# Tool 12: Understanding inputs, outputs and outcomes and how they relate to each other

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.

## 2 Purpose of this tool

This tool supports commissioners and providers is intended to support the development of more effective commissioning practice in achieving better outcomes for adults, young people and families.

## 3 Core material

Homecare and reablement services must aim to enable people with high support needs to maximise and maintain their wellbeing and have an improved quality of life. Commissioning for outcomes means a focus on long-term changes, rather than short term inputs/outputs.

Outcomes based commissioning is an evidence-based, approach that puts people using services and their carers at the heart of their support, it is about pushing the level of a conversation between commissioners and providers up the scale – from processes and outputs to outcomes. Not the detail of how services or interventions operate but what they want to achieve.

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."
Please click on the link below for more information on the National Outcomes Framework: National outcomes framework for people who need care and support and carers who need support

For more information on this subject please refer to the 'Outcomes based home care specifications' tool.

An outcome is the desired positive result or impact of the commissioned service for the service user (individual level outcome) or the population as a whole (strategic level outcome). Outcomes are the good that the activity accomplishes. A good thing for the individual in their own right; outcomes are the results of support activity, not the activity itself.

The definition of outcomes is the impact or end results of services on a person's life. Outcome-focused services and support therefore aim to achieve the aspirations, goals and priorities identified by service users (and carers) – in contrast to services whose content and/or form of delivery are standardised or determined solely by those who deliver them.

Work on outcomes and impact is central to what effective commissioning is striving to deliver – achieving the best results possible in terms of meaningful outcomes for adults, young people and families for all resource expenditure.
All commissioning decisions should be focused upon improving outcomes for the individual, this tool lends itself to supporting the implementation of two of the three models of outcomes based commissioning, namely:

1. **Model 1: Outcome Based Care Planning**: (Using outcomes as the basis for planning and reviewing a care package).
2. **Model 2: Reward for Achieving Outcomes and customer satisfaction:** Again, Individual focused but concentrating on the financial aspects of meeting outcomes.

The principles and key concepts of this tool align the Outcomes Star, this measures and supports progress towards self-reliance or other goals. It is described in more detail in a separate tool within the 'Specification & Contracting' section of this toolkit. A clarity and focus around outcomes should be at the heart of the commissioning process and the cycle of activities to deliver this (Understand, plan, do, review).It should be central to:

- Exploring, defining and articulating individual and service-wide needs;
- Involving children and families in specifying meaningful and beneficial results and achievements for them linked to meeting their needs;
- Structuring and configuring services to meet these desired outcomes;
- Measuring and evaluating performance and improvement.

## 3.1 Logic Modelling: A systems model of working with outcomes and impact

The systems model of outcomes is based on a process called logic modelling, put simply, logic modelling is a graphical depiction of a programme, project or work stream. A logic model displays the sequence of actions that describe what the program is and what it will do helps you to think about the sequence of what would be involved in delivering specific outcomes.

In some ways the concept of outcomes is more important in reablement services where the stated purpose of the service is to promote greater independence, which needs to be expressed as either as either individual or population level outcomes.

A logic model shows the relationships between what is put into a programme (e.g. money, resources and people), your activities and the impact or changes that result from the programme. It can be as complex as mapping the strategy and work plan for a whole department, or as simple as looking at the impacts and effects of one training programme.

The systems model of logic mapping is a tool that is designed to help you explore what is involved in commissioning for individual outcomes for services.
It looks at the sequential links and connections between: **Inputs; Processes; and Outputs; leading to Outcomes.**

The **Outcome** is the ultimate result you are aiming for as part of your service, the desired positive result or impact of the commissioned service for the service user (individual level outcome) or the population as a whole (strategic level outcome). Outcomes are the good that the activity accomplishes.

In reablement services these are often short term and relate to regaining independence. In home care they are often longer term and although they may include the regaining of independence they often relate to maintaining current levels of independence.

For both reablement and home care the **Outputs** are the desired level of service from the provider i.e. what the commissioner would like the service provider to do. They are often more quantifiable and easier to measure than outcomes, e.g. the desired level of service from the provider, often expressed in terms of service availability, activity, quality, response time.

The **Processes** are the detailed processes, procedures and ways of working to achieve these outputs (and outcomes). They describe the ways of working that are put in place to achieve the outputs e.g. procedures/policies in place or types of documentation to be used. Many of the processes will be the same for home care and reablement but reablement often requires a more complex and integrated set of processes to be operated.

**Inputs** – are what resources are needed to deliver the outputs e.g. numbers of staff employed or training requirements, skills, budgets, buildings and equipment that will be needed to allow that to happen. Whilst home care services continue to rely on home care workers, reablement services often have a wider range of staff involved as part of the service e.g. Occupational Therapists.

**Note:** Inputs and processes cover the detail of **how** the service provider will provide the service.

Getting to grips with what is meant by the differences between outcomes, outputs, process and inputs can be challenging for those practitioners and providers for whom this subject is a relatively new concept.

The illustration below purely has proved to be a popular way of describing the model. it is called the ‘cake analogy’.

As this diagram illustrates, the inputs to the system can be compared to the ingredients needed to make a cake. Not only do the correct ingredients need to be in place, but in the right quantities and quality.

The baking of the cake are the processes in the system, and attention needs to be paid to temperature and allowing sufficient time to get the quality of output required, the cake.

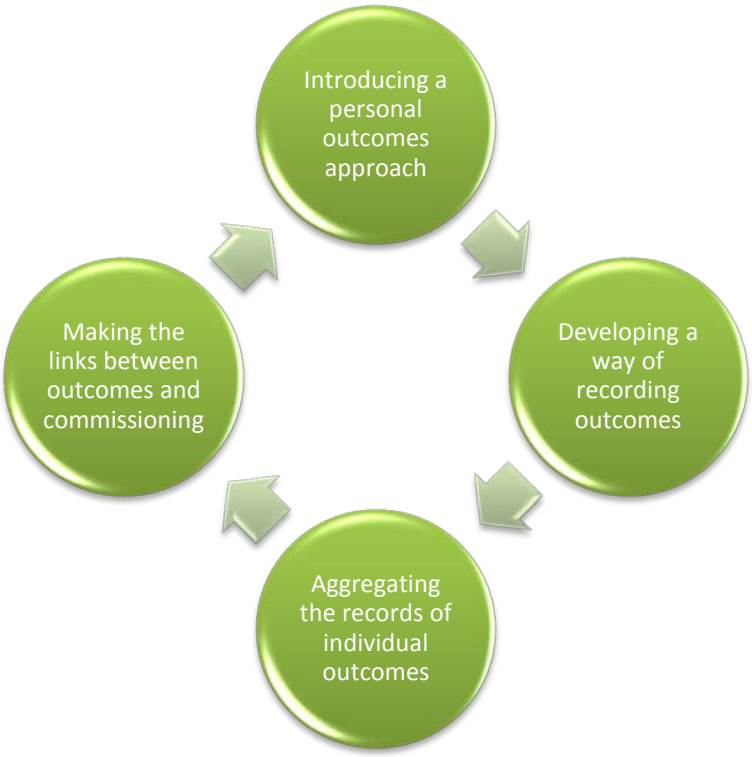
The desired outcome of these events is the happy individual on their birthday. However, we can't be sure we have got it right unless we go back and check with the individual. Hopefully they were happy but it could be that they were disappointed because their parent spent all day making the cake instead of spending time with them.

The terminology used can be confusing and this needs to be acknowledged in any discussions with staff. 'Outcome' can be a vague term, susceptible to different interpretations that reflect different situational and disciplinary perspectives

Outcomes have often been interpreted as outcomes for services (such as a reduction in emergency hospital admissions or delayed discharges or time and task activities in domiciliary care) and performance measures have focused on activity indicators, on inputs and processes, rather than outcomes for individuals.

However, it is important to recognise that ultimately outcomes at different levels should all feed into each other. This can be represented by the outcomes cycle displayed below.
Introducing a personal outcomes approach requires a focus on outcomes-based assessment and review. As part of this, commissioners and providers need to decide how they are going to record outcomes. Attention should then be paid as to how the records of outcomes for individuals (achieved and not achieved) are to be aggregated. Finally, the knowledge generated by this aggregation – resources that contribute to the achievement of outcomes, gaps in resources, investment that is ineffective – should be fed into the commissioning process and lead to outcomes-based commissioning.

Outcomes Cycle diagram



The Table below highlights the outcomes that are important to many people who are unpaid carers.

These outcomes have been based on over a decade of research originating at the Social Policy Research Unit. Quality of life outcomes are outcomes that relate to daily living and support an acceptable life, for example being safe and living where you want. Process outcomes refer to the way in which individuals experience the delivery of support, for example feeling valued and respected.
Change outcomes are outcomes that relate to improvements in physical, mental or emotional functioning, for example increased mobility or confidence or fewer symptoms of depression.

Outcomes important to unpaid carers

| **Quality of life for the cared for person** | **Quality of life for the carer** | **Managing the caring role** | **Process** |
|---|---|---|---|
| Staying as well as I can | Maintaining health and well-being | Choices in caring, including the limits of caring | Valued/respected and expertise recognised |
| Living where I want / as I want | A life of their own | Feeling informed/ skilled/equipped | Having an equal say in services |
| Feeling safe and secure | Positive relationship with the person cared for | Satisfaction in caring | Flexible and responsive to changing needs |
| Retaining my independence as much as possible | | | Positive relationship with practitioners |
| | | | Accessible, available and free at the point of need |

## 4 The outcomes conversation

To identity what the outcomes are for an individual, the conversations practitioners have with them and their carers are more important than ever. The point of the outcomes conversation is to find out from the person what is important to them as individuals. It is about guiding the person to identify his or her own outcomes.
This will not always be straightforward and will require your skills as a listener and your ability to ask the right questions. Remember, many people who use services will be accustomed to a service-led approach and may not be used to being asked about their ‘outcomes’.

Conversations with family members and / or the carer is also important. They can help you better understand the person and can offer insights into them, their history, likes and dislikes. This can be of particular value if the person has dementia or communication problems.

At the end of the outcomes conversation you need to be clear about what the outcomes look like so you can work with the person to achieve these. Negotiation and compromise are important elements of the outcomes conversation. The conversation is between the practitioner and the person receiving support. Whilst the person's outcomes are important, they will need to be considered in relation to the legal, ethical and financial frameworks practitioners must operate within. Therefore, it may often be necessary to negotiate with the person to find a compromise and manage their expectations.

Many outcomes will be simple and will not need much, if any, negotiation, for example having a kettle and teabags in the room of a person living in a residential unit so they can make their own hot drinks. Others may be more complex or seen as risky and will need more careful negotiation.

It is also important to find out during the outcomes conversation(s) what the person can do for themselves. It may be that they can still for example, feed themselves, take short walks, make their own bed, get dressed and / or shower.

Whilst an understanding of the outcomes important to the individual and their family / carer is essential so is the identification of needs. Whilst an understanding of what an individual can do for themselves is important to ensure that any care and support does not undermine the individual's independence the assessment of need is still important.

## 5 Planning for outcomes

Once the provider and the commissioner has learned how to identify outcomes, the next step is to consider ways in which these can be achieved. An important part of the outcomes approach is to develop support plans for achieving outcomes that are not service-led. Thinking innovatively and proposing 'different' solutions can make staff apprehensive.

They can be worried about things going wrong and may perceive this kind of decision-making as 'risky', particularly if the person who receives support or carer they are working with is keen to try something that poses inherent risks.
In these situations it is important that staff feel supported to try something new and able to manage the risk of doing so.

### 5.1 Scenario

Sandra is 24 with moderate physical disabilities. She lives alone and has personal care needs which necessitate a paid carer visiting three times a day. She expresses some loneliness and isolation and has been attending a day service once a week. She gets on with other people who use the service and staff but she is conscious that

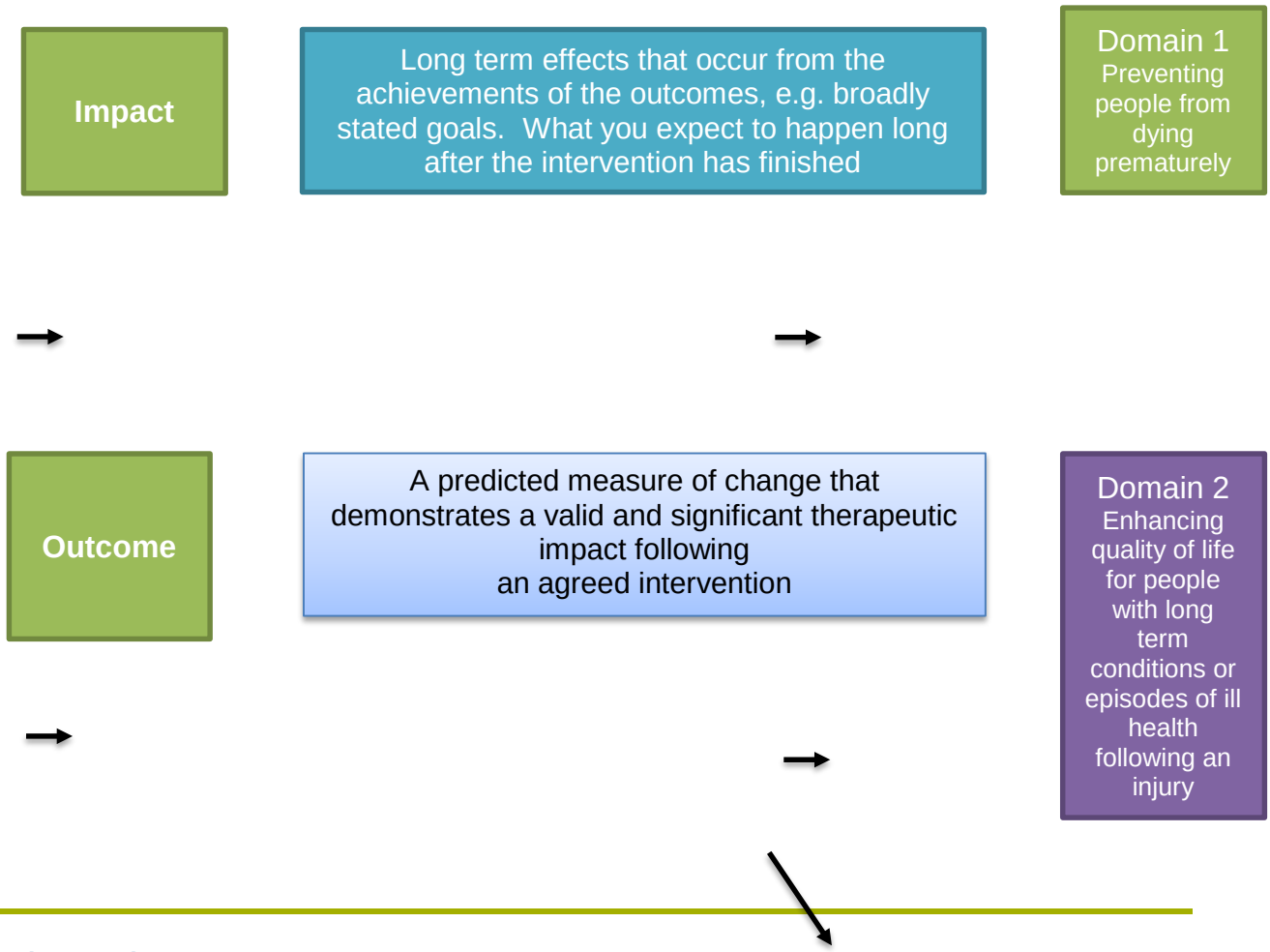
it is not the type of socialisation that she would have chosen for herself. She also wants more choice in her daily life in terms of getting up, going to bed and what to eat.
You could use the questions below as a learning tool to support understanding on developing outcomes focussed solutions to meet individual wellbeing outcomes.

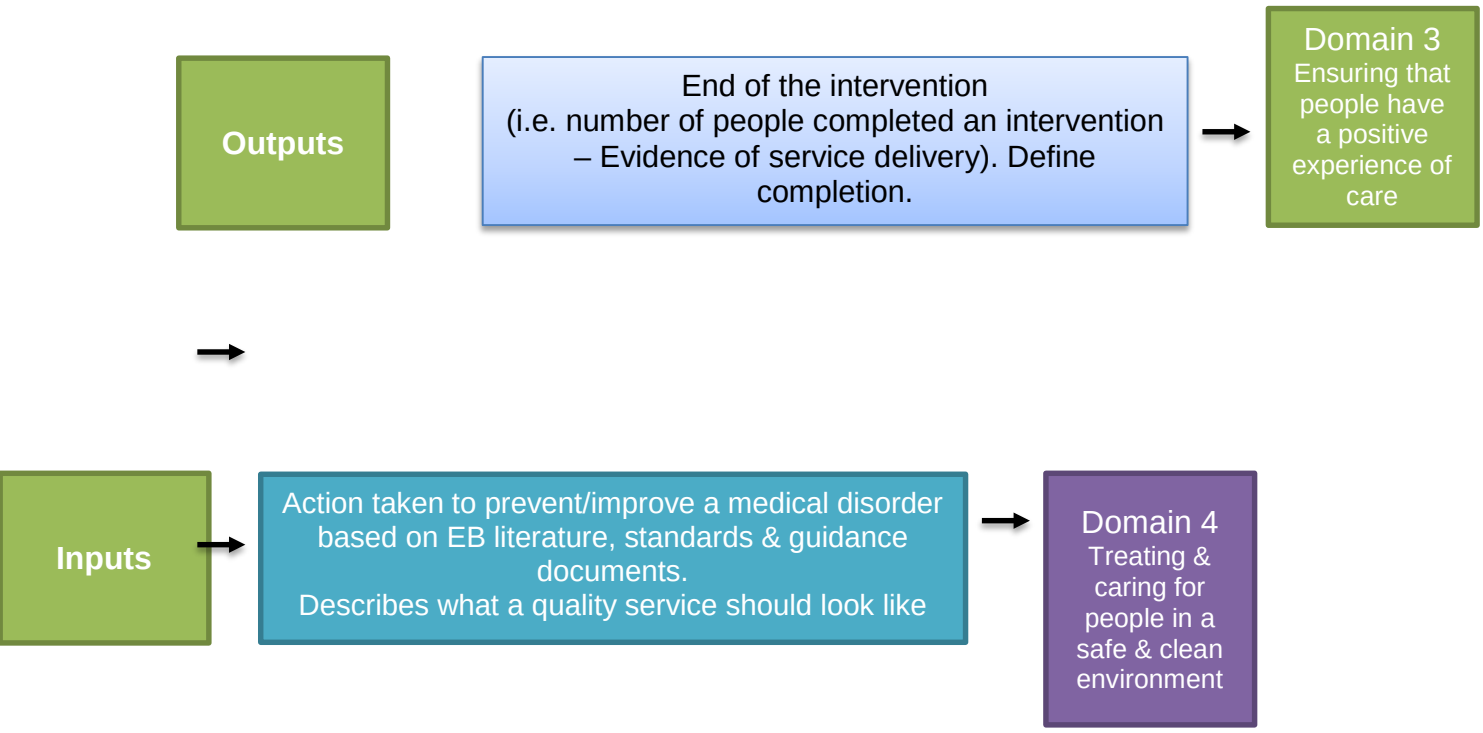
- What would be your solution to meeting Sandra's outcomes?
- What resources that would be required to implement the solution. (Note: The type
- and number of these will depend entirely on the solution proposed).
- Any partners that would need to be involved to implement the solution. This could include other agencies or services but also families and friends.
- What potential Barriers could there be in implementing the proposed solution
- How, if at all, the barriers could be overcome.
- Reason why the solution is outcomes focused?

## 6 NHS logic modelling

The NHS use logic modelling in collaboration with key stakeholders, for example commissioners, providers, clinical staff etc. It is often best to start identifying your outcomes first, then add all your outputs and inputs, then try to draw lines between them and see how they link. The lines between the boxes show the causal links.

A basic example of how the model is utilised within the NHS is outlined below.






## 7 Other materials

The Midlands and Lancashire Commissioning support unit have designed a guide to provide support on using logic modelling.

This guide is split into two sections - theory and practical use.

- The theory sections provide information about the background to logic modelling, its history, types and principles.
- The practical section provides templates and tips to help you build your own logic model.

Your guide to using Logic Models

Evaluation Support Scotland have produced a practical guide that focuses on how you put together a basic logic model to help you think about your aims, outcomes and activities.
Evaluation Support guide 1.2 Developing a Logic Model

Outcome Based Accountability (OBA) is also known as Results Based Accountability (RBA) and is an approach to thinking and taking action to improve peoples' lives. It can be used both for strategic planning and for improving service or programme performance. It starts from the end result - or outcome - and works backwards till the action that is needed to make a difference is identified. Outcome based accountability is designed to get from talk to action as quickly as possible and is a

process that works well if done by engaging with those that have a role to play in improving the outcome.

Torfaen County Borough Council has produced an OBA guide for social care staff to use, the guide includes a range of information, guidance and tools to help practitioners with many aspects of outcome based accountability.
Outcome Based Accountability

The outcomes star model tool is useful for working with individual service users around their outcomes on several key dimensions of service. Different versions have been developed for homeless people, mental health users, older people and learning disability.

The advantage of this approach is that it tries to see all aspects of the life of the person being worked with, i.e. life outcomes on a number of dimensions. The aim is to work with individuals to help them to move from 'being stuck' to greater self-reliance on each dimension that encourages the individual to progress along on what is described as the 'ladder of change'.

Please refer to the Triangle Consulting website and register for access to them.
Outcomes Star: Triangle Consulting

The Social Return on Investment (SROI) tool has the advantage of bringing together work on outcomes with work on value for money. It offers another way of demonstrating accountability for resources invested in services to achieve outcomes by making an explicit link between resources committed and outcome improvements gained. In addition to exploring outcomes for stakeholder groups and indicators for these outcomes SROI also attempts to generate 'monetarised' values against each to establish investment and return element.

The Prince's Regeneration Trust provides an overview description of the key concepts underpinning SROI and the key stages of work is explained, further information is available via the link below.
Social Return on Investment Analysis

Local authorities will be measured on their progress both locally and nationally towards transforming care and support services based on the well-being outcomes using a National Outcomes Framework.
National outcomes framework for people who need care and support and carers who need support

The table on the next page is provided for use as a template to capture the input, processes, output and outcome information relating to the service you are commissioning & the Individual activities as part of that service you are commissioning or providing. You should always **start** with the desired **outcomes** and work backwards.

| Input<br>**e.g.** numbers of staff employed or training requirements, skills, budgets, buildings and equipment that will be needed | Processes<br>**e.g.** procedures/policies in place or types of documentation to be used. | Outputs<br>**e.g.** the desired level of service from the provider, often expressed in terms of service availability, activity, quality, response time | Outcomes<br>**e.g.** the desired positive result or impact of the commissioned service for the service user to meet their own well-being outcome(s) |
|---|---|---|---|
| Insert details here | Insert details here | Insert details here | Insert details here |
| | | | |
| | | | |