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OUTCOMES MATTER:
EFFECTIVE COMMISSIONING IN DOMICILIARY CARE

SUMMARY REPORT

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MEARS

SUMMARY REPORT

A recent LGiU survey of social care departments showed that three quarters of respondents disagreed with the statement 'our current systems will be sufficient to manage our adult social care provision in future'. Of particular concern was a 'time-task' culture of service delivery. With growing pressure on adult social care resources, the goal of promoting efficient, outcome-focused services has never been more important. Outcomes Matter, an LGiU report supported by homecare provider Mears, sets out to investigate the issue.

Introduction

The concept of outcome-based commissioning has been a feature of the adult social care landscape for some time, as a method of delivering personalised services based on need. A recent LGiU survey has shown that over 70 per cent of local government respondents regard outcome-based commissioning as 'very important' to the future of adult social care.

But what do we mean by commissioning? The renewed interest in in-house provision shown by some local authorities could be held to imply a move away from standard commissioning models. We would argue however that 'commissioning' describes the strategic process of designing services and choosing delivery agents, rather than proscribing a particular form of provision.

As such, it remains intrinsic to the system, irrespective of the choice of service provider. Most definitions describe a cyclical process, where possible involving carers, care workers and service users through consultation and co-production, and including the following steps:

- assessing the needs of a population
- setting service priorities and goals
- securing services from providers to meet those needs
- monitoring and evaluating outcomes.

Appropriately, different communities will require different models of service provision, but whether the service provider is ultimately a private sector organisation, a charity, a social enterprise, in-house service or a dynamic mixture of all, the commissioning process will remain the basis for decision making about the design of a service.

Despite a general consensus about the value of this process, progress on the outcome-based commissioning agenda has been patchy, and fraught with difficulty. The use of service outcomes is now well recognised, but the process of paying providers on the basis of the outcomes they achieve is less common. The current pressures of the financial situation have also proved challenging, as local public organisations attempt to share budgets on cross-cutting outcomes, while simultaneously finding unprecedented levels of savings.

This report sets out to investigate current practice in commissioning for outcomes in domiciliary care in England. With rising demand for adult social care services, at a time of declining resources, the goal of promoting independent living and high quality outcomes for the individual has never been more important.

Care and support in the home is at the centre of the debate. With this in mind, we undertook a programme of research to identify the challenges, opportunities and examples of innovative practice that shape council commissioning of domiciliary care.

Context

Demand for social care is being driven by demographic change. The Office for National Statistics states that the population aged 65 and over will account for 23 per cent of the total population in 2035, while the proportion of the population aged between 16 and 64 is due to fall from 65 per cent to 59 per cent. In future this demographic change will place additional pressure on council services, as the gap between demand and available resources widens.

The increased levels of demand and complexity are coupled with a reduction in resources. The government's commitment to eliminate the budget deficit within a single parliament has major implications for council budgets: the October 2010 Spending Review reduced central government's grant to local government by 28 per cent over four years. Although this was offset to some extent by additional funding for health and social care, there are still major savings to be found from this service.

However the central funding problems are to be addressed, there must be a shift in our understanding of how we address the needs of vulnerable people. The long-term gap between rising demand and availability of resource necessitates broader change in the way we provide care.

This cultural shift may include some of the following features:

- greater investment in preventative support
- more support for people to live independently at home for longer, and commissioning processes that support this
- breaking down barriers to and supporting informal care
- better support, information and advice to ensure that people make good decisions about their care arrangements.

Local authorities have enormous power to shape the context within which care is requested and received. It is clear that care in the home is an essential part of the solution.

Outcome-based commissioning is widely regarded as an important aspect of the personalisation agenda. Commissioning on the basis of individual outcomes, rather than outputs, shifts the emphasis away from systems and processes and onto the quality of the service and the impact on the individual. Under care management, services were usually bought in large block contracts for particular service user groups. Service users were then matched to the service, rather than the service being tailored to their own individual requirements.

For many authorities, moving towards personal budgets has involved challenging this approach, using some of the following steps:

- Making a strategic shift away from block contracts towards framework agreements; umbrella agreements that set out the terms (particularly relating to price, quality and quantity) under which individual contracts can be made throughout the period of the agreement.
- Moving service users onto personal budgets, and, where appropriate, onto direct payments.
- Taking an active approach to managing the market, aiming to increase the number of providers in order to maximise choice.
- Providing high quality advice and information for service users (in some cases including self funders) to

enable them to make good choices about their care arrangements.

- Developing partnerships, particularly with health, to try to make the move between different services seamless for the service user.

- Seeking opportunities for co-production of services with service users where possible.

While this shift has undoubtedly been part of a wider move towards a more person-centred approach to service delivery, there are many questions that remain to be answered.

- How much choice do personal budgets actually offer?

- What does market management mean in the context of domiciliary care?

- Does maximising the number of providers in the market increase choice?

- How can we empower care staff?

- How far have we moved away from a time-task approach to service delivery?

- To what extent are providers incentivised to deliver outcomes for service users?

- How can we successfully articulate positive outcomes and measure their success?

- How can we support integration between the services that support better outcomes for individuals, for example housing, health and social care?

Findings

To investigate these questions in more depth, the LGiU undertook a survey of local government social care departments and elected members working in this area. We received 210 responses from 113 councils, of which roughly half were officers and half councillors. Of the officer responses, 22 were directors, 29 were second tier managers and 34 were third tier managers. Of the councillor responses 34 were leaders or cabinet members, and the remainder were backbench councillors. The results made for some interesting findings.

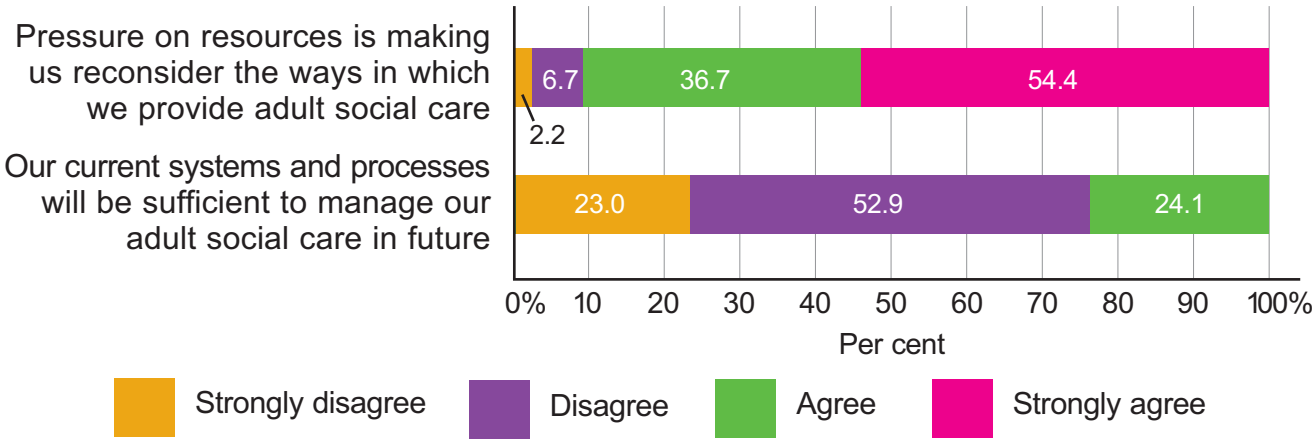
- While most respondents reported the regular use of outcome-based commissioning, more than a third said that it was only used 'to a limited degree' in their authority. Over 70 per cent saw commissioning for outcomes as a 'very important' priority for social care in future.

- Three quarters of respondents disagreed with the statement 'our current systems and processes will be sufficient to manage our adult social care provision in future', reflecting the present resourcing challenge facing social care. More than 90 per cent agreed that pressure on resources was making them reconsider the way in which they provide social care.

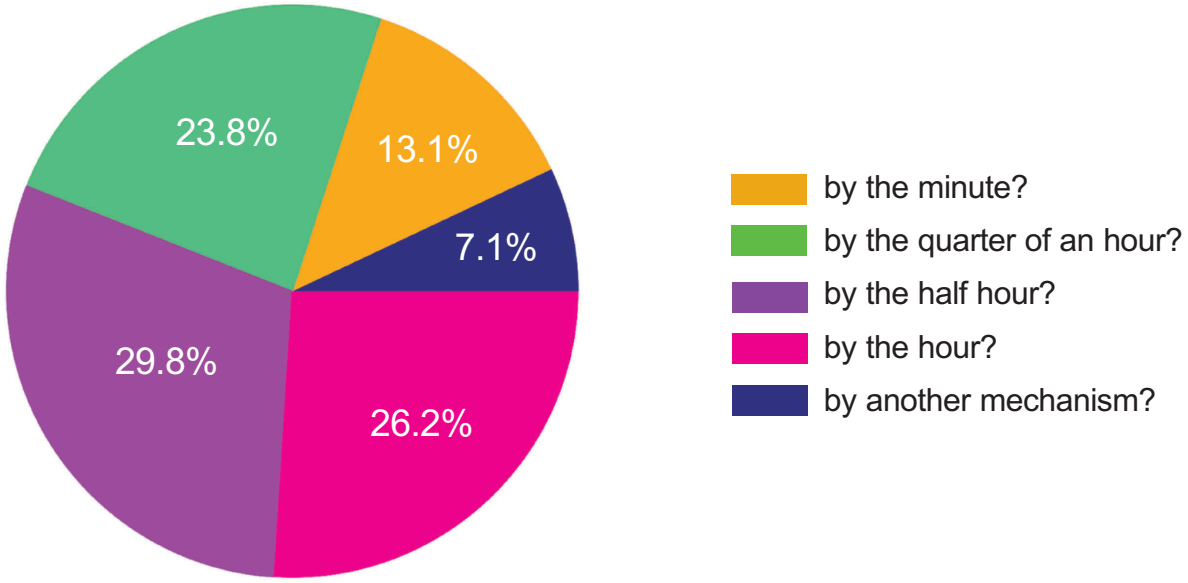
- Three quarters of respondents regarded 'a culture of running services on a time-task basis' as an important barrier to outcome-based commissioning in future. However, over 90 per cent still pay providers according to the time they spend with a service user, rather than outcome.

- There is an expectation that the types of provider in the social care market will diversify in future. The number of councils commissioning social enterprise providers in future is expected to double, for example.

To what extent do you agree with the following statements?



Are your domiciliary care providers paid...



Case studies

The results of the survey throw up a number of important questions for local authorities.

- What further steps can we take to break down a 'time-task' culture in commissioning domiciliary care?
- How can we most effectively incentivise providers to deliver high quality outcomes for the individual, to promote independence and reduce the need for care where possible?
- How can we ensure outcomes are shared between health, housing, social care and other relevant services to minimise waste and avoid duplication?
- How can we establish and measure outcomes that are meaningful to both provider and service users?
- How can we ensure service users are fully engaged in shaping their own care and determining the outcomes they want to achieve?

- How can we ensure care staff are supported and empowered to deliver high quality services?

To investigate the issue in more detail, the LGiU undertook a series of in-depth interviews with commissioners, adult social care directors and providers, seeking to identify barriers to developing more outcome-focused services and different examples of council practice in this area.

Our call for examples of innovative practice in this area highlighted a range of illuminating case studies.

Case study 1: Help to Live at Home

Wiltshire County Council's 'Help to Live at Home' scheme rewards and penalises providers on the basis of their performance against outcomes. It has replaced traditional community care services for older people with an integrated system of care and support. "Help to Live at Home" reconciles three competing aims of social care reform: personalisation, recovery and prevention.

Assessments are person-centred and focus on outcomes, especially outcomes that leave customers better able to live well with less care. They aim first to help people recover their independence and then to stop their need for care growing. Reablement is not a special kind of service; it is the aim of all services.

Help to Live at Home pays for outcomes that improve or preserve independence. The council applies financial penalties when customers' outcomes are not achieved and rewards care providers when customers recover faster than planned. Wiltshire Council believes that buying outcomes instead of hours is a commercial incentive to improve the pay and skills of the care workforce.

Case study 2: Wirral Rapid Access Contract

Wirral's Rapid Access Contract has broken down organisational boundaries to minimise discharge times for hospital patients around shared outcomes.

Wirral PCT was experiencing problems with discharge times for people leaving hospital. The referral system was resulting in people remaining in hospital for far longer than required. This had an impact on the patient's health and recovery time, and was costing the service money and creating a bottle-neck for bed allocation. To address this problem, the PCT formed a partnership with Mears and four other providers to deliver a 'rapid access' contract that aimed to get people discharged within 24 hours.

Previously when a ward manager discharged a patient their case was referred to a broker, who tried to find a home care provider who could take on their case. Under the new arrangement, when an individual is deemed medically fit for discharge but does not have a package of home care in place, care plan and risk assessments are completed by a multi-disciplinary team at the hospital to cut down on waiting times for discharge. So far 280 clients have been allowed home from hospital on the rapid access contract, all within 24 hours.

Case study 3: Payment by results in reablement – Essex County Council

Essex County Council is currently engaged in a long-term programme to shift their care and support provision away from a time-task approach. It has already moved towards a best value ranking framework which emphasises both cost and quality. The next challenge is to work with providers to develop a performance-based system, which pays for outcomes, rather than activities, and which promotes independence for service users wherever possible.

With this in mind, the council has embarked on further consultation with providers and re-tendered their reablement service. Formerly, providers were paid for six-week packages at a set price. Under the new model, they will be paid in two ways. They will still receive a set price for the package, but will also receive a bonus payment if, at the end of the reablement plan, the service user does not require any further support.

The council intends to move away from setting an arbitrary number of weeks for the package, which will be shorter or longer than six weeks depending on the needs of the individual service user. Ultimately it aims to move all its home care provision onto a performance-based model. For service users with learning disabilities, it is working specifically on developing whole life budgets with an emphasis on pathways to independence.

Recommendations

Our research draws attention to some of the challenges and opportunities in developing a successful approach to outcome-based commissioning. On this basis we have developed a five-point checklist for raising our game in commissioning.

1) Are you contracting for outcomes?
Establishing outcomes as the basis for a commissioning strategy is important, but explicitly linking the payment of providers to the outcomes, rather than the outputs that they deliver, is a more powerful tool. When providers are paid on an hourly rate, they are offered no incentive to reduce dependency on services or respond flexibly to individual changes in circumstance. Giving them the right target will help to improve the efficiency of the service and result in better outcomes for the individual.

2) Have you considered the local drivers for need?
Service user need can be manufactured by badly designed services. If we are to deal with the current pressures on adult social care, and continue to meet the needs of our communities, domiciliary care services should be based on the premise of reducing or stabilising dependence on service provision wherever possible, in line with service users' own expressed preferences.

3) How well aligned is your commissioning for housing, health and social care?
Housing, health and social care are the three pillars of independent living. Identifying shared outcomes between these three areas and commissioning together will offer more efficient and integrated services.

"Commissioning for outcomes is an important issue that we need to get right, to deliver the kind of service and the quality of service that people need... This report provides further evidence to support this drive"

Jeremy Hunt, Secretary of State for Health

4) Do you empower providers?
The focus on a time-task method of commissioning, along with tight budgetary constraints and several high profile safeguarding scandals, have shifted the council's role into one of invigilator, often leading to a command and control approach to dealing with providers. Commissioning for outcomes involves putting the onus on the provider to solve the problem, alongside the service user. Market management should be about increasing the range of care products available, rather than simply increasing the volume of providers in the market.

5) How engaged are elected members?
Councillors have a crucial role to play in connecting council processes to the outcomes they see through their case-work in the community. At present many people in receipt of care, and older people in particular, find it difficult to make their voice heard. Elected members can act as important advocates for people in the care system, while also holding influence over the internal processes for commissioning.

Conclusion

Responses to this set of challenges will necessarily depend on local circumstance: there is no one-size-fits-all model of service delivery that will provide the answers. But by sharing practice we can move towards a better understanding of how outcome-based commissioning can help to deliver high-quality, cost-effective, personalised services for the individual in times of great financial pressure.

About the LGiU
The LGiU is an award winning think tank and membership organisation. Our mission is to strengthen local democracy by putting citizens in control of their own lives, communities and local services. We work with local councils and other public service providers, along with a wider network of public, private and civil society organisations.

About Mears
Mears is the leading social housing repairs and maintenance provider in the UK and a major presence in the domiciliary care market – bringing the highest standards of care to people and their homes. Partnering with clients, 13,000 Mears Group employees maintain, repair and upgrade people's homes, care for individuals and work in communities across the country – from inner city estates to remote rural villages.

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