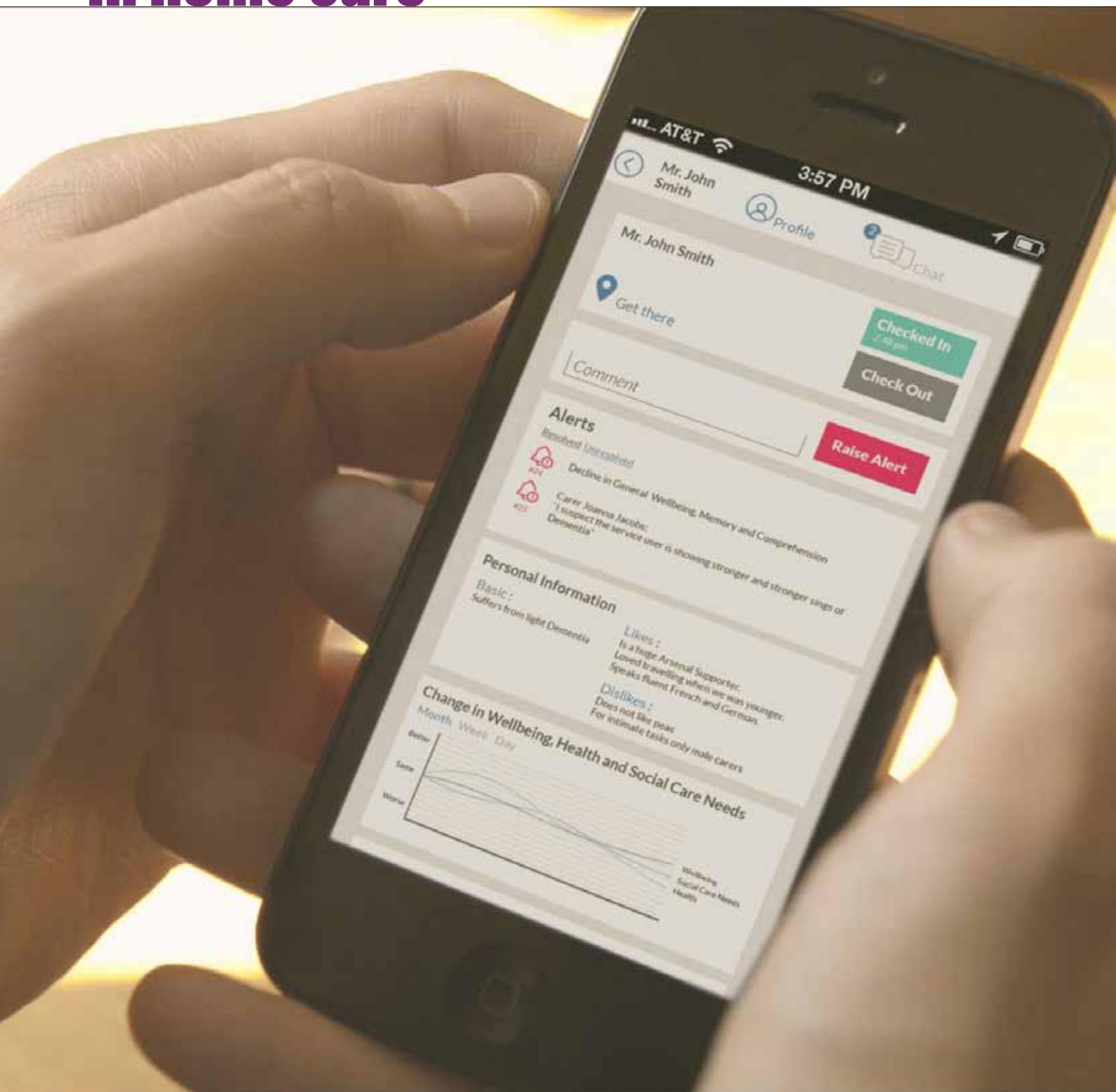


# Achieving outcomes based commissioning in home care



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# 1. Background

Home care should be about empowering people to live independent lives near the people and places that are important to them. It should be the way that we help people get back on their feet after a health or personal crisis. It should be the way that we save money by avoiding unnecessary hospitalisation and offering an alternative to residential care placements through support in a community setting.

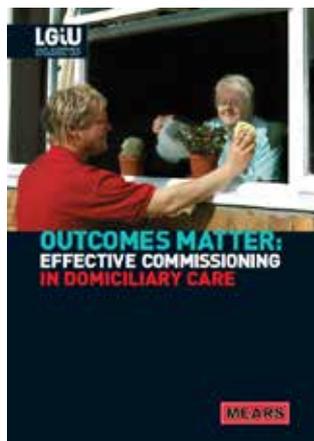
But too often home care is not realising its potential. It is not working for older and disabled people who need help to live independently, and often feel poorly served by an inflexible system that is defined by specific tasks and little continuity among care workers. It is not really working for councils, whose budgets are shrinking while needs are rising. It is increasingly not working for care providers who are competing on price and without incentives to focus on outcomes rather than hours of care.

Many, including social care commissioners, believe that unless councils change the way that they commission care, home care will not reach its potential.

The LGiU has long advocated outcomes based commissioning (OBC) in home care. We've published many detailed policy documents and shared some examples of how councils are trying to deliver this. These include:

## [Key to Care: The Report of the Burstow Commission on the Future of the Home Care Workforce](#)

## [Outcomes Matter: Effective Commissioning in Domiciliary Care](#)



In our research, we found some of the key barriers to OBC to be:

- lack of trust between providers and commissioners
- lack of trust in home care workers
- a cultural focus on rigid time and task planning of support.

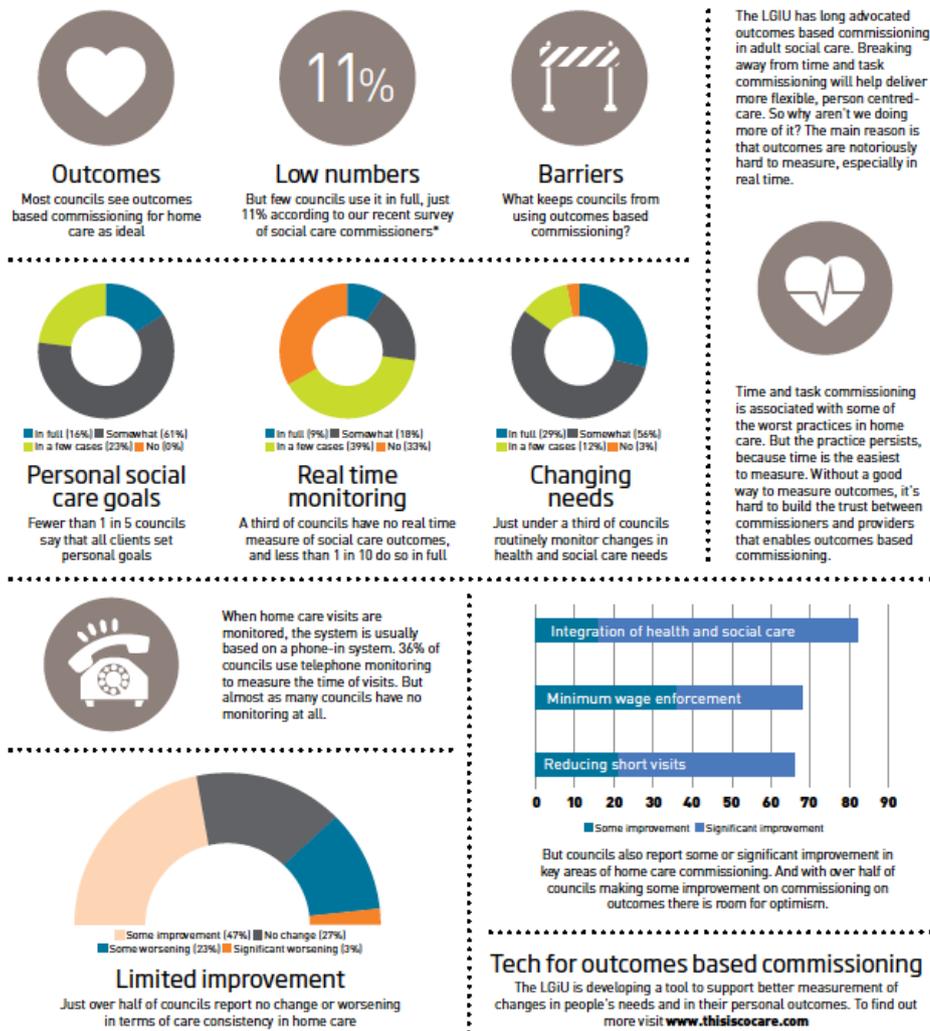
Although lack of trust is a problem, blind trust isn't advisable or desirable. Commissioners and social workers need assurance that trust is warranted. This assurance can't happen

if the only information that's available (if it's available) is the amount of time a care worker has spent in the home. Existing technical solutions serve the current methods of commissioning (phone-in and tag systems), but don't serve the aspirations of more flexible, outcomes-focused care.

We know that most social care commissioners want to find a better way to commission services. Just as councils have been frustrated at trying to achieve the reality of outcomes based commissioning, we've also been frustrated by our role in supporting councils and while our social care reports have had impact, we felt that we could do more to support councils achieve OBC in home care. And this frustration has led us to find partners who can help us build a tool that addresses some of the key barriers to achieving outcomes based commissioning.

As part of our work to support OBC, we brought together council commissioners, local and central government policy specialists, social entrepreneurs, technologists and social innovators to look at the issues around OBC and to test initial reactions to CoCare, the social care app and information system designed by LGiU and tech and design partners.

# Social care commissioning



## 2. What is outcomes based commissioning?

Outcomes based commissioning (OBC) is a means of procuring home care for people which focuses less on the tasks associated with addressing individual needs (e.g. the need for help getting dressed) and more on improved overall outcomes for individuals – supporting people to do things for themselves, for example, getting dressed, getting out, doing things that make life enjoyable for them. Ideally outcomes will be based on personal outcomes – goals that individuals have chosen for themselves. But outcomes might also be based on key domains that have relevance to most people – health conditions, social care needs, comfort and social contact, but tailored to the individual. Another feature of OBC is that providers will be rewarded, in some way, for improved outcomes. However, participants didn't feel that a full payments by results system was necessary or even desirable as it might lead to perverse incentives.

### Achieving outcomes based commissioning

No one at our roundtable felt that they'd fully achieved OBC nor were they aware of any councils who had, but all of them had taken some strides toward the ideal. For example, one council had developed a more flexible support plan which was less focused on tasks and more focused on support along nine social care domains over a four-week period. The amount of care contact time was fixed across a four-week block, but providers had some discretion in this period to flex support. Outcomes were then assessed retrospectively.

Another council was using a similar 'flexing' approach, creating a 'time bank' for care support contact time. This was done within an existing traditional home care contract and they saw it as a step toward OBC.

When home care users are asked what they want in general – they want people to arrive on time and they want continuity in their care. Sometimes this is seen as an endorsement of the traditional model with set hours of care, but this may simply be people wanting the assurance that people will arrive on time – even if the care worker and client have agreed a flexible timetable over the course of a week. Continuity of the care team is critical, people don't want 50 people marching through their homes, but the current system doesn't achieve continuity.

It was also important to ensure that personal goals were reasonable and achievable. A 90 year old who had never driven, for example, might want to learn to drive, but this was probably an unreasonable personal outcome.

There was a general acknowledgement that to truly achieve OBC, home care had to be seen as part of a wider context – housing, health care support, social isolation and other ancillary support – and that home care workers skills and their contributions needed to be respected. But embracing this wider context and the acknowledging the contributions of a wide range of people made administration and information management even more difficult. There still needs to be a controlling intelligence with access to information across the whole piece.

One council said that there had been tensions with back office around whose work had

made the difference and providing information on effectiveness of interventions and whose contributions mattered most. This was described as a problem of attribution.

## Payment by results

There was a general nervousness about payment by results. While people felt it was important that there should be an element of reward based on outcomes, instead of just paying by contact time, no one felt that they had cracked this issue or heard of someone who had. They certainly felt that sometimes payment by results could have a distorting effect. Providers might concentrate more effort on people who could demonstrably get better, and less on those who may need more support but are likely to deteriorate. If outcomes are very broad and there are many of them, it might also be easy to lose track of what's really important, so if paying by results, it's necessary to focus on what's really key. Current monitoring on time is relatively easy, but outcomes need to focus on what's really measurable. There were examples from public health and HIV prevention where this had been done and where a broad coalition of suppliers was involved.

Sometimes it's about understanding what interventions work and being quite evidence focused. For some areas of work it can be much easier – for example, smoking cessation where there is already a lot of data about effective interventions (nationally and internationally) and there is already a good amount of information locally about how many people smoke, how many people quit and stayed quit and payment by results can be focused on increasing the quit rate. For social care, there is less good evidence and desirable outcomes can be much more variable. However, it was suggested that it possible to follow a small cohort of people – say people who tend to use the GP a lot for social contact or people who are at increased risk of hospital admission and track whether that 'next most expensive intervention' can be delayed or avoided.

## 3. Barriers to achieving outcomes based commissioning

As we've explored above, there are a number of barriers to achieving OBC, these include:

- Lack of trust between commissioners and providers.
- Lack of clarity about OBC within social care and across council/health colleagues.
- An inability to attribute outcomes solely to home care.
- A culture within social work of prescribing specific tasks – and sometimes telling people "this is what you need".
- A need to tackle culture alongside procurement practice.
- A need to build in partnership and sometimes ambiguity within contracts in a way that procurement colleagues will accept.
- Lack of information on progress toward achieving outcomes.
- The 'attribution' problem – how much of anyone's outcomes is home care delivering.
- A better understanding (or acceptance) of risk

To support better commissioning, any solution must be designed with these barriers in mind.

## 4. An introduction to CoCare

**CoCare is an app and information portal to support better commissioning, including outcomes based commissioning, in social care. It was designed in a partnership between LGiU, Cubicus and Sebastian Nause-Blueml.**

Ingrid Koehler of LGiU, Oscar Alexander of Cubicus and Sebastian Nause-Blueml, an independent service designer presented information about how the partnership had developed out of frustration and a desire to support councils, care workers and service users to have better, more personalised home care. They had perceived that one of the key barriers to achieving OBC was lack of information on softer measures and an inability to track progress toward outcomes in real time. Together they designed CoCare – an app and information portal, which focuses on the user and empowers care teams to share information, escalate problems and captures information about progress (or decline) in a low-burden, easy way. It is designed to replace existing phone-in or RFID tag systems, which measure only visit times and reinforce time and task commissioning.

### The key features of the app

**Easy – trust-based – check-in and check-out to capture times, which are checked against GPS location data.**

**Basic, key information about service users at a glance. What are their preferences? What do you need to know to help them?**

**Low burden monitoring – information on conditions can be captured in seconds and care workers are never asked more than three questions per visit, and include highly visual cues.**

**Chat functions to help, often isolated, care workers share information between care teams and between care workers and families in two separate but overlapping chat groups.**

**The ability to raise alerts which can be dealt with by a care manager or in exceptional cases, the commissioning authority.**

**At a glance information about progress toward outcomes.**

### The key features of the portal

#### Multiple levels of oversight:

- service user – useful for annual assessments or following an alert or crisis
- provider – for providers and for contract management by commissioners
- council – for senior level managers and commissioners

**Real time information about changes to health conditions and social care needs and progress toward personal outcome goals.**

**Clear easy to read graphs, which can support conversations around changes to policies or provision.**

**Key benefits include**

### **Short term**

**No need for expensive phone-in or tag systems.**

**The ability to monitor times and manage alerts if no existing phone-in system is being used already.**

**Clear visibility of conversations for those who can't see "the book in the home" that traditionally captures updates and concerns.**

**More input from friends and family members (if desired by service users), which can alert of any changes or give assurance to family members who may live far away.**

### **Medium term**

**Better visibility of needs and changes in conditions**

**Support for end-of-year and in-year social needs assessments**

**Can engage a wide range of professionals in care – such as voluntary sector, health, befriending services, etc.**

### **Longer term**

**Much better focus on needs and conditions for everyone in the system**

**Supports outcomes based commissioning**

**Builds evidence about interventions that work**

**Has been developed using a service design approach with councils, so road map will always reflect the needs of councils, care workers and service users.**

Feedback was positive and participants thought of other ways that app could be useful, perhaps covering children's services, gathering much better evidence about ancillary services and wider teams. They also asked if we could think of ways to involve users more directly in development (yes) and easily implementable suggestions, such as helping care workers track travel time (to ensure they're being paid properly), were also made and taken on board.

While the basic design has been developed, the CoCare team is still looking for a council development partner. Councils interested in this approach should contact [Ingrid.koehler@lgiu.org.uk](mailto:Ingrid.koehler@lgiu.org.uk)

## 5. Summary and close

We summarised proceedings and then asked participants:

### *What LGiU could do differently or more of?*

- They find the briefings and Caring for People updates very useful
- Hearing from others about how people are doing this stuff – ideas, discussions.
- People can get a bit siloed in local authorities – it’s good to get new ideas.
- There is so much variation between local authorities in terms of how care is provided, lots of different interpretations, so scope for sharing best practice is limited. But in the digital realm, there is the potential for more cross over.
- One participating council had done a hackathon around parks, which resulted in prototypes; students learnt a lot, providers were also present. It led to fast-paced results: could we do some hackathon/digital events like this?
- Healthcare is seen as very technical and this can put some private sector digital providers off going into this space. So there are mutual benefits in tech providers and local authorities working together to find solutions to these problems.

### *“If you had a magic wand – what would you wish for to help councils achieve outcomes based commissioning and better home care?”*

- Better understanding of risk and relaxing outcome attribution a bit
- Trust between local authorities and providers – recognition of the skill of social carers
- A solution to the funding squeeze
- Providers need autonomy and funding
- Openness of information to build trust
- Working out how the NHS works with local government on these issues
- A systems financing overhaul
- Time and resources to think about and implement solutions, rather than fire fighting.

## 6. For further information

CoCare project page: [www.lgiu.org.uk/project/cocare-supporting-outcomes-based-commissioning/](http://www.lgiu.org.uk/project/cocare-supporting-outcomes-based-commissioning/)

And website: [www.thisiscocare.com](http://www.thisiscocare.com)

See LGiU’s wider Caring for People portfolio: [www.lgiu.org.uk/policy-theme/caring-for-people](http://www.lgiu.org.uk/policy-theme/caring-for-people)

Or join us in the Knowledge Hub Caring for People Group (free registration required): <https://khub.net/group/lgiu-caring-for-older-people>

Contact Ingrid Koehler, [Ingrid.koehler@lgiu.org.uk](mailto:Ingrid.koehler@lgiu.org.uk), LGiU’s Caring for People theme lead.

**The LGiU is an award winning think-tank and local authority membership organisation. Our mission is to strengthen local democracy to put citizens in control of their own lives, communities and local services. We work with local councils and other public services providers, along with a wider network of public, private and third sector organisations.**



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