



# Commissioning for Better Outcomes

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# What is Outcome Based Commissioning?

**Outcome based commissioning (OBC)** is an approach to **commissioning** health and social care services. It rewards both value for money and delivery of better **outcomes** that are important to people. '**Outcomes**' refer to the impact or end result of services on a person's life



It 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.

# Types of Outcomes

## Outcomes involving Change

- Changes in symptoms and behaviour
- Improvements in physical functioning
- Improvement in mental well being
- Improving morale

## Outcomes involving Prevention

- Meeting basic physical needs
- Ensuring personal safety and security
- Living in a clean and tidy environment
- Keeping alert and active
- Access to social contact and company
- Having control of everyday life

## Service Outcomes

- Feeling valued and being treated with respect
- Being treated as an individual
- Having a 'say' and control over service
- Value for money
- A 'good fit' with informal sources of support
- Compatibility with, and respect for, cultural and religious preferences

# Informing the Vision

## Comments from the Outcome Based Commissioning Workshop

### Current problems

- Users real needs unmet
- Front-line staff conflicted
- Time-based focus
- Providers with marginal profits
- Unaligned stop-start process
- Under-utilized assets
- Win-lose mind sets
- Overly risk averse

### Obstacles

- Entrenched culture & systems
- Invest to save requirement
- Existing technology
- Limited provider capability
- Low level of appropriate skills
- Outcome measurement
- The devil is in the details

### Facilitators

- Burning platform for change
- All players desire it
- Creativity and innovation
- Available new technology
- Growing OBC experience
- Reablement capability
- Some existing best practice

### Vision

- Customers real needs are met
- Alignment around independence
- High trust provider relationship
- Empowerment through the system
- Positive risk-taking
- Systems supporting the vision
- Pay for outcomes
- Transformative, not a step-change
- Optimal use of assets



# Opportunities

Focus on what matters for customers and carers – really is personalised.

Real choice and control

Improved quality/satisfaction and outcomes.

Rooted in Co-production

Fast track the use of technology

Empowers providers to innovate

Increased job satisfaction for staff; care workers

Maximises the use of Direct Payments

Payment by Results – opportunity to reward providers for the best use of public resource

# Challenges

Releasing control

Moving from time and task

Whole systems change required – outcome based assessment and support planning/outcome based commissioning

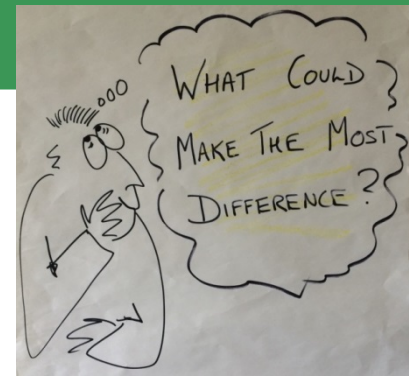
Systems and Processes

Quantifying and measuring success

Limited number of capable Providers

Safeguarding

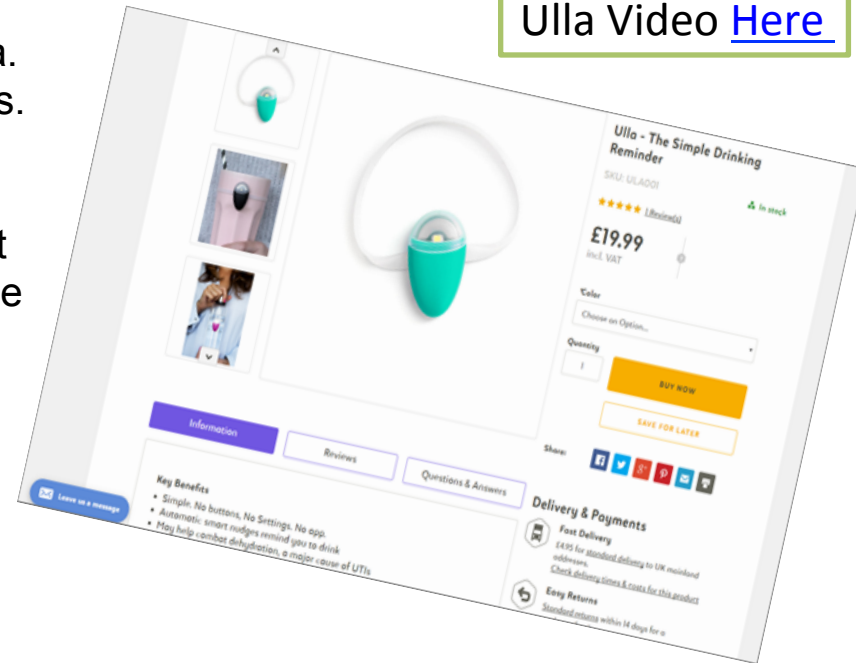
Interface across health and social care e.g. needs and outcomes.



# Case Study: Dementia

A man, living with and caring for his wife with dementia. They lived in their own home and were in their late 70's. His wife had been living with dementia for 4 years. His daughters were worried that dad was finding it increasingly difficult to care for his wife. His wife wasn't eating or drinking enough, and had at times come close to falling - which he felt was possibly attributable to dehydration. This was causing him a great deal of anxiety, and was causing him at times to be frustrated with his wife and their situation. He said he felt tired, and had run out of steam as to what he could do to support his wife, especially drinking.

Ulla Video [Here](#)



Dementia Navigator recommended a product which helps to encourage regular drinking, showing them an example. The couple were keen to try the product, and the man immediately appeared more energised, and felt that this, and the ideas around eating were enough for him to continue to provide support for his wife, without the requirement for additional help. **He continues to care for his wife at home.**

# SIBs and Life Chances Fund

*What opportunities can they bring?*

Currently providers are paid to deliver a set of services (Time and Task) rather than deliver a result (an outcome)

The SIBs financial model requires; intervention costs/outcome values/timescale to realise investment – but does the system have sufficient robust data to capture/collate and analyse the impact to enable payment by results.

Are there areas for further testing in terms of payment by results e.g. internal reablement/OT

**Life Chances Fund could provide opportunity to test some of these...**



# Outcome Based Commissioning

- Empowers providers to work with customers in an enabling way;
- Is rooted in the customers individual needs and gives the opportunity to receive care and support that is flexible and responsive.
- Gives care staff increased job satisfaction, as they can see the benefits that a changed approach;
- Reduces unnecessary processes and protocols;
- Is absolutely the right thing to do with public money!

