

COMMISSIONING THE FUTURE: WORKSHOP 3

# Driving integration and innovation at the point of service delivery – Outcome-based homecare

Facilitator's Notes, July 2012



**'Commissioning The Future – Workshop materials to start a new conversation between people, providers and commissioners of services' represents the work of the Think Local Act Personal (TLAP) National Market Development Forum. These materials have been designed to help those involved in strategic commissioning rehearse and explore new ways in which the public care market might develop. The exercises are offered in the context of – and can help you deliver on – the TLAP Making it Real markers of progress for personalised, community based support.**

This 'Commissioning The Future' pack offers all involved in strategic commissioning an opportunity:

- To rehearse the issues they face.
- To do this outside the context of a particular negotiation, contract or agreement.
- For all people to play different roles than they do in 'real life' and explore the issues from a range of perspectives.

Each exercise represents real issues that are faced by all involved in commissioning public care. They support commissioners, providers and people who use services and carers to adopt some of the key skills and behaviours advocated in "Stronger partnerships for better outcomes: a protocol for market relations".

# Driving integration and innovation at the point of service delivery – Outcome-based homecare

**Group size:** 18 participants

## Resources:

- Room large enough to set out a meeting for 9 people, with space around the meeting for chairs for an additional 9 participants.
- Scenario background information (Resource 1).
- Summary of scenario background information written on flip chart paper (Resource 1).
- Activity cards x 2 for each role (Resource 2).
- Flip chart and marker pens.

## Learning aims to explore:

- Outcome-based contracting.
- How pooling resources might achieve more.
- Building on positive feedback from people who use services and carers.
- Negotiating among the different starting places of social care and the NHS.
- How the Health and Wellbeing Board could drive strategic commissioning to achieve integration and innovation.

## Scenario outline:

This scenario is focused on the initiative of a Domiciliary Care Providers' Association to move all homecare services to outcome-based contracts and linking this to a wider range of home based

health and social care support.

A national care provider, Domcare Plus (a major homecare contractor in Downshire) persuaded the County Council to pilot outcome-based homecare with a small number (50) of older people. Domcare Plus is very pleased with the results.

The Downshire Domiciliary Care Association (DDCA), which is currently chaired by Domcare Plus, has now invited the director for adult services, the cabinet member for adult social care, the strategic commissioning manager and a representative of the primary care trust to their next meeting to discuss the issues further. They have also invited representatives of the pilot people who use services group to come and speak about their experience. They have circulated in advance the outcome of the pilot project and an example of contract arrangements in another local authority area in which one of their members works.

## Issues that are likely to feature in the discussions are:

- The wishes of people who use services; the council's contractual and financial concerns including pricing structures; transition from one system to the other.
- How outcomes will be agreed and evaluated.
- How assessments and the outlook of care managers will need to change to match the new approach.
- How clear information and advice about the options open to individuals for care and support at home can be made readily available.
- Whether providers will be able to get financial backing for less conventional service models and contractual arrangements.

The role of the Health and Wellbeing Board in setting the strategic direction for the market in Downshire will also be discussed.

**The discussion should reach an agreement on the way forward for domiciliary care contracting, both for council-led services and those purchased through a personal budget. This should include whether to extend the outcomes-based approach, and how to record domiciliary care use of a direct payment.**

# How to run the workshop

Total time: 3 hours

TIME	ACTIVITY	METHOD	RESOURCES
15 minutes	Welcome, introductions, aims and scenario	<p>Ask participants to introduce themselves very briefly stating their name, role and one hope for the session.</p> <p>State the learning aims and scenario outline for the session as shown above.</p>	
10 minutes	Setting the scene	<p>Read the background information aloud to the group.</p> <p>Have the bullet points written on a flipchart and displayed so that the key points can be seen by the group as you read the information and throughout the session.</p>	<p>Background information</p> <p>Bullet points written on flipchart (Resource 1)</p>
20 mins	Exploring the key themes	<p>Four pieces of flipchart paper should be tacked to the wall, one in each corner of the wall. They should each have a different heading.</p> <p>The headings are:</p> <ul style="list-style-type: none"> <li>■ Outcome-based contracting</li> <li>■ Pooling resources</li> <li>■ Using feedback from people who use services and carers joint negotiations between the NHS and Local Authority</li> <li>■ The challenges and rewards of.</li> </ul> <p>The group should be split into four smaller groups of fours and fives. Each smaller group should stand next to one of the pieces of flipchart paper. The groups should be asked to think about the heading on their paper and to note the key points of their discussion.</p> <p>This is a timed activity and the groups should be timed for three minutes. After three minutes the groups should move round the room to the next piece of flipchart paper. They should look at what has already been noted and add anything else. This should be repeated until each group has seen and added to each flipchart.</p> <p>It may be useful to spend a few minutes clarifying any points that groups have seen written by others.</p>	<p>Flipchart and marker pens</p>
5 minutes	Activity Cards	<p>Distribute two sets of the activity cards so that each participant is given an activity card and a copy of the Meeting Agenda. The activity cards for people who use services should be given to three pairs to ensure that they are fully represented at the meeting.</p>	<p>Activity cards x 2 (+ 2 extra sets of the cards for people</p>

TIME	ACTIVITY	METHOD	RESOURCES
		<p>Be mindful of the confidence and comfort levels of your participants when allocating activity cards.</p> <p>Some participants may not feel that they have the experience and knowledge required to take part in the activity if allocated a role other than their own.</p>	who use services)
15 minutes	Meeting preparation in pairs	<p>Participants should find the other person in the group who has the same activity card as themselves. The pairs should then work together for ten minutes to discuss what they, as the person described on the card, would like to get out of the meeting. They should note points that they would like to raise and questions they would like to ask.</p> <p>Each pair should then be asked for suggestions for the agenda and an agenda should be quickly agreed and written on a flipchart for all to see.</p> <p>Participants should decide which person in each pair will take part in the meeting and who will support from the side (become the coach and supporter) – see The Meeting below.</p>	Flipchart and marker pen
85 minutes	The Meeting	<p>The chairperson (as stated on activity card) chairs the meeting to the given meeting agenda. As noted on the chairperson's activity card, it should be made clear to all participants that the chairperson should aim to ensure that the group achieve a consensus or agreement by the end of the meeting, and that all participants are responsible for contributing to this aim.</p> <p>One participant from each of the pairs takes part in the main meeting. The other person with the same activity card sits or stands behind them and acts as a coach and supporter to expand upon or reveal feelings not expressed by the meeting attendee.</p> <p>(If appropriate and where there is sufficient time the meeting can be stopped briefly at various intervals so that one or more participants can be interviewed.)</p>	
10 minutes	Feedback in pairs	<p>The participants with the same activity cards work together for a second time to discuss how the meeting went from their perspective. Did they raise all points and ask all questions as planned? What were they happy with and were there any frustrations? Would they do anything differently next time?</p>	
35 minutes	Whole group feedback and next steps	<p>Ask for feedback from the whole group and note useful points on flip chart.</p> <p>Ask participants what their next steps might be in terms of taking their learning forward</p>	Flip chart and markers

## RESOURCE 1

# Background information

(To be read aloud to all participants. Bullet points can be written onto a flipchart for display during the reading and throughout the activity).

A national care provider, Domcare Plus, a major homecare contractor in Downshire persuaded the County Council to pilot outcome based homecare with a small number (50) of older people. Their aims included:

- To act on people who use services' feedback about their wish to use their homecare more flexibly in a way that suits them.
- To commission homecare in a person-centred way, giving people who use services and carers greater choice and control as the context for the use of personal budgets and direct payments.
- Using the pilot to identify the necessary changes to contracting and commissioning processes to support outcome based care, and streamline them in the process.
- To demonstrate that providers and people who use services and carers could work together successfully to create services that are responsive to peoples' changing needs and preferences, providing a well-supported lifestyle rather than just a care package.

The results of the pilot have been very positive, including:

- Improved self-confidence and self-esteem of people who use services and carers on the pilot.
- Services were person-led rather than service-led and people used their care resource in a far more flexible way.
- Staff motivation has improved and sickness levels have reduced, this in turn helped staff retention and consistency of service delivery.
- An improving partnership between commissioner and provider.
- Speed of response that providers can deliver.

Domcare Plus is now keen to move all its provision to outcome-based contracts. In reviewing the pilot outcome, Domcare Plus has proposed that they develop the specification and work collaboratively with Downshire on measuring its implementation. They suggest that this would work effectively within the framework agreement approach to which the council is planning to move anyway, but with some geographical zoning in order to ensure cover in rural areas. They know that some of the other major providers in the area are also interested in this approach and think that it can also be linked to a wider range of home based health and social care support.

However, the council, while acknowledging the good results, is not ready to make this move. It thinks this kind of system will be difficult for its contracting team to implement and they are not sure that their standing orders on contracting would allow for this change. Councillors are

anxious that the increased flexibility will lead to increased costs and that monitoring will not be able to ensure budget control in a time when there is a major savings programme to deliver across the council. However, councillors are also keen to make the most of the local leadership role that the Health and Wellbeing Board offers them, and influencing NHS spend on community services, so more integrated approaches to support at home are on their agenda.

The Downshire Domiciliary Care Association (DDCA) also has serious concerns about the findings of recent reports such as that of the Equalities and Human Rights Commission, which highlight some of the difficulties in the homecare sector. Their members are concerned that perceptions of their services will be damaged by such reports, regardless of their actual quality, given that the council has been restricting time slots and holding down fees. So they want to take joint action between commissioners and providers to offer positive information about services and assurance about their quality despite the financial pressures.

## Bullet Points for Display

Domcare Plus with the county council ran a pilot on outcome-based homecare.

### **The aims were:**

- To act on feedback from people who use services and carers which asked for more flexibility.
- To be more person-centred when commissioning homecare – choice and control.
- To identify and streamline processes for outcome-based contracting and commissioning.
- To demonstrate that people who use services, carers and providers could work positively together to develop responsive services.

### **The results of the pilot:**

- Improved confidence and self-esteem of people who use services and carers.
- Services were person-led and resources used more flexibly.
- Staff motivation improved and sickness levels reduced.
- Better speed of response.

Domcare Plus would like to move all provision to outcome-based contracts.

Other providers in the area are interested in this approach.

### **The council is not ready to make the move because:**

- Difficult to implement.
- Increased flexibility will lead to increased costs.
- Lack of budget control.

The council is looking for more integrated approaches to support at home.

The provider association would like to offer positive information about services and quality to counter negative perceptions.

# Activity Cards



### PROVIDER 1

**(YOU WILL BE CHAIRING THE MEETING – It is your role to ensure that the group come to some kind of consensus or agreement by the end of the meeting).**

You are the Chair of the Downshire Domiciliary Care Association (DDCA) and the manager of DomCare Plus. You are used to meeting the Cabinet Member and director of adult social services at quarterly meetings with lead providers, which have been robust but generally constructive. You are confident about this meeting and that you and your colleagues can offer sufficient assurances to take the proposal to the next stage. You are looking, though, for commitment to better progress on both direct payments and on the council's approach to the provision of advice and information. You are aware that there has been a recent increase in delayed transfers from hospital and are keen to develop responsive enablement services in local communities to address this.

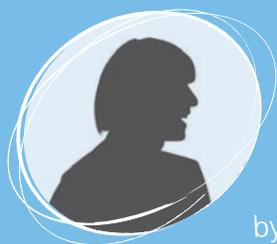
Other participants will not know that your organisation, DomCare Plus has recently been invited to a Cabinet Office working group on the wider implementation of outcome based contracts in the public sector.

DDCA Position – The DDCA recognises that for an outcome-based approach, they need to find a balance between:

- The goal of flexibility to respond to people who use services and carers and their changing needs
- The need to maintain predictability in workloads, expenditure and income, and
- The need to keep audit and payment arrangements simple.

The Association will propose in the discussion that there should be joint development of the specification for the framework agreement between themselves, the council, the NHS, the Downshire Carers' Association and the Downshire Coalition for the Disabled. They can demonstrate that the outcome-based approach has led to reduced costs on some support packages, which can either be "banked" by the person using services, or create savings by being reallocated, following review, to another person. They want more trust in a situation to take the lead on decision making when circumstances change with a person using services/carer.

They want to see an advice and information service that is not seen as a public sector service and can offer advice and help based on the concerns of people, and particularly older people, across all sectors. This could be co-produced.)



## PROVIDER 2

You are a longstanding provider of homecare services in Downshire, and have generally had good working relationships with them. More recently, you have become frustrated by the slow progress being made by the council towards personal budgets and, in particular, towards direct payments for the people using services. You feel you are working well with direct purchasers and self-funders in achieving outcome-based approaches that make good use of the allocated funds, but are pretty sceptical about whether this can be applied as universally as your colleagues are seeking.

On the other hand you find the rigid control and bureaucratic systems the council applies to its own purchases is time consuming to manage, unsatisfying for staff and unresponsive to the requests of people who are using services. You want to use this opportunity to promote streamlining of processes, including resolving the slow payments that have been causing you cash flow problems at times, as well as pressing for better progress on direct payments.

Downshire Domiciliary Care Association (DDCA) Position – The DDCA recognises that for an outcome based approach they need to find a balance between: the goal of flexibility to respond to users and their changing needs; the need to maintain predictability in workloads, expenditure and income; and the need to keep audit and payment arrangements simple.

The Association will propose in the discussion that there should be joint development of the specification for the framework agreement between themselves, the council, the NHS, the Downshire Carers' Association and the Downshire Coalition for the Disabled. They can demonstrate that the outcome based approach has led to reduced costs on some support packages, which can either be "banked" by the person using services, or create savings by being reallocated, following review, to another person. They want more trust in a situation to take the lead on decision making when circumstances change with a person using services/carer.

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## PROVIDER 3

Your organisation is a more recent arrival on the Downshire scene but doing OK and keen to maintain and expand its business in the area. While sharing your colleagues' general perception, you have been particularly struck by the positive impact on staff motivation and retention that is reported from the pilot project. You have been dealing with high staff turnover recently and so are interested in the impact the new approach could have, but balance that with caution about changes that might damage your newly established business. You are concerned about the potential dominance of DomCare Plus in the local scene so will be looking to assert your position.

DDCA Position – The DDCA recognises that for an outcome-based approach they need to find a balance between:

- The goal of flexibility to respond to people using services and carers and their changing needs
- The need to maintain predictability in workloads, expenditure and income and
- The need to keep audit and payment arrangements simple.

The Association will propose in the discussion that there should be joint development of the specification for the framework agreement between themselves, the council, the NHS, the Downshire Carers' Association and the Downshire Coalition for the Disabled. They can demonstrate that the outcome-based approach has led to reduced costs on some support packages, which can either be "banked" by the person using services, or create savings by being reallocated, following review, to another person. They want more trust in a situation to take the lead on decision making when circumstances change with a person using services/carer.

They want to see an advice and information service that is not seen as a public sector service and can offer advice and help based on the concerns of people using services, and particularly older people, across all sectors. This could be co-produced.



## CABINET MEMBER

You are an experienced cabinet member for adult social care and related services. You have a robust but cordial working relationship with the Downshire Domiciliary Care Association (DDCA) and other providers through the quarterly meetings and other contacts, helped by your work background at senior level in large PLC.

You are open to new ideas, such as the outcome-based approach, but your Cabinet colleagues focus heavily on budget control in your services and so you need strong assurances to be confident about taking this forward. You're not so bothered about the standing orders and contract issues, which you would expect to get tackled if the new approach is convincing on service and financial grounds.

You want to use the Health and Wellbeing Board to draw a greater proportion of NHS funding into a more integrated approach to care and support at home. If an outcomes focus looks as though it will use staff roles more flexibly across services and therefore potentially reduce costs that would be attractive.

You are neutral on the issues about advice and information systems, except that it can't add to council costs.



## PERSON USING SERVICES

You are very strong advocates for the outcomes-based approach as you have felt much more in control of your lives with the flexible weekly allocation of hours to achieve your "key" outcomes rather than fixed tasks. Several of you have been able to use "banked" time for support to do simple but important things such as visit your spouse's grave, have a walk in the garden or have company at a hospital appointment.

You had become unhappy at the inflexibility of the council-purchased services, particularly when some of you are making a very substantial contribution to the cost, but were still not in control of the service received. Some of you have friends who are more frail and have more complex care and support needs whom you know would like their nursing and care to be better co-ordinated, with as much as possible delivered by the same people.

You are realistic about the pressures on council finances so recognise that some of the cost savings from the new approach will have to be reallocated elsewhere.

You have not been satisfied with the kind of advice and information available to you when you contact the council, and also have self-funding friends whom you know have had almost no access to advice as they did not approach the council at all and were not made aware of other sources. You would like the advice service to do more than signpost and to employ some staff to work with older people to solve problems and produce solutions; it needs to be an in person service as well as available on the phone and internet.



## DIRECTOR OF ADULT SOCIAL SERVICES

You joined the council as director of adult social services six months ago, and have welcomed this initiative from Domcare Plus as you think you have ground to make up on implementing personalisation in the council. You have established a positive working relationship with your Cabinet Member, so are aware of his need for a strong financial structure to support and changes, and from your experience in your previous authority and examples in your region are confident this can be achieved. Your goal is therefore to come out of the meeting with agreement to continue to develop the new approach jointly with other stakeholders.

You don't know the Downshire Domiciliary Care Association (DDCA) people all that well yet, and have had mixed experience in the past of working with provider organisations, so are cautious but open-minded in your approach. You rely to some extent in this discussion on the longer-standing local knowledge of your Strategic Commissioning Manager.



## STRATEGIC COMMISSIONING MANAGER

In various roles in the council you have led the links with the provider sector for about ten years. There have been ups and downs, but the relationship has generally prospered and you and the main players know and trust each other.

You are very concerned at the moment, though, about how to manage the financial pressures while still facilitating a diverse and good quality supply of services in the market. You know that for an outcome-based approach you need to find a balance between the goal of flexibility to respond to users and their changing needs; the need to maintain predictability in workloads, expenditure and income; and the need to keep audit and payment arrangements simple.

You work regularly with the Cabinet Member so know his position. You are supportive of the direction of change but often need to play "devil's advocate" in these kinds of discussions – labouring the financial and organisational aspects in order to ensure they are addressed, but once that is done expecting to move the situation on.



**Think Local, Act Personal** is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)