Wiltshire Council

Help to Live at Home Service – An Outcome-Based Approach to Social Care

Case Study Report

April 2012

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1   Introduction

This case study report has been completed by Professor John Bolton of the Institute of Public Care at Oxford Brookes University. It is based on a visit to Wiltshire where a series of interviews with stakeholders took place in February 2012.

The report describes the process that Wiltshire Council has used to develop its new 'Help to Live at Home Service' for older people and others who require help to remain at home. The approach in Wiltshire is one that has focused on the outcomes that the older people wish to gain from social care. It has involved a complete overhaul of the social care system from the role of the social worker working alongside the customer to determine the required outcomes to the role of the providers of the service who must deliver these outcomes and receive payment based on that delivery.

It comprises a short summary of work completed and progress made so far in one particular local authority area, and is intended to encourage further discussion about how outcomes-based, personalised support can best work in social care in England in the future.

2   Context

In 2006, the Government published a White Paper[1] in which it made a clear commitment to choice and control for all adults in receipt of social care. This commitment has been repeated by the current Government.[2] The White Paper had at its core a simple message:

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[1] Department of Health (2006), Our Health, Our Care, Our Say: A New Direction for Community Services, HMSO London
[2] For example: Department of Health (2007) Putting People First and Department of Health (2011) Think Local Act Personal, both HMSO London.

- People will be helped in their goal to remain healthy and independent.
- People will have real choices and greater access in both health and social care.
- Far more services will be delivered – safely and effectively – in the community or at home.
- Services will be integrated, built round the needs of individuals and not service providers, promoting greater independence and choice.
- Long-standing inequalities in access and care will be tackled.[3]

The responsibility for delivering this vision of what has become known as **'personalisation'** has mostly rested with local authorities, and a range of initiatives across the country have developed since 2006 to take it forward. At the centre of these initiatives are two important approaches which have had a major impact on practice: '**personal budgets'** and '**recovery-based interventions'**.

These two areas of social care policy and practice have not always sat comfortably together. This is in part because personalisation has been interpreted by some as meaning that a customer must, in practice, have a personal budget which they can use freely to meet their agreed needs – this is sometimes termed a 'rights-based approach'. In contrast, the recovery-based model assumes that, where possible, individuals need to exercise some responsibilities through participation in programmes of evidence-based rehabilitation which will help them to enhance their capacity, increase independence and reduce their need for support. While not inevitably mutually exclusive, proponents of these different approaches have at times found it difficult to design services which will address both successfully.

A new way of supporting personalisation in Wiltshire

This paper describes a new way of supporting personalisation that is being developed by Wiltshire Council. It builds on both the recovery based model of care and at the same time it has personalisation at its heart. However, it is perhaps at the forefront of practice in England at the present time because of its particularly strong emphasis on outcomes for the customer.

3   Outcomes

There has been much discussion about an outcome-based approach to adult social care over the last decade, and it continues with the current Government. In 2011 for example, the Department of Health published 'A New Approach to Quality and Outcomes in Social Care[4] which had at its core the message that the purpose of social care is to:

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[3] Our Health, Our Care, Our Say – Introduction by Secretary of State – DH 2006
[4] Department of Health (2011) A New Approach to Quality and Outcomes in Social Care, HMSO London

- Enhance the quality of life for people with care and support needs.
- Delay and reduce the need for care and support.
- Ensure that people have a positive experience of care and support.
- Safeguard adults whose circumstances make them vulnerable and protecting them from avoidable harm.

However, despite many such messages, in my experience there has not been much evidence of councils transforming their services in a way that the outcome to be achieved as defined by the customer becomes the key measure of success for both those who may need services and those providing services. What is interesting about the Wiltshire approach with their **'Help to Live at Home Service'** is that it is clearly starting with the assumption that a transformation to services defined by an outcomes-based approach is the best way to deliver the Government's vision and the personalisation agenda.

Starting with outcomes

Mark Friedman, a leading thinker in this area, helpfully defines an outcome as 'an impact on quality of life conditions for people or communities'.[5] He goes on to distinguish between 3 types of performance measure:

- How much did we do? (our traditional pre-occupation)
- How well did we do it? (important, but not as important as…)
- Is anyone better off/what difference did we make?

Performance Measures

	Quantity	Quality
Effort	How much did we do?	How well did we do it?
Effect	Is anyone better off? #	%

It is this focus on outcomes as the starting point for services which has driven Wiltshire's work on its Help to Live at Home Service.

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[5]Outcomes Based Accountability: a brief summary - Gillian Pugh
www.idea.gov.uk/idk/aio/8940584

3.1   Initial Thinking

The thinking behind this service started in 2009-10 when a new senior management team had recently established itself in Wiltshire. They had understood much of the debate about developing an outcome-based approach to social care and recognised that this would take a radical overhaul of every aspect of their work.

They began to recognise that if they wanted to be serious about this approach everything had to change – their approach to commissioning, to assessment and care management and their interaction with all key stakeholders (customers and suppliers).

Some key questions to address

The Adult Social Care management team posed a number of questions to better understand how as commissioners they might shape their future services including:

- What do customers want and are the existing services ones we would want to use ourselves?
- What are the features of the local social care economy and how can this is sustained?
- What is the best way to ensure consistent quality in service delivery?
- What is the real nature of personalisation?
- Is re-ablement a service or an approach to promoting independence that should feature in all care and support services?
- What should anyone (citizen) know before purchasing a care service?
- How can the Council be fair to self-funders?
- Is competition in the market necessary to keep down price and increase quality?
- How can customers influence the supply in the market?
- How do we integrate front line community health and social care services?

The work followed a number of paths including:

- A focus on what customers wanted.
- An analysis of what could be expected from the domiciliary care re-ablement service that was beginning to be widely used in Adult Social Care.
- Exploration of what else needs to be in place to enable people to stay at home.
- Analysis of what should be the future role of the Council provider services.

It took place in the context of a council that had already made some tough financial decisions (closing a number of office bases, removing a number of senior posts and reducing back office costs) and this meant that their adult social care programme could focus on the desire to create an efficient and effective service rather than purely to make cuts to balance the books. This financial context was important as it gave Wiltshire time to manage and develop the new service framework.

3.2   Service design

Services built around expressed wishes of service users

Wiltshire decided to create a single entity which it would call the "**Help to Live at Home Project**" that comprises the Help to Live at Home Service, an integrated equipment and telecare service and an out of hours response service.

The service would be built around the expressed wishes of service users and expressed in relation to those outcomes they wanted that also help them move towards greater independence. The service would combine personal care, housing support and re-ablement. This would be the basis of their definition of personalisation:

> "The choice of the activities which must be undertaken, that are agreed by the customer, to enable them to deliver their stated outcomes".

It was also designed that assessment functions would be available for all citizens in Wiltshire irrespective of eligibility criteria or ability to pay for a service. In other words, the assessment service would help self-funders (as the law requires[6]).

Help to Live at Home service contracts would be with a limited number of suppliers of care (with 8 district contracts available for tender) and they would aim to pay contractors on the basis of the outcomes they achieved. In the end the 8 contracts were awarded to 4 different providers. Existing customers could take a direct payment if they wished to stay with their current provider – otherwise they would move to the new providers.

Staff from the existing Wiltshire re-ablement teams and housing support officers would transfer across to the new providers. The new service would not have a separate re-ablement team as this would become intrinsic to the approach of all providers at all times.

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[6] National Health and Community Care Act 1990 – Section 47 - Assessment of needs for community care services.
(1………….where it appears to a local authority that any person for whom they may provide or arrange for the provision of community care services may be in need of any such services, the authority—
(a)shall carry out an assessment of his needs for those services; and
(b) having regard to the results of that assessment, shall then decide whether his needs call for the provision by them of any such services.

New forms of contracts and services

Assessments for outcomes would be carried out by the assessment and care management teams in Wiltshire (these are either based in the community or the acute hospitals). Providers would be responsible with the customers for determining how they would deliver the services to meet the defined outcomes with a strong emphasis on using community resources as part of the way of meeting the person's needs (desired outcomes). A sum of money would be made available to the provider for each customer to help pay for the service that would deliver the outcome.

The plans of the providers and the older people would be "signed off by Wiltshire". Providers would be paid on the agreed outcomes rather than on any stipulated hours. Penalties would be applied where the failure to deliver an agreed outcome was clearly the responsibility of the provider. Providers risk penalties of 80% of the value of Initial Support Plans when they do not deliver the outcomes. The maximum penalty for failure to deliver a stipulated outcome for On-going Support Plans is 15% of the value of the contract for an individual.

In addition to penalties, the Council would offer a subtle premium. Providers who achieve outcomes at below the predicted cost would be allowed to keep the difference between the money they have spent delivering service and the agreed price of the customer's Support Plan. The Council believes that allowing providers to keep excess revenues when they succeed with fewer than planned resources is an incentive to be creative.

The Community-Based Health services would also look to contract with the same providers. The Provider is also responsible for informing Wiltshire if they think that a payable outcome cannot be achieved.

3.3 The Change Process

This section explores the processes involved in moving from a traditional model for procuring domiciliary care and housing related support to the outcome based approach described.

Wiltshire has a long tradition and history of involving service users and carers in the shaping of local services. In 2009, it worked with the Department of Health's Care Services and Efficiency Delivery Team (CSED) to look at the care pathways experienced by older people in the County. They held a number of events, with the NHS Trusts as partners, where they invited professionals and older people to work together in looking to create a better care pathway for people who may require services. They held 6 workshops across the county at which at least 20% of those involved were carers or users of services.

The events focused on the triggers that might lead an older person to need care and support. At these events the following key issues were identified:

- Continence
- Bereavement
- Nutrition and Hydration
- Falls
- Mental Well-Being

Alongside these events Wiltshire undertook an extensive consultation with existing and potential customers and their carers. The focus of the consultation and the services was on older people and those under 65 years who do not have complex needs that require specialist services. People were invited to say what was important for them. The responses are interesting with the top fifteen statements setting the priorities for the service:

- I want help when I am in a crisis
- I want to be free from abuse
- I want you to be honest with me
- I want to stay at home as long as possible
- I want to feel safe
- I want to speak to someone face to face
- I want good quality information that is easy to access
- I want to be able to go to the toilet independently
- I want to see and talk to people.
- I want to know what it will cost me
- I want the a simple way to access information and advice
- I want the right to choose how to live my life
- I want to go outside my home
- I want to keep as active as I can
- I want to speak to someone at the right time for me.

The messages from the consultation confirmed for Wiltshire what was really important for older people in their care services. They began to focus their thinking in a number of directions but critically they saw weaknesses in their own current arrangements:

Building services around what people actually want

- They needed to improve their information and advice to both people who might fund their own care as well as their own "customers".
- They needed to look carefully at how they responded to older people when they were in a crisis (and not to rush to make a long-term decision for someone at the time of the crisis).
- They needed to ensure that their staff were clear about the options that people who came to them for help faced and that there were services in place to address whatever the presenting needs were.

- Most of all they wanted to create a more holistic response which focused on helping older people remain in their own homes or their own communities.

They then modelled the patterns of care that they observed for older people. They noted the ebbs and flows of the health needs of people – not a steady decline as some people think but older people being ill and recovering – at different rates – sometimes having a relapse but often getting well enough not to need a longer-term package of care. Unlike the basic thinking that had emerged with re-ablement that this all happened within the first 6 weeks, the modelling undertaken in Wiltshire showed an improvement in an older person's health could occur at any time up to a year after the incident that led to them needing care. They began to consider that re-ablement was not just a 6 week process but should be the basis on which all services were commissioned and provided.

At the same time, by looking at the local services that were available Wiltshire found that it had a large range of different providers, some big and some small, with whom it would prove really challenging to develop a new model. In early discussions with providers the Council heard that economies of scale were critical to the cost effective way in which domiciliary care can be delivered. With both of these factors in mind Wiltshire became determined to reduce the costs of care for both the Council (as the overall procurer of care) and for their customers who will pay a large part of the costs through focusing their procurement on a reduced number of contracts where a provider can focus on a defined area rather than have their staff travelling the length and breadth of a very large geographical area.

Wiltshire constructed their first draft of their service specification for a new outcome-based service in which there was no limit to the period of recovery/ reablement.

Alongside this process of looking how to procure services was a growing recognition that many of the ways in which older people's care and support needs might be met did not rest in the traditional services that might be provided or commissioned by the Council but would be found with older people in their communities. Wiltshire, like many places in the United Kingdom has enormous community capacity with a combination of regular activities and entertainment on offer most days of the week.

A key feature of the Wiltshire Help to Live at Home Service was a belief that assisting older people within their communities was an important part of the task. This meant that the Providers would have to also recognise that their task was not solely to deliver care but to assist older people to meet their stated outcomes through helping them find solutions to their needs within their communities. The role of social capital in the delivery of social care outcomes is an important part of the Wiltshire vision. It has been important

for Providers to understand this and to ensure that their staff can both recognise the value of social capital in communities and where required can build such capital to meet people's outcomes. A good example of this might be that if a provider comes across an older person who is socially isolated helping them link into their community in an appropriate way might be critical to meeting that person's aspirations and alleviating their loneliness.

Wiltshire also recognised that if they were going to tender for a service, which required a different set of attitudes and aptitudes from their providers then this may well involve bringing in a new set of providers to the county. In the first instance they realised that they needed to engage early with the potential providers of care so that they could in part shape the new service model. At least six meetings took place (from 2010-11) between the Commissioning Team in Wiltshire and potential providers of care before the tendering process began formally. It is interesting to note that of the four Providers who eventually were awarded the new contracts three of them were not-for-profit organisations and the fourth was a relatively new provider in the care market.

A limited range of providers does not necessarily mean limited choice

There were a number of reasons why Wiltshire thought that they might use a limited range of providers. Not only did they think that they would be able to reduce their costs (through economies of scale and reduced travel times) but also they hoped to find a reliable set of partners who were fully engaged in the vision. This almost certainly would mean that new providers would enter the market and that customers of existing providers would need to either transfer across to these providers or to take a Direct Payment if they wished to remain with their previous provider of care. Wiltshire wanted to direct this part of the process carefully and so was determined to manage this transfer of customers in a planned and phased way to allow both existing Providers to assist with the transfer or offer a direct payment. It would also allow for the TUPE transfer of staff where appropriate. This would all happen before moving to the more formal arrangement of the outcomes based contract.

In the end the transfer from existing providers to the new providers did not happen smoothly. In part because more customers than expected decided to remain with their previous providers (and take a Direct Payment) and also some of the new providers without the ready-made work force they were expecting (from the TUPE transfer of staff from the former Providers) took time to recruit to the new salaried posts. The new providers commented that they would have liked more opportunity to plan for this transfer direct themselves with existing customers and staff. Many of the providers of domiciliary care which did not win the contracts awarded by Wiltshire still remain in the county with local offices. They continue to serve customers whom they supported before the changes who now either receive a Direct Payment from the County or are self-funders.

In 2010 Wiltshire started to prepare a draft service specification for the new providers of care. This took the form of a lengthy document which looks to spell out the vision and direction for services in Wiltshire that assist older people to live at home. The introduction spells out the direction of travel and is clear and explicit as to what they are seeking.

Many specifications to cross

> *"Wiltshire Council, in partnership with NHS Wiltshire, is seeking to commission a new Help to Live at Home Service that is focussed on delivering outcomes for individual Customers. This new service will ensure that a person centred approach is undertaken at all times which means that support plans for Customers will be constructed with achievable outcomes that can be delivered in a cost effective manner. Providers who are successful in bidding for business will be able to ensure that services delivered to their Customers are innovative and creative both in terms of direct delivery and the use of community resources"[7]*

The service specification is now in its 22ndversion! The original draft was explored internally (in the Council and NHS) before it was fully shared with potential providers who were also engaged in the process of re-shaping the document. The service users' forum – Wiltshire and Swindon User's Network (WSUN) were also involved at this stage – to both engage in the process and to help draft the document. This process started in August 2010, and it took almost a year of discussions and debates with these stakeholders before a final document was ready to go out for the formal tendering process.

There has been an immense amount of work and significant changes in services involved, and at this point, despite promising signs, it is too early to evaluate the impact of the project, or indeed the effect on outcomes for service users. As with all transformations this needs to be done over a longer time period. To date Wiltshire has not yet quite got to the point where they would say that the system is fully in place. In February 2012 they had reached the point of fully launching the new service, and it is intended that the whole county will be "live" after 16th April 2012.

4   A Personalised Approach?

Wiltshire have been criticised by some as their emerging model does not necessarily appear to link well to the perceived view that personalisation can only be delivered through personal budgets, and that these have to operate within a pluralistic market where customers have a wide choice of provider.

However, Wiltshire has argued that actually in their pluralistic market (that existed before these contracts) older people told them they did not know

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[7] From the Wiltshire Document – Service Specification for Wiltshire Council's Help to Live at Home Document

where to go to for help and they received contradictory advice. Some parts of the county were better served than others and the lay-out of the geography made it more expensive to deliver care in different parts of the county.

They believe that the model they have introduced will keep costs down (letting the contracts alone saved an estimated £2 million with the impact of these savings helping self-funders and councils funded care alike). There is a much clearer relationship between customers, providers and assessment and care management staff. Creative solutions can be found by providers with customers in their local communities and providers have a security and clarity of purpose which enables them to invest in the community and in their staff.

Personal budgets or personal choice?

At the end of the initial support period Wiltshire Council ask their Help to Live at Home providers to prepare a costed, outcome-based support plan for those customers who need on-going help and who will stay at home. They show the customer their support plan, which has a clear breakdown of the weekly cost. Then they say to the customer, "This is your Personal Budget. You may take it from the provider who has helped you these last few weeks; or you can take a Direct Payment." They offer the same for self-funders although, of course, their Personal Budget is zero.

In Wiltshire, the provider will be allocated a sum of money based on the defined outcomes that the older person and their assessment and care management worker have agreed. The provider is responsible with the customer for the delivery of those outcomes. The service can be described as "personalised", in that it offers an individually tailored package according to the outcomes agreed and specified by the customer. Older people within Wiltshire still have the option to receive the money agreed themselves and to manage it as a Direct Payment (where they will pay the Provider themselves). In these early stages the take up of a Direct Payment has been popular with those older people who have been receiving services for some time and they want to remain with their previous provider. It has proved less popular and is not felt to be required by new customers who enter the care world through their assessment of key outcomes. The customers from the Wiltshire and Swindon Users Network were clear that the outcome focus helped to put the older person at the centre of the service they would receive and that this was much more empowering than the responsibilities that go with a Direct Payment or Personal Budget.

Wiltshire has also paid particular importance to self-funders in this new approach. Data about self-funders' use of care-at-home services are poor, but the Council estimates that they purchase about half of the regulated care-at-home services in the County (including older people with Direct Payments). In the new market everyone is offered an initial Support Plan irrespective of their means (but not their eligibility). Self-funders can also receive a costed, outcome-based Support Plan. Wiltshire has overseen the

appointment of specialist long term care funding advisors to assist older people make decisions about their money and their care.

In addition, Wiltshire have just commissioned a new, independent Self-Directed Support Service for those who decide against Help to Live at Home. They said that they must be careful that this SDS service doesn't introduce implicit monopolies by influencing customer choice.

There is often some debate about where responsibility for assessment and care management functions should end and where the responsibility for service delivery should start. In Wiltshire this is made clear – following a simple assessment which defines the outcomes to be achieved the responsibility for managing the care to be provided rests with the provider in a positive relationship with their customers.

Initially, staff reported that there was both scepticism and opposition to this proposal. Social care staff in Wiltshire believed that this was not the role of providers and that there were risks that they might overstate people's needs in order to get more business. However, the staff quickly warmed to the approach when they began to realise that it was their responsibility to define the outcomes with the customer and it was on that basis that providers would be paid. The providers had an important responsibility to deliver outcomes and they would be evaluated on that basis. The more staff saw the process begin to operate it the more they began to see that they were creating a much stronger user voice in the determination of services and at the same time because the process was quicker they were beginning to address their previous problems of managing "waiting lists".

Finally, there has been a significant process of change for Assessment and Care Management Staff. They had had to shift their mind set from a process whereby they assessed someone's needs and the allocated an amount of time to meet that person's needs to an assessment which was much more user-focussed looking at what a person wanted to do – exploring their aspirations and expectations and looking to raise the bar in what they might expect.

Helping older people to express their needs in the form of outcomes to which they aspire has proved a challenging process but it has quickly won over the front line staff who really feel that they are working with older people to make a difference in their lives rather than just delivering care to sustain a situation that they expect will get worse. Wiltshire has tried to resist creating too much guidance to help social workers define the outcomes to which an older person might aspire – current guidance is included at the appendix.

5   The Stakeholders

One of the features of the development of commissioned services in Wiltshire is the coherent and strategic way in which the Adult Social Care Team has built the care and support system. Very strong links have been created between various key players in the social care market. The contract for equipment is provided by a single organisation that provide the telecare with other aids and minor adaptations. The response service for the community alarms and telecare is provided by the local (GP-run) 24-hour response service. This provider will work closely with the Help to Live at Home Service Providers to ensure that older people are getting the right equipment to meet their needs (outcomes). The new providers in the community have already employed OTs to assist them with this task.

Early days but positive indications

All of the providers recognise that though contracts have been awarded and staff have been transferred across to them from the local authority and some customers (those who chose not to use Direct Payments to keep them with their existing carers) have transferred, it was only in February 2012 that the first District started to operate within the new approach. The four new providers were all clear that what Wiltshire had procured was experimental (they used the word "aspirational") but they all believed that outcomes must be the future way to contract for services. This is despite the fact that the procurement process had ended up with contracts where on current volumes of business Wiltshire would save £2 million from the cost of the new service.

A very positive feature for the providers was that Wiltshire required that the providers placed staff on salaries. The current common practice in the domiciliary care business is for staff to be contracted for "zero hours". This means that they are not paid until they start a particular job. Some critics suggest that this is one of the reasons why there is a relatively high turnover in staff in domiciliary care. In Wiltshire, staff working for the new providers will be salaried – guaranteed an income whatever hours are worked. This suits the providers who can invest in training their staff and help them get used to this new way of working as well as Wiltshire who ought to be assured some level of consistency in supply of staff for the customers whom they refer to the service.

A further aspect of the new service that delighted providers was the way in which data is being shared with the new contractors having access to the appropriate parts of the adult social care database. This enables both managers in Wiltshire and the providers to see the progress being made to reach the customers' outcomes. This will save Wiltshire resources with more efficient way of processing data and invoices taking place between the two parties.

The introduction of these new arrangements is being developed as a partnership between Wiltshire, the NHS and the service providers. A daily log is kept of issues that arise that are not covered in the agreements or where one party or another steps outside the agreements. This has enabled speedy action to be taken to adjust the evolution of the services without protracted discussions or negotiations. A similar arrangement is in place for the assessment and care management staff where because all their paper work and processes changed as a result of the new arrangements it is important that they can keep a daily log of anything in the new system that is not working in order to ensure that issues are immediately addressed. Both the providers and front line staff reported excellent responses to issues that had been raised.

Solid political support for change

A strong feature of the change management process in Wiltshire is the political ownership for the change. There are a number of risks associated with introducing such a radical approach but I found the Deputy Leader and the Adult Social Care Portfolio-Holder unflinching in their support for the aspirations which are to be achieved. In the same way I was also impressed by the way in which the service users (and carers) whom I met were in full support for this alternative model for delivering care at home. This was in part achieved through their full participation throughout the process from the very initial "events" that launched the project right through the drafting of the specification and the letting of the contracts in which they were full participants. They continue to play an important role both giving ideas as the programme roles into action and their willingness to discuss the changes with older people. They were certainly the champions of the outcome based approach.

The one disappointing feature of my visit was the lack of visible health service engagement in the process at this stage. Though the PCT had been part of the original workshop and had contributed to the service specification with the strong expectation that the providers who won the contract would be able to deliver the care elements of any community based continuing care funded packages which would also be outcome focussed. The changes in the health system had meant that their engagement was at a lower level than might have been expected though officials in Wiltshire were confident that the new GP Commissioning Consortia would pick up the mantle when they become established.

6   Conclusion

This is an ambitious approach by Wiltshire to create an outcome focused delivery of community-based support services for older people. They should be rightly proud of the progress they have had made to get to this point. It has taken almost 3 years – and they are still travelling the journey but they have not wavered. They have listened and engaged with key stakeholders (providers, older people, staff, health, local politicians) at all stages – and they have been prepared to change the details in response to

comments which they have received which has created a strong spirit of partnership which will much more likely get the system to work as they face their next challenges.

The future of social care must be to deliver on the outcomes to which older people aspire – with a strong focus on staying at home or within their communities. This will be best achieved through a transformation of the whole social care system.

It requires commissioners, assessment and care management, providers and carers to all change their current practices. Wiltshire has clearly started this journey.

It will be important to continue to review progress over the next period to understand and share the issues and successes that Wiltshire experiences, and particularly to assess that the providers can deliver the care required to deliver the outcomes to which older people aspire within the resources available. It will be important to see if the model does deliver more evidence that older people can be re-abled over a longer period which may take some people out of the care system in a very positive way. Whatever the outcomes that are achieved any commentator on social care should be really positive about Wiltshire's ambition. They are truly developing a personalised set of services, they are offering a holistic solution with older people and they are doing this in a true partnership with their Providers.

7   Key Messages

1. If a Council desires to move to an outcomes based contracting arrangement it will need to transform its care management system as well as its contracting.
2. The focus should be on re-ablement as a way of approaching the delivery of outcomes – not limited to a 6 week service.
3. Buying social care services as activities—hours or weeks of service— ties providers' revenues to customers' needs. It is an incentive to create dependency. Buying outcomes can reverse this incentive.
4. Expressing outcomes is hard – but it must relate to the wishes and aspirations of older people. For some older people they will need to have their aspirations raised to give them hope.
5. Don't make a long term decision for an older person when they are in a crisis. Help to work through the crisis before determining the longer-term outcomes.
6. Transforming a service takes time – it is critical to engage with all key stakeholders to get this right – rather than rushing to a set of solutions that may not work.
7. Providers of care are key partners – failure to respect their role – is more likely to lead to a failure in service delivery. Dialogue with

Providers at all stages of the contracting process is critical in getting the final shape of the service right.

8. Personalisation is about putting the service user's outcomes at the centre of the support plan – it is not about new bureaucratic processes for allocating resources.

9. The Leadership of the Department is critical to achieving a sustained change process. Some councils have started on the road to outcome based delivery; most have not achieved the level of sustained progress that has been accomplished in Wiltshire.

Professor John Bolton
Institute of Public Care
April 2012

Appendix: Guidance note for Assessment and Care Management Staff

What are payable outcomes?

Payable outcomes express the goals of a person centred assessment – they must be the product of a person-centred planning process and they are the customer's outcomes.

During an assessment Council staff will discuss with the customer:

- What is working
- What is not working

During this conversation, the council will capture, in the customers own words, what outcomes they would like their support to help them achieve.

If the customer has critical or substantial needs, the Council will, subject to a financial assessment, fund a Support Plan to help them achieve outcomes around these. The Provider is required to develop a Support Plan to achieve the customers' outcomes.

Outcomes used will aim at two kinds of benefits for our customers:

- Those that prevent a customer's condition from deteriorating. These are "maintenance outcomes".
- Those that improve a customer's condition by rehabilitation and enablement. These are "change outcomes".

The Council uses a prescribed set of payable outcome statements to translate individual customer outcomes. This enables the Council to record and monitor the performance of Providers.

Support Plans describe different support customers may need to achieve an outcome. Possible outcomes are:

- Observable because the Commissioner and the Provider must be able to agree from evidence that a planned outcome has been achieved, observed and agreed upon.
- Directly attributable to the service which the Provider delivered or commissioned
- Described in standard ways.

The difference from traditional services will be that the council will pay the Provider to help customers achieve outcomes that are defined in Support

Plans and not to deliver a prescribed number of units of service – typically hours of domiciliary care – as we do now.

The Council expects to pay for every outcome in a Support Plan. The Customer, the Commissioners or the Provider do not benefit when an outcome that should have been achieved is not achieved. The Council will not pay a Provider if an outcome is not achieved and they are at fault for the failure. Failure to meet any outcome will mean a Provider will not get paid for the whole Support Plan if it is their fault. There is an exception process to help providers tell the Council if there is a possibility of an outcome not going to be met. Support Plans will also include outcomes that require more that the Providers' support to be achieved. These are still important to the customer but are referred to as non-payable outcomes.

Draft Payable Outcomes

Staff will identify based on what the customer has told them which statements are relevant to them.

I can manage my personal care	I can wash
	I can dress/undress
	I can manage my hair
	I can use toilet/commode
	I can clean myself after using toilet
	I can manage my foot care
	I can shave
	I can manage my dental care
	I can manage my continence
	I can manage my medication
	I can attend healthcare related appointments
	I can get in/out of bed
	I can get in/out of bath/shower
	I can transfer in/out chair
	I can manage my skin care
	I can use stairs
I can keep myself safe all of the time	I can keep myself safe indoors/outdoors

	I can use aids / adaptations to keep myself safe indoors
	I can go for short walks
	I can access the local community
	I can use aids/ adaptations to keep myself safe outdoors (telecare etc.)
	I can summon help in an emergency
I can eat, drink and prepare my meals	I can prepare a cold/hot drink
	I can prepare a light snack
	I can prepare a meal
	I can eat and drink
I can make decisions and organize my life	I can communicate with people independently
	I can communicate with people with the use of aids and equipment
I can participate in my local community	I can use public transport or have access to transport
	I can access local amenities (shops, faith groups, pub, etc.)
	I can visit/receive visits from family and friends when I want
I can maintain my home	I can do light household tasks
	I can shop for essentials
	I can manage my own finances
	I can access banking facilities
	I can pay household bills
I can manage my actions	I can manage my behaviour/actions

Performance Measures proposed for new arrangements

Performance measures categorised according to the outcomes framework template look as follows:

How much did we do?	How well did we do it?
■ £ difference between support plan values and payments ■ £ total value of support plans that were terminated for reasons that could have been avoided	■ % of support plans which end early because the customer's circumstances changed unavoidably ■ % of support plans that end early because the customer's circumstances changed for reasons that could be avoided ■ % of customers supported by the Providers who have not been referred by Wiltshire ■ Average weekly cost of a completed help to live at home support plan that meets customers' needs ■ % of support plans which cost more than the council estimated ■ % of support plans which cost less than the council estimated
Is anyone better off? ■ % of customers who do not need care and support services after a period of initial support from Help to Live at Home Service ■ % of customers needing less support following initial support ■ % of customers needing the same or more support following initial support ■ Average difference between planned achievement and actual outcome	