

Appendix 1

Example Outcome Management Template for Home Support Service Schemes

Question 1:

Who are your service users? (Those service recipients worked with in last year)

Services need to know and understand their service users and describe their situation within a demographic and situational framework.

| | |
|-------------------------|---|
| Number | We provide support at home to 90 people each year with an average of 5 new users each month and a similar number moving out of our service. We have 20 service users who have been supported for over 3 years and 10 who have had support for 1 – 3 years. Sixty service users are aged 25 – 40, 20 are under 25 and 10 are over 40. |
| Sex | 65 service users are men and 25 are women. |
| Race/Ethnicity | 80 of our service users self-classify as white British, 6 as black British and 4 as black African. |
| Mental Health | 80 of our service users are diagnosed as having a severe and/or enduring mental illness. 10 are regarded by their GP or social worker as 'highly vulnerable' in terms of mental stability. 70 service users have previous experience of psychiatric hospital admissions. 30 service users have experienced long stays in a psychiatric hospital (2+ years). Each year on average 15 service users have at least one admission to psychiatric hospital and five of our longer term service users have at least 3 hospital admissions per year. 60 service users have significant problems with medicine management. 20 of our service users regularly self-harm. 1 service user commits suicide each year. |
| Physical Health | 70 service users have specific health management problems including debilitating illnesses, diabetes, epilepsy, excessive smoking, obesity, being underweight and managing medication. |
| Social Inclusion | None of our service users is in paid or unpaid employment; 5 service users attend specialist training or education. 75 service users live alone. 10 service users attend a day service regularly, 10 others attend irregularly whilst the remaining 70 attend no day facility. 60 service users only leave their home to shop or perform essential tasks. 30 service users experience harassment outside the home. 85 service users have no formal qualification. 60 have never had a job. 4 service users access mainstream recreational activities. |
| Independence | 80 service users have significant problems with daily living skills (cooking, budgeting, home maintenance, etc). 30 service users have significant problems with alcohol or drugs. |

Question 3

How will you verify the performance targets?

Each area of change identified by the service provider requires a corresponding method of verification to be selected from a menu provided by the commissioners, or alternatives negotiated with the commissioners.

| Target | Verification |
|---|---|
| 1. Reduced hospital admissions | 1. Primary/secondary health care records |
| 2. Reduced frequency/intensity of anxiety or reduced depression | 2. Mental distress severity checklist |
| 3. Improved contact with family | 3. Self report or 3 rd party (eg family) |
| 4. Increased self confidence | 4. Self report |
| 5. Access to new mainstream activity | 5. 3 rd party verification |
| 6. Improved daily living skills | 6. Observation by staff |
| 7. Attendance at careers guidance | 7. Attendance records |
| 8. Increased independence | 8. Observation by staff or 3 rd party |
| 9. Reduced incidences of self harm | 9. Personal records |
| 10. Increased satisfaction with quality of life | 10. Application & re-application of Quality of Life scale |
| 11. Improved medication management | 11. Verification by CPN, GP or self report |
| 12. Access mainstream education or training | 12. Records of education or training agency |
| 13. Reduction in alcohol/drug abuse | 13. Report from alcohol or drug agency |
| 14. Improved nutrition | 14. Weight change |

Question 4

What are the core features of your current service?

Providers need to describe what the service actually delivers in terms of four factors: (i) Intensity/Duration; (ii) Essential Elements; (iii) Delivery Strategy, and (iv) Comparative Advantages.

| | |
|------------------------|--|
| Intensity/Duration | On call emergency service around the clock Dedicated time for each service user averaging 3 hours a week Average length of contact: 4 months, varying from 6 weeks to 4 years |
| Essential Elements | Key worker for each service user Baseline assessment uses Health Assessment Inventory Quarterly reviews of care plan undertaken Direct links exist with Day Services and Education/Training Practical support given if needed whilst teaching daily living skills Other services can include financial audit from CAB Regular liaison with social workers, CPNs, GPs, etc. |
| Delivery Strategy | 3 Key workers with a caseload of 10 each Most services delivered at home Service users accompanied outside home to develop independence |
| Comparative Advantages | Service tailored to individual need Flexible in intensity and duration Aims to move service users to less intensive service Will stick with service users who need a longer period to gain confidence |

Question 5

What are the milestones your service users will take on the way to achieving their performance targets?

Milestones provide a way of projecting the comparative gains made by users as they progress through contact with the service in a 12 month period. In the example these are mapped against the key delivery steps of referral, assessment, target setting, early improvement, specific health/social gains and sustained gains. This approach enables credit to be given at each stage of engagement not simply for attainment of an ultimate goal.

| Service User Milestones | Numbers |
|--|----------------|
| 1. <i>Referral stage</i> Service users referred to service | 130 |
| 2. <i>Assessment stage</i> Service users agree with key worker the baseline assessment of mental/physical health, social inclusion and independence | 90 |
| 3. <i>Target setting stage</i> Service users set annual Personal Targets | 88 |
| (a) Mental health targets: | (a) 88 |
| (i) <i>Reduced distress</i> | |
| (ii) <i>Improved self-esteem</i> | |
| (iii) <i>Improved medicine management</i> | |
| (iv) <i>Reduced hospital admissions</i> | |
| (b) Physical health target | (b) 60 |
| (c) Social inclusion target | (c) 40 |
| (d) Employment related target | (d) 10 |
| (e) Self care | (e) 30 |
| 4. <i>Initial improvement stage</i> Service users show initial improvement in mental health and at least one other target area | 75 |
| 5. <i>Review stage</i> Service users maintain improvement in mental health | 70 |
| 6. <i>Target achievement stage</i> Service users achieve mental health target and at least one other appropriate target | 60 |
| Performance Target 1 Service user sustains improvement in mental health for a minimum of three months | 60 |
| (i) <i>Reduced distress</i> | (i) 40 |
| (ii) <i>Reduced negative behaviours</i> | (ii) 20 |
| (iii) <i>Improved medicine management</i> | (iii) 20 |
| (iv) <i>Reduced hospital admissions</i> | (iv) 5 |

| | | |
|--|-------|----|
| Performance Target 2 | | |
| Service user sustains improvement in other appropriate target area for a minimum of three months | | 50 |
| (i) <i>Physical health</i> | (i) | 40 |
| (ii) <i>Social inclusion</i> | (ii) | 20 |
| (iii) <i>Employment related</i> | (iii) | 4 |
| (iv) <i>Self-care</i> | (iv) | 20 |
| Performance Target 3 | | |
| Service user moves on to less intensive support | | 60 |