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“Realigning my person-centredness”

Evaluating the Impact of the Commissioning for Wellbeing Qualification – Summary report

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

This work was researched and compiled by Melanie Henwood of Melanie Henwood Associates.

1. Background

This is a summary of the key findings from an independent evaluation of the impact of the Principles of Commissioning for Wellbeing level 5 qualification, undertaken by Melanie Henwood Associates in 2023. You can find the full report [on the Skills for Care research web page](#).

The Principles of Commissioning for Wellbeing level 5 qualification, developed by Skills for Care, has been in place since 2017. In 2020 a version of the qualification was contextualised for those commissioning care and support for people with a learning disability and autistic people.

An independent evaluation was undertaken in 2022, and this report explores the experience of learners and the impact of the qualification on their skills and practice. The evaluation was based on feedback from 115 of a total approximate 500 learners (including in-depth interviews with 21). Most learners (more than 60% of respondents) were in social care commissioning roles; those learners taking the learning disability and autism version were more likely to be joint commissioners or NHS commissioners (36%) than those doing the generic qualification (13%).

2. Key findings

The qualification was highly valued by participants in the review, and positive impacts were identified by learners of both the generic, and the learning disability and autism versions, in terms of:

- increased knowledge of what good commissioning looks like
- increased confidence in approach
- greater commitment to outcomes-based commissioning
- greater commitment to co-production
- commissioning differently and better.

The headline findings and conclusions are summarised below. The positive findings reported are typically slightly lower for the learning disability and autism learners than for the generic learners. However, the differences are small and are likely to reflect both the smaller sample of learning disability and autism learners, and the relatively recent introduction of this version which was evident in the greater likelihood of these learners still completing the qualification compared with generic learners.

- The qualification was highly valued by learners and more than 90% reported it extremely (53%) or quite useful (40%). This was similar across all job roles and between both versions of the qualification, although learners of the learning disability and autism version valued it less highly (40% extremely useful and 44% quite useful).
- A range of positive consequences were identified, and the top benefit identified by 61% of respondents was increased knowledge of what good commissioning processes and practices look like (true for 64% of those taking the generic qualification and 54% of the learners doing the learning disability and autism contextualised version).
- More than half the learners identified greater confidence in their job role as a result of the qualification (58% of generic learners and 54% of those doing the learning disability and autism version).
- Positive impacts on personal career development were identified by almost half (47%) respondents; this was true of 52% of learners taking the generic qualification, and of 32% of those taking the learning disability and autism version.
- Learners developed an increased commitment to outcomes-based commissioning (50% of the learning disability and autism version learners and 47% of those taking the generic qualification). Similarly, learners reported an increased commitment to co-production (respectively 46% and 52%).
- Less than one third of respondents (31% of learners taking the generic qualification and 29% of those taking the learning disability and autism contextualised version) believed the qualification had enabled them to be more creative and innovative in their job role. This may be a reflection that 35% of learners were still completing the

qualification (57% of those taking the learning disability and autism version and 28% of the generic learners) and it might have been premature for the learners to have applied their learning to practice.

- Key themes from interviews with a sample of learners were identified and in addition to reflecting on their experiences of the course, the top six findings in descending order were:
 - Commissioning differently
 - Understanding co-production
 - Personal impact on learners
 - Learners' access to course
 - Better understanding of commissioning
 - Outcomes-based commissioning
- While the top themes were identified with similar frequency between both groups of learners, there were also areas of difference. Learners taking the Learning Disability & Autism contextualised qualification appeared less likely to identify some themes compared to learners taking the generic qualification:
 - 29% interviewees identified barriers to implementing their learning; this was true of 36% generic learners, but only 14% of the Learning Disability & Autism learners.
 - Similarly, 38% of all learners interviewed identified positive career impact associated with the qualification, but this was true of 43% of generic learners, and 28% of those taking the Learning Disability & Autism contextualised version. These findings may reflect the fact that all of the latter group of learners were still completing the qualification, or had only recently finished, compared to the generic learners, where 11 of the 14 (78%) had completed in 2021 or earlier.
- All of the interviewees commented on commissioning differently – either expressing their aspirations to do things differently or describing situations in which they had done so as a result of their new skills and knowledge - and an increased emphasis on co-production and personalisation. The scope for changing the offer on the nature and quality of day services was a recurrent theme, as was commissioning home-based support in more imaginative and flexible ways.
- Almost all the interviewees were enthusiastic advocates for the qualification and eager to encourage their colleagues to take up the same opportunities. Some employing organisations were more supportive than others, but several learners described an enabling culture in which they were either leading the way or following in the footsteps of other colleagues who had completed the qualification.
- Positive reflections on the experience of the course, and particularly the high quality of course tutors, were accompanied by a range of suggestions for improvement either in content or style of delivery. There was a preference for a more blended style of learning from some learners, and an appetite for more systematic opportunities for networking and sharing good practice between commissioners.

- The experience of taking the qualification changed learners' perceptions and understanding of commissioning, and prior to taking the qualification many had little or no formal training for their responsibilities, and a patchy knowledge of the underpinning legislation and the purpose of commissioning for outcomes. Having a basic knowledge and understanding of the fundamentals of commissioning should be a prerequisite for progression in commissioning roles. Requirements for higher level knowledge – such as through the Level 5 The Commissioning for Wellbeing qualification – could also be linked to career progression opportunities.
- The qualification has the potential to transform practice, both at the level of individual learners, and across organisations. Maximising the impact on commissioning practice has implications for the organisational culture of employers which needs to be supportive of individual learners and enable them to apply their learning. Career progression and promotion opportunities for qualified staff are likely to be associated with long-term commitment to the employer, which is particularly valuable in the context of recruitment and retention challenges.
- There is scope for building on the skills and experience of learners who have completed the Level 5 qualification through more systematic networking opportunities for alumni. Establishing a Community of Practice to support ongoing exchange of ideas, experience and innovation would be worth considering.
- Finally, despite the positive findings of the review and the tangible benefits of taking the Level 5 Commissioning for Wellbeing qualification, there were some limitations of scope and scale in the review. It was not possible to follow up longitudinal impact, or to examine the effect of having successive cohorts of learners in particular authorities. It was also not possible to triangulate the self-reported reflections of learners with the perceptions of their managers, or with the experience of people using care and support services, and therefore to assess whether better commissioning knowledge has indeed led to enhanced wellbeing outcomes.

3. Hearing from commissioners who have undertaken the qualification

The following quotes from interviewees illustrate some of the key themes which are explored in greater depth in the full report. Comments made by learners of the generic qualification are indicated with '#G' following their quote, while learners who undertook the Learning Disability and Autism version are indicated by '#LD&A.'

3.1 Value of the qualification to commissioners

"I seem to be an advocate for this course, I keep telling people to get on it! It's just invaluable, I think it's a really good tool to get people on, it just makes sure you've got the basics embedded and just sets the tone for the commissioning moving forwards." [Social Care Commissioner, #G]

"So, I've been in the commissioning team all that time and I've never had an official qualification for what I do, so that was kind of my motivation for doing it - for career prospects." [Social Care Commissioner, #G]

"I think doing this [the course] at that time helped me with that because I could say OK look at what these guys are saying, and here's all this stuff, there's all this evidence base. And that really helped me, not to have those conversations because I was already doing that, but to probably not back down as I might have done." [Social Care Commissioner, #G]

"I have used it so often, things I did on the course I have shared some of the assignments with people; I've used the assignments to help me plan for interviews; when we've had new starters I've used some of the modules and the questions to help people with framing induction, particularly for people who are completely new to commissioning. For me, the timing was perfect, the concept was perfect; I couldn't ask for a better course." [Social Care Commissioner, #G]

"Since I've done the course I've been promoted a couple of times – so it's obviously done something! It's just that knowledge that you are doing what you are supposed to do, and you can say I know I'm doing that right because." [Social Care Commissioner, #G]

3.2 Personalised commissioning and co-production

“I think I was person-centred, but I also think I was quite influenced by external pressures, so I think it has made me challenge more in terms of advocating for the person themselves, to say no, actually this is what we need to do.” [NHS Commissioner, #LD&A]

“From what I’ve learnt about co-production and partnership (...) the principles and practices for commissioning for wellbeing, and just putting those in place really. This is the way you’ve got to do it, and because I’m starting from scratch, I’m trying to take responsibility for that. I never do anything without co-production now, and with partners in the CCG.” [Social Care Commissioner, #LD&A]

“I think having done the course, it has encouraged me to try stuff and if it doesn’t work, that’s fine, that’s an OK outcome. And stopping things that don’t work (...) that’s why evaluation is so important, and not just the facts and figures but what difference has it made to people’s wellbeing, their happiness, and as a result have we prevented someone coming to our front door and enabled them to continue to live an independent life making their own choices? That’s what it is all about for me.” [Social Care Commissioner, #G]

“So much of [the course] just helped me remember that in commissioning this is all about people, and some of my commissioning colleagues don’t come from a practice background (...) and it can be a little bit in the ivory tower and behind a keyboard sometimes. So, the whole co-production thing for me – they will be so sick of me banging on – saying ‘have you talked to people; have you spoken to people who actually use the service; have you asked the carers of people who are using the service; what’s our lived experience in this area?’ But three years on in post that is something we now do as regular practice.” [Social Care Commissioner, #G]

3.3 Changes made as a result of the qualification

“We’ve started to develop some community micro-enterprises looking at what strengths and assets are in the community and how we can connect people who might need that support with people who have the capacity to do it. We’ve got about 50 micro-enterprises now registered with us.” [Social Care Commissioner, #G]

“It has given me the confidence to look at that innovative thinking, and not just at what we can commission. Usually, we don’t do it because it’s too hard; if we’re

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commissioning a package of care now more often we split it so a provider does half and then a PA package does the other half, and I would never have done that before!
[NHS Commissioner #LD&A]

“The course really pushed me to think about other ways we could deliver care and support in the market instead of the traditional home care, time, and task. We’ve worked really hard with our community health provider there, and we’ve meshed them together with domiciliary care and upskilled the dom care workers to be able to do the same things that an HCA would do. So instead of having a series of people in and out of a person’s house all day long, you get one or two people and they spend a bit longer and really get to know that person. And oh my gosh, what a difference that has made to people’s lives! Having that consistency and relationships; we’ve improved the response to pressure area care ... so the number of people needing pressure relieving equipment has reduced because we’re absolutely on the ball.” [Social Care Commissioner, #G]

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