



**Commissioning
for Outcomes**

Commissioning for outcomes

"We want to see an end to this emphasis on price and competition and to see the establishment of a more collaborative, participative and ethical commissioning framework for adult social care services and supports, squarely focused on achieving better outcomes for people using these services." ¹ Independent Review of Adult Social Care, 2021

This guide explains what outcomes are, why they matter and what outcome-based commissioning means in principle and practice.

Background

The promise of person centred, outcome focused partnership working offered by national commissions, legislation and standards ² has been repeatedly spurned in favour of processed, resource-intensive, system-focused commissioning and procurement practice. Structures and processes seem easier to plan, measure and account for than outcomes, so the wrong thing keeps getting done, only 'righter' ³.

Outcomes are the end goal for everyone.

Squarely focusing on this will help bring about the systemic, structural changes required to achieve the ethical, sustainable commissioning ambitions set out by Feeley. They are part of a coherent movement in the same direction.

From...	To...
Procurement led	Person led
Outputs, processes	Outcomes, impact
Monitoring	Evaluation
Compliance	Learning

Girfec⁴ gives a clear example of how outcome-based practice (and consistent measurement) can be embedded throughout an entire system. Similarly, outcomes have been the norm in voluntary sector grant making for over 20 years. Nevertheless, the language and ideas of outcomes can also be confusing. This guide therefore offers:

- Clear definitions
- Straightforward principles
- Practices for every stage of the commissioning cycle
- A simple 'Commissioning for Outcomes' checklist that can be used for inhouse and outsourced services.
- Practice examples.

'If they focused on my outcomes, we could all be more creative and even save money... Someone who has never met me is making decisions about what I can and can't do. Where am I in all this? Where are my outcomes?'

(Supported person in focus group)

"The need for reform is now urgent. If it is not substantially achieved in this Parliament, the chance to fashion an effective, sustainable and valued form of delivering public services for the future may be lost. We cannot allow the obstacles that have hampered reform in the past to thwart the action that is now required."

Christie Commission, 2011

'Good commissioning is more than just organising and buying services - it's about creating a partnership of purchasers, providers and service users, to work out future demand and use resources in the best way to provide high quality, sustainable support.'

Everything you need to know about Commissioning and Complexity, CCPS

'Current approaches to delivering social work services will not be sustainable in the long term.'

Audit Scotland, 2016

Definitions

'Outcomes matter to me, absolutely. I'm not interested in hours, I'm interested in the things that will improve my life, help my mental capacity, make me feel good about myself.'

Commissioning

Commissioning involves 'Assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.'⁵

This takes place at three or more levels:





- **Individual:** commissioning their own support through individual budgets e.g. employing a personal assistant or service provider (SDS Options 1 or 2).
- **Practitioner** (e.g. social worker, OT): assessing needs and aspirations and planning options or services to meet these.
- **Strategic:** gathering intelligence, developing ideas and planning interventions to achieve community or population-level outcomes.

Outcomes

Outcomes are *the difference that is made* by services or supports. Like commissioning, outcomes exist at different levels:

- **Personal:** the difference made in an individual's life.
- **Organisational:** the difference a service or organisation makes.
- **Strategic:** the overall difference made to a community or population.
- **National:** the high-level policy outcomes that all of the above contribute to.

Evaluation Support Scotland describe how the same outcome can be understood differently at different levels⁶:

-  **Individual:** I want to see my friends.
-  **Organisational:** Service users have reduced isolation.
-  **Commissioning:** Those at risk have access to a wider range of social opportunities.
-  **Strategic:** People are able to look after and improve their own health and wellbeing and live in good health for longer.

↑ ↓ Commissioning for outcomes *connects* the outcomes in each stage: collating individual outcomes to inform strategic commissioning plans and ensuring strategic outcomes are supported by commissioned services.

In the context of a system in which eligibility criteria have raised the threshold for the levels of need or outcomes that will be supported, it is important to note that outcomes go beyond having basic needs met (personal care, toileting, bathing etc.).

People's rights to self and social fulfilment, and independent living, are an important part of a human rights-based approach of the kind advocated by Feeley ⁷.

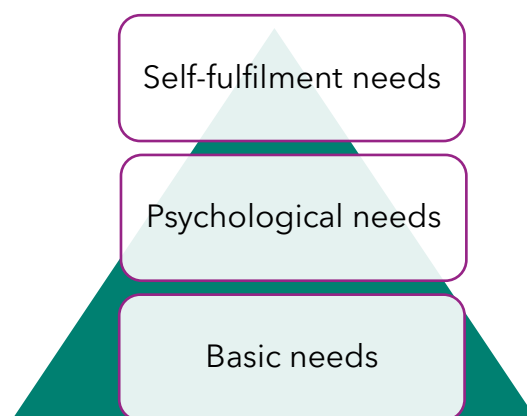


Figure 1: Outcomes are not just basic needs.

Example outcomes and tips for working with them

Strategic outcomes can be useful for summarising the collective need for or impact of supports. Care must be taken though – personal outcomes are personal. It's not always desirable or possible to aggregate them into impact statements that are broad enough to include everyone but clear enough to be meaningful. Nevertheless, strategic commissioners are required to report against the nine National Health and Wellbeing Outcomes ⁸. Using the definition above, the main *differences* that are described in the national outcomes are:

- Improved or sustained health
- Increased or sustained independence
- Improved quality of life

These tips help avoid the most common pitfalls with outcomes and measurement:

- **Focus on change:** use words like 'improve', 'reduce', 'increase', 'better', 'more'. Sometimes it's about 'sustaining' things too, like health or tenancies.
- **Don't focus on activity:** avoid words like 'support', 'provide', 'engage', 'encourage'. They are about processes and services not people and outcomes.
- **Ask 'why' or 'so what?':** look at activities and ask these questions until you get to an outcome – the change or difference that activities make.
- **Reflect the aspiration or need:** what issue or goal does someone want to address? The outcome should reflect that clearly.
- **Set outcomes before worrying about how they will be measured.** Starting with measurement leads to doing (and measuring) what's easy for you, not what matters to people.

Not: 'Provide 12 hours of support a week to ensure Ali's health remains stable.'

But: 'Ali's health remains stable.'

Not: 'Support 700 people at home so they are better able to live independently.'

But: '700 people are better able to live independently.'

Outcome-based commissioning is...

- Good commissioning.
- Valuable in itself *and* a route to fulfilling the promise of Christie, Feeley, SDS etc. (personalisation, choice, control, partnership, sustainability and system change).
- Required: HSCPs must report against the National Health and Wellbeing Outcomes.
- Already here: a wide range of guides, tools and local processes exist, but they are not always followed.
- More of an adaptive challenge than a technical one.

This paper therefore provides technical definitions, tools and guidance. Making change involves working with these to navigate culture, processes and power to develop responses that work locally.

Commissioning for Outcomes checklist

The eight elements of ethical commissioning can be used to ensure outcomes are embedded at every stage of commissioning practice.

We know we are doing outcome-based commissioning when...

Person-centred care first:

Planning and reviews are opportunities for good conversations where people set goals and reflect on progress towards their own outcomes.

Full involvement of people with lived experiences:

People are at the heart of setting and reviewing outcomes.

Human rights approach:

Identified outcomes go beyond basic needs, towards self-actualisation.

High quality care:

Effectiveness is measured by achievement of outcomes and learning, not adherence to process.

Fair working practices:

Workers learn about what works. Evidence of impact helps them feel well regarded, rewarded and supported.

Financial transparency and commercial viability:

Service sustainability is supported by fostering innovation, identifying learning and spreading good practice.

Shared accountability:

Mutual accountability for outcomes is supported within inhouse and outsourced services by proportionate monitoring arrangements and information sharing.

Climate and circular economy:

Measuring outcomes shows a positive impact on people, communities and the environment.

Principles and practices

In this section, three simple propositions are presented.

Outcome based commissioning...

1. Involves the right people in outcomes, sharing the risks – and responsibilities
2. Is manageable and proportionate
3. Links individual and strategic outcomes

Each of these is supported by four clear principles, with links shown to Health and Social Care Standards and the Self-Directed Support Framework of Standards.

Principles	
Commissioners don't have all the answers. Outcomes are set and measured to support learning.	H&SCS 4 SDSFS 1,5
Soft is hard. The most valuable outcomes are intangible (e.g. improved wellbeing, increased independence). Many of today's challenges stem from the ease of focusing on outputs instead.	H&SCS 1 SDSFS 4,7

Four straightforward practices are then set out, mapped to each stage of the commissioning cycle. The **red circle** shows individual commissioning, supported by strategic commissioning in **green**. This summarises steps that can be taken by people in different roles throughout the cycle of planning and providing support.



1. Involve the right people in outcomes, sharing the risks - and responsibilities

Principles

Outcomes are a way to work with people to agree and measure what matters to them. This ensures people's voices are heard and valued and that the right things are commissioned.	H&SCS 1,2 SDSFS 4,7
Setting and reviewing personal outcomes lets supported people hold to account the people who arrange and provide their support. This is a good thing.	H&SCS 3,4 SDSFS 5
Because there are different ways to achieve them, outcomes unlock creativity. Goals can be met more effectively and efficiently when people have options.	H&SCS 1,2 SDSFS 3,4,7
To achieve the outcomes people want, there are risks involved. People and providers are used to managing this, but they can't do it alone.	H&SCS 2 SDSFS 6

Practices

1. Involve and empower the right people

'I was very conscious that I was consulting with a really small group of people. I had to make a start somewhere though!'

Consider personal outcomes in commissioning from the outset. Meet people to find out what matters to them, for example arrange community engagement events with providers, carers centres and others.

Address the power relationships involved in commissioning by putting people and their outcomes at the heart of everything. Make personal outcomes central to the assessment, finance, procurement and legal processes that exist to support them.

2. Be person-centred

'We're told "These are the hours you provide, regardless of whether people want them" - it's not person centred. Voices aren't heard or considered.'

Ensure assessments are based on good outcome-focused conversations about what matters now and in future. Give examples of how outcomes can be met and allocate budgets that can be used flexibly to do that. Agree measures of success based on what the outcome/s would look or feel like once they've been achieved.

Don't confuse the means with the ends. Focus commissioning on people and the difference they want in their lives. Processes, activities and hours of support are only proxies for what really matters.

3. Work in partnership, with shared outcomes

'People say "Partnership? That's too hard for us to manage.'"

Work with partners to develop outcome-based frameworks, provider contracts and person-centred support plans. Agree respective roles and responsibilities for producing these.

Some outcomes (like 'improved health' and 'reduced isolation') depend on multiple supports, not just one provider or intervention.

- Base contracts on outcomes that are within the gift of the person and service provider in the time and budget available.
- Take a partnership approach to strategic outcomes. Encourage providers to use their respective strengths to work together towards common outcomes.
- Shifting from attribution ('Which provider achieved which outcome?') to contribution ('What was this contract's contribution to our strategic outcomes?') reduces competition and makes evaluation more meaningful.

4. Commit for long-term impact

Take the time that it needs to weave outcomes thinking into every strand of practice. Start small if necessary, with one outcome-focused framework or contract at a time and spread out from there based on what is learnt.

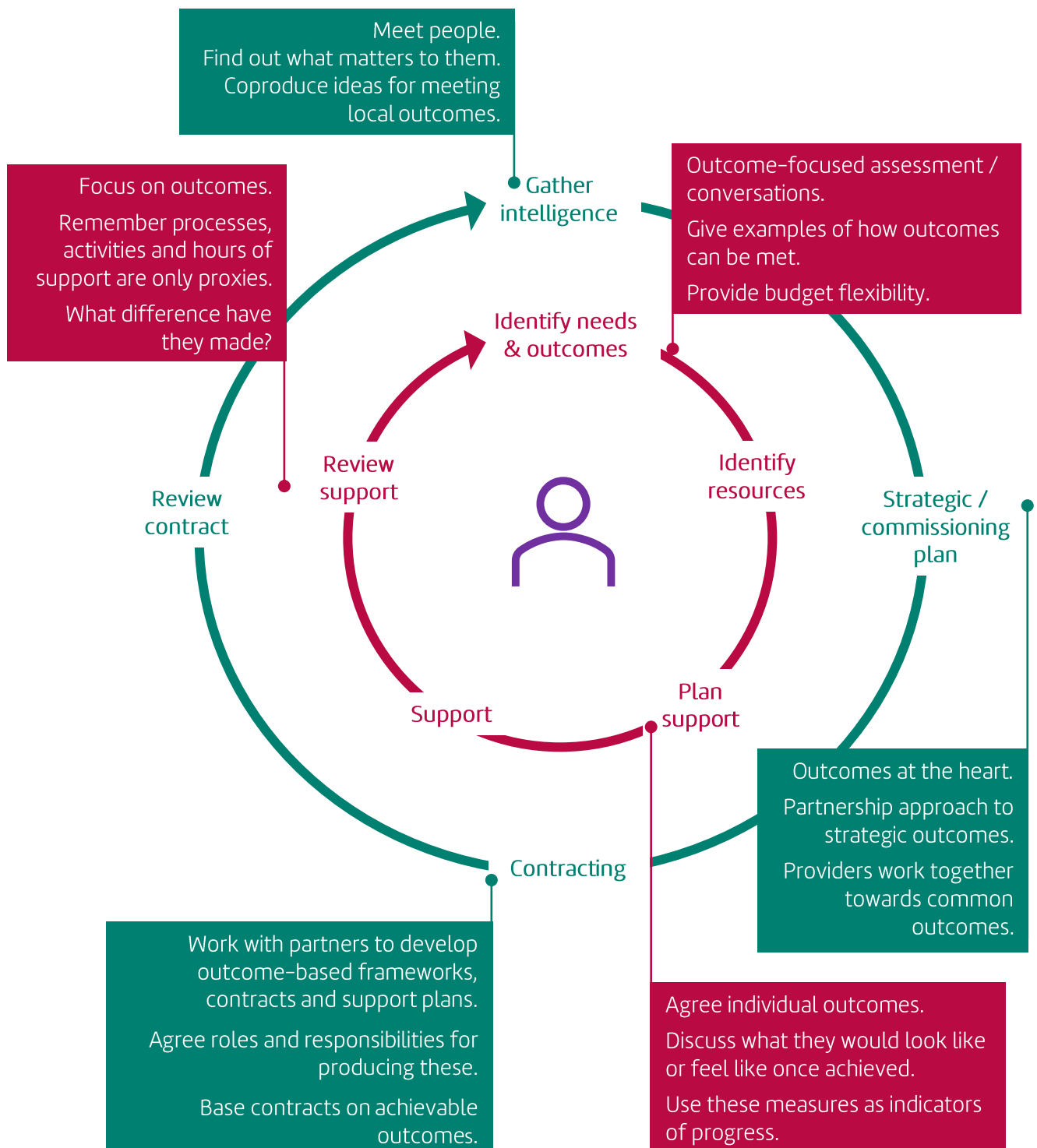
If long-term outcomes are desired, provide long-term contracts. Break long term outcomes into smaller steps along the way for easier measurement. Allow time for providers to build a platform upon which meaningful outcomes can be built. Three year contracting cycles are inefficient when year one is spent setting up and year three is about preparing for exit.

Summary:

1. Involving the right people in outcomes, sharing the risks - and responsibilities.

1. Involve and empower the right people
2. Be person-centred
3. Work in partnership, with shared outcomes
4. Commit for long-term impact

Key - Red circle: individual commissioning. Green circle: strategic commissioning.



2. Outcome-based commissioning is manageable and proportionate

'I'd love to do this. But within what I'm measured for, it's too hard, too much hard work'

Principles

Commissioners don't have all the answers. Outcomes are set and measured to support learning.	H&SCS 4 SDSFS 1,5
Soft is hard. The most valuable outcomes are intangible (e.g. improved wellbeing, increased independence). Many of today's challenges stem from the ease of focusing on outputs instead.	H&SCS 1 SDSFS 4,7
One size doesn't fit all. Different people want different outcomes. Even the same outcome can look very different for different people, with different methods of measurement.	H&SCS 1 SDSFS 4,7
Outcomes are dynamic - they change to reflect changing needs, aspirations and circumstances.	H&SCS 2 SDSFS 1,3,7

Practices

1. Prioritise learning

Treat commissioning for outcomes as a way to learn about what's needed, what works and why. Build flexibility into contracts to allow for learning and adaptation. Outcomes change and so may the means of achieving them. Develop contracting cultures and processes where providers are accountable not for delivering pre-determined activities but for achieving outcomes, evidencing what works and why.

Monitoring, with an emphasis on performance management, compliance and outputs, has very limited value in outcome-based commissioning ('Did you do what you said you were going to do?'). Think instead about how to move to a more useful evaluative approach ('What difference was made? What can we learn from this?').

2. Use a range of tools and approaches

Third sector social care providers are generally well experienced with measuring outcomes. Make the most of this, and reduce duplication, by finding out what their organisational outcomes are and the tools they have in place to measure these. Common examples from the Commissioning for Outcomes focus groups were:

[Better Futures](#) (from CCPS's Housing Support Enabling Unit)

[Outcomes Star™](#)

[i•ROC wellbeing](#)

3. Delegate outcome-based support planning to people and providers

'A number of providers have outcomes measurement tools for recording individual outcomes and can aggregate the information to demonstrate difference for many people they support.'

Personal outcomes, steps to achieving them and measures of success (outcome indicators) should be agreed between providers and the people they support. This is a level of detail – and personalisation – that universal contracts and frameworks can't easily provide.

Contracts should however provide useful reference for people and providers to work to, as should the individual's support plan (though note that providers do not always receive copies of these). Flexibility in contracts includes having exit and progression routes built in – people's outcomes may change and they may need more or less support over time.

4. Develop measures and reporting systems focused on people and progress towards outcomes

'Contract monitoring - accountability for public money and how providers are delivering, it leads to counting what can be counted, not what counts.'

Review contract monitoring templates and work with people to make sure there are opportunities for outcomes, challenges and learning to be explored. Training people and providing clear guidance about the learning intent behind commissioning for outcomes will make a big impact on subsequent quality and consistency⁹.

A recommended template for monitoring, evaluation and reporting¹⁰ would be:

- Which activities were planned? What was delivered?
- Which outcomes were aimed for? To what extent were they achieved?
- What challenges were encountered along the way? How were they tackled?
- What has been learned? What should be done differently in future?

Summary:

2. Outcome-based commissioning is manageable and proportionate

1. Prioritise learning
2. Use a range of tools and approaches
3. Delegate outcome-based support planning to people and providers
4. Develop measures and reporting systems focused on people and progress towards outcomes



Key - Red circle: individual commissioning. Green circle: strategic commissioning.

3. Link individual and strategic outcomes

'The social work team reviews care packages so we need a more robust system whereby we can obtain the data from social work and transfer it into our robust contract management systems.'

Principles

Resources are used equitably and efficiently when everyone remembers they are working towards the same outcomes.	H&SCS 4 SDSFS 2,3
Effective strategic commissioning needs good intelligence about local needs and outcomes.	H&SCS 4 SDSFS 4
Effective assessment and service provision need good intelligence about the difference that people want to be made.	H&SCS 1,2 SDSFS 1,3,4
There's a lot of good data out there, but less collation and analysis of what it means.	H&SCS 4 SDSFS 4

Practices

1. Develop outcome-based frameworks and contracts

'The package is the package and you can do what you want with it.'

Use outcome-based frameworks and/or contracts to align the outcomes that commissioners and providers are working towards and accountable for. These are likely to be high-level outcomes, e.g. taken from a strategic commissioning plan, or the National Health and Wellbeing Outcomes themselves.

Outcome-based commissioning doesn't need to specify how outcomes are achieved. This allows people and providers to develop what works in their circumstances. Measuring outcomes rather than tasks removes the pressure from commissioners to know in advance the specific activities and support that people need, and for people to be given support they don't want or need.

2. Make the links from individual to strategic planning

'Our Providers are very good at delivering outcomes for people. How we link that within a structured document or contract is not easy.'

Strategic commissioning should be informed by engaging with the right people (1.1 above). But good use should also be made of existing outcome data e.g. from individual support plans, care management reviews, individual budget expenditure and providers' outcome measurement tools.

Work with colleagues to collate and aggregate this valuable information. Set up systems to make it easier to access real-time data in future. Existing and emerging needs and outcomes can then be identified and used to inform commissioning and strategic plans.

3. Make the links from strategic to individual outcomes

'We should be trying to achieve outcomes but we should be using shared language and share knowledge about what that is.'

Commissioning is a bridge between the national outcomes an HSCP is working towards and the way that they will be achieved on the ground. Cascade information about the strategic direction of outcomes locally to help ensure everyone's efforts are aligned.

Set high-level outcomes then allow diversity in what they look like at different tiers. For example, work with providers to break them into service outcomes. At the next tier, providers can develop outcomes for individual services. People can then use individual support plans to define what the outcomes mean or look like for them. These definitions are useful measure (indicators) of outcomes.

[See illustration on page 3]

4. Make the links across the whole system

'We try to get the statistics, the KPI-driven information in the contract management process. But there's space in there, and there needs to be, to see the correlation between that and work on the ground, to understand outcomes better.'

The principles and practices in this guide show how outcomes (making a difference) provide the central focus for every stage of planning, purchasing and providing social care. From community engagement to commissioning strategies; from there to contracts to individual support plans. And back again: from case management to contract monitoring; from there to commissioning strategies.

Making these links work in practice involves navigating a way through different people and policies. But there can be only one priority - making a difference. The following exchange from one of the focus groups that led to the creation of this guide sums it up:



'We don't need a system change. We need what we were promised under Feeley: choice, control, flexibility, person-centred, people-led. It just doesn't happen like that.'



'The concept isn't new. This is doing personalisation as it was meant to be done. It needs some mindset changes and help with innovative thinking. Opening dialogue and collaboration.'

Summary:

3. Link individual and strategic outcomes

1. Develop outcome-based frameworks and contracts
2. Make the links from individual to strategic planning
3. Make the links from strategic to individual outcomes
4. Make the links across the whole system



Key - Red circle: individual commissioning. Green circle: strategic commissioning.

Examples of outcome-based practice

Dumfries and Galloway Council

[Personalised Approaches booklet](#)

[Self-Directed Support Eligibility Criteria and Priority Framework](#)

[Supported Self-Assessment](#)

East Dunbartonshire Council

[Outcome-focused practice toolkit, support plan and review](#)

North Ayrshire Health and Social Care Partnership

[Monitoring and evaluation form, Integrated Care Fund](#)

North Lanarkshire Council Housing and Social Work Services

[Personal Outcomes Planning and Review](#)

CCPS Option 2 contract

[Template Contract and Easy Read Agreement](#)

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References

¹ Independent Review of Adult Social Care, Scottish Government, 2021

² Examples include:

The Public Services Reform (Scotland) Act 2010

The Commission on the future Delivery of Public Services (the 'Christie Commission') 2011

The Self-Directed Support (Scotland) Act 2014

Public Bodies (Joint Working) (Scotland) Act 2014

National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services, Scottish Government 2015

National Care Standards, My Support My Life, Scottish Government 2017

SDS Framework of Standards, Scottish Government 2021

The Independent Review of Adult Social Care (the 'Feeley Review') 2021

³ Ackoff, R. L. (2004) 'Transforming the systems movement', Available at

<https://www.open.edu/openlearn/nature-environment/organisations-environmental-management-and-innovation/content-section-1.9> [Accessed Nov 2022]

⁴ [Getting it Right for Every Child](#), Scottish Government

⁵ Joint Strategic Commissioning – A Definition: Strategic Commissioning Steering Group, June 2012, quoted in *Strategic Commissioning Plans Guidance*, Scottish Government 2015

⁶ [We Need to Build the Focus on Outcomes](#), Evaluation Support Scotland, 2017

⁷ "We need to shift the paradigm of social care support to one underpinned by a human rights based approach." The Independent Review of Adult Social Care, 2021

⁸ "The Performance Report Regulations require Partnerships to assess their performance in relation to the National Health and Wellbeing Outcomes." Guidance for HSCIP reporting Performance Reports, 2016

⁹ Examples of training include the [Community Brokerage Award](#) and IRISS's [Ethical Commissioning e-learning course](#)

¹⁰ Based on [Harmonising Reporting](#), Scotland Funders Forum 2010

Other references and reading

[Big Ideas](#): Commissioning and Procurement Resources, CCPS 2021

[Social work in Scotland](#), Audit Scotland 2016

[Shine a Light](#): System sustainability, capacity and leadership, The Lasting Difference 2022

[Talking Points](#): personal outcomes approach - practical guide, Scottish Government 2012

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