HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	Outcome Based Commissioning		
Ward	All	Item No	4
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Class		Date: 9 July 2013	

1. Purpose of the Report

1.1 This report aims to provide the Healthier Communities Select Committee with an update on the progress of moving from commissioning and contracting with providers of Adult Social Care Services on a 'time and task' basis towards a personalised outcome-based approach. This approach puts the service user at the heart of the process, ensuring that services are efficient and effective, and that the outcomes delivered are ones that really matter to the user and make a difference to their lives.

2. Recommendation

2.1 The Healthier Communities Select Committee is asked to note the content of this report.

3. Policy Context and Background

3.1 Lewisham Council leads on behalf of itself and the Lewisham Clinical Commissioning Group on the commissioning and quality assurance of both personal health and personal social care services (day care, nursing and residential care homes, domiciliary care, specialist health care, long term conditions and end of life services). This function is carried out by the Joint Commissioning Team, part of the Community Services Directorate, under a Section 75 arrangement signed in 2010.

3.2 Commissioned services are witnessing a significant shift in emphasis away from block purchased contracts with a small number of providers - where contracts specify people by client group and average cost - to small individualised support plans with a large number of service users with any number of providers. The approach serves to shift the emphasis from what the service provider will offer, to what outcomes the provider will achieve for an individual. This change in emphasis is usually referred to as Personalisation or Self Directed Support (SDS). This policy driver is enshrined in national legislation and policy including Your Health, Your Care, Your Say (2006); Putting People First (2007); Think Local, Act Personal (2011); and in Integrated Care, Our Shared Commitment (2013).

3.3 This legislation is designed to improve choice and control by service users and their families by meeting need that better fits how they want to lead their lives, rather than being squeezed into existing services. The expectation of successive governments since the 1990s is that individual service users should be encouraged, initially by social care services but more recently also by health services, to request the money spent on their service as a Personal Budget (PB), preferably as a Direct Payment (DP). A DP allows the person to take all or part of the money and purchase their own services directly. A PB, by contrast, requires the Council to continue to broker services on the client's behalf.

3.4 Additionally, there is client specific legislation which also influences the range and nature of services and outcomes that are to be commissioned and developed. For mental health services the main policy drivers include 'No health without Mental Health (2011), Mental Health Payment by Results (2013), Improving care for People with Dementia (2013), NHS Outcomes Framework (2012) and Leading to Outcomes (2013). For people with a learning disability the policy drivers come from Valuing People (2009) and Valuing People Now (2009), and more recently the Winterbourne Concordat (2012) and The Confidential Inquiry into Preventative Deaths of People with a Learning Disability (2013).

3.5 The developing approach to planning and purchasing services, which seeks to complement the direction of travel for adult social care and health services in relation to the personalisation agenda and self directed support, has become known as Outcome Based Commissioning (and contracting). This approach should apply to all services whether they are directly provided by health and social care organisations, or purchased from a third party provider. A move from traditional service delivery to the large scale delivery of Self Directed Support (SDS) requires a redesign of the existing social care and health system, from one where the statutory bodies commission, to one where service users become their own commissioners. This in turn requires a shift in culture and the development of tools that enable people to take greater control of their lives and the support they receive, so they can make decisions and manage their own risks.

4. Achieving Change

4.1 Adult social care and health are in the process of implementing Outcome Based Commissioning. This is a major change agenda at a national as well as at a local level. While processes can be developed relatively quickly, changing a culture takes much more time and effort if it is to influence practice across the system. It requires a particular approach to partnership in service design which seeks to highlight what each party can 'put on the table' increasingly referred to in policy and guidance as 'co-production'.

4.2 The change process involves not just third sector providers, but also Lewisham Council's directly provided services. A crucial player in successful change is the assessment and care management workforce. The change

requires several key components to be in place before the cultural shift can be fully realised. Current key challenges to the change process are as follows:

- For care management practitioners: understanding what is meant by outcomes; developing support plans (as opposed to care plans) that are based on what service users say about their needs and focusing on what people " can do"; making creative use of facilities and services that can provide the same outcomes as commissioned services.
- For providers: changing the criteria for success from carrying out prescribed tasks for agreed levels of money, to taking responsibility to meet an outcome flexibly and creatively but within agreed resource levels.
- For service users: Being willing to think about and identify what other assets, both financial and 'social capital' might be available to meet needs, and not be so dependent on public funds paying for all.
- For commissioners: moving from buying tasks, to strategic control based on a partnership with providers; the inclusion of support plans as key requirements of a service specification; the development of tripartite agreements between the statutory sector, the provider and the service user (and their family if required) where roles and responsibilities, as well as choices and preferences, are clearly defined.

4.3 In terms of delivering a culture shift, the key challenges are the move from traditional care planning to the creation of a support plan, in partnership with the provider and service user, and a shift away from linking certain types of needs to specific services. For example, the typical response to an assessed need to address social isolation is referral to a day centre. However, the actual outcome required from a service to tackle social isolation is 'to develop a range of places to go and people to spend time with'. Therefore regularly going to the local café, joining a gym class or adult education class, going to a tea dance or even inviting other people round to your house would meet the required outcome and potentially reduce an individual's dependency on one type of service.

4.4 Delivering a support plan requires significantly more time and a more personalised approach than writing up a care plan. Activities need to be individually identified and sourced, then tested and retested. When the volume of activity means that health and social care professionals need to move on to the next referral or protection issue, there is a risk that the process of support planning will be rushed or not prioritised. However, support planning is so crucial to the successful delivery of Outcome Based Commissioning, that the Council is in the process of identifying a strategic support planning partnership with a third sector organisation.

5. Progress to date

5.1 Adult Social Care and Health commissioners have developed a range of Outcome Based Commissioning arrangements as part of the vision to fully implement Personalisation. These have been developed with, and for delivery

by in-house (Council) and other statutory providers (particularly SLaM for mental Health), as well as independent third sector providers. An update on this progress is set out below.

Learning Disability Services

5.2 In the commissioning of services for adults with a learning disability, a framework of 7 overarching ('meta') outcomes (MO) were developed based on the strategic direction set out by both Valuing People strategies: employment; housing; health; relationships; community participation; learning skills (being safe); and personal development. These outcomes were developed to promote competence and citizenship; key components in supporting people to live good quality and valued lives.

5.3 Outcomes can be applied in relation to each individual service user, or to a service 'type'. This has been a particularly helpful approach to providing a focus on provider efforts and management when monitoring outcomes in 24 hour services where a more usual style of quality assurance would be swamped by the large number of inputs. Two or three meta outcomes are set for each individual person based on their community care assessment (what people say they need), and from a developmental perspective what the assessment signposts would change their life. The provider then signs up to delivering those outcomes for that person within a group setting. Some examples of the outcomes from this approach include:

> Mr A who at long last has been helped to find his own flat (MO Housing) after living with someone he did not like for 8 years;
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> Ms B who has combined new skills in learning to cook (MO Learning Skills) to organise a regular monthly 'come dine with me' routine shared between new and existing friends (MO Relationships);
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> Ms C who has complex and multiple needs being supported into a lifestyle of accessing local places such as the café, leisure centre, shop and hairdresser (MO Community Participation) so that she has become known in her community and participates in interesting occasional big events such as going on day trips;
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> Mr D who has got his first job aged 65, which he loves (MO Employment);

5.4 An example of the application of Meta Outcomes to specific services is the way in which employment has been identified and prioritised as the main outcome that day services can provide. The successful delivery of employment or employment related activities often delivers other meta outcomes by default. All day services are expected to build employment related skills and activities into their offer in a way that promotes participation and inclusion. This strategic approach has shifted the way that providers think about their service offer and how people and their families think about their aspirations. Also, as a result, Lewisham now has some of the highest

employment figures for people with a learning disability in London. This outcome has been applied to both direct and third party providers. Some examples of employment related outcomes are:

> Cafes – The M'Eating Place', 'Pretty Little Cup Cakes', The Salad Bar and the most recent development of a café in the Waldron Clinic which support learning and jobs in catering. As well as the direct outcome of employment, these also offer opportunities for community engagement and interaction with the public. Service users are beginning to talk about themselves as 'working at…' rather than as 'a user of…'.
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> Gardening – The GROW project is well established, but had refocused and developed its efforts to include people with complex needs, for example in planting seeds for plants which are then sold on or planted in the projects 'allotments' to supply the Salad Bar project. A second established horticulture scheme is being expanded from being purely a fruit and vegetable allotment to growing flowers for supporting service uses wanting to learn about flower arranging to develop their own micro enterprise in selling flowers.

5.5 There are a number of burgeoning social and micro enterprises from cleaning to journalism through to dog walking. In all these cases the specific interests and choices of service users have been successfully realised in employment related outcomes.

6. Supporting Vulnerable Adults and Older People to live at home

6.1 Providing a tailored service that supports people to remain at home is a key priority. For people who choose to receive their domiciliary support through an agency being able to negotiate directly with the agency, as they would if they were self funders, facilitates the opportunity to personalise care and support and allows the individual to have more choice and control.

6.2 The current arrangements in place for the provision of domiciliary care in Lewisham is a Framework Agreement which has seventeen providers available to meet assessed needs. The contract for this Framework is due to come to an end in 2014. The provision of care whether personal care: practical daily living assistance, rehabilitation provision or a sitting service has evolved from care that is task and time orientated, and highly prescriptive, to person centred care where the service user is at the heart of all care delivered in line with personalisation and local strategies.

6.3 In addition to a more personalised and outcome focused service. Moving further towards an outcome based approach in relation to domiciliary care will look to achieve:

> A decrease in the number of service users admitted to long term care homes; and
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> A decrease in the size of packages over time.

6.4 Lewisham's future commissioning intention is to design and procure services so they deliver an outcome based response for service users. Older people in particular may not want the same pattern of care, day in day out, as specified in a conventional care plan. Negotiating the detail of the support plan directly with the provider has proven to be successful in other local authorities who have piloted this approach. We are therefore currently negotiating with the framework providers to work in this way and embed this offer. The framework agreement will be redeveloped in 2014 when all providers will be required to work to personalised outcomes. It is imperative though that this work is still delivered with the requirement to pay London Living Wage.

6.5 Work is also underway with the voluntary sector organisations to deliver improved access to employing Personal Assistants, as well as making use of pooled personal budgets. Experience so far has indicated that this approach is particularly favoured by younger adults who have a disability, as it provides them with the flexibility to achieve the outcomes they want and potentially increases the scope and diversity of support that can be accessed. We have offered a contract to a voluntary organisation to train people wanting to become personal assistants. We have invited the Job Centre Plus to make referrals for training, particularly encouraging those over 50.

7. Mental Health Services

7.1 Commissioning of mental health services for the residents of Lewisham aims to treat patients in the most appropriate setting in line with their level of need. A gap was found in service provision for those requiring support in the community outside of statutory secondary care services, and following service user feedback, funding was then identified for a 2-year contract focusing on an information and advice service.

7.2 The overall aim of the service is to provide short term, intensive support to ensure that people are able to better manage their mental health in the community. The contract was awarded to Bromley Mind who work in partnership with the service user, devising a care plan together that has the best interests of the patient as the main focus. Service users will therefore receive the immediate support that is needed to reduce inappropriate long term contact with services.

7.3 The new service will provide a variety of support to people with a mental health problem, increasing their independence and quality of life. Whilst reducing the burden on secondary care services, patients will be given options for the support they can receive in the borough, offering choice as to how their needs will be best met. Whilst initially commissioned to work with adult mental health patients, the service has now been increased to accommodate those over 65.

7.4 The future plans for the service are to establish a clear link with the SLaM Social Inclusion & Recovery team, supporting people in their use of direct payments. The range of workshops, groups, advocacy and information that

will be on offer will give service users the opportunity to increase their standard of living and equip them with the tools to best manage their mental health that was previously unavailable within statutory care.

8. Developing the Market

8.1 Outcome based commissioning can only really be successful if sufficient opportunities are available for service users to access. Although a variety of community and faith organisations currently offer services it can still be difficult for users to feel comfortable in trying something new. A new Community Investment Programme has therefore been developed with the voluntary sector to provide additional support and opportunity across all service user groups. The final part of this development will be a new contract in July 2013 for a voluntary sector consortium to work with the GPs and the neighbourhood based social care and health teams to ensure that any vulnerable adult can be referred to a network of services locally, and where they can be supported to achieve their personal outcomes.

9. Conclusion

9.1 This report has set out some of the ways in which Outcome Based Commissioning is developing in Lewisham. It is recognised that there is some way to go to ensure this approach is embedded and that it complements the approach to personalisation.

9.2. Further effort is also required to ensure that this approach is fully adopted by staff who assess need and also by service users and their families. This is to ensure that people's strengths are identified as assets that add value to the opportunities available from the market and wider community, while the commissioning processes primarily focus on developing the market and driving up the quality of the service offer. The process of support planning, as opposed to care planning, has been identified as key in effecting the required shift in culture to deliver a more personalised and outcome based offer that will ultimately, deliver improved shared planning and co-production.