Tool 3: An introduction to commissioning for outcomes in 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, 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

This tool is intended to provide guidance and support to both local commissioners and domiciliary care providers in obtaining a deeper understanding and a good working practice knowledge with regards to commissioning and providing domiciliary care based on meeting individual well-being outcomes. The concepts of outcome based working are explained and key steps to implementing an outcome approach are discussed.

3 Effective commissioning

The focus of high quality commissioning is on working in partnership with local people to achieve, improve or maintain their health and wellbeing, achieving good outcomes using evidence, local knowledge, skills and resources to best effect. This means working in partnership across the health and social care system to promote health and wellbeing and prevent, as far as is possible, the need for health and social care.

Effective commissioning cannot be achieved in isolation. It needs to be co- produced with people who are using or likely to use home care, providers and other key stakeholders. Providers can be an asset in identifying solutions that facilitate and promote comprehensive and open discussions to help to ensure the provision of local care and support services that meet the needs and aspirations of local people.

People deserve the highest quality care and support, and the maximum opportunity to influence how that support is arranged and managed. Effective outcome focused commissioning plays a central role in driving up quality, enabling people to meaningfully direct their own care, facilitating integrated service delivery, and making the most effective use of the available resources.

4 What are Well-Being Outcomes?

An outcome is the meaningful and valued impact or change that occurs because of an activity or set of activities. Outcomes may be achieved over a relatively short period of time, or they may be longer-term in nature.

Perceptions of well-being involves people's subjective experiences, feelings. It involves focussing on how happy and satisfied people are with their lives, and their ability to function well and flourish. Focusing on well-being helps to identify and achieve outcomes efficiently.

Positive well-being has been linked, for example, to "healthier lifestyles, better physical health, improved recovery from illness, higher educational attainment, improved employment and earnings, better relationships, more social cohesion etc.

An example could be that an elderly person might say that they hoped to be able to get about better in their own home. This 'change' outcome might well be time limited and although domiciliary care might have a role in helping to achieve the outcome, it is likely that there would be a multi- disciplinary approach which might involve adaptations, equipment, physiotherapy or mobility training etc. The key point is that all members of the team would be focused on achieving the agreed outcome.

The experience of the service 'process' will matter to most people, for example, feeling that they are valued and treated with respect by staff. This type of outcome is not so clear in terms of how it can be monitored and measured because often these outcomes will mean different things to different people. For example, 'being valued and treated with respect' might, for some people, mean that the service is culturally sensitive, whilst for others what is important is that they are treated with warmth and friendliness, or that the service is reliable.

Setting service process outcomes may only be possible once the individual has already received some type/length of service. Both the staff (attitudes, competence etc.) and the logistics of the service provider organisation will affect the ability to achieve these outcomes.

Alternatively, an individual might, for example, state that they wanted a home care service to assist them in feeling fresh and clean. This would be regarded as a 'maintenance' outcome and in order to achieve it the service provider would be expected to negotiate with the user and agree what help was needed, within an agreed budget. Rather than specifying a bath or shower on a certain day each week, the service could respond more flexibly to the user's needs and preferences.

5 Outcome focussed commissioning

Outcome based commissioning moves the focus to results that may be achieved for individuals and all communities served by programmes and services, rather than outputs. It shifts the emphasis away from systems and processes and onto the quality of the service and the impact on the individual or community. Whichever model of outcomes based commissioning is favoured there are a number of steps to be followed to move towards it

1. Purchasing needs to reflect an outcomes based approach.

Outcome focused purchasing is the 'whole outcomes' approach, it means shifting the basis on which services are purchased and resources allocated from units of service provision (hours, days or weeks) to meet pre-defined needs, to what we need to do to ensure that the outcomes service users want can be met.

Going for an across the board tender exercise with contracts awarded and paid for on the basis of the outcomes they will achieve rather than the outputs that are delivered – outcome-based purchasing.

Or amending existing contracts to define and pay by outcomes. Only the end result is specified in inputs, processes/best practice. Outputs are left to the provider.

An alternative method is to state the problem and give an indicative budget and asks providers how they might solve the problem

2. Service design needs to start with outcomes.

One way to overcome some of the challenges of service design is to use a logic model, which requires commissioners to complete a process to articulate the links between the:

- Final outcomes of the services.
- Interim outcomes – (e.g. behaviours) anticipated in service users that will bring about these final outcomes.
- Outputs from the initial intervention/commission to prompt interim outcomes.
- Inputs required to generate the above outputs.

This helps commissioners and providers to demonstrate the link between the needs and final outcomes wanted and any interim outcomes and outputs agreed.

Outcomes based commissioning is not just about buying a service from an external provider but how to design and review services by asking the question 'what is the evidence base that this service will meet service users outcomes by being set up that way?'

(For more information on using a simple logic model, please refer to the tool entitled '*A brief guide to understanding inputs, outputs and outcomes and how they relate to each other'*, and the document entitled '*Using the Outcomes Star in outcomes-based home care service'* within this toolkit)

3. Monitoring needs to focus on judging providers' performance by the outcomes they achieve for people who use services, or communities (not necessarily as a payment mechanism though) and hence setting up systems and arrangements to do this.

For information on routes into an outcome-based approach to commissioning please refer to the document entitled '*Basic concepts in home care and reablement'* within the toolkit.

6 Implementing an outcomes based approach

As suggested above, key to the success of this approach is that the outcomes must be the expression, in everyday language that people are comfortable with, of the aspirations for the service(s). So, long as outcomes are used in this way, this is likely to be a very effective means of involving them in thinking and planning for services.

Outcomes should be monitored and reviewed regularly. Once the outcome and an appropriate budget have been agreed, the aim should then be for the service provider to negotiate the day to day details with the individual, to have sufficient autonomy to respond flexibly to the user's needs and preferences.

Thus, for individual outcomes, the key relationship should be between provider and individual, rather than between provider and commissioner. For population based outcomes the onus rests on the provider to determine what outputs will best contribute to the achievement of the population based outcomes.

Best practice examples with some of those involved in implementing outcomes within home care settings suggest that it may be helpful to think in terms of a hierarchy of individual outcomes. For example, whilst the over-arching outcome, whether for reablement or an overarching service might be for an individual to regain independence and control over his own life, progress may be better monitored if there are a series of bite-sized outcomes such as being able to:

- Make a simple meal.
- Dress and undress without help.
- Wash or shower on their own.
- Organise his/her own shopping needs.

And so on for the whole range of other activities of daily living (and, of course, determined by the person themselves.

Not only is this likely to give the individual a more rapid sense of achievement but also it will enable staff to focus more clearly on specific areas. If complete independence is not achievable it will provide clarity about the areas with which there may need to be continued help and it may also enable a more sensitive and appropriate reduction in service provision.

It should be noted that independence can also be achieved via a reablement service which offers a particular form of home care that is usually provided to people who have just been discharged from hospital or are otherwise entering the care system following a crisis or a period of deterioration in their ability to care for themselves. Reablement is often linked in with some NHS and other services as part of an overall Intermediate Care service.

Reablement often precedes a longer-term assessment and the provision of home care or other services on a long-term basis. Reablement encourages service users to recover the confidence and skills to carry out activities themselves and continue to live at home.

As part of Intermediate Care reablement is generally provided free of charge for six weeks and is often seen as lasting for no more than that period of time. However, there is some emerging evidence that 'ongoing' reablement over a period of months can see people become progressively more independent over time.
(Please refer to the document entitled '*Basic concepts in home care and reablement'*

for more information on reablement services within this toolkit).

The North Wales Social Services Improvement Collaborative (NWSSIC), working in partnership with the North Wales Domiciliary Care and Support Service have devised a 'Delivering Outcomes framework and specification'

The framework aims to give providers greater freedom and flexibility to work with people they support to design the activities that will achieve those outcomes, these activities may be delivered in partnership with other community groups and organisations to stimulate creativity and innovation that will enable the sector to transform the way services are delivered and jointly (as commissioners and providers). As a starting point local commissioners may wish to:

- Map your current commissioned services against the framework to see how resources are currently directed.
- Map your current outcomes or objectives against the outcomes in the specification section. Consider where there are gaps, and how commissioning might better promote well-being.
- Identify where the potential is for long-term changes to service delivery models
- Build a prevention intention and assessment criteria into the re-tendering of new services.

Of equal importance, the NWSSIC in partnership with North Wales Local Authorities and Betsi Cadwaladr University Health Board recognised the important considerations that are specific to providing support for individuals living with dementia and their carers in Including meeting the needs of individuals living with dementia in rural areas, meeting the needs of individuals living with dementia for who Welsh is their first language.

The partnership has also identified additional service requirements for people living with dementia that are supplementary to the 'Delivering Outcomes framework and specification'.

6.1 Commissioning for outcomes using geographical zones

Another option for commissioners to consider in partnership with providers is the creation of a delivery model that enables people to access an appropriate level of support in a timely manner to meet their outcomes via the delivery of a service structured on geographical zones.

In this model, the purpose of the zoning approach is to offer service providers operational and financial viability by focusing on a certain geographical area of the and therefore minimising the risk of handbacks of packages of care. The zonal approach can provide consistency of delivery for the customer.

Commissioning for outcomes using geographic zones or locations lends itself to delivering for outcomes within **Model 3**, as descried above.

The home care service is tendered in lots based on splitting a geographical area into zones. This results in the introduction of a commissioned framework and actual expenditure against this framework that is driven by operational assessments of unmet individual service user eligible needs.

The advantage of this approach is that providers will be largely guaranteed a sustainable volume of work, and assist their operational and financial viability, contract management relationships and processes can be improved and hourly rates can be standardised. The associated efficiencies and economies of scale may support local authorities to meet the increased demand for care services within the budget available.

This model of service delivery is intended to improve capacity and continuity of provision. Furthermore, people who use services will have the opportunity to exercise individual choice by opting for a direct payment and arranging care with their preferred service provider. Timely and detailed assessments and reviews will need to be undertaken prior to any transfer of provision. All customers should be consulted at an early stage and their needs reviewed. Transition arrangements would also need be established between the provider organisations to ensure that any disruption is kept to a minimum. In mainly rural, where it is could be difficult to arrange or maintain continuity of service provision, a service zone structure is intended to address this by improving provider's financial and operational viability. Other benefits and risks associated with this approach are:

Benefits

- Enabling people to live independently in their own homes.
- Introducing an outcomes based approach through the contractual term
- Making sure there is equitable service provision throughout the county
- Working collaboratively with providers.
- Developing the attitude, values and skills of the workforce.
- Developing a service that is attractive to people with direct payments and self-funders who purchase their own care and support.

Risks

- Insufficient provider interest in the commercial model which could result in reduced number of providers and a price increase
- Continuity of service provision for the individual(s) which may result in a change in provider delivering the service.
- Experience of providers and delivery approaches adequate to deliver across the different elements to the pathways.
- Effective mobilisation for the service users, providers and local authority.
- Increased number of direct payments resulting in unsustainable delivery model.
- Implications of adequate levels of staff available to deliver the services.
- A reduction in the number of providers may restrict the availability of female/male care workers in specific geographic areas in the short-term.

Other potential variations to commissioning for outcomes using geographic zones, including the potential benefits and disadvantages are described in the table below:

Zonal option	Advantages	Disadvantages
To divide the regions across Wales into zones	▪ Financial and operational sustainability for the provider. ▪ Co-ordination and consistency of approach. ▪ A guarantee of service delivery as providers will be obliged to accept all packages in the zone. ▪ Provider develops local knowledge. ▪ Provider develops working links with the voluntary and wider community sectors. ▪ Reduces the transaction costs of contracting with less providers	▪ Differing levels of business viability across the market – zones may not support ▪ Restricts economies of scale ▪ Larger organisations may not bid for council funded packages if zones are too small. ▪ Some zones could be more viable than others. ▪ Potential to lose market place diversity and service user choice.
Service providers can deliver services across a whole county zone under a procurement or extending the current arrangement 'as is' or extend existing agreements	▪ Flexibility for service providers to operate in several areas around the country ▪ Resource requirement minimised for re-commissioning process. ▪ No disruption for service user.	▪ Providers may choose to cherry pick 'better' areas of work resulting in packages not being picked up or handbacks. ▪ Packages not being fulfilled. ▪ Experience the same issues and concerns as the status quo – no scope for improvements. ▪ Unable to address off contract spending.
Zonal option	**Advantages**	**Disadvantages**
One provider per zone with a framework of providers to support.	▪ Ease of relationship with a single provider. ▪ The security of a framework to support the lead provider. ▪ Closer strategic links to local authority.	▪ Reduces the market diversity and service user choice. ▪ Supply risks of a single provider. ▪ TUPE - providers may retain staff; lead provider may find it difficult to recruit.

Two providers per zone	▪ Reduced supply risk of a sole provider. ▪ Promotion of partnership working. ▪ More choice for the customer	▪ Potentially greater risks around service transition. ▪ Robust methodology needed for care package allocation.
Individuals with more complex needs, defined by level of individual care, are separated from 'standard care' and delivered across a county as a whole or within zones as a separate service	▪ Support a structure where more specialised providers can create a viable business from complex care packages ▪ A more skilled workforce can be developed around complex care	▪ May limit choice in a market where only a limited number of providers deliver complex care ▪ Insufficient level of demand for ongoing packages of complex care.
A reablement service is delivered across a single county zone.	▪ Consistency of delivery	▪ Supply issues of travel time and meeting need of the whole zone including associated cost implications.

7 Emerging practice examples

7.1 Vale of Glamorgan and All - Care South Wales

In October 2016, All Care (S. Wales) Ltd was successfully appointed as the Vale of Glamorgan's lead provider to work on a pilot that aimed to try and change the way in which the local authority commissioned a domiciliary care service from a time and task to an outcomes focussed approach. This was in line with the requirements of the Social Services and Wellbeing Act 2014.

A recent review of the pilot concluded that individual's receiving a domiciliary care service had seen huge benefits in their service provision being provided with more involvement from them and in a more flexible manner. Improvements to an individual's well-being were recognised as being a positive step that impacted in a positive manner on their health (even though these may not have been identified as clear outcome goals).

Many of these changes have not been huge but staff were encouraged and empowered to be more innovative in a safe manner without fear of retribution or by micro managing. The different conversations that staff are now having has also resulted in a significant increase of job satisfaction at all levels. Training to help staff understand the aims and objectives of the pilot were introduced that supported the provider in addressing more closely positive risk taking along with revisiting professional boundaries. Staff have also been provided with a range of tools to use

that are intended to reduce the risks with the new way of working that does not allow previously defined boundaries to become blurred.

All initial steps have had the most positive outcomes, there is an ongoing task to make sure that the processes and paperwork can match this model of commissioning and delivering domiciliary care. The Vale of Glamorgan decided that all providers will have adopted this approach.

7.2 Carmarthenshire County Council

Carmarthenshire County Council have introduced a new strategic framework/service specification and commissioning strategy for domiciliary care that aimed to:

- Introduce ECM as Mandatory.
- Commissioning hours per week.
- Outcome focussed care and support plans & provider service delivery plans.
- Improve recruitment and retention in sector.
- Consolidating and improving existing contract management and quality assurance systems.
- Sustainability.

The council has faced a range of increasingly complex challenges across the commissioning, procurement and delivery of home care services that included:

- Commissioning in 15 minutes' band.
- Task orientated care planning and delivery.
- Poor Service User feedback.
- Inadequate attention to outcomes for service users.
- Recruitment and retention difficulties.
- Travelling time/call cramming/HMRC investigation & Internal Audit.
- Delayed transfers of care (DTOC).
- Budgetary issues.

As part of the review and development of a new service specification the council undertook the following:

- Set up a Project Board.
- Introduced a new E - Tender process.
- Developed a contract and service specification that met their current and future requirements.
- Designed a new Quality & Performance Monitoring Protocol.
- Held workshops with providers and social workers.
- Worked closely with Business Support/Finance.
- Reviewed their brokerage system.

- Reviewed geographical areas.

Contracts were awarded and then evaluated using 6 KPI's linked to outcomes, namely:

- Meeting Assessed Needs.
- Service User Safety (Safeguarding).
- Service User Empowerment.
- Timeliness and Reliability of Services.
- Committed Workforce.
- CCC contract compliance.

The results based upon a recent evaluation of the new service specification and commissioning framework highlight a range of tangible improvements to the quality of the service and performance improvements for both the council, its commissioners, service providers and customers, these include:

- DTOC has reduced.
- Good working relationships with care providers and care management.
- More flexible approach to delivering care.
- Improved service user satisfaction.
- Improved Terms and Conditions for staff.
- Greater transparency of what is commissioned as billing based on actual delivery.
- Provided a foundation to develop services in line with the SS&W Act.

Areas that require further consideration include:

- Recognising that Culture takes time to change.
- Understanding Output v Outcomes.
- Timescale for implementing ECM.
- Payment contingency.
- Adequate resources to fulfil potential.
- Commissioning hours - implications on rostering.

8 Other materials

The Care and Social Services Inspectorate Wales produced a report in October 2016 which set out the findings of a national review of care provided to adults in their homes carried out between August 2015 and March 2016. The review aimed to:

- Assess the type and scale of domiciliary care provided in Wales; and
- Identify what is working and what is not.

The report considered the different approaches to commissioning and procuring care in Wales and the benefits and challenges of these approaches, it also made suggestions to improve practice and shape the regulations and guidance that are being developed to support the new Regulation and Inspection of Social Care (Wales) Act 2016.

Above and Beyond: National review of domiciliary care in Wales

An outcomes approach in social care and support: an overview of current frameworks and tools introduces various models and tools associated with adopting an outcomes approach within social care and support settings.

It provides information to organisations thinking about adopting such an approach as well as provide a basis from which to invite organisations to share their experiences of using or developing outcomes frameworks and the tools associated with them.
An outcomes based approach in social care and support

The Institute of Care's discussion paper entitled 'Emerging practice in outcome-based commissioning for social care' by John Boulter explores the lessons learnt from a variety of approaches taken by councils to "outcome-based commissioning" in adult social care.
Emerging practice in outcome- based commissioning for social care

The Local Government Information Unit have produced a report which sets out to investigate current practice in commissioning for outcomes in domiciliary care in England. The research report seeks to identify the challenges, opportunities and examples of innovative practice that shape council commissioning of domiciliary care.
outcomes matter: effective commissioning in domiciliary care

Provider considerations for delivering an outcome based contract has been written by Croydon Clinical Commissioning Group and Introduces the concept and theory of Outcomes Based Commissioning (OBC) aligned to an indicative framework that may be expected of providers delivering Outcome Based Contracts and a self-assessment for providers to consider their current 'maturity' to identify areas for development.
Provider considerations for delivering an outcome based contract