Chapter Four

Outcome Based Care Pilot Project

by Brian Monk
Abstract

Lancashire County Council and Care UK, a national domiciliary care provider, are undertaking an outcome-based domiciliary care pilot project for around 30 older people. Service users on the pilot scheme previously received a traditional input based service, whereby the commissioning authority specified care inputs in terms of visit times and tasks. It is hoped that by moving towards an outcome-based approach, flexible, personalised services that give service users real choice and control, can be provided.

This case study describes what prompted the organisation to develop this approach, the processes involved and some of the strengths and drawbacks of the work. Although the project is ongoing and has not yet been fully evaluated, some of the lessons learnt and the potential long-term impacts on commissioning are highlighted.

Key words: outcome-based; domiciliary care; older people; person centred.

Introduction

The White Paper ‘Our Health, Our Care, Our Say’ (2006) emphasised the importance of the delivery of individualised services that put service user choice and control at the centre. Commissioning and contracting domiciliary care services in terms of times and tasks creates a rigid service model, which can lead to providers putting too much focus on sticking to the authority’s set care plan, rather than providing a service which is responsive to the service user’s changing choices and preferences. Outcome-based contracting is designed to ‘shift the focus from activities to results’ and in this way puts the service user at the centre of their service. This approach is in line with the ‘Commissioning framework for health and well-being’ (2007), which highlighted the need to focus on actions and working in partnership.

What prompted the organisation to develop this approach?

In 2006, Care UK approached Lancashire and suggested working in partnership with Lancashire to develop a high quality, outcome-based domiciliary care service model. Lancashire was already looking at how it could make its commissioned domiciliary care services more person centred, following feedback from service users indicating that they wanted to be able to use their domiciliary care service more flexibly. Lancashire recognised that its existing service commissioning model had been designed to support input based care and that a new model would need to be developed to support a more person centred approach. Care UK’s proposal offered an opportunity for Lancashire to trial an outcome based approach with a forward looking provider, and to identify what sort of contracting and commissioning processes it would need to support flexible, outcome-based domiciliary care services.
What has the work involved?

Care UK’s initial proposal was considered by Lancashire’s Commissioning and Contracting teams and specific staff were identified to work with Care UK on the project. The staff identified included a commissioning manager, a commissioning review officer and various contracts staff. A project implementation plan for the pilot scheme was then jointly developed by Lancashire and Care UK.

Potential participants were restricted to people receiving services within the performance indicator C30 “helped to live at home” and did not include those in residential care.

In developing the project plan, Care UK and Lancashire agreed that a dedicated team of care workers delivering in the region of 350 to 400 hours of care per week would be appropriate to test the outcome based approach. A pilot area within Fleetwood, Lancashire, was identified as an appropriate geographical location, as it is a compact urban area in which Care UK already delivered a substantial amount of care.

People living in the pilot area were then visited by a care manager from Care UK, who explained the project to them and gauged their interest in moving on to it. This initial contact was followed up by a face to face visit by Lancashire’s review officer and contract monitoring officer.

Those service users that wanted to participate were asked a number of questions to benchmark their perception of their existing service (questionnaire attached at Appendix One). Those that chose not to participate were left with their existing input based service in place.

It was essential for Care UK to equip the care staff who were going to work on the pilot with the necessary confidence and skills to deliver outcome based care. To achieve this, Care UK created a dedicated team of care workers. These care workers were given guaranteed hours contracts and training and support, to ensure that they were able to deliver outcome focused care. Most of the team came from Care UK’s existing workforce, though some were new employees.

Furthermore, a framework was established by Care UK to evaluate individual outcomes for service users participating in the pilot. The framework was developed in line with the seven outcomes set out in the White Paper (further information on the framework is available from Care UK – see contact details below).

Implementation of the pilot scheme involved the Directorate reviewing all service users and giving Care UK an initial outcome based care plan and a weekly care allocation for each service user on the pilot. Regular ongoing liaison took place between Lancashire and Care UK to review progress and to develop and refine the service model.
To fully evaluate the new service model, Lancashire is currently completing an evaluation of the pilot. As part of the evaluation process service users are being asked to complete the same service user questionnaire they completed at the beginning of the pilot. (Please see Appendix One for a copy of the questionnaire) Lancashire is also undertaking a wider evaluation of how the pilot has operated and how service users have chosen to use the hours allocated to them.

How have things changed for the better?

Initial feedback about the pilot scheme has been extremely positive. Improvements have been noted in the self-confidence and self-esteem of service users on the pilot. This has been evidenced through a three month evaluation of the pilot undertaken by Care UK, which involved obtaining service user feedback. Care UK received a response from twenty-two of the service users on the pilot. Some of the quotes received included:

- ‘They (care workers) have more time to do things’
- ‘People have commented that I look at lot better’ ‘I like the fact I can get out’ ‘I feel good and more confident’
- ‘My support worker has given me the confidence in myself in doing daily tasks’
- ‘The carer is more dedicated and can give more time if needed’
- ‘Yes, my carer gives me complete choice over daily tasks’
- ‘I feel I have so much choice now’
- ‘I arrange things with my carers’

Services are now more person-led rather than service-led and people are using their care resource in a far more flexible way. Service users are being given the option to use ‘banked’ time from their care allocation after their ‘key’ outcomes have been met, to meet further identified personal outcomes. Some examples from service user care plans are:

- “Go to church”
- “Getting washer fixed”
- “Visit my husband’s grave”
- “Carer helping me to manage my money”
- “Go to cafe for a drink”
- “Walk in the garden”
- “Have my hair and nails done”
- “Help with my shopping list”
- “Company when I go to hospital appointments”
Furthermore, as the link between care workers’ pay and the amount of time spent with each service user has been broken, there is no longer an incentive for care workers to “call cram” i.e. to rush a service or exaggerate the amount of time spent with a service user. The information from Care UK’s service user survey shows that services are now more flexible.

Improvements in the motivation of care staff on the pilot have been reported by Care UK, as they feel that they are now doing something more worthwhile. Indeed a survey of the care staff working on the pilot identified that 91% felt more valued in the work that they now do. Care UK has also reported a marked reduction in staff sickness and improved staff retention. This has reduced Care UK’s costs and leads to greater consistency of care staff for service users.

Outcome based domiciliary care may also create the potential for Lancashire to buy care in a more efficient way, giving better value for money, as a weekly allocation of care can be commissioned, rather than a series of visits of fixed durations of half and full hours. Because service delivery is no longer based on fixed visits durations, people can make better use of their care allocation. Spare time after key outcomes have been met can now be “banked” by service users and used to meet additional personal outcomes, rather than being “lost” as was previously often the case. This spare time can now be transferred to other service users and the time allocation for that service user reduced following a review. At this point, action has not yet been taken to reduce packages of care for services users that are not using their full allocation. This may lead to some concerns, but the aim of Lancashire will be to maximise independence and minimise the cost of services to service users by providing only the amount of care that is needed.

The pilot scheme has created a real sense of partnership between Lancashire and Care UK. This approach to commissioning, linked to other initiatives, such as geographical zoning of care and a preferred provider scheme, will offer opportunities for Lancashire to develop a more sustainable purchasing arrangement that gives service users flexible services and choice and control on how those services are delivered.

What have been some of the major challenges/drawbacks?

One of the major challenges identified is the need for a cultural change. A transformation has been required in the commissioning of services, with service users being given the power to use their service in the way that they choose. This means control over how the service is used being transferred from the authority to the service user. This creates a different relationship between the service user and the care provider, requiring the care provider to be far more responsive to the service user’s choices.

Within the pilot scheme, most service users reacted positively to being given more choice, and used that choice to express their preferences and the personal outcomes they wanted from the service. Some service users decided that they wanted to continue to receive their service in the same way as they previously did, and this choice was accepted and their service continued unchanged.
A further challenge has been in incorporating the outcome based contracting approach into the Single Assessment Process. This is because it has been essential to capture in the summary, the identified outcomes as identified from the information gathered and recorded through the domains on the overview assessment, as well as making full use of the care plan to record how the outcomes are going to be met.

Developing an evaluation model to capture/measure the outcomes identified in the White Paper has also proved difficult. This is because Lancashire has not previously asked domiciliary providers to capture outcomes before and a process to collect and measure this information needs to be developed. However, the implementation of the Common Assessment Framework which is based on the seven outcomes from the White Paper should assist with this process.

On some occasions it has also been difficult to encourage service users to identify outcomes. This has been largely because service users are used to having care done ‘to’ them rather than them being involved in the decision making about what, when and how care time is going to be used. This means that some service users can find it difficult to conceptualise what they really want, though Care UK’s care staff are trained to work with service users over time to build trust to help them do so. New outcomes can be identified by the service user at any point.

Another challenge has been the development of care planning and recording systems at service delivery level. Care UK’s original paperwork for the pilot proved overwhelming for the care staff. This is being amended on an ongoing basis to achieve the minimum paperwork possible whilst still being able to measure and report appropriately. Likewise, the Directorate’s existing commissioning processes and support systems for reconciliation of invoices and service user charging are designed to support time /task input based services, rather than a flexible weekly care allocation, and these are currently being reviewed.

What lessons have been learnt?

Outcome-based, person-centred domiciliary care seems to be the way forward for Lancashire. Being consulted and achieving goals by taking small steps makes a huge difference to service users and their families. This has been demonstrated by feedback from service users on the pilot, which indicates that most:

- Feel they have more choice and control over their service
- Commented that they had noticed an improvement in their health and how they were feeling
- Feel their care workers encourage them to be more independent
- Feel that they had achieved the outcomes they had wished for
- Would not want to go back to the way their care was previously delivered
Successful delivery is dependent on being able to work with an enthusiastic and willing provider who is committed to, and capable of, providing outcome-based care. If the care provider is motivated and focused on service users then staff turnover tends to be lower which in turn increases the quality of care. It is important that the provider recognises the value of briefing and training staff to ensure that the people who will actually deliver the service are committed, and have the necessary skills and knowledge to make the vision of good quality care a reality.

There is a need to develop a robust system to evaluate provider performance. It is important to be able to identify quality providers that can be trusted in order to make sure that it is the service users who have the choice and control over how services are delivered rather than the provider. Lancashire intends to do this through its preferred provider scheme and performance monitoring system. This scheme has been in place for 6 years and evaluates provider performance based on CSCI ratings, performance against set targets and regular service user monitoring and feedback.

Lancashire has seen the benefits of buying care in a way that gives providers some stability to enable them to guarantee hours to care workers – it committed to buying an agreed number of hours each week in Fleetwood for the duration of the pilot, which enabled Care UK to give staff contracted hours.

An outcome based model of domiciliary care extends the choices available to service users and ensures that they are placed firmly in control of their service whether they chose Direct Payments, a commissioned service, or a combination of both.

Finally, overcoming commissioners’ perceptions of existing providers will be a future challenge as Lancashire shifts other services in the same direction.

**How might the pilot affect commissioning in Lancashire in the longer-term?**

The pilot is still ongoing and has not yet been fully evaluated, but it is already clear that commissioning on the basis of outcomes is putting the service user at the centre of their service. Learning from the pilot is helping Lancashire develop and refine its contracting and commissioning processes.

Lancashire is committed to outcome based services and it is currently shifting the focus of all its contracted domiciliary care towards an outcomes focus. This agenda is being driven by the introduction of an outcome based domiciliary care contract which is currently being negotiated and developed in partnership with domiciliary care providers.
Biographies

Brian Monk has worked in local government for over 20 years in a variety of roles. For the past six years he has worked in the social care procurement field as a Contracts Manager in Lancashire County Council’s Adult and Community Services Directorate. He is a member of both the Chartered Institute of Purchasing and Supply and the Institute of Chartered Secretaries and Administrators.

Julie Edwards has worked in local government since 1988. She qualified as a social worker in 1996 and has worked in Lancashire County Council’s Adult and Community Services Directorate as a Team Manager since 2003. She is a member of The General Social Care Council.

Philippa Codd has been part of the Care UK team for 14 years, starting as a care worker and progressing through a number of roles to Development Director, a post she has held since 2004. She has taken an active interest in national policy for social care and modernisation agendas, which has led to Philippa leading an organisational change within Care UK to deliver services which focus on outcomes and enablement. Philippa is also working on projects led by CSIP and DOH to develop outcome based contracting models.

For more information about this case study please contact:

Brian Monk, Contracts Manager, Lancashire County Council
brian.monk@ssd.lancscc.gov.uk

Julie Edwards, Team Manager, Lancashire County Council
julie.edwards@ssd.lancscc.gov.uk

Philippa Codd, Divisional Development Director, Care UK
philippa.codd@careuk.com
Appendix One

Lancashire County Council
Adult and Community Services
Contracts Unit

<table>
<thead>
<tr>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of SU</td>
</tr>
<tr>
<td>ISSIS No</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Post Code</td>
</tr>
<tr>
<td>Tel No</td>
</tr>
<tr>
<td>Social Worker</td>
</tr>
<tr>
<td>Date Completed</td>
</tr>
</tbody>
</table>

1. About your Care Service

1.1 How long have you been receiving help from Social Services in your own home?

Less than 6 months  
6 months to 1 year  
1 to 2 years  
2 to 5 years  
More than 5 years  

1.2 Do you need help from somebody to:

Get dressed or undressed  
Get in and out of bed or chair  
Wash face and hands  
Prepare hot meals
1.3 Did you agree the tasks you want to complete on a day to day basis?
Yes  
No  

1.4 Do your care workers help you to complete your daily living tasks?
Always  
Sometimes  
Usually  
Never  

1.5 Do your care workers spend the agreed amount of time with you that they are supposed to?
Always  
Sometimes  
Usually  
Never  

1.6 Are your care workers in a rush?
Always  
Sometimes  
Usually  
Never  

1.7 Do your care workers spend enough time on the things that are most important to you?
Always  
Sometimes  
Usually  
Never  

1.8 Are you happy with the number of different care workers you see?
Yes  
No  
2. Increased choice and control over your care

2.1 Do you have enough information about your care services to make decisions?
Yes [ ]
No [ ]

2.2 Did you agree with the home care agency the times your care workers visit you?
Yes [ ]
No [ ]

2.3 Do your care workers come at times that suit you?
Always [ ]
Sometimes [ ]
Usually [ ]
Never [ ]

2.4 Do your care workers arrive on time?
Always [ ]
Sometimes [ ]
Usually [ ]
Never [ ]
I never know what time my care worker is going to arrive [ ]

2.5 Do you have as many visits from your care workers as you need?
Yes, I have as many visits as I need [ ]
No, I need a few more visits [ ]
No, I need a lot more visits [ ]
No, I need fewer visits [ ]
2.6  Are the hours of care that you receive every week apportioned in the way that suits you best?

Yes  
No  

2.7  Does your home care service keep you informed about changes in your care?

Always  
Sometimes  
Usually  
Never  

2.8  Would you feel able to ask for changes in the way your care is provided?

Yes  
No  

2.9  Do you agree or disagree with the following statements

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) My care workers are as thorough as I would like them to be</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) My care workers do things the way that I like them done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) I have a good relationship with my care workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) I know how to complain, am listened to when I do and action is taken where appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.10  Which of the following statements best describes your present situation?

I feel in control of my daily life  
I have some control over my daily life but not enough  
I have no control over my daily life
3. Do you have as many visits from your care workers as you need?

3.1

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) My care workers are friendly and honest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) My care workers treat me with respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) My care workers communicate with me in a way that makes me feel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>comfortable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) My care workers listen to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) My care workers show me consideration and understanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) My care workers give me privacy when I need it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) My care workers respect my home and possessions and I am supported</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to maintain the cleanliness and order of my surroundings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Care workers who hold confidential information about me do not abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>my trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) My care workers understand my changing needs and are flexible in</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>helping me meet them</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) My care workers recognise that my life has equal value to theirs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) My care workers understand and respect my cultural, religious, ethnic and relationship needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) My care workers are excellent at what they do</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Improving your health and emotional wellbeing

4.1 Do you get up and go to bed at times that suit you?
Always
Sometimes
Usually
Never

4.2 Are you always as clean as you want to be?
Always
Sometimes
Usually
Never

4.3 Do you spend too long with nothing interesting to do?
Always
Sometimes
Usually
Never

4.4 Does having home care services help you know how to avoid health problems, stay healthy and improve your mental and physical health and fitness?
Yes
No

4.5 Do you feel comfortable and safe with your care workers?
Always
Sometimes
Usually
Never
5. Improving your quality of life

5.1 Does the home care service you receive help to improve your quality of life?

- Strongly agree
- Disagree
- Agree
- Strongly disagree

5.2 Overall, how satisfied are you with the help from Social Services that you receive in your own home?

- Extremely satisfied
- Extremely dissatisfied
- Very satisfied
- Very dissatisfied
- Quite satisfied
- Quite dissatisfied

Comments