.
- Chat functions to help, often isolated, care workers share information between care teams and between care workers and families in two separate but overlapping chat groups.
- At a glance information about progress toward outcomes.

The key features of the portal include

- Multiple levels of oversight.
- Service user – useful for annual assessments or following an alert or crisis.
- Providers – for providers and for contract management by commissioners.
- Councils – for senior level managers and commissioners.
- Real time information about changes to health conditions and social care needs and progress toward personal outcome goals.
- Much better focus on needs and conditions for everyone in the system Supports outcomes based commissioning.
- Builds evidence about interventions that work.
- Has been developed using a service design approach with councils, so road map will always reflect the needs of councils, practitioners, providers and service users.

5.3 Advantages of using Co-Care

Co-Care's app ensures that there are no burdens placed on home care workers. Knowledge is being captured with a few simple taps on every visit. Secure and easy to share communication within the care network that's includes notes for professionals, messaging for the whole care network, keeping family and friends whom are kept up-to date and in the loop.

The software portal and app also include Insightful dashboards for better commissioning and care planning. Population, provider and individual level dashboards displaying information across five key domains: visits, social care needs, health, the care experience and personal goals.

Co-care can also help support:

- Develop outcomes based commissioning.
- Support ethical commissioning for better wellbeing of the care workforce.
- Improve evidence based decision making.
- Integrate informal care networks and Involve families.
- Improve the quality of re-assessments.
- Pay only for the care that is actually being delivered.

In addition, this innovative technology, of which there a range of alternatives, provides opportunities for both commissioners and providers of home care services to consider the advantages that information portals can bring in adopting one of three models of outcomes-based commissioning being considered within this toolkit.

For example, Model 1 refers to developing outcomes based care planning home care with a service being more aware of the need to achieve outcomes rather than just carrying out designated tasks. The technology provides an opportunity to develop and improve evidence based decision making on the meeting the needs and outcomes in partnership with individuals receiving the service.

The technology could also be useful for providers in working in collaboration with local commissioners using 'information dashboards' (provider and individual level dashboard, displaying information across five key domains: visits, social care needs, health, the care experience and personal goals) that provide both rigorous and real time data that would support the evidence required within Model 2's 'Reward for Achieving Outcomes and customer satisfaction' approach to meeting individual outcomes.

6 Other materials

This "Going Digital" web resource produced by ADASS Housing Policy Network, the LGA and the Housing LIN, to provide essential information for professionals in social care, health and housing. It contains answers to key questions around digital technology – why is digital important, how does it support policy and commissioning objectives, what is the art of the possible/benefits of going digital and how do you make sure you're making the right decisions.

Being digital requires being open to re-examining the way organisations work and think smartly about the services they offer. The resources are intended to support practitioner's to better understand customer behaviours and expectations in terms of digital, both inside and outside of the organisation, to enable individuals to get to grips with trends and ways to future proof the organisation.
Going Digital, Smarter Thinking - Commissioning

The Voluntary Organisation Disability Group (VODG) resources entitled 'Co-producing technology: harnessing digital solutions for social care, outlines how health and social care providers can collaborate with users of services when designing apps, websites and other digital technologies. It recommends how providers can maximise the benefits of such new approaches.

Co-producing technology: harnessing digital solutions for social care

In addition, VODG argues for improved commissioning to seize the benefits of technology in care. The report outlines innovative approaches to the design and delivery of adult social care through the use of technology.
Technology is changing the way we live. Can it also transform the way we deliver adult social care?

The Local Government Association (LGA) in association with the Institute of Public Care (IPC) have produced a research paper entitled: 'Transforming social care through the use of information and technology'.

This paper provides examples of transformation in practice, drawing out case studies where digital technology and the use of information is actively enabling change. Findings have been informed by a digital maturity self-assessment that the Local Government Association (LGA) in partnership with ADASS, Association of Directors of Children's Services (ADCS) and the Society of IT Managers (Socitm).

The self-assessment was completed by just under 60 per cent of councils and presents a comprehensive picture of where ICT is already transforming services and critically, where challenges for digital adoption across the sector remain.
Transforming social care through the use of information and technology

Good Practice Wales have a range of useful resources designed to support public services develop the right skills and culture to move from analogue to digital services.
How can public services develop the right skills and culture to move from analogue to digital services.