Outcomes Matter: effective commissioning in domiciliary care

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This briefing outlines the findings of a new LGiU report, supported by social care provider Mears. Outcomes Matter: effective commissioning in domiciliary care, outlines the current position of local authorities and the barriers to better commissioning for outcomes. It also highlights a number of case studies in this area and identifies a series of recommendations.

It is relevant to policy officers and commissioners in adult social care, and elected members with the portfolio, or overview and scrutiny responsibility for this area.

Overview

In April 2012, the LGiU undertook a survey of local government in partnership with Mears, a leading provider of home care and support services. The survey was distributed to local authority officers and elected members working in social care and received 210 responses from 113 upper tier authorities.

Key findings included:

- More than 70 per cent saw commissioning for outcomes as a ‘very important’ priority for social care in future.
- While most felt they were commissioning for outcomes, more than a third said that outcome-based commissioning was only used ‘to a limited degree’ in their authority.
- Despite this, less than ten per cent of respondents reported paying service providers according to the outcomes they delivered for individuals. Most still paid their providers in limited slots of time.
- 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’, and said they regarded ‘a culture of running services on a time-task basis’ as an important barrier to outcome-based commissioning in future.

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 innovative council practice.

The findings of this research and resulting recommendations are the subject of this briefing.

**Briefing in full**

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 coproduction, and including the following steps:

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

The LGiU’s new report *Outcomes Matter*, sets out to explore 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 local authority commissioning of domiciliary care.

Our initial survey 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 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 outcomes;
- 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.

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?

Our call for examples of innovative practice in this area highlighted a range of illuminating case studies, detailed in chapter five of the report. Wiltshire County Council’s ‘Help to Live at Home’ scheme rewards and penalises providers on the basis of their performance against outcomes. Wirral’s Rapid Access Contract has broken down organisational boundaries to minimise discharge times for hospital patients around shared outcomes. Trafford’s Quality Checkers show how successfully service users can be involved in improving service performance, while Essex County Council demonstrates a useful model of market management and use of payment by results in reablement.

**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 commissioning? 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.

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.

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.

To read the full report, please follow this link.
If you would like to discuss the report, or share case studies on outcome-based commissioning in your authority, please contact Lauren Lucas at lauren.lucas@lgiu.org.uk

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. www.mearsgroup.co.uk

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