



**BETTER
COMMISSIONING
FOR OLDER PEOPLE'S
SERVICES**

**A SUMMARY
REPORT**



CONTENTS

Introduction	3
Structure of the event	4
Out of hospital care	5
Maintaining independent living	8
Tackling loneliness	9
Shaping the provider market	11
Developing an outcome based commissioning approach	13
The data challenge	14

INTRODUCTION

The Government Outcomes (GO) Lab was established in 2016 as a new centre of academic excellence for innovative government commissioning, and is a joint partnership between the University of Oxford's Blavatnik School of Government and HM Government. The core mission of the GO Lab is to support innovative public sector commissioning to achieve better social outcomes through world class academic research and practitioner engagement.

The GO Lab harnesses expertise from across the University of Oxford and other partners in the public, private and voluntary sectors to enhance the understanding and existing research on outcome based commissioning. It also builds on the evidence base to evaluate the effectiveness of this model versus alternatives and to support local authorities that are developing and implementing an outcome based approach.

The Better Commissioning for Older People's Services symposium was held on 17 May 2017 at the Blavatnik School of Government in Oxford, and was the second event in a series launched last year, looking at the practices of commissioning for outcomes in specific policy areas.

This event was focused on older people's services, providing a forum for experienced practitioners and thought leaders from across local government, the NHS, academia, the voluntary sector and central government, to explore the opportunities but also challenges and learning points around emerging innovative commissioning approaches in this policy area. The timing of the symposium was intended to support those local commissioners responsible for health and social care for older people who might be considering applying to the Life Chances Fund, a government fund that seeks to support the development of outcome based commissioning in core policy areas such as older people, healthy lives, children's services and early years.

This report captures the main discussion points and the actions proposed by the GO Lab in response to the issues and proposals coming out of the day. As a general principle, the report avoids attributing points of view to any individual or organisation, unless part of a formal presentation.

STRUCTURE OF THE EVENT

The event was organised into a morning session which featured a series of presentations and discussions around specific opportunities for outcome based commissioning, followed by four thematic workshop sessions in the afternoon.

Presentations

- *Why Move to Outcome Based Commissioning for Out of Hospital Care*, Professor John Bolton, Visiting Professor, Oxford Brookes University – Institute of Public Care
- *Maintaining Independent Living*, Sue Adams, Chief Executive, Care and Repair England
- *Commissioning for Better Outcomes*, Christine Lewington, Head of Strategic Commissioning, Warwick County Council
- *Combatting Loneliness amongst Older People*, Jill Mortimer, Policy Manager, Age UK
- *Shared Lives Plus: Service Innovations to Tackle Loneliness and Isolation*, Alex Fox, Chief Executive, Shared Lives Plus

Workshop sessions

- *Assessing the Feasibility of an Outcomes Focused Approach to Commissioning*, Jo Blundell, Interim Deputy Director, Go Lab, Blavatnik School of Government
- *Developing an Outcomes Framework*, Daria Kuznetsova, Strategy and Market Development Director, Big Society Capital
- *Developing an Outcome Based Approach to Tackling Loneliness and Providing End of Life Care*, Kendall Jamieson Gilmore, Health Advisor & Rosanna Hardwick, Associate, Social Finance UK
- *Making an Application to the Life Chances Fund*, Phillip Messere, Funding Manager (Investment), Big Lottery Fund

Presentation slides

Copies of the presentation slides, along with a series of brief video interviews with the speakers, can be accessed through the GO Lab website: golab.bsg.ox.ac.uk

OUT OF HOSPITAL CARE

Hospital discharge is one of the biggest challenges facing the health and social care system. According to NHS England data, a growing number of delayed discharges are caused by lack of capacity in the social care system, with the number of delays due to patients awaiting residential home placement or availability increasing by 68% from 2015/16. The main reason for social care delays is patients awaiting a care package in their own home, and the proportion of delays attributable to this reason has seen a steep increase over the past two years.¹

Prof Bolton argued that this problem is exacerbated by a practice of over-prescription of post-discharge services that creates, rather than avoids, long-term dependency. Moreover, the practice of assessing people at a point of crisis, and that defining long-term assessment of need, increases the perceived acuity of need. This is coupled with wide variations nationally in social care outcomes for citizens. For example, in the United Kingdom there is a twelve-fold variation as to the place of residence and the likelihood of being placed in a residential care home for adults with a learning disability. Prof Bolton argued that in taking an asset-based approach, where the care provider is a coach and enabler to maximise life prospects, services can be designed so they increase independence, and pointed to a recent Ipsos MORI study which suggests that unmet needs at lower levels do not lead to poor wellbeing.²

The wide variability of outcomes across authorities indicates the potential for better commissioning practice in this area and Prof Bolton cited examples of good work emerging in Wales, Scotland, Nottinghamshire, Leicestershire, Wiltshire, amongst others. In general terms, there is little guidance on what constitutes good out of hospital care and there is little consensus on what the key purpose is of services like domiciliary care or recognition that it is not a single form of service, but a spectrum of support linked to successful outcomes for the individual.



Prof Bolton

“The practice of assessing people at a point of crisis, and that defining long-term assessment of need, increases the perceived acuity of need.”

1 Fletcher, Adrian (2017) *Delayed transfers of care statistics for England*, NHS England, available at:

www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/2016-17-Delayed-Transfers-of-Care-Annual-Report.pdf

2 Dunatchik, Allison, Icardi, Rossella, Robers, Caureen & Blake, Margaret (2016) *Predicting unmet social care needs and links with well-being: Findings from the secondary analysis*, NIHR School for Social Care Research, NatCen & Ipsos MORI, available at:

www.ipsos.com/sites/default/files/2017-04/SRI_Health_NIHR-unmet-need_12-12-2016.pdf.pdf

In Coventry providers of domiciliary care who support hospital discharges are required to maximise an older person's independence as part of the contract. The measure used is that 66% of those people receiving help require no further help after 6 weeks. Variations of the approach are also being implemented in Glasgow, Scottish Borders, Nottinghamshire, Carmarthenshire, Pembrokeshire, Bridgend, Monmouth, and Newport.

In Darlington, providers of residential care were incentivised to challenge their residents to move back into independence with some significant success. Services should not presume, or be incentivised in such a way that it reduces the likelihood of individuals returning to independent living. Outcomes need to be defined for all providers so they support the flow of people through the system.

In Wiltshire, the local council has developed the Help to Live at Home service, which is being delivered by four care providers, each working in a different part of the county. As Prof Bolton explained, Wiltshire's model starts with an assessment of the older person's needs, focusing on outcomes that might help them to become more independent. The provider and the older person then agree a service that enables those outcomes to be delivered. The cost of the care package is agreed between the council and the provider, and providers who help older people to regain their independence accrue rewards.³ This means that outcomes and respective costs are highly individualised and this can also lead to higher transaction costs between the council and the providers, but with the benefit of outcomes being of value to service users.

Where there have been successful moves towards engaging providers in measuring outcomes, it has highlighted the limitations of the systems that support the management of services. Providers have invested in systems that manage transactional and logistical challenges historically and moving towards measuring outcomes would have a clear consequence for the development of supporting infrastructure.

Further information about the emerging practice in outcome based commissioning of domiciliary care is available in Prof Bolton's discussion paper on 'Emerging practice in outcome-based commissioning for social care' – ipc.brookes.ac.uk/publications/John_Bolton_Outcome_Based_Commissioning_Paper_April_2015.pdf

3 Bolton, John (2012) *Wiltshire Council: Help to Live at Home service – An outcome-based approach to social care*, Institute of Public Care, Oxford Brookes University, available at: ipc.brookes.ac.uk/publications/Wiltshire_Council_Help_to_Live_at_Home_IPC_Report_April_2012.pdf

Comments in the debate

It was recognised that providers need to be brought on the journey towards an outcome based approach and commissioners need to reflect the pace of change in the way they introduce outcome based approaches. It was noted that many providers would be very willing to move towards an outcomes approach and that did not necessarily mean that they would look for financial incentives to make that happen.

Reflecting on the different emerging models for commissioning domiciliary care by outcomes, commissioners suggested that it would be very helpful to have access to a comprehensive set of case studies that illustrate the most effective and innovative approaches emerging in this area.

As different models for commissioning for outcomes in adult social care are emerging, it is important to invest in the creation of a community of practice and to support the development of space for open discussion of what works and what doesn't, and allow practitioners to learn from failure as well as success.

In discussion with the participants it was noted that while an outcome focused approach to services such as domiciliary care can help improve the health and care outcomes for older people and avoid unnecessary residential care admissions, there remain a number of system wide challenges, such as the national shortage of therapists, that can put pressure on the successful delivery of these services.

Another challenge to commissioning for outcomes in this area is around the alignment of incentives across different public sector organisations responsible for the commissioning of health and social care services. There needs to be careful consideration of who pays for these services and where the savings are accrued, however on balance commissioners in the room felt that by adopting an outcome focused approach there are significant savings to be achieved both by local authorities and the NHS. In particular, one way to ensure incentives are aligned in this complex landscape is to promote more joint working among commissioning organisations and potentially to explore alternative contracting structures like alliance contracting.

GO Lab response

GO Lab will develop a set of detailed case studies, collating examples from across the UK and internationally of models for implementing outcome based contracts. These will cover a variety of approaches and service areas, and will be accessible through the GO Lab website.

GO Lab response

The GO Lab will seek to build networks of peer experts that can support each other and tackle problems together.

MAINTAINING INDEPENDENT LIVING

Sue Adams from the national charity [Care and Repair](#), argued that there is a growing consensus around the importance of making home adaptations a more central part of the system of support around older people. With the current fragmentation of services between the private and public sectors and also within the public sector, there is a lack of ownership for provision and a lack of investment in the quality of research in the UK needed to create a robust evidence base around the impact of adaptations.

An evidence review of the impact that home adaptations can have on older people's lives has been commissioned by the Centre for Ageing Better and is due to be completed by July 2017. Sue referenced a three-year study carried out in New Zealand which has revealed that standardised minor adaptations led over 4 years to a 26% reduction in injuries from falls.⁴

Demographic data points to this being an important focus for future services and one where there will be opportunity for delivering better outcomes.

There is well-researched and documented evidence that the great majority of older people want to continue to live in their own homes for as long as possible and this is a very important priority for ageing well.

Sue pointed to the opportunities for defining outcomes around long-term independent living and for using social investment in adaptations as a means of testing the value. The cost of falls and increased care costs to support people with limited mobility issues is an opportunity to deliver savings. However, some key issues remain, particularly around the ability to quantify gains to the various health and social care commissioners in the NHS, Public Health, local authorities and so on, and the ability to ascertain unequivocal attribution (when multi-factorial, personalised interventions are provided).



Sue Adams

96% of older people live in mainstream not specialist housing

95% of homes lack any basic accessibility equipment or design

There are 9.5m older households, the majority of which are owner-occupied

⁴ Adams, Sue (2015) *Cost benefits of adapting homes to reduce fall by older people: applying the findings of international studies to the UK*, Care and Repair England, available at: careandrepair-england.org.uk/wp-content/uploads/2014/12/The-cost-benefits-of-home-adaptations-in-reducing-falls-July-15.pdf

TACKLING LONELINESS

Loneliness and social isolation have a tremendous impact on the health and wellbeing of older people, and thus contribute to the rising pressure on health and care services. There is growing public awareness of these issues, and recent public campaigns and initiatives seeking to combat loneliness have had great public response and led to mobilisation across communities in the UK.

Age UK runs a number of programmes that seek to address loneliness. Some of the most promising approaches include eyes on the ground – an outreach programme designed to identify older people who are lonely or at risk of becoming lonely, Call in Time – a national befriending call service, and using the Loneliness Heat Map to aid targeting and identification of older people who are lonely.⁵ Jill Mortimer, Head of Policy at Age UK noted that there is a growing evidence base around the effectiveness of these activities in community. However, a too narrow focus on the ‘chronically lonely’ can compromise effectiveness, and when looking at interventions in this area, there needs to be other health and wellbeing outcomes that are being considered alongside a reduction in loneliness.

One innovative, evidence-based solution to tackling loneliness and isolation is Shared Lives Plus. Shared Lives Plus is the UK network for family-based and small-scale ways of supporting adults. It includes Shared Lives schemes and Homeshare programmes. Under the Shared Lives schemes, participants share home and family life, either living together or through the adult visiting their Shared Lives carer regularly. Shared Lives Plus are working with Shared Lives schemes to develop more services aimed at people in later life, including those living with dementia and other life-limiting conditions. Shared Lives is increasingly offering services, especially day support and short breaks, to older people who need some extra help to enable them to remain living independently in their homes and communities.

Some schemes are developing specialist dementia services, with Shared Lives carers being trained to support the person living with dementia and their family and carers, which will allow them to live



Jill Mortimer

“We need an incremental but ambitious model around scaling up preventative services around loneliness and social inclusion.”

*Alex Fox, Chief Executive,
Shared Lives Plus*

5 Age UK (2016) *Testing promising approaches to reducing loneliness: results and learnings of Age UK’s loneliness Pilot*, Age UK, available at: www.ageuk.org.uk/professional-resources-home/services-and-practice/reducing-loneliness

better lives for as long as possible in their family home. Shared Lives Plus is also looking at how Shared Lives can offer care to older people leaving hospital and needing a temporary place to stay while they recover before resuming their normal lives in their own homes.

Other asset-based approaches to delivering social care include:

- Homeshare
- Local Area Coordination
- Circles of Support
- Community Catalysts
- Community wellbeing teams

Alex Fox, Chief Executive of Shared Lives Plus, argued that these approaches could be seen as the basis of a new public service system for health and social care, that values wellbeing, not just clinical outcomes, independence, but also informal support networks, and resilience, not just prevention.



Alex Fox

“The way you change is by showing something that works (delivery on the ground that demonstrates impact) and then scale up.”

Alex Fox

SHAPING THE PROVIDER MARKET

Taking providers on the journey to a more outcome focused approach is fundamental to achieving the cultural change that is required to make this model a success, and many of the participants to the symposium agreed that fostering a genuine outcomes culture is one of the most challenging aspects of this approach.

Whole system change is required to enable a successful implementation of outcome based contracts.

“Commissioners don’t like to lose control.”

*Christine Lewington, Head of Strategic Commissioning,
Warwick County Council*



Christine Lewington

“Part of the system is the provider market and they are part of the solution.”

Christine Lewington

Trust in providers is essential if an outcome based contract is to be successful, but with the right financial incentives in place, an outcome based commissioning approach can drive better performance and lead to the achievement of better outcomes. It was noted that the regulatory framework around social care provision can to some extent limit the ability of providers to innovate, but some commissioners felt that this is slowly starting to change and move towards a more light-touch approach.

In Warwickshire, the local authority found that moving towards an outcome based model has empowered providers to work with customers in an enabling way, and has allowed the commissioning authority to reward providers for achieving the agreed outcomes, particularly around some very high need, vulnerable populations.

According to Prof Bolton the single biggest challenge for local authorities is securing stability in the care market prior to moving to an outcome based approach. Some participants felt that one obstacle in adopting the approach is that in some areas most providers are content with the status quo or prefer to operate solely in the private care market. Moreover, there is a plethora of

providers and stakeholders in the adult social care landscape, which can make it difficult to establish attribution when assessing the impact of the different care services that an older person might receive.

One way to overcome some of the challenges in the provider market is to engage the market very early on, to have ongoing formal and informal dialogue with providers and to seek to foster collaboration in the sector. Moreover, the symposium participants felt that commissioners should not rely solely on the power of market competition as a means of identifying the most effective solutions. Rather they ought to encourage collaborative approaches and take providers on the journey to move towards an outcome framework.

Thinking about the need to foster collaborative working, commissioners emphasised that bringing together specialist and non-specialist stakeholders, including the patients, their family and the wider community is key to the success of the approach. In the words of one commissioner, ‘we need to ensure the voice of the users is heard’. Co-production and co-design of social care services is increasingly important in ensuring service users achieved their desired outcomes, and commissioning organisations need to make it easier for both providers and users to engage in co-production. Provision of social care needs to be rooted in the local circumstances and needs, and commissioning should seek to intentionally build a thriving local market for social care services.

DEVELOPING AN OUTCOME BASED COMMISSIONING APPROACH

Discussing the journey to develop an outcome based approach to commissioning health and social care service, Christine Lewington, Head of Strategic Commissioning at Warwickshire County Council, noted that there are different interpretations across the system, sometimes even within the same organisation, as to what outcome based commissioning is.

Implementing outcome based models within the care system of local authorities is a complex journey and it can take a long time. What makes this approach particularly appealing to commissioners is the opportunity to use it as a catalyst for change and for adopting more innovative solutions. This approach to commissioning enables commissioners to create the circumstances where provider organisations find innovative solutions to deliver improved outcomes for service users at a lower cost. Outcome focused services aim to achieve the aspirations, goals and priorities as defined by people who use services and their carers themselves. In particular, Social Impact Bonds were highlighted as one potential tool for testing bold approaches and assumptions, whilst transferring the risk of failure away from the commissioners and provider on to a socially-minded private investor.

“Outcome based commissioning provides an opportunity to focus on what matters for customers and carers – it really is personalised.”

Christine Lewington

One key element for ensuring success is the internal capacity and the openness for change among staff.

GO Lab response

The Life Chances Fund helps commissioners access top up funding to pay for outcomes achieved through a Social Impact Bond approach. Further information about the Life Chances Fund is available at: www.gov.uk/government/publications/life-chances-fund

GO Lab response

GO Lab will continue to work with commissioners and/or teams in commissioning organisations to help build internal capacity.

THE DATA CHALLENGE

Data collection and analysis was thought by many of the delegates to be one of the main barriers to expanding the practice of outcome based commissioning. Outcome data is not always gathered consistently across organisations, and practice is often not driven by evidence.

While good analytical work is being undertaken in local councils, it is not always effectively harnessed so that it supports outcome based decision-making. Robust data collection is necessary in order to analyse and evaluate the impact of interventions, but staff can feel overwhelmed by the heavy requirements around data in outcome based commissioning. To overcome this, it is important to design effective measurement systems that are not too burdensome and help reliably and unequivocally assess impact. Some commissioners highlighted that it can be very challenging to measure meaningful outcomes in a robust way, and there needs to be a balance between agreeing highly personalised outcomes that are most relevant to the service user and the need to articulate metrics or indicators that can be used for performance management purposes.

GO Lab response

GO Lab can provide advice on developing outcome frameworks and evaluation strategies for measuring and quantifying impact.



To get in touch with us please email golab@bsg.ox.ac.uk and follow us on twitter for news and updates [@ukgolab](https://twitter.com/ukgolab)