Tool 8: Outcomes-based home care specifications

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.

Don't forget that procurement approaches and models are now subject to the provisions of the Public Contracts Regulations 2015 (PCR) which have made fundamental changes to the way social care (and other 'light touch') services can be procured, so make sure you check these regulations when considering your approach. See guidance by LEC for further information about PCR.

The specification is part of the overall contract. The specification ought not to repeat other provisions of the contract. It ought to augment the contract. The language used, content and definitions ought to be consistent with the language of the contract conditions and other parts of the contract to avoid confusion and inconsistency within the procurement documents.

1 Core Materials

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 has 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 Specifications

The Welsh Government has issued guidance on the national well-being outcomes *"that people who need care and support and carers who need support should expect in order to lead fulfilled lives are contained within the well-being statement, which forms the first part of the national outcomes framework."*

For more information on the national well-being outcomes please refer to the following link: National outcomes framework for people who need care and support and for carers whom need support

Issued under Section 8 of the Social Services and Well-being (Wales) Act 2014, the outcomes relate to the eight aspects of life set out in section 2 of the Act:

- physical and mental health and emotional well-being;
- protection from abuse and neglect;
- education, training and recreation;
- domestic, family and personal relationships;
- contribution made to society;
- securing rights and entitlements;
- social and economic well-being; and
- suitability of living accommodation.

Specific outcomes have been developed for these eight aspects of care and can be found in the guidance.[1] Whether or not an outcomes-based home care specification covers these outcomes explicitly and completely, it will need to reflect them and facilitate reporting on them. Having decided to move to an outcomes-based approach to commissioning home care services it's important to think how you will go about that process and, particularly, how you will develop an outcomes-based specification and what it will look like. The specification is part of the overall contract. The specification ought not to repeat other provisions of the contract. It ought to augment

[1] http://gov.wales/docs/dhss/publications/160610frameworken.pdf

the contract. The language used, content and definitions ought to be consistent with the language of the contract conditions and other parts of the contract to avoid confusion and inconsistency within the procurement documents.

Of equal importance is ensuring that any new specifications are designed in partnership with people who use services, their families and/or carers using the principals and methods of co-production. Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.

A way of working whereby citizens and decision makers, or people who use services, family carers and service providers work together to create a decision or service which works for them all. The approach is value driven and built on the principle that those who use a service are best placed to help design it. A relationship where professionals and citizens share power to plan and deliver support together, recognising that both have vital contributions to make to improve quality of life for people and communities.

The Healthcare Supply Chain Network has produced a useful and helpful Guide to Outcome-based Specifications (HSCN 2016). That guidance identifies a number of principles to apply when developing an outcomes-based specification. Applied to a social care context they give the following list:

2.1 Ensure requirements are appropriate to the size and complexity of the change being implemented

- Be sure that all of the elements included in the selection and award criteria are clearly explained and set out. The PCR require the award criteria to be included in the PIN / contract notice. Usually the selection and award criteria would be included within the supporting documents which tell providers how the service is to be procured and the criteria for awarding any individual packages of care (if this latter is to be part of the approach to the delivery of the service).
- Consider sustainability as an outcome.
- Specify standards when necessary.
- Ensure that the specification is as outcome-based as possible – that is, it states the desired outcome but does not prescribe how suppliers should meet this.

The guidance also identifies three steps in developing an outcome-based specification – again applied in a home care context they give the following stages:

2.2 Identifying the Need

- Internal issues to consider.
- Provider/Market issues to consider.
- Engagement issues to consider.
- Budgets.
- Will the market respond?

2.3 Gathering the Data

- Internal financial data.
- Internal qualitative data;
- External market data; and
- External preparedness data.

2.4 Developing the outcomes-based specification and award criteria

- Ensure the specification is SMART.
- What an outcomes-based specification should and shouldn't do.
- Degree of detail they contain (See the example below[2] for a particularly extensive example from England prior to the most recent PCR).

Clearly, even an outcomes-based specification will need to contain something more than just those elements that relate to outcomes, but they will be at the core of it, and can be captured by using the Template below. Some familiar concepts continue to be relevant. For example, outcomes-based monitoring should be SMART:

- **Specific:** Describe the outcome(s) in clear and concise terms. It should be an outcome to which a number, amount, percentage can be attached or a clearly demonstrable achievement.

[2]Kirklees Metropolitan Borough Council – 'Domiciliary care services contracts http://www.kirklees.gov.uk/beta/adult-social-care-providers/carehome-domicillary-tendering-contracts.aspx

- **Measurable**: A system, method and procedure must be in place to determine the extent to which the outcome is achieved at a given time.
- **Achievable**: Can the provider deliver or help deliver the outcome?
- **Realistic:** Is the outcome feasible?
- **Time-based**: It has a clear start and end date.

Although focused in a slightly different way, the HSN specification guide[3] sets out what an outcomes-based specification should and should not do. The relevant parts of that here are:

2.5 The specifications should:

- Provide and introduction and background contracting authority;
- Provide clear objectives and deliverables;
- Identify key deliverables;
- Clearly state real requirements;
- Think about the future needs, is more of the same required soon, maintenance, etc.;
- Use plain and simple language;
- Ensure technical accuracy;
- Contain clear time-scales; and
- Set performance criteria:
  - Use appropriate quality standards where they exist reflect whole-life costs;
  - Sustainable performance objectives;
  - Environmental requirements;
  - Include risks identified through market analysis and early engagement;
  - Include health and safety considerations; and
  - Provide flexibility for subsequent requirements – subject to PCR requirements.

2.6 The specifications should not:

- Have prescriptive requirements that restrict or limit potential solutions;
- Use needless acronyms;
- Be ambiguous.
- Be biased towards any particular supplier.

There are some other important considerations when considering how to specify outcomes:

[3] Healthcare Supply Chain Network (HSCN) Innovation Procurement Outcome-based Specification Guide, July 2015

- Which of the three models of outcome-based commissioning are being followed?
- When specifying individual outcomes should these be unique to each person, or based upon the Welsh Outcomes Framework?
- How much should outcomes be defined by service users and be based upon their satisfaction?
- Where individual outcomes are the basis, how can these be aggregated up to give provider/service level outcome measure?
- How to address the issue of attribution (i.e. knowing that the actions of the provider have contributed to the achievement of outcomes)?
- How to address the issue of inputs from other agencies, and any inter-dependencies with them?
- Safeguarding arrangements.

Also, no specification can just be based upon a statement of the outcomes to be achieved. Other elements may include some or all of the following:

- Service Requirements.
- Partnership arrangements.
- Quality and Safeguarding.
- Workforce Development and Requirements.
- Key Principles.
- Service Inputs and Outputs.
- Compliance and Governance.
- Strategic Direction and Legislative Context.
- Performance Monitoring and Management arrangements.
- Continual Service Improvement Plans.
- Risk Management.

Your legal advisors may wish to set some of the above in other procurement documents.

Although needed in any kind of home care model, some of these elements may be particularly important for an outcomes-based approach. Workforce Development, for example - if home care staff are not capable of delivering the new model the approach simply will not work. Please note that the model specification below only cover the outcomes-based content and not these other elements.

2.7 Model 1: Outcome Based Care Planning: (Using outcomes as the basis for planning and reviewing a care package)

In this model an outcomes-based specification might include:

	Specification areas	Comment
1.	Expected Outcomes: i) General outcome areas (e.g. Welsh Outcomes Framework) ii) Service User specific outcomes	The expected outcomes can be based around on or both the options identified here. Service user outcomes are likely to be a mixture of individually identified achievements and expectations of service user satisfaction.
2.	Core Activities & scope for innovation	Whilst the service specification is focused on outcomes there does need to be some indication as to what the core services provided under the contract are expected to be (i.e. What is 'home care' in contrast to other services?). Will specific exclusions be included in the specification (e.g. the provision of healthcare support?) Also, what are the scope and expectations around innovative practice, perhaps falling outside of what is normally identified as 'home care'?
3.	Availability and Flexibility	Again, Whilst the service specification is focused on outcomes there does need to be some indication as to what availability and flexibility is required of the provider – is it a 24/7 service, a day-time only service or bespoke to the service user? Also, what expectations are there on the provider to adapt and change the care they are providing if the identified outcomes change and/or need different arrangements to be met?
4.	Care planning arrangements	The local authority (or other commissioner) will have its own care planning arrangements focused around identifying and securing outcomes. These need to be set out clearly for the provider along with the requirements placed upon them with regard to contributing to that process and also their own care planning arrangements as a provider commissioned to delivery outcomes.
5.	Mechanisms for monitoring and reviewing individual outcomes	The local authority needs to stipulate how it will measure outcomes and how it expects home care providers to contribute to that process.
6.	Arrangements to monitor the overall delivery of the service	Monitoring of individual outcomes is essential, but the specification needs to be clear about

	Specification areas	Comment
		how this plays into the overall monitoring of the service and its performance.
7.	Requirements for 'Attribution'	The local authority needs to stipulate how it expects home care providers to show how their activities will help the service user achieve the identified outcomes.
8.	Collaboration	How the provider is expected to collaborate with other agencies and the community to deliver the identified outcomes and how to deal with the dependencies arising from that.
9.	Linkage to other elements of the specification.	How the outcomes-based element of the specification links to other elements e.g. risk management, quality assurance etc.

2.8 Model 2: Reward for Achieving Outcomes and customer satisfaction: Again, Individual focused but concentrating on the financial aspects of meeting outcomes.

In this model an outcomes-based specification might include all the elements in Model 1, above, plus the following:

	Specification areas	Comment
1.	Identification of basis for payment and proportion of payments to be made with regard to each element.	It is unlikely that any system will be entirely based upon reward for outcomes and payments are likely to be made on the basis of a mixture of hours delivered and outcomes achieved. Being clear about the balance of these payments elements will be crucial.
2.	Details of any 'profit sharing' arrangements to be used where the achievement of outcomes leads to the provider delivering a smaller home care package	With a mixed payment system as above, a smaller package of care will reduce a provider's income and may affect their motivation to work towards identified outcomes. This can be overcome by sharing the 'profit' from reduced packages with the provider, generally for a set period of time.
3.	Identification of the implications of failing to achieve identified outcomes in both individual cases and for the service overall.	If performance is based upon achieving outcomes, what are the arrangements for contract management, especially where performance is poor? Will there be penalties, can contracts be terminated?

2.9 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.

Being population-based, this approach is very different to the previous two models. However, it could be reward based as in Model 2 above, and if it were the same an outcomes-based specification might include:

	Specification areas	Comment
1.	Identification of population to be covered.	The provider is expected to provide services to all people referred to it form the target population
2.	Identification of population outcomes to be achieved	The specification needs to describe a set of outcomes to be achieved for a proportion of people who are in receipt of a service. For example, this might be a percentage of people who require no service or less service after receiving help; a percentage of people who remain in their own homes (rather than an admission to residential care); or a percentage of people who have moved out of residential care. achieved.
3.	Description of how the anticipated activity by the provider would result in/contribute to the provider	In a wholly innovation based approach to commissioning it would be for the provider to take responsibility for identifying how their activity would contribute to the achievement of the identified outcomes. However, at this stage in the process that would be perhaps unrealistic. Accordingly, the commissioner would need to give some indication as to the expected linkages between the activity of the provider and the achievement of the outcomes.

3 Examples

The North Wales Domiciliary Care and Support Service Specification for Delivering Wellbeing Outcomes (Developed after a series of workshops) is informed by the principles and challenges detailed in the Joseph Rowntree's work "A Better Life". It incorporates a *'Care & Support Outcomes Framework 'and a 'Description of Quality characteristics' that includes:*

- Staff terms & conditions (benchmark - Unison's ethical charter); staff turnover, qualification rates, staff training & competence.
- Service users satisfaction with support received & outcomes achieved - "I can plan my care with people who work together to understand me and my carer(s),

allow me control, bring together the services to achieve the outcomes important to me".

- Degree of co-production with people receiving support. (NEF definition of co-production: Co-production is a relationship where professionals and citizens share power to design, plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities. We believe that co-production is the most effective method of achieving outcomes with people).
- Social outcomes – contribution towards well-being for all (people supported, employees & wider population), such as stronger social networks, improved physical health, or greater autonomy.
- Environmental outcomes – measures for addressing negative environmental impacts, such as waste and carbon emissions, and promoting positive environmental changes, such as using renewable energy sources or promoting the use of green space locally.
- Economic outcomes:
  - Reablement / enablement approach or other evidence based interventions that result in reducing the care and support input from managed services (e.g. through additional staff competences and/or co-working with the third sector to develop community connections / information support networks).
  - Contributions to and impact on the local economy (e.g. ethical staff terms and conditions, training, qualifications and career development opportunities provided., especially for target groups such as long-term unemployed and or young people that are not in education, employment or training).

4 Further Materials

The following might be worth considering for ideas although note that some are from England or were prepared prior to the PCR.

Welsh Government - Recording Measurement of Personal Outcomes

Healthcare Supply Chain Network (HSCN) Innovation Procurement: Outcome-based Specification Guide Healthcare Supply Chain Network, 2015.

Kirklees Metropolitan Borough Council – Domiciliary care services contracts

North Wales Domiciliary Care Development Workshops.

Joseph Rowntree Foundation – 'A Better Life'

Kent County Council – Home Care Service specification (2015).