Tool 9: Using the Outcomes Star™ in outcomes-based home care service

This document is part of the Home Care Outcomes-based Commissioning Toolkit developed by the National Commissioning Board for Wales to assist home care commissioners and providers to move the home care service towards a more outcomes-based approach. This is an outline document that will be developed further as the project moves forward.

1 Core material: Overarching principles of this toolkit

The provision of social services in Wales is governed by the Social Services and Well-Being (Wales) Act 2014. The Act is accompanied by a Code of Practice and guidance on the exercise of social services functions and partnership arrangements. The Code of practice stipulates that:

“In order to seek to promote the well-being of people who need care and support and carers who need support, local authorities need to understand what matters to people and the personal outcomes they wish to achieve”.

The provision of health services in Wales is the remit of NHS Wales under the direction of the Welsh Government. Local Health Boards have responsibility for all commissioning and provision of health services in their area. The Welsh Government have produced an Outcomes Framework for the NHS in Wales that it describes on its website as follows:

“The NHS outcomes framework includes only outcomes and outcome indicators that have been determined to measure health related well-being. A delivery framework is in place to support the delivery of health and well-being by health boards and health trusts”.

Generally, the toolkit identifies that there are three models of outcome-based commissioning:

- **Model 1: Outcome Based Care Planning**: (Using outcomes as the basis for planning and reviewing a care package)
- **Model 2: Reward for Achieving Outcomes and customer satisfaction**: Again, individual focused but concentrating on the financial aspects of meeting outcomes.
- **Model 3: Population based accountability for Outcomes**: Responsibility for the provider(s) for meeting the outcomes of a group of people across a defined geographic area.
2 Purpose of this tool

The purpose of this document is to introduce the Outcomes Star and look at how it might be used in the commissioning of outcomes-based home care.

3 Core Material

The Outcomes Star

First developed in the Housing sector the outcome star is an outcomes monitoring tool which can be used across a range of different client groups, and is a helpful way of showing how effectively outcomes are being achieved.

The star illustrates the use of broad domains to identify desired outcomes, although these can be replaced with wholly individual ones or population outcomes if that better suits the circumstances.

The original STAR¹ has now been developed into 20 different versions, including one specifically for older people. The domains identified in that STAR are:

- Staying as well as you can.

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Keeping in touch.
Feeling positive.
Being treated with dignity.
Looking after yourself.
Staying safe.
Managing money.

The Independent Living STAR adds an eighth domain:

How do you feel?

It also introduces the concept of the Journey of Change: a five-stage model of change:

Cause for concern.
Accepting help.
No pressing concerns.
Choice and control.
As good as it can be.

Encouraging staff and the people who use services and all carers to complete the star together as it is a helpful way of ensuring that the people views are heard on how well they are achieving their outcomes. The primary use of the Outcomes Star is in working with individuals in identifying and displaying how well their outcomes are being met.

As always, some judgment is needed to as to the extent to which the achievement of the various outcomes is attributable to any given service involved with a person. Even where there’re is only one service involved it may still be the case that the achievement of outcomes has more to do with that person, their circumstances or the non-professional support they receive. Whilst it can become over-complicated, it is possible to identify service-specific outcomes that fall within a specific domain and/or to identify the degree to which the service provider contributes to the level of achievement for a given outcome (e.g. expressed as a percentage).

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The use of Domains provides some structure for that dialogue and allows the outcomes for individuals to be aggregated up to provide an overview of how well outcomes are being achieved across a service or population.

Note: It should also be possible to use the basic concept and values of the outcomes star; namely: empowerment, collaboration and integration to provide evidence towards meeting the national outcome indicators e.g. whether the national well-being outcomes are being achieved of people who need care and support and carers who need support at a local regional and national level.
The outcomes star examples used throughout this tool are copyrighted and should be reproduced in their entirety. The possible use of the Star in each of the different models of outcome-based commissioning is outlined below.

**Model 1: Outcome Based Care Planning:** (Using outcomes as the basis for planning and reviewing a care package).

In this model, the use of the outcomes Star is identified within the Specification for the service and within the contract monitoring arrangements put in place.

As discussed above, desired outcomes are set in each case, (either within domains or more specific to the individual), and reviewed in line with the timescales set. Information of the extent to which they are being achieved is reported to the commissioner who holds an aggregate score for that provider – this forms part of the contract monitoring arrangements for that particular service. Aggregate shortfalls in achievement of outcomes would be discussed with the provider as a performance and quality issue for that service.

**Model 2: Reward for Achieving Outcomes and customer satisfaction:** Again, Individual focused but concentrating on the financial aspects of meeting outcomes.

The operation of this model is built on that for Model 1 above, and incorporates the features outlined there. However, within the contract for the service further reference is made to payment for the service in each case being linked to the achievement of outcomes. Again, the outcomes may be defined within domains or simply identified as ‘agreed outcomes’. The ‘reward’ is based upon the extent of the achievement of the outcomes. The payment arrangements set out in the contract can take a number of forms:

- A ‘bonus’ payment made if identified outcomes are achieved to the degree set.
- A ‘penalty’/repayment of outcomes are not met.
- Continued payment (for a limited period) for hours of care not required because outcomes have been achieved.

Within this model, it is especially important to ensure that the outcomes being used are as specifically attributable as possible to the activities of the service provider.

The use of the Outcomes Star by providers can allow for greater clarity in both identifying outcomes and ensuring that the achievement of them is attributable to the activities of that particular provider.

**Model 3: Option 3: Population based accountability for Outcomes:**

Responsibility for the provider(s) for meeting the outcomes of a group of people across a defined geographic area

The arrangements under this model are markedly different to those for the first two models, in that the outcomes being specified are not those for an individual service user or for a service, but rather for the population as whole.
In this case, the Outcomes Star may be used a vehicle for identifying and reporting on a range of population-based outcomes (e.g. ‘Admissions to residential care’ or ‘life expectancy’) instead of individually focused domains. Responsibility for those outcomes is attributed to the service provider, and they are paid accordingly. This may be regardless of other factors, but may also be combined with elements of Model 2, above.

4 Good Practice Examples

There only limited examples of the use of the Outcomes Star. Those available come largely from the Triangle website which states that:

“Camden Council is piloting the use of different versions of the Outcomes Star extensively across their services including in mental health, teenagers with drug and alcohol issues, vulnerable families and services for older people.

Kirklees Council has been using the Star widely in its commissioning for mental health services and Derbyshire Council is about to pilot the older person’s version.

A consortium of London boroughs including Islington and Camden have commissioned a version of the Star for back to work services and another consortium (Westminster, Brent, Hammersmith and Fulham and Camden) have commissioned a version for older people.

London Councils have funded the development of a version of the Star for people who have experienced domestic abuse. Many other local authorities are encouraging or requiring service providers to use the Outcomes Star”.

5 Other materials

The Outcomes Star was developed by Triangle Consulting Social Enterprise Limited, and their website page is the starting point for any further exploration of the Star and its usage. If not, in terms of information for commissioning, these are the pages on the new website that will probably be of most use:

- http://www.outcomesstar.org.uk/about-the-star/information-for-commissioners/
- http://www.outcomesstar.org.uk/about-the-star/information-for-commissioners/outcomes-star-payment-by-results/