Outcomes-focused services for older people: A summary

social care
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Outcomes-focused services for older people

Introduction

This knowledge review includes:

- a review of research evidence on the outcomes valued by older people and the factors that facilitate and inhibit achieving these outcomes
- a postal survey of localities and social services managers in England and Wales known to be interested in developing outcomes-focused approaches to older people's services; and in-depth studies in six localities. This was supplemented by information supplied by members of the Outcomes Network (originally established by SPRU and now supported by the DH Change Agent Team's Better Commissioning Learning and Information Network).

The knowledge review was supported by a user advisory group of six older service users who met three times during the project.

Definitions

'Outcomes' refer to the impacts or end results of services on a person's life. Outcomes-focused services therefore aim to achieve the aspirations, goals and priorities identified by service users – in contrast to services whose content and/or forms

of delivery are standardised or are determined solely by those who deliver them. Outcomes are by definition individualised, as they depend on the priorities and aspirations of individual people.

Research into the outcomes valued by older people

Three groups of social care service outcomes have been identified; these are very similar to the factors that older people identify as central to their independence and well-being:

Outcomes involving change

- Improvements in physical symptoms and behaviour.
- Improvements in physical functioning and mobility.
- Improvements in morale.

Outcomes involving maintenance or prevention

- Meeting basic physical needs.
- Ensuring personal safety and security.
- Having a clean and tidy home environment.
- Keeping alert and active.
- Having social contact and company, including opportunities to contribute as well as receive help.
- Having control over daily routines.

Service process outcomes

These refer to the ways that services are accessed and delivered and include:

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

The limited research evidence indicates that older people from ethnic minority communities and with different types of impairments value the same broad range of outcomes. However the priority assigned to different outcomes may vary according to age, living circumstances and type of impairment.

Research into factors facilitating and inhibiting outcomes-focused services for older people

Research shows that a number of factors relating to the operation of social care quasi-markets may affect the delivery of outcomes-focused services.

Assessment, care planning and review

- Service-led assessments that do not offer choice.
- Assessments that emphasise dependency or overlook psychological and emotional needs.
- Assessments that do not challenge low expectations of services or the limited range of help older people think it legitimate to request.
- Fragmented or irregular reviews of service users.
- The health and social care divide, where this prevents holistic assessment and care planning.

Micro-level purchasing

How care managers purchase services from providers of home care services has a major impact on the delivery of outcomes-focused services. Purchasing specified periods of time or help with specified tasks can restrict both the flexibility and personalisation of services; purchasing just enough time (or tasks) to maintain physical well-being can threaten change and process outcomes, as well as maintenance outcomes relating to social participation.

Provider-level barriers

Difficulty recruiting and retaining staff reduces the flexibility of providers to provide individualised services, even where older people

are willing to purchase (extra) services privately. Levels of funding from social services purchasers can restrict providers' opportunities to offer fair working conditions and training and thus attract and retain good quality staff.

Commissioning and contracting

Commissioning and contracting arrangements exert major influences over the delivery of outcomes-focused services, particularly by independent sector (rather than in-house) providers. Contracts allowing providers to vary the price they charge purchasers offer incentives to respond to individual priorities and needs.

Within quasi-markets, communication is vital to outcomes-focused services. This includes communication between:

- care managers, contracts managers and providers, so that contracts reflect users' needs and preferences.
- providers and care managers, about changes in users' priorities and circumstances.
- users, front-line staff, provider managers and purchasers, so that changes in needs are quickly identified and any service changes implemented.

In addition, front-line staff in regular contact with older people need to be well-equipped with up-to-date information about other services outside their immediate area of expertise.

Research evidence on initiatives promoting outcomes-focused services

Researched development projects conducted by the Social Policy Research Unit, University of York have tested with social services partners ways of introducing outcomes-focused approaches into routine social care practice. Using appropriately designed documentation to shape front-line practice, the following approaches have been successfully implemented:

- Identifying and summarising older people's desired outcomes during assessment.
- Briefing home care staff on older people's desired outcomes.
- Identifying outcomes for carers during assessments and reviews.
- Using postal questionnaires to collect information on outcomes.

In addition, direct payments have been shown to enable older people to achieve desired outcomes. However, this success appears to depend on the availability of local support (formal or informal) to manage direct payments; take-up among older people remains low.

Practice survey I: Postal survey

A postal survey aimed to establish the range and extensiveness of outcomes-focused developments in older people's social care services across England and Wales. Following

careful screening of existing contacts, at least 70 such initiatives were identified. Social services were generally the sole or lead agency; the most common partners were NHS primary care trusts and private service providers. Significantly, most initiatives were described as currently being planned, piloted or 'rolled out'; only 17 per cent had been established for up to three years and only 13 per cent for three-plus years.

Outcomes-focused initiatives were most likely to involve services for older people living at home and/or following hospital discharge. Initiatives included developing outcomes approaches in assessment, care planning and review; changing existing services and commissioning new ones; and monitoring to see how far services meet user outcomes. Only moderate levels of user involvement in planning these initiatives were reported.

Because so many of the reported initiatives were still at an early stage, some respondents thought it was too early to judge whether they were successful; those who were able to generally judged them to be partly or fully successful. However, given the constraints of a postal survey, it was not possible to know what success criteria were being used or how far these judgements reflected the experiences of older people using outcomes-focused services.

Respondents also identified a number of factors that helped and hindered progress in developing outcomes-focused approaches, and cited measures to overcome these barriers. These factors were explored in in-depth case studies.

Practice survey II: In-depth case studies

Six localities where outcomes-focused approaches were well established were selected from responses to the postal survey. They covered a range of activities (assessment, care planning and review, commissioning and contracting for new and existing services); and services (day care, intermediate care, prevention services, community-based rehabilitation, home care and residential care). Additional examples were obtained from members of the former SPRU Outcomes network.

Outcomes-focused activities

Assessment, care planning and review
Sites that had developed outcomes-focused approaches had found them difficult to integrate with the Single Assessment Process. However a number of ways had been found to incorporate outcomes into care planning; these could also form the basis of reviews.

Commissioning for change outcomes
Localities had recently established intermediate care services jointly with NHS partners; some had also restructured their in-house home care

services to provide short-term reablement services to all new users, free of charge. Desired outcomes (for example, being able to manage housework or walk to the shops) were identified during assessments. Care and rehabilitation staff had considerable autonomy over how they worked with older people to achieve these outcomes. Rebuilding confidence and morale was considered as important as – and underpinned – improvements in physical functioning.

Commissioning for maintenance outcomes
Three sites had amended contracts with independent home care providers to facilitate more flexible, outcomes-focused services. Changes included:

- establishing 'zones' for each provider, thus reducing staff travel time
- agreeing in advance estimated workloads and payments, with providers billing retrospectively for actual time spent
- building spare time into contracts for providers to use flexibly to meet additional requests from users, free of charge.

These changes were expected to provide flexibility for unexpected emergencies; guarantee staff minimum weekly hours; allow staff to be employed on a shift basis; and offer opportunities for staff training. Only one such change in contracting had been evaluated: higher levels of user satisfaction and increased job satisfaction

by front-line staff were reported; only eight per cent of care packages exceeded their estimated budget.

These changes involve transferring power and responsibility from purchasers to providers and users. They require high levels of trust, open communication channels and appropriate performance and financial management systems.

Two sites had recently commissioned low level preventive services from Age Concern and other voluntary organisations – these included shopping, home visiting and social activities.

Outcomes-focused services

Intermediate care and reablement services
These were areas where staff thought they had made most progress in establishing outcomes-focused services. Services offered a holistic approach, tailored to meeting individual goals; progress towards these could be easily monitored. Users confirmed these outcomes.

Day care
Users valued outcomes-focused day services that identified their interests and linked them to staff with similar interests. Ethnic minority users valued day services employing staff who spoke their languages.

Residential care
A local quality development scheme for nursing and residential homes encouraged individualised service user plans and placed heavy emphasis on maximising choice, control and independence that contributed to maintenance and process outcomes.

Monitoring and evaluation
Systematic and routine monitoring, often using clinical tools, was common in reablement and intermediate care services. There was less evidence of routine outcome monitoring among users of longer-term home care services.

Factors facilitating outcomes-focused approaches
These included:

- national policies such as the National Service Framework for older people and the Green Paper on adult social care
- local vision, leadership and investment in change management, including staff induction and regular training workshops
- partnerships and whole-systems working; these helped secure access to resources and skills that were essential to user outcomes but located outside the remit of social care
- new investments in intermediate care services involving user-led care outcomes. Establishing new services also enabled outcomes-focused

culture and practice to be established from the start
- bidding for Partnerships for Older People Projects that would allow investment in preventive services to meet desired maintenance outcomes

Factors hindering outcomes-focused approaches
These included:

- Single Assessment Process
- other national policies, inspection regimes and performance indicators
- resource constraints
- staff culture and attitudes at all levels
- user and carer attitudes.

Older people's perspectives

Older people interviewed in the practice survey confirmed the very significant benefits of intermediate care and reablement services aimed at achieving change outcomes. Users of these services affirmed how they had been encouraged to identify important goals and helped to achieve these. They reported significant improvements in confidence and morale as well as physical functioning. These improvements were attributed to the fact that these services were delivered in ways that maximised users' choice and control.

Older people using residential and day care services also confirmed the process outcomes of highly individualised care. However, it was difficult to find examples of holistic approaches in which services met a wide range of desired maintenance outcomes.

The User Advisory Group confirmed the importance of services responding to individual needs and differences; of choice and control over services; and of help with low level tasks such as cleaning, gardening and shopping. The Group highlighted the difficulties experienced by some older people, particularly from ethnic minority communities, in accessing services without additional support. Voluntary organisations and NHS services, particularly GPs, were thought to have important roles to play in helping older people access services and achieve desired outcomes. Voluntary organisations can also provide information and advocacy for older people who are isolated or find it hard to access services.

Conclusions

Although recent policies have emphasised outcomes-focused services, in some localities such approaches have been in operation for some time. SPRU's Outcomes programme, with its associated training and development material, enabled some localities to make significant developments, particularly in outcomes-focused

approaches to assessment, care planning and review.

More recently, targeted funding and performance indicators related to hospital admission and discharge have given a significant impetus to the development of services focused on change outcomes, both in collaboration with NHS partners and by local authority in-house services. However, in general, there remains a significant disjunction between these developments and the capacity of independent home care services to deliver long-term maintenance and process outcomes. Some localities are building on the conclusions of extensive research into care management and commissioning within social care quasi-markets and are developing less rigid and bureaucratic approaches to commissioning and purchasing services, particularly from independent home care providers. The impact of these new approaches on users' experiences needs thorough and systematic evaluation.

Resource constraints and poor relationships with independent providers in other areas continue to impede the introduction of more flexible, individualised home care services.

The emergent policy emphasis on prevention means that efforts are being made to develop low-level preventive services, often through partnerships with local voluntary and community organisations. These may contribute to valued

maintenance outcomes such as domestic help and social participation. The Partnerships for Older People Projects will provide valuable evidence in the future about the effectiveness of these approaches to meeting desired outcomes.

Three broader issues remain. First, although this knowledge review found many examples of high quality, outcome-oriented services, these were often fragmented and service-specific. For example, the outcomes focus of reablement services was often not carried through into long-term home care services. Similarly, good quality day services addressed maintenance and process outcomes, but there was little support for maintaining these outcomes outside the day centre.

Secondly, the concept and practice of 'outcomes' is subject to multiple interpretations and disciplinary perspectives. Some services had a strong outcomes focus as a consequence of other policies, such as the development of intermediate care and reablement services, or new approaches to the inspection of residential care. The concept and practice of outcomes mapped most readily onto intermediate care and reablement services. However, even here, GPs and clinicians were reported sometimes not to understand the concept of outcomes, with consequences for the appropriateness of their referrals and advice to older patients. Moreover, many intermediate care services screen potential

users carefully and admit only those able to achieve change outcomes. This risks equating 'outcomes' with 'change outcomes'. Longer-term maintenance and prevention outcomes, and groups of older people such as those with dementia for whom maintenance, prevention and process outcomes are especially important, consequently risk being marginalised. 'Flexible', 'person-centred' or 'responsive' may be more appropriate and inclusive terms than 'outcome'.

Third, as the user advisory group confirmed, many of the outcomes desired by older people do not, on the face of it, appear to be derived from interventions that currently fall within the remit of social care services. Partnerships with other statutory and voluntary agencies will be necessary to support older people, for example, in keeping alert and active, continuing to participate in social networks and other maintenance and preventive outcomes. A 'whole systems' approach to the commissioning, review and evaluation of outcomes-focused services is therefore essential.

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