SUPPORTING CARE COMMISSIONERS AND PROCURERS TO PROMOTE "SOCIAL VALUE" MODELS OF DELIVERY

A CWMPAS PROJECT FUNDED BY WELSH GOVERNMENT

JUNE 2021

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Llywodraeth Cymru
Welsh Government

MOVING FROM "TIME AND TASK" TO AN OUTCOMES APPROACH IN HOME CARE

1. INTRODUCTION

This "think-piece" has been written as a result of conversations with members of the North Wales Regional Collaboration Team and representatives of Local Authority partners in North Wales involved in commissioning domiciliary care services. The conversations arose following the publication in December 2020 of the Wales Co-operative Centre report "Supporting Care Commissioners and Procurers to Promote "Social Value" Models of Delivery". The report sets out arguments and guidance for re-shaping services in line with the principles of the Social Services and Well-being (Wales) Act.

Welsh Government funded the Centre to work with commissioners across Wales on practical initiatives that could turn arguments and guidance into action. Given that the primary principle of the Act is the achievement of Well-being Outcomes (as defined and co-produced with the end-user), it was natural for conversations to lead towards the following challenge that commissioners in north Wales and elsewhere are trying to tackle, namely: how can we make more progress in moving home-care services *from the traditional time-and-task approach to one based on achieving outcomes?*

The answer to that question involves more than just reflecting on the principles of the Act. Issues of financial management and change management will need attention. But we hope this paper shows the value of those principles in driving and shaping both system change and continuous improvement.

2. WHY CHANGE FROM TIME & TASK?

All the commissioners we spoke to were strongly of the view that the change was needed. A quick review of the time and task model, using the principles and drivers of the Act as a template, surfaced some of the core reasons for this desire for change.

Principles and Drivers from the Act	How does the Time and Task model score against the six principles?
 **Well-being outcomes**	The provision of packages of care and support is generally effective in keeping people alive and able to stay in their own home, but the emphasis is usually bio-medical and static, rather than social, emotional, personalised and flexible.
 **Users and carersas co-producers, with voice and control**	Despite efforts to have what matters conversations at the assessment stage, people tend to end up with a narrow set of service inputs that never change, with little or no scope for them to influence what their care workers do.
 **Collaboration between relevant agencies**	Home care providers are engaged as the sole delivery agent for a person's care and support, and are given little scope or encouragement to engage with other organisations or connect with the community in order to increase people's choices and opportunities for achieving what matters to them.
 **Prevention or reduction of dependency**	Although traditional home care plays an important role in preventing admissions to care homes and hospitals, they play no role in preventing people from needing paid-for care at home, and have no incentive to reduce people's dependency on care at home, as to do so would reduce their funding.
 **Added social, environmental and economic value**	There is little or no scope for providers operating a Time and Task model to enable people to be participants and contributors to their community. The travel patterns of home care workers are typically inefficient and bad for the environment. Wage levels in the sector are low with a negative impact on household and community economies.
 **Sustainability**	Given that the model is poor at responding to the full range of individual well-being outcomes, poor at accessing other resources through collaboration and community working, poor at preventing and reducing dependency, and poor at achieving added value, it clearly is not helping Wales to achieve financially sustainable social services in accordance with the aspirations of the Act.

Research has also shown the current model to be flawed from a Foundational Economy perspective (Ref 1). The following are some of the key flaws highlighted:

- **The focus of the current support model is bio-medical rather than social and relational.**
- **The assets are paid-for staff time, ignoring individual and community assets.**
- **The business model allows profits to be extracted (particularly by financialised chains) at the expense of quality and resilience.**
- **Endless pressure on costs leads not to productivity gains but to corner cutting and cost passing at the expense of stakeholders – particularly users and workers.**
- **The funding system leads to unimaginative, routinized commissioning and a lack of innovation.**

3. WHY DO WE HAVE A TIME AND TASK SYSTEM?

The current system was an early consequence of the outsourcing of home care services. The shift from in-house provision created a perceived need to quantify what was being delivered by an external contractor receiving public funds. The easiest thing to quantify was time and task, and so the system has been built around time and task delivery.

Given the flaws in this approach (see section 2 above), commissioners have more recently been trying to identify something better to quantify. However, the question arises, is seeking to quantify what providers do actually the best approach for achieving maximum value in a field as dynamic and unpredictable as social care?

> **THE EASIEST THING TO QUANTIFY WAS TIME AND TASK, AND SO THE SYSTEM HAS BEEN BUILT AROUND TIME AND TASK DELIVERY.**

4. WHAT ARE THE OPTIONS FOR MOVING FROM TIME AND TASK TO AN OUTCOMES APPROACH?

There appear to be three options:

i. **Outcomes Contracting**

ii. **Bolting Outcomes onto Time and Task**

iii. **Contracting for "Purpose" – with Outcomes flowing as a consequence.**

i. Outcomes Contracting

There have been several attempts in England to contract for public services on the basis of payment for outcomes, or Payment By Results. The research evidence to date suggests that it is problematic, particularly in areas of public service such as social care:

- **Well-being Outcomes don't fit neatly into boxes of time or money.**
- **Outcomes are highly individual – and changeable.**
- **If you pre-specify "what matters" you run the risk of fossilizing things that have ceased to matter – or of failing to specify things that you subsequently wish you had.**
- **Providers will tend do what's specified, not what matters.**

Research has shown the shortcomings of this approach (Ref 2).

ii. Bolting Outcomes onto Time and Task

This approach is do-able and a very good step forward. It has been pioneered in the Vale of Glamorgan through its "Your Choice" model.

- **Hours are bundled and no timetable is specified.**
- **The user and provider agree a delivery plan (based on a Care Plan that specifies only "high level outcomes" - to allow flexibility)**
- **The user and provider can agree specific tasks to focus on without additional sign off.**
- **The provider can vary its delivery hours by an 8% +/- margin during each 13-week review period.**
- **Users can bank hours to use on longer activities that they wish to prioritise.**
- **Evidence to date has shown:**
  - Users feeling more in control
  - Notable well-being outcomes being achieved that would not have happened before
  - High levels of staff and provider satisfaction
  - Regular under-utilisation of available hours
  - Closer and more reciprocally beneficial relationships between provider and commissioners.

iii. Buying Capacity with a Purpose

This option is also do-able, as evidenced by the pioneering work in Monmouthshire (ref 3), and some significant piloting of the approach in Gwynedd. It is a radical shift from the traditional Time and Task model, and perhaps, therefore, it appears to offer the greatest benefits.

Both Monmouthshire and Gwynedd have worked with assistance from the Vanguard Method of systems thinking (https://vanguard-method.net/). It is a core aspect of the Vanguard Method that change should arise from local collaborative learning and not from the implementation of a top-down blueprint. However, evidence suggests that when people identify the Purpose of their work in user terms (delivering what matters) and re-design a service to deliver on this Purpose by the most efficient and effective means, they tend to embrace the following:

- **A locality or patch-based approach.**
- **Providers working inside health and social care teams – alongside statutory colleagues.**
- **Increased scope for the provider and care worker to use their knowledge and relationships.**
- **Increased focus on accessing and utilizing community assets and people's networks.**
- **The use of measures to learn and improve, rather than to justify payment.**
- **Providers being paid to deliver flexible, responsive, and creative capacity within their patch.**

The capacity purchased from the provider is set by an initial estimate of population need and then kept under review by provider and commissioner to see if it is over or under capacity. Rather than being an arms-length contractor that the commissioner cannot trust with anything but a tightly defined (but also unpredictable) stream of Time and Task packages, the provider is a trusted supplier and a collaborating partner with increased financial stability.

It is worth noting that such a service re-design is not only likely if the Vanguard Method is used. It is also likely to arise when care and support services are evaluated and re-designed against the principles of the Act. Both approaches are geared towards doing what matters and maximizing value.

It is also worth noting that some people will require regular visits and regular tasks, regardless of the model that is adopted. Such visits are a part of what matters to them, and potentially a crucial part.

So there is no escape from rotas and critical care plan activities in any new model. But there is scope for doing far more, and better, and more efficiently.

5. MAKING THE CHANGE

Whether one decides to go for a Vale-type reform model (retaining Time and Task as the basic payment system but with some scope for provider flexibility and user choice), or a more radical Monmouthshire/Gwynedd model, (buying capacity from a provider who works a patch with you as a partner), one will have to embrace the need for a lot of development work.

Both models will require change and change potentially triggers anxiety and resistance. Unless all of those affected go on a learning journey, so that they understand the need for change, and can play a role in shaping what the change looks like, the anxiety and resistance will likely be sufficient to ensure that nothing actually changes.

Users and family carers will need re-assurance that the new model won't mean an end to vital visits. The experience of pioneers suggests that people coming into the system are much more relaxed about a flexible system, but for all those already receiving care and support, the best way forward is likely to be a mirroring of the current pattern of delivery but with a new capacity for change built into it.

Care managers have had decades of orientation towards the current system and will need to let go of some of the unique responsibility they hold in determining what matters and what is delivered. Providers have built their business model and operational systems around being paid to deliver Time and Tasks, and will need time and support to develop new ways of working, and new ways of relating: to users, commissioners, communities, and even to their own staff. If the locality approach is adopted, providers will also need to go through a process of refocusing and potentially re-tendering.

Care staff (and others across the spectrum of commissioning and delivering care) will need training geared towards them becoming more flexible, responsive and creative, whilst retaining their competence and commitment to the fundamentals of care.

Bringing all of these stakeholders together, and engaging with them meaningfully, will be best done locally, and as a consequence, different solutions, to a greater or lesser extent, are likely to emerge in every local authority area. "What's there already" will also shape solutions, right down to the very local level.

Notwithstanding the tendency towards localism, it will be helpful if there is regional and national encouragement, and work done at these higher levels to address regional and national obstacles to change.

At the regional level, it will be important to work with the Health Board. They may have limits of policy or capacity to engage in (for example) hyper local integrated teams. It will be useful to know what these limits are and to factor them into local decision making.

At the national level, it will be important to work with Welsh Government and others. We have heard that the current rules on Charging users for community care are potentially an obstacle to the development of flexible home care delivery. It will be useful to see such issues surfaced in appropriate arenas and solutions found.

6. BUILDING ON WHAT WE HAVE ALREADY

Each region and local authority will have its own platform for change, but given our focus on North Wales, we offer some examples from that region of work upon which they can build.

- **The North Wales Domiciliary Care Framework**
  - The Framework provides a very substantial basis for selecting providers as recipients of public funds.
  - Schedule 2 allows for services to be awarded via mini-tenders where the Service Specification is refined.
  - Schedule 7 provides a Draft Quality Outcomes Measurement Framework which can be used "to support continuous improvement and to support the understanding of the quality of life impact of receiving homecare".
  - These or other measures (developed iteratively with providers) could provide some quantification of what is being achieved, for learning and improvement purposes.

- **Community Services Transformation programme (Ref. 4 – Being an example detailing what is underway in North Wales)**
  - This provides a vision of community health and social care professionals working in integrated teams working in localities.
  - The inclusion of home care providers within such local teams would be a logical development in keeping with a "trust and collaboration" model.
  - This is the approach being pursued in Gwynedd.

- **Developments in Gwynedd**
  - Gwynedd is preparing for the retendering of home care using a redesigned model with a range of innovative features:
  - Locality resource teams that include the care provider
  - Funding based on an estimated staffing and management capacity, a cap on "profits" and a guaranteed wage level for staff at well above the national minimum.

- **Flintshire Transforming Home Care strategy – Progress for Providers (Ref 5)**
  - A programme of workshops has achieved a consensus on the need for a system which:
    - Starts and then continually develops from the perspective of what matters to the person
    - Enables the care provider to be flexible and encourages them to learn and share what's working and not working
    - Addresses fee levels and low wages.

7. CONCLUSION

A shift from Time and Task towards an Outcomes Approach should not be delayed in the hope that a new system of exchanging public funds for quantifiable outcomes will be developed. Outcomes are not easily quantifiable and trying to make them quantifiable results in new forms of inflexibility and inefficiency.

Instead, you should get all your key stakeholders together and re-design your systems for buying care and support around a clear purpose: to provide people with what matters to them with no more paid-for support than is essential.

You could use the Vanguard Method to assist with the re-design process. You could use the Principles-based Process developed by the Wales Co-operative Centre (Ref 6). You could use you own local leadership and facilitation resources. You could learn from other pioneers around Wales.

You just need to be prepared to do two big things:

- Bring all your stakeholders with you – giving them your time and attention.
- Change the way you purchase care and support – creating more trust-based relationships.

It's do-able.

And it will be time and effort well spent.

Reference materials

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