Ageing Well in Dorset: How not to be Invisible

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ABSTRACT
Dorset County Council and partners commissioned a project in 2008 to develop a plan for ageing well in the county that engaged and involved older people. The completed plan has since been supported by Cabinet and the Local Strategic Partnership. The project was carried out using outcome-based accountability (Friedman, 2005), a methodology for focusing on outcomes, and this article describes how it worked to support this strategic development in adult services at a time when it had been in much more regular use in children’s services.

KEY WORDS
outcomes; outcome-based accountability; older people; health and well-being

Introduction
Outcomes in health and social care are notoriously difficult to pin down, not least because the current generation of managers was raised on counting beans. We have all seen process dressed up as outcomes, suggesting that a shiny strategy, a re-organisation or a partnership board makes a difference to citizens. But how many of this year’s batch of council self-assessments, for instance, will really make the shift to outcomes?

There are various frameworks for tracking down outcomes, and this article makes no attempt to draw any comparison; it is simply that this particular approach, outcome-based accountability, is simple to grasp, flexible and practical.

When I was commissioned to work with Dorset Council to prepare the ground for a health and well-being strategy for older people, this model seemed the obvious choice. It had already been introduced to the Council, and staff were familiar with it. There was also interest in applying this approach in an adult setting; it had been used predominantly in children’s services. Given that this project was going to be a co-production with older people, the approach needed to work with a wider audience and, to everyone’s relief, it did.

The intention is to say something about outcome-based accountability, to describe how it was used and adapted in the project and to consider what value it added to this type of strategic development. This is not the place to
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talk in detail about Ageing Well in Dorset (Dorset CC, 2009) – the title of the strategic approach – but to use it as an illustration of the model's application. It should be said, however, that it was not intended to be a finished strategy. The aim was to bring together older people's priorities for ageing well and to take them to Cabinet for adoption as an approach, before translating them into a more detailed strategy and action plan. Outcome-based accountability gave us a framework and a discipline to make that happen.

Context

Dorset is a large rural county with a high proportion of older people, many of whom have retired to its delightful villages and small towns. The county has a number of mechanisms for working with older people, including local forums, with Dorset Age Partnership, the local partnership board, working over a number of localities – and a Partnerships for Older People Project (POPP). Because Dorset's POPP is based on a notion of developing community capacity, it has an impressive network of local leaders and way-finders in 32 localities. The combination of all these networks and links gave this project direct and indirect access to approximately 4,000 older people. It was clear from the outset that this was a major resource, and that there was a constituency of well-informed, articulate older people with whom to work. It also became clear that many older people were isolated within their communities.

‘I have lived in the village for 40 years and have never been up across the top of the village and really enjoyed the views.’

The Council, in commissioning this work, made it clear that the agenda should be driven by older people and should focus on outcomes. This was supported by the Council's strategic partners in the NHS, district councils and voluntary sector, who were brought together with Dorset Age Partnership and the POPP to steer the project.

Older people in Dorset talked about feeling invisible within wider society, and they recognised this project as an opportunity to make their views heard and to be appreciated as citizens.

Promotion of health and well-being in older people is an area that is being tackled nationally and is consistent with the need to develop the relationship between social care and citizens, rather than a narrow group of eligible service users (Audit Commission, 2008; Pidgeon, 2009).

Outcome-based accountability – an overview

Mark Friedman, who developed outcome-based accountability (OBA, also known as results-based accountability, RBA), describes it as:

‘…. a disciplined business-like thinking process where we start with the ends we want (outcomes and indicators) and work backward to the means to get there. We establish indicator baselines showing where we’ve been and where we’re headed if we stay on our current course. Then we consider the story behind the baselines (e.g. the causes of teen pregnancy or poor water quality). Next we consider all the potential partners who can contribute to making the numbers better. Then we consider what works to do better than the baseline, including what the research tells us and what our common sense tells us. Finally, we craft an action strategy that includes no-cost and low-cost actions over a multi-year period.

The notion of starting with the end, or the outcomes we want to achieve, holds great attraction. While it is an obvious statement, many of us have been guilty of becoming immersed in process and losing sight of the intended impact. This deceptively simple challenge helps to keep a focus on what matters to citizens.

Friedman goes on to say that:
The process can harness the power of the community to improve conditions. It can help community partnerships bring public and private sectors together to turn around conditions that are ‘not OK’. And it sometimes requires not much more than a little glue money for convening these groups, and supporting elements of their action plan.

The experience in Dorset was that this framework did engage partners, including older people, and it promoted a lively and open debate about what mattered. The fact that a number of the options would cost little or nothing helped to lubricate the process.

The quest for simplicity, brevity and agency accountability is also clear.

We must avoid the thousand-pages-of-useless-paper versions of performance measurement. We must insist that programmes and agencies identify the 3 or 4 most important measures; make sure these measures focus on customer outcomes, not just amount of effort; create baselines for these measures, and hold agencies accountable for making progress against their baselines. We can use these measures in a simple day-to-day management process that builds data-based decision making into the culture of the organizations, and periodically produces what’s needed for the budget.

The challenge in Dorset was to write something that was brief and that worked for citizens and professionals alike. The final report was 25 pages long, with two pages for each population outcome (Dorset CC, 2009).

Outcome-based accountability is designed to look at two areas of improvement: population well-being (population accountability) and client well-being (performance accountability). The Dorset work was focused on an entire population of older people and was therefore looking at population accountability. This is the approach that underpinned the entire process.

Outcome-based accountability sets out a series of steps and questions that provide the basic discipline for the process.

- **Outcomes**: What conditions of well-being (results) do we want for children, adults, families and communities, stated in plain language?
- **Experience**: How do we experience these outcomes in our everyday lives?
- **Indicators**: How could we recognise these conditions in measurable terms?
- **Baselines**: Where have we been and where are we headed on the indicators?
- **Story behind the baselines**: Why do these indicator baselines look the way they do? What are the causes?
- **Partners**: Who are the potential partners who have a role to play in doing better?
- **What works strategy**: What works? What do we think it will take to do better?
- **Action plan and budget**: What do we propose to actually do?

These were the questions that informed the work in Dorset. At various stages in the process the emphasis of particular questions needed to be fine-tuned and adjusted; for instance it was important to keep the consultation open and free-flowing, so they were less visible at that stage. When it came, though, to developing the action plan, the questions were used explicitly to drive that part of the process.

**Application of the tool**

In considering how to apply the model, it was important to ensure that it was facilitative and did not constrain the project in any way. The Council and the POPP already had a set of population outcomes that they had agreed with older people and which provided the initial framework for consultation.
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The population outcomes already agreed in Dorset were that older people:

- feel secure and safe
- feel free from discrimination
- are socially integrated and not isolated
- are making a positive contribution and experiencing fulfilment as a result
- have dignity, choice and control throughout their life (especially towards the end)
- are in good health in mind and body
- have housing suitable for individual needs
- feel financially secure.

This gave a head-start to the project, as these population outcomes immediately provided a skeleton upon which to hang the consultation. It was important, however, to ensure that the population outcomes did not prevent people from introducing other topics, so they were initially used as background cues rather than up-front questions; the consultation questions were kept deliberately open.

A series of questions was agreed with the steering group and Dorset Age Partnership in order to guide the consultation. The steering group was keen that they did not replicate other, more service-based consultations, so the questions began by deliberately asking older people what they were able to do about their situation, before leading into the agencies’ roles via community, neighbours and family. The questions, linked to the relevant areas of outcome-based accountability, were:

- What stops you ageing well? (story behind the baseline)
- What can you do about that? (what works)
- Who can help you with that? (community, neighbourhood, family, friends, neighbours and organisations – partners)
- What works well for you? (potential actions).

The steering group felt that these particular questions gave a sharper focus, and the final question – ‘What works well for you?’ – ensured that a positive view was retained.

Outcome-based accountability became more explicit when the project moved into detailed consideration of what had come from the consultation. At the same time as the consultation on Ageing Well, the POPP team had been working through a locality planning process (Dorset CC, 2008). Between the two there was a wealth of information which needed to be sifted and ranked so it could form the basis of the strategic approach. This meant that some structure was needed to help manage this process while retaining a focus on outcomes.

Having marshalled the evidence, Turning the Curve, one of the outcome-based accountability tools for groups to work on improvement in outcomes, was used to start to turn it into an action plan. Once we had grouped the results of the consultation under Dorset’s own agreed population outcomes, workshops were held with older people and partners. These workshops then identified the critical areas that could support improvement.

Turning the Curve works on an agreed area where the current and projected status of an outcome can improve. The approach is to look at the reasons for this (the story behind the baselines), to identify any gaps in knowledge and the key partners. The exercise then goes on to select a small number of areas to focus on to improve the outcome. One of those must be at no cost or low cost, and off-the-wall thinking is encouraged for one of the areas to stimulate creativity. Sometimes team members are encouraged to adopt different roles, in order to ensure that all views are represented. This did not happen in the Dorset workshops, given the wide range of people and agencies taking part.

This exercise was very effective in refining a wide range of material and translating it into what was, effectively, the beginning of a set of strategic priorities. It was interesting that it worked well.
for all those taking part, while retaining the focus on what mattered to older people and on outcomes.

The practical answers that older people identified included the following.

- Develop a buddy scheme where older people support young people and families in sharing life skills such as childcare or basic cooking skills.
- Develop a social networking/dating agency for older people, led by older people.
- All volunteers and involved older people should be encouraged to recruit two older people who are able to make a contribution (as volunteers or good neighbours) per year. ‘We are privileged to have him as a member and hope he gets as much benefit from membership as we do.’
- Agencies should anticipate older people’s entitlement (to benefits) and advise them of it in advance.

Older people also identified areas that were more conceptual and, in some cases, political.

- Attitudes to discrimination should be explored as part of a wider debate: ‘We are travellers and we always come here – only the hospital treats us well.’
- Campaign for improved income and pensions for older people.
- Change and challenge road signs, other signage and language that portray older people negatively.

These are just a few of the examples that went into the final report to Cabinet. It can be seen that they are not necessarily the themes that a service-dominated process would have developed, and it is a compliment to the Council that it stayed true to its intention that this work should be led by older people throughout.

Cabinet adopted the report in its entirety, and the Local Strategic Partnership will now support the development and implementation of a full action plan.

**Report structure**

Outcome-based accountability was used to design the report. It began with a two-page summary of the process and some of the key messages, followed by an action grid linked to the Dorset population outcomes. Each population outcome then had a two-page summary setting out what older people had said in the consultation, what the current situation (baseline) looked like and general areas where performance could be improved, followed by the concise actions identified in the Turning the Curve workshops.

**Conclusion**

For the vast majority of this project outcome-based accountability provided a helpful and supportive framework that worked for all participants, and which helped to retain a focus on what mattered to older people in Dorset, which was at the heart of the commission. This was a successful trial of this model and one that all participants would be happy to use again. It is of particular value to health and social care communities at a time when health and well-being and the relationship with citizens, rather than with ‘service users’, are becoming so critical.

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References


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