Tool 2: Home care and wider relationships

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. It explains how home care relates to the wider field of health and social care and provides commissioners and providers with the context within which the outcomes-based commissioning of home care is taking place.

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 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 Purpose of this tool

The purpose of this tool is to show how home care fits into the wider health and social care market. It also considers the possible impact to moving to one of the outcome based models described throughout the toolkit.

3 Core Materials

Support to people in their own homes in Wales is delivered in a variety of ways that include; Integrated Community Equipment Services, Reablement services, Rapid response nursing, Community meals, Home adaptions services, Personal Care Dementia teams, Domiciliary services, Care & repair, community transport services.

Home care is a major service for older people and others across Wales. It is commissioned largely by local authorities but it is also commissioned by NHS bodies as part of the provision of continuing health care services to people across the principality. Increasingly it is likely to be commissioned jointly as part of the wider integration of commissioning arrangements.

In many ways home care is at the centre of social care provision for older people in Wales. Home Care services are provided to people in their own homes to help promote their independence either through assisting them to carry out a variety of activities or by undertaking tasks on their behalf. These tasks can relate to personal and intimate care (for example assistance with bathing), daily living (for example getting up and dressed or cooking meals).

Some people in Wales commission their own home care services but the numbers are generally low because of the relatively generous approach adopted by the Welsh Government with regard to charging policies.

Reablement services based largely upon the home care model are often an integral part of Intermediate Care services that are designed to prevent admission into hospital or residential care or to expedite a return home. As such, 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 provide 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.

Other forms of specialist home care service have also been developed, either by local authorities alone or in conjunction with the NHS. Some operate on a crisis basis, providing additional support at short notice (without any focus on reablement). Others support people at end-of-line and other are a specialist home care service supporting people with dementia.
The overall state of home care nationally (both in the UK generally and in Wales) can also hit the headlines. A number of reports have appeared in recent years warning

about the state of home care services and (usually) arguing strongly for more money to be put into the service. The UK Home Care Association (UKHCA) produces regular reports on home care. One in 2016 was titled '*The Homecare Deficit 2016- A report on the funding of older people's homecare across the United Kingdom'* and identified what it saw as chronic underfunding for home care services and difficult financial circumstances for home care provider organisations. A report produced in 2014 *The Key to Care – The final report of the Burstow Commission on the Future of the Home Care Workforce'* looked at the workforce problems in home care and concluded:

"If home care is not in crisis yet, it soon will be. More people need care and there is less money to pay for it and not enough people willing to do the work. It is not organised nearly as well as it could be and it appears designed to keep caring professional relationships from forming between workers and those they care for."

A publication produced in 2012 by the Equality and Human Rights Commission - *'Your home care and human rights' said that:*

'…*the Equality and Human Rights Commission has found that some older people get inadequate or poor quality home care. Many people do not know how to change this or feel unable to complain about it. '*

Cobic (http://www.cobic.co.uk/what-we-do-2/) is an organisation that works with health and care economies at any stage in their move towards transforming how care is organised, with an emphasis on outcomes-based approaches. Their triangle sets out well where an outcomes-based approach sits within the system as a whole. See below). It emphasises the importance of both individual and population outcomes being led by service users and carers, but in the context of other players also having key roles in the overall system.

3.1 Policy and Legislation

The progress towards outcome-based commissioning in Wales has been taking place for some time, and has now been accelerated by the implementation of the Social Services and Well-being (Wales) Act 2014. The Act imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. The Social Services and Well-being (Wales) Act changes the social services sector:

- People have control over what support they need, making decisions about their care and support as an equal partner.
- New proportionate assessment focuses on the individual.
- Carers have an equal right to assessment for support to those who they care for.
- Easy access to information and advice is available to all.
- Powers to safeguard people are stronger.
- A preventative approach to meeting care and support needs is practised.
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change'.

The principles of the Act are that:

- It supports people who have care and support needs to achieve well-being.
- People are at the heart of the new system by giving them an equal say in the support they receive.
- Partnership and co-operation drives service delivery.
- Services will promote the prevention of escalating need and the right help is available at the right time.

The importance of the Act for home care and reablement services is clear with the emphasis upon achieving wellbeing, partnership and prevention. In this context, the shift to an outcomes-based approach to commissioning is essential to meet the requirements of the Act.

You can access more information about the Social Services and Wellbeing (Wales) Act here: Social Services & Wellbeing (Wales) Act 2014

The National Outcomes Framework has been developed in conjunction with the Act. It sets out the outcomes that services should be looking to delivery on as they work with people who need support.

The Act emphasises and formalises the importance of focusing upon outcomes and this has been reinforced by the issuing of further guidance by the Welsh Government including the Welsh Outcomes Framework and the guidance on Recording the Management of Personal Outcomes. However, the importance that the Act places upon outcomes is itself a reflection of the wider recognition of the value of having an outcomes-based approach.

You can access more information about the national outcomes framework via this link: National outcomes framework (Wales)

It is also worth remembering that under the NHS Continuing Health Care funding regime that NHS bodies are also required to commission and/or fund home care services for people whose needs are predominantly health-based.

3.2 Regulation

Along with other social care services home care providers are regulated by the Care and Social Services Inspectorate Wales (CCISW). As the regulator CCISW take a keen interest in changes to how services are commissioned, designed or operated. As well as their regular inspection and reporting activities CCISW also produce national and thematic reports.

In 2015/16 CCISW undertook a national review of care provided to adults in their own homes. The review found that home care is an extremely complex operation. The scale is huge: some 14 million hours of care are being commissioned each year in Wales, and there are many different types of care providers, from very small micro-businesses to large international companies, and from charities to local councils.

3.3 Further Information

The UK Home Care Association (UKHCA) represents the interests of home care providers and home care services. In its 2016 Annual Report UKHCA identified that in Wales in 2015:

- 47,300 people accessed domiciliary care services;
- £309 million was spent.
- £293 million was spent by local authorities.
- 4,000 + people received a direct payment.
- Total expenditure on direct payments of £49.5 million.[1]

In a typical seven-day week, councils commission a total of 215,000 hours – an average of 9,700 hours each. On average, each council in Wales commissions home care for more than 900 people a week with a maximum weekly charge of £50 (reducing the volume of self-funders).

In addition to local authority commissioning, home care is also commissioned by the NHS under the Continuing Healthcare Funding Guidance, perhaps adding 20 per cent to the above total. Information from providers (on a UK basis – it will be lower in Wales) suggests that around 15 per cent of domiciliary care is privately purchased.

Some providers rely wholly on delivering either commissioned or privately funded care, while others have a mix of both.[2]

[1] UKHCA 'An Overview of the Domiciliary Care Market in the United Kingdom' May 2016
[2] Source: CCSIW 'National Review of Domiciliary care in Wales' October 2016

Whilst many commissioners largely continue to commission to the standard 'time and task' model of home care, the emphasis in such arrangements is largely upon 'outputs' in terms of the delivery of staff hours, not 'outcomes' in terms of 'the perceived benefits to a person from the services they have received.

3.4 Impact of outcomes-based commissioning

A shift to any form of outcomes-based commissioning will have an impact upon the provision of home care services. CCISW, for example will need to be aware of and understand the change and to incorporate the changed emphasis in commissioning and services into their regulatory activities. Similarly a shift to any form of outcomes-based home care will have implications for the workforce and for workforce development. With all three models of outcome based commissioning, the likelihood is that providers will find themselves holding a larger proportion of the financial risk than when they were being paid for outputs purely on a time and task basis. Also, engaging with people who use services and carers is a vital part of any shift to a new model and commissioners will want to co-produce any new approach as much as possible. There is clear evidence that what distresses people most is disruption to the care they are receiving, (for example through missed visits or sudden changes in care staff). To avoid this the move to an outcomes-based approach needs to be undertaken carefully, with the interests of people who use services at the forefront.

The potential impact of each model of outcomes-based commissioning is considered below.

Model 1: Outcome Based Care Planning: **(Using outcomes as the basis for planning and reviewing a care package)**
This is likely to have the least impact in terms of disruption to services and relationships. Many areas are already looking to undertake care planning on the basis of outcomes. However, for opt to be successful with regard to home care, practitioners, commissioner, service users and carers and providers all need to be engaged in developing and implementing new systems and processes designed to embed an outcomes-based approach in the system.

Even where there is no reward element (see below) commissioners need to build an outcomes-based approach into their service specifications and contract monitoring regimes. Service users and carers may find some of the new terminology confusing and it may take time to explain it to some. Providers need to embrace the new approach and welcome the flexibility it can bring, whilst seeking to harness opt the service user's best interest, rather than using as an opportunity to juggle resources. Home care staff need to understand that their role is changing and that they will need to change with it too.

Model 2: Reward for Achieving Outcomes and customer satisfaction: **(Again, Individual focused but concentrating on the financial aspects of meeting outcomes).**
In addition to all the above for model 1, the introduction of a model that contains a reward element for the achievement of outcomes will have further implications for services and relationships. All commissioners (local authority and NHS) will need to

be aware of any new arrangements and ideally move to a new approach together. The addition of a reward element to payment will focus attention upon the care planning process and the outcomes identified as part of the overall care plan and the care plan. In particular there will be attention upon how achievable the outcomes are, and the extent to which they can be attained through the activity of the home care services. Practitioners will need to ensure that stated outcomes in each case will be neither too cautious nor to ambitious. Practitioners, providers and service users and carers will all need to understand the basics of the payment system because of the extend to the success of such a system will depend upon the reported outcomes from these three groups.

Crucially, commissioners and providers will need to have a robust relationship within which disputes can take place without there being a breakdown in relations overall. Very hard and fast rules may avoid ambiguity but lead to resentment and service users will not be well-service if providers feel resentment and commissioners feel they are being led on.

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).**
Unless there is a hybrid approach with one of the above models the key point about this approach is that the service will be commissioned on the basis of an identified geographic location (and possibly also a subset of the population - e.g. older people) commissioner and provider will agree upon population level, with an element of the payment for the services provided based upon identified population outcomes.

Again, there is scope for tension between commissioners and providers, with the latter the more likely to be aggrieved if they begin to perceive the identified outcomes as excessive, falling outside the scope of what they can affect or being adversely affected by other parties and/or circumstances beyond their control.

4 Other materials

There is a raft of material that relates to the health and care system and integration, and Re-aliment services are well-represented in it. However, little of it seeks to relate that integration to an outcomes-based approach.

The role of Intermediate care in delivering improved outcomes for older people. Bolton J, IPC, Seminar Presentation November 2015

Reablement: a guide for frontline staff OPM

Integrating reablement and intermediate care for improved outcomes, Attain.

Intermediate Care, Reablement or Something Else? A Research Note about the Challenges of Defining Services Parker, G, York University, SPRU, 2014

Changing models of health and social care, Health and social care series,

Audit Scotland, 2016

Quick Guide: Better use of Care at home – transforming Urgent and emergency care services in England, NHS England, undated.

Above and Beyond - National review of domiciliary care in Wales, Care and Social Services Inspectorate (Wales) 2016

Corporate Consultation Responses, Lancashire county council