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“Realigning my person-centredness”

Evaluating the Impact of the Commissioning for Wellbeing
Qualification – A report to Skills for Care

February 2023

“Realigning my person-centredness” - Evaluating the Impact of the Commissioning for Wellbeing Qualification

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

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I am also grateful to Hasca and BCE for their support in facilitating contact with past and present learners, and for their interest in the work. Some helpful interviews also took place with both organisations, mainly to confirm accuracy of understanding, but these interviews are not reported on within the report.

Finally, I am enormously grateful to the 115 learners who took the time to complete the survey and to share their valuable experiences, and to the 21 people who made themselves available for further discussions and gave me such honest insight and reflections.

Executive summary

The Level 5 Principles of Commissioning for Wellbeing 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 (including in-depth interviews with 21) of a total approximate 500 learners. 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%).

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 and 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

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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.

1. Introduction

The 2014 Care Act¹ established the central duty of local authorities to promote individual wellbeing. This is a wide-ranging duty and wellbeing is defined across a broad spectrum of dimensions in the Act including: personal dignity; physical and mental health and emotional wellbeing; protection from abuse and neglect; control over day-to-day life; participation in education, work, training, and recreation; social and economic wellbeing; domestic, family, and personal relationships; suitability of living accommodation, and individual contribution to society.

The role of commissioners in meeting the objective of wellbeing is key; the local authority has the duty to ensure the care market is efficient and effective, with a variety of diverse providers to enable choice in meeting needs, focusing on what matters most to the individual, and recognising the importance of preventing or delaying needs for care and support.

To support commissioners in meeting their statutory duties and to deliver improved outcomes for people using care and support services, in 2017 Skills for Care worked with a range of partners to develop a specification for a Level 5 qualification in [Commissioning for Wellbeing](#). In 2020 the qualification content was contextualised for commissioners arranging or purchasing care and support for people with a learning disability and autistic people. As with the generic qualification, the contextualised version was developed with partners including ADASS, the LGA,. And NHSE. The qualification is the same, and both generic and contextualised versions of the qualification are available.

The Level 5 qualification is awarded by Highfield Qualifications and is delivered by two learning providers: [Hasca](#), and [Bespoke Consultancy and Education Limited](#) (BCE). The two providers work to the same specification, but the style and content of the material delivered may differ. Learners on each programme are expected to spend around 235 hours of learning time to complete the qualification, with 65 hours being delivered through guided learning online workshops, and the remainder being self-directed study to complete assessments and assignments in a portfolio of evidence.

The qualification specification addresses:

- the role of the commissioner for wellbeing
- outcomes-focused commissioning
- the commissioning cycle
- professional development for effective commissioning.

The certificate is the first nationally recognised qualification in commissioning for wellbeing in the care sector. It is designed for people who commission adult care and support services, but the content can also be contextualised to support commissioners in health, housing, and children's care.² The qualification is also suitable for those who

¹ HM Government (2014), *The Care Act*.

² Highfield Qualifications (2018), *Qualification Specification: Highfield Level 5 Certificate in Principles of Commissioning for Wellbeing (RQF)*. <https://www.highfieldqualifications.com/products/qualifications/health-social-care/level-5-commissioning-wellebing>

provide care and support services, in terms of how they commission (sub-contract) parts of their service. It is also useful for people considering a move into commissioning. As well as introducing the principles of commissioning for wellbeing to new commissioners, the qualification is also described as suitable for more experienced commissioners reviewing and updating their knowledge.

Skills for Care commissioned an independent review and impact evaluation of the qualification. This is not a comparative evaluation of the two learning providers, but of the impact of the qualification on learners and their practice.

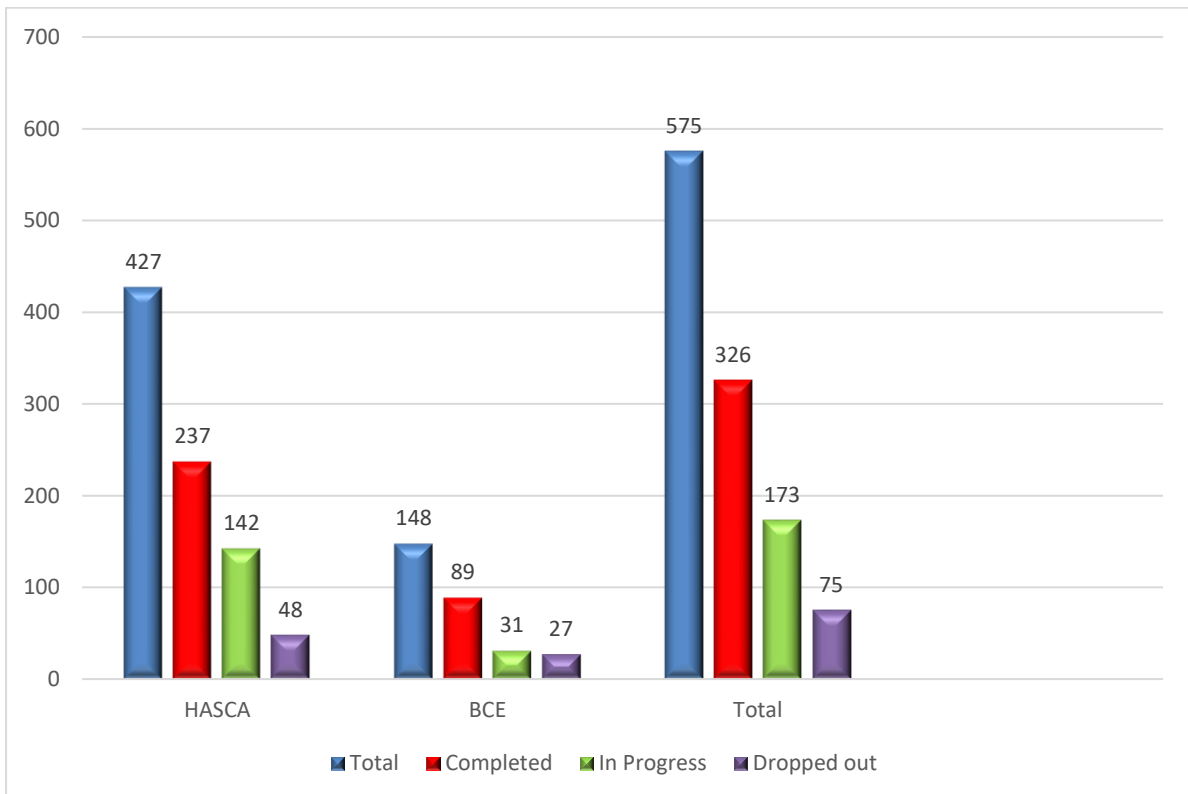
1.1 Approach and Methodology

Contact with both learning providers was established through Skills for Care. Hasca and BCE were requested to provide quantitative data about the numbers of learners who had completed or were currently undertaking one or other version of the qualification.

The figures below summarise basic information about the numbers of learners across both providers. Almost three quarters of all learners took the qualification with Hasca, and the remainder with BCE. The figures aggregate all learners since the generic qualification was introduced in 2017/18, until 2021/22.

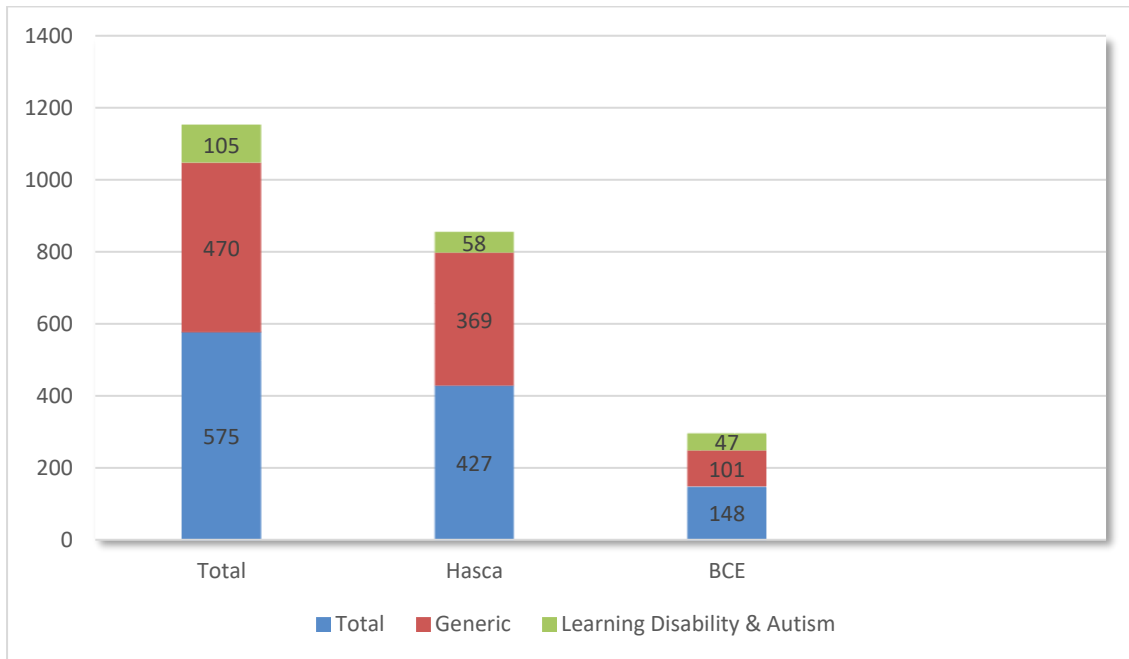
Figure 1

Starters, completers, and in progress: Commissioning for Wellbeing qualification



As figure two summarises, just under one fifth of all the learners (105) had taken the learning disability and autism version of the qualification; this was true of one third (47) of the BCE learners; and of 14% (58) of the Hasca learners.

Figure 2
Distribution of generic and learning disability & autism version learners



2. Survey findings

Both training providers supported the evaluation by requesting current and previous learners to engage with the review, particularly by completing an on-line survey. The survey was launched in late July 2022.

Invitations were sent to 442 learners by Hasca, comprising 209 alumni and 233 current learners. There were high numbers of ‘bounce backs’ from alumni emails; inevitably, with the passage of time since some learners completed the qualification, some will have moved to other posts and employers, or may no longer be working in care and support commissioning. BCE sent the survey request to approximately 100 learners, after removing bounced emails.

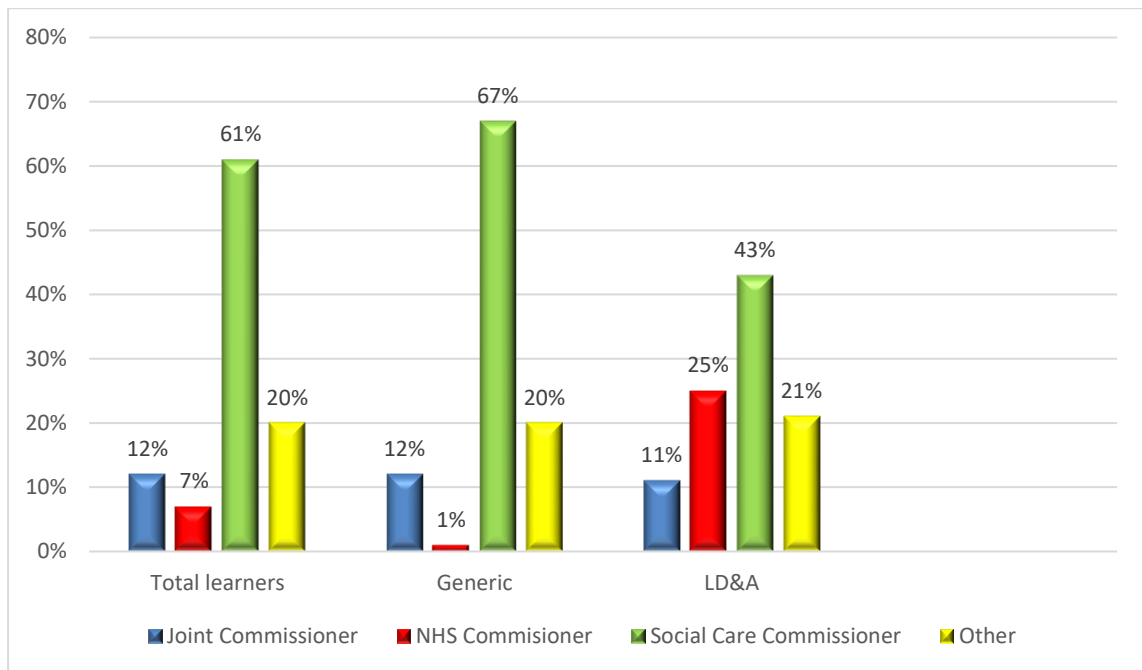
The survey was open until 26th September 2022, and a total of 115 respondents completed the survey. This represents approximately 20% of the total learners, and is a reasonable response rate. However, we recognise that respondents will have been self-selecting, and this will have engaged respondents who are perhaps more motivated to respond (either because of positive or negative experience).

Of the 115 learners, 28 (25%) had undertaken the Learning Disability & Autism version of the Commissioning for Wellbeing qualification, while the majority had taken the generic qualification. This is largely consistent with the overall distribution of learners between the two versions of the qualification summarised above.

Figure 3 summarises the range of job roles held by respondents, with more than 60% of all learners being social care commissioners. The pattern is similar between those learners taking the generic qualification and those studying the learning disability and autism version, although in the case of the latter there is greater relative representation of NHS commissioners. This is likely to reflect the different funding available to support learners as NHS commissioners receive full funding for the learning disability and autism version but are not funded to take the generic qualification; funding for learners working in social care is more complex. While 13% of those doing the generic qualification were either joint commissioners or NHS commissioners, this was true of 36% of those respondents who had followed the qualification with a focus on learning disability and autism. Sixty-five per cent of respondents overall had completed the qualification, while 35% were still actively completing; however, 84% of completers had taken the generic qualification, while 16% had taken the learning disability and autism version.

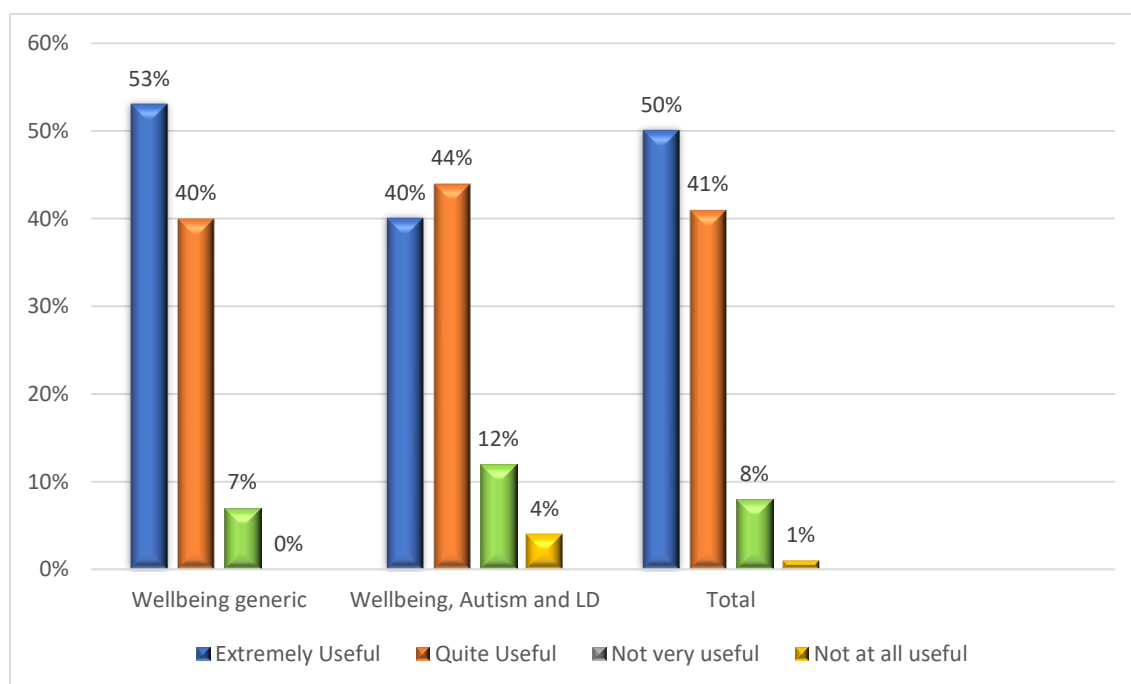
Overall, around a fifth of learners across both versions of the qualification identified themselves as having a job role other than commissioners, and the range of titles illustrates the variety of roles that can be involved in commissioning. These included, for example, development officers; commissioning support officers; business support; Digital projects officer; contracts support; market managers; project managers, and quality assurance officers. One respondent identified themselves as a Personal Assistant (PA), and another as a provider.

Figure 3:
Job roles of commissioning for wellbeing qualification learners



How useful the qualification was perceived to be by learners is important, and Figure 4 summarises the responses of learners. The responses were highly positive, with more than 90% of respondents finding the qualification extremely or quite useful, and very small proportions regarding it as of little or no use. Similar patterns of response were evident across all types of job roles and between the generic learners (93%) and those taking the learning disability & autism version (84%).

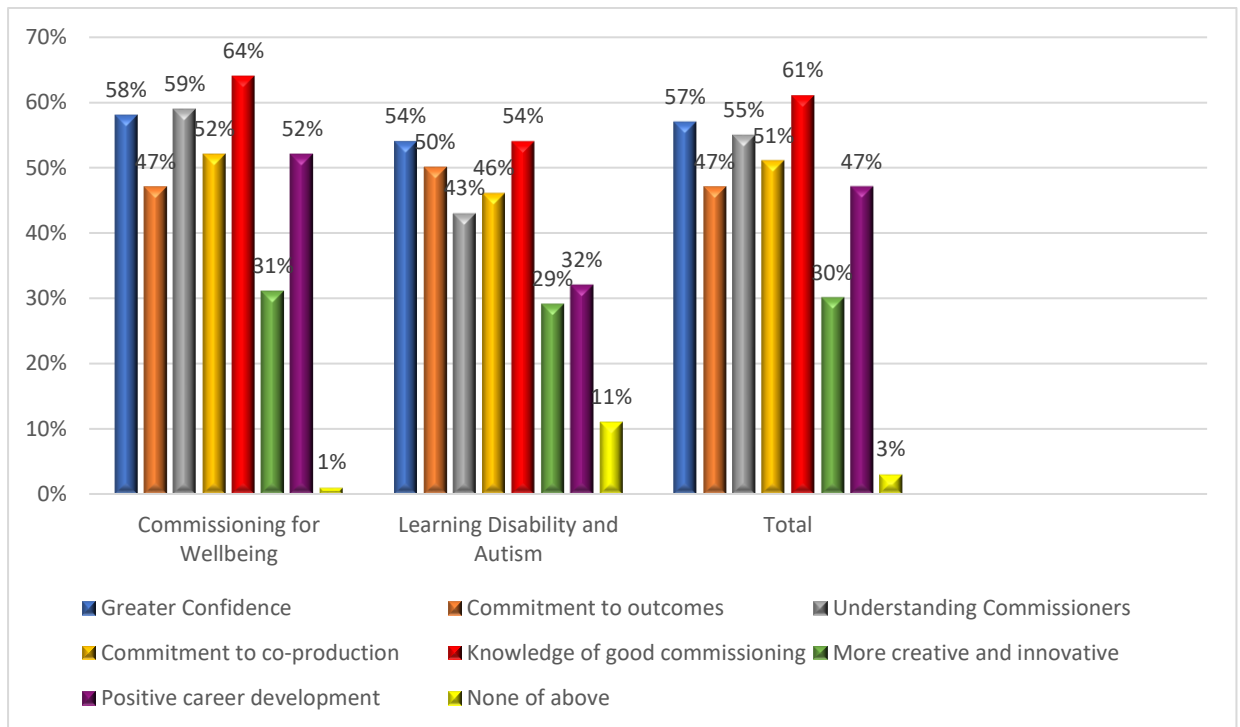
Figure 4:
Reported usefulness of qualification to learners



Respondents were asked to indicate what they had found of particular value, and to select from a list of possible features summarised in the chart below (figure 5).

The pattern of responses was very similar between both groups of learners. Some 11% of learners taking the learning disability and autism version of the qualification reported no benefit; however, this only represented 3 learners, and it was only possible to subsequently follow this up in an interview with one of these respondents. Some of the benefits – such as being more creative and innovative in commissioning practice, and positive impact on career development – are less likely to be apparent for people either still engaged in studying for the qualification, or who had recently completed. Those learners taking the learning disability and autism version of the qualification were more likely to have completed in 2022 (28%), or still to be completing the qualification (57%); this was true of 3% and 28% respectively of those taking the generic qualification. The greater likelihood of taking the generic qualification in 2021 or earlier also reflects the longer existence of this version of the qualification (launched in 2019), compared with the learning disability and autism version that was piloted in 2020, and where roll out would have been delayed by the impact of Covid-19.

Figure 5:
Perceived benefits of taking qualification



Responses were fairly closely clustered, but some features stand out:

- The top benefit identified by 61% respondents was increased knowledge of what good commissioning practices and processes look like, this was true of 64% of those taking the generic qualification, and 54% of the learning disability and autism version learners.
- More than half (58%) of all learners (57%) identified the benefits of greater confidence in their job role (58% of generic learners and 54% of those taking the learning disability and autism version).
- Almost half the learners (47%, overall and 50% learning disability and autism learners) reported an increased commitment to outcome-based commissioning, while 52% of the generic learners and 46% of those taking the learning disability and autism version reported an increased commitment to co-production.
- Fewer than one third of respondents (31% of the generic learners and 29% of those taking the learning disability and autism version) reflected that the qualification had actually made them more creative and innovative in their job role. Looking at those learners who had completed the qualification, this was true for one third (33%) of both groups of learners, compared with 25% for both groups of learners who were still completing.

Respondents were invited to reflect on positive impacts and where their practice had changed, and to provide free text comments. These comments are captured in Appendices 1 and 2 to this paper. The key themes reinforced those identified above, and in particular underlined the centrality of the following:

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- Better understanding of commissioning approaches and the commissioning cycle.
- Better understanding of ‘what good looks like’ in commissioning.
- Improved commitment to values around co-production and inclusion.
- Improved knowledge and understanding of the legislative framework.
- Greater confidence and understanding to engage with the system and challenge poor practice.

In light of these apparently positive impacts, it is also important to understand why the benefits of greater commitment and understanding were not always translated into improved ways of working or innovation. Respondents were therefore also invited to identify factors that may have been barriers to them being able to put their learning directly into practice. Forty respondents (35% of the total) offered comments (33% of the generic learners and 39% of the learning disability and autism learners). These are captured in Appendix 3, and some of the key themes can be highlighted. It needs to be understood that the majority of respondents (65%) did not identify barriers or challenges to put the learning into practice in their role. Where barriers were identified, these were most likely to be resource constraints, a general way of operating or entrenched approaches, and difficulties associated with the learner not having a role within the organisation that enabled them to make significant changes.

- Capacity and resource pressures.
- Cultural style of employers, and ‘way of doing things’.
- Organisational structure.
- Resistance to change for creative commissioning.
- Lack of managerial support for applying learning and insights.
- Resistance to genuine co-production and user engagement.
- Limitations of provider willingness to address outcomes.

The findings from the online survey provided a helpful snapshot of learners’ experiences of both the generic and learning disability and autism versions of the qualification in commissioning for wellbeing. The insights generated through freetext responses also generated a rich source of additional themes and perceptions to explore in greater depth. In the following section we turn to examine these issues more fully.

3. Listening to the learners

All respondents completing the online survey were invited to have further engagement with the evaluation and almost one third (31%) were interested in sharing their experiences. Not all those who had responded positively in principle replied to invitations, and in some instances it was impossible to accommodate people's availability. In practice, interviews took place with 21 learners (18% of survey respondents); 14 with generic learners, and 7 with learners of the learning disability and autism version. It had initially been the intention to offer a choice of individual interviews, and participation in one or more focus groups. However, the logistics of organising focus groups within a short period of time proved too challenging, and all contact was via one-to-one interviews (and in one instance in a joint interview with two learners who had undertaken the course together). All interviews were conducted virtually using Microsoft Teams. Interviews were semi-structured and lasted 45-60 minutes; all interviews were recorded with the consent of participants. Interviews were transcribed and analysed through NVivo to identify key themes and issues.

With this relatively small sample of participants, caution should be exercised in quantifying the findings, but the prime purpose of the interviews was to add qualitative depth. Most of the reflections and experiences were similar for both groups of learners. All learners commented on their experience of taking the qualification and the scale of the commitment, and although these reflections are relevant, they are not the main focus of this review which is more concerned with the impact of the course on learners' commissioning knowledge and practice (and hopefully the improved experience of end users as a result).

3.1 The interviewees

All interviews were undertaken on the basis of anonymity, and none of the participants is identified by name or employer. Learners' job titles are not included (which could make some people identifiable), but interviewees are assigned into the following categories of role):

Social Care Commissioner: Social care roles in local authority (including Public Health, market support, and commissioning development) (17).

NHS Commissioner: NHS roles, including integrated roles (2).

Social Care Provider: Social care provider roles (2).

The great majority of interviewees were therefore working in social care roles in local authorities, including most of the interviewees who had selected the learning disability and autism version of the qualification. Quotes from interviewees used in the report distinguish between the two groups of learners, with #G attached to the generic learners and #LD&A indicating those who took the learning disability and autism version. Responses between both sets of learners were often similar, and relevant differences are highlighted where appropriate. Several of the generic group of learners were also working in commissioning for people with learning disabilities or autism but had taken

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the generic qualification either because they were unaware of, or had not been offered the contextualised version, or they took the qualification prior to the introduction of the contextualised version from 2020 onwards.

All seven of the learning disability and autism version learners had either completed the qualification during 2022, or – at the time of the online survey – were still completing. The large majority of the generic learners (11 of the 14) had completed the qualification in 2021 or earlier, while the remaining learners were still completing.

As anticipated, interviewees were overwhelmingly positive about the qualification in their survey responses, with 60% overall indicating they had found it “extremely helpful”, and only one interviewee found the course “not very helpful,” which was largely reflective of them not being in a commissioning role and the qualification was of limited relevance.

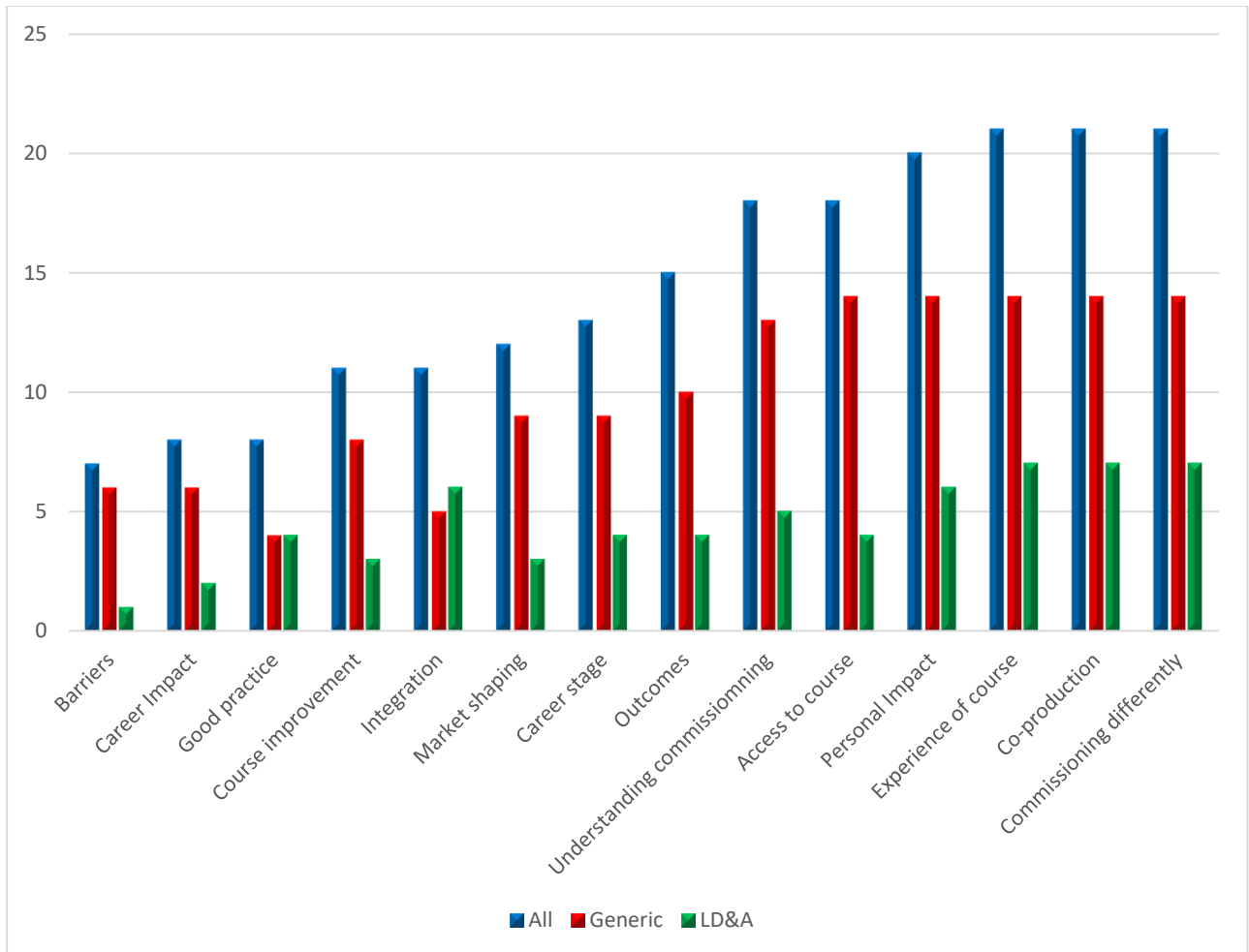
Discussions with interviewees included exploring their experiences of the course itself in terms of the quality and relevance of the teaching, and the style of delivery, and these aspects are examined further later in the report. However, the principal focus of interviews was on the impact that undertaking the qualification had on learners’ thinking, understanding and practice of commissioning.

Key themes from interviews were identified; all interviewees had reflections on their experience of taking the qualification and in addition the top six themes in descending order were:

- commissioning differently
- co-production
- personal impact
- learners' access to the course
- understanding commissioning
- outcomes-focused commissioning.

Figure 6 summarises the prevalence of key themes across the interviewees, and their numerical distribution between the two groups of learners. The main themes are explored more fully below; the personal impact of the qualification on learners was a dimension that arose as a cross-cutting theme, and it is embedded in the analysis rather than explored as a separate topic.

Figure 6
Key frequencies of themes in interviews



3.2 Access to the course

Learners had a range of experience in accessing the Commissioning for Wellbeing qualification. Almost all were offered the opportunity by their employer or line manager, but with varying degrees of support and encouragement. Many were eager to take up the opportunity and were enthusiastic learners, while a minority undertook the qualification either because it was required, or likely to become a requirement. A couple of learners had to actively argue the case for doing the qualification. People were at different stages in their commissioning careers; some had extensive experience and seniority while others were relatively new and held junior positions. Some of the more experienced learners would have liked to have taken the qualification earlier, while others found the content over-familiar and insufficiently challenging. Some of the less experienced learners embraced the opportunity enthusiastically and had accelerated learning, while others lacked the range of practical examples and experience to inform their learning but benefited from the experience of other cohort members.

The majority of learners (12 of the 18 who commented on access) identified their employer or manager as enabling them to do the qualification. There were no obvious differences in experience between those taking the generic course and those taking the learning disability and autism version.

However, there was a continuum of experience, and people's pathways to the course revealed a considerable amount both about individual learners, and about the style and culture of their organisations and the attitude to training and development.

Having a supportive employer and line manager were key enablers for people, as these comments highlight:

"The offer for the course came through at work and a few of us put our hands up for it – perhaps a bit more driven than others – we were one of the first waves that went through it. Since then, most people have done the IPC Oxford Brookes one, there are only 4 of us who have done this [from here] but I think a couple more are coming on in the next round."

"[The authority] has invested a lot in leadership programmes and co-production - they recently sent me on a 'next generation leadership' programme; they really do invest in learning and growing their own, if they see potential, it's enhanced." [Social Care Commissioner, #G]

And

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“I’m really lucky – my lead commissioner is excellent at explaining things so when I started the commissioning officer support role, she very much took time to explain to me we’re doing this because... I think without that input, I would really have struggled in my job role and with the course as well.” [Social Care Commissioner, #G]

Some learners had missed out on opportunities to access the course previously and were therefore eager to take the chance when it came their way, as this person commented this followed a change of employer:

“In my prior job (...) I got to know about the course, which was becoming the industry standard so to speak, three colleagues went on the course when I was there, but I didn’t get the opportunity to go then. But when I came here it was actually my manager who asked if I was interested in it, and I said yes.” [Social Care Commissioner, #LD&A]

Many learners also benefited from managers having a clear understanding of the potential of the course, and why it would be of benefit, for example:

“When this course came up – my manager gave it to me – she said, ‘this will cement your knowledge in terms of what you’ve been doing,’ and it did. It made me reflect on: I know what I’m doing; I think I know why I’m doing it, and I was very fortunate that at the time I had a very person-centred manager.” [Social Care Commissioner, #LD&A]

“We’d been made aware of [the course] by Skills for Care – we chat to our local rep – but it was offered to everyone within the team, and there was a real willingness to get someone at least onto it. If not more than one given that it appeared to have a bit of weight nationally and was quite sought after (...) so my manager made me aware of it, and I’m always very keen to pick up anything.” [Social Care Commissioner, #LD&A]

Other learners already had considerable experience in commissioning, and the qualification was seen as a way of recognising this:

“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]

And

“[Doing the course] was really about having a qualification to back up the evidence; we were both experienced, but there have not been many commissioning qualifications and for progression you need to be able to evidence that, and if you were to move areas. We were offered the opportunity.” [Social Care Commissioner, #G]

Indeed, the offer was presented in a way that was hard to ignore:

“We were advised that in the very near future to be a commissioner you would need something like this to remain in this work, that’s why we did it.” [Social Care Commissioner, #G]

Another learner also experienced the course being a requirement of their job role:

“We were asked to do [the course] as part of the commissioning support officer role, it was one of the mandatory things that we did the course. It’s nice to be offered training at that level, and at my age, it’s not something that most other local authorities would – and I know talking to other people on the course people had to really pester to do it.” [Social Care Commissioners, #G]

“I know with commissioning there isn’t a lot of training, accredited training, out there, so yeah I was happy to sign up.” [Social Care Commissioner, #G]

Some learners had identified their personal training needs in discussion with their managers, including some who felt they were insufficiently skilled in understanding commissioning or needed specific support:

“Me and my manager talked about training needs and the challenges – the fact that there probably isn’t an off-the-shelf commissioning course that you can just send new starters on. I had some colleagues who signed up to do the course.” [Social Care Commissioner, #G]

And

“I was fortunate, I got to go on the commissioning course not long after I joined the commissioning team.” [Social Care Commissioner, #G]

The feeling of not having the right (or any) qualification for commissioning was not unique to those at an early stage of their career, as this comment emphasises:

“I really liked it, because I haven’t got any formal training as a commissioner – although you might think that having an MBA sort of prepares you for it! I didn’t feel as if I had any formal qualifications in commissioning (...) It’s about credibility (...) I very often find myself in a minority of thinking, and what I was hoping to get from the course was to crystalize whether I’m off or they’re off!” [Social Care Commissioner, #LD&A]

And

“I’ve been wanting to do a commissioning qualification for quite a while because I was really conscious that I didn’t have a formal qualification although I had lots of experience (..) the timing with having two children and maternity leave and then part time working meant that when there had been an offer of qualification I couldn’t take advantage of

that offer. So, I'd missed out on a couple of rounds. So, when Commissioning for Wellbeing came along my manager put me forward because she knew I had missed out on it. So, I was the first person to start off doing it." [Social Care Commissioner, #G]

For others, the opportunity arose through happenstance, but fitted well with their own interests and motivations, as these interviewees described:

"My head of Department put me forward for it (...) I think somebody else had dropped out. Nobody else in our team had done it before, so she put me forward (...). I love learning and writing so I was more than happy to put myself forward." [Social Care Commissioner, #G]

And

"We got an email round from our organisational development people asking if anyone wanted to do it, so I put myself forward. I thought it would be quite interesting and one of my colleagues had done it the previous year and she had enjoyed it and recommended it." [Social Care Commissioner, #G]

Those learners who were new to commissioning, or felt they lacked knowledge and credibility were often especially keen to access the qualification, as these comments address:

"I hadn't got that much commissioning experience [before the course] only about a year, and it takes that long I think to even vaguely understand what we are doing. So, I'd kind of just got my head around it and then we started the course." [Social Care Commissioner, #G]

"It was a big change for me coming into commissioning; I felt like I knew nothing! It was like a blank slate (...). So, when the option for this course came along I was really keen because I felt like I didn't know a lot of the background that some of the others who had already worked in commissioning for a while just maybe naturally have but I didn't." [Social Care Commissioner, #G]

Similarly, another learner described how taking a major step in career progression made the course highly relevant and timely:

"Two of my colleagues had done it when it first started – they were among the first tranche of people. I felt – I had gone from a Level 7 to a Level 11, so it was a big jump, and I didn't have a lot of confidence - I just wanted that bit of confirmation for myself, and also to learn, that actually yes I can do this, and I have got the appropriate knowledge." [Social Care Commissioner, #G]

A minority of employers did not appear to have a culture that saw training as a priority, or as something that would be offered routinely, particularly to new starters, as this person found:

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“Two officers that were working in commissioning had not done any commissioning course at all (...) when I joined I asked are there courses because I was new to commissioning (...) I’m glad I set the ball rolling!” [Social Care Commissioner, #G]

Not all learners were well supported or easily enabled to undertake the qualification, and for a couple it was difficult to secure approval, or for it to be recognised that such training was of value:

“But I did struggle to get on the course – I had to beg, borrow, and steal basically! I was going to pay for it myself! Skills for Care funded a large part of it, but I needed I think it was another £900 and my boss had to do a business case for that. That made me feel irrelevant and like obviously commissioning doesn’t need any training, you can just do it!”

“The tutors on the course said it showed real tenacity that you kept going to get your money!” [Social Care Commissioner, #G]

Learners typically became ambassadors for the qualification, and many encouraged colleagues, especially junior colleagues, to subsequently embark on the qualification, for example:

“We have a lot more training opportunities now than ever before, and as part of my new role I manage an individual now and when she started one of the first things I said to her was ‘if you get the opportunity to go on this course, I would really encourage you to do it.’ And she starts next month! (...) I’m like a massive advocate for it around here.” [Social Care Commissioner, #G]

And as another learner remarked:

“I’ve not seen the course advertised since I did it, but if there’s another opportunity I’ve definitely spoken to one of my colleagues about them doing it; she’s kind of in a similar place that I was, and she just needs to build that knowledge.” [Social Care Commissioner, #G]

Several interviewees reflected on the different career stages of learners in their course cohort, and whether this made a difference or if there was an optimal stage of career to undertake the course, as these comments illustrate:

“There was a range of experience – some people who were relatively newer to commissioning, more like me, and some people who had been in the game quite a bit longer (...). I’d also be interested to know what people make of the course if they’re relatively new to commissioning or if they’ve been in it a long time; I think it depends on the culture and what people have been doing, whether it’s a real shift for people.” [Social Care Commissioner, #G]

“But there were a couple of people in the group who had definitely been in a commissioning environment for far longer than some of the others (...) some people engaged less than others.” [Social Care Commissioner, #LD&A]

Others were concerned that less experienced colleagues embarking on the course would find it too challenging, or would not have the practice examples to draw on:

“I couldn’t see how if you hadn’t had a bit of experience as a commissioner how – and this was a concern because two of our colleagues who are quite new in our team are doing the course now. One has a housing background, but the other one hasn’t come from anything she could use experience-wise, and it was a concern (...) what she would actually write about for the subject matter.” [Social Care Commissioner, #G]

And

“When I finished it I thought well, you couldn’t do that as a new person! But then I’ve sent some of my team on it who are new people! I was able to draw on my experience of commissioning and I could draw on lots of things that I knew of even if I hadn’t necessarily done, and the history in [the authority] (...) and I don’t know how a newbie would manage that and they love the local examples, which is good but if you don’t know it how would you know, and if you’ve just joined the team, how would you even know what to ask?” [Social Care Commissioner, #G]

For less experienced people accessing the course, having a supportive environment was seen as particularly important, as another former learner reflected:

“One of my work colleagues also went onto the course, and she was a real newbie, so she didn’t know very much about commissioning at all, and I ended up mentoring her. And she actually did very well but she didn’t have very much confidence in herself. She was a bit overawed by the fact that there were quite senior commissioners on the course, and she was just completely starting out.” [Social Care Commissioner, #LD&A]

Some learners who had done the course when they were already experienced commissioners reflected on the value it might have had for them earlier in their career. One person who was now supporting a more junior colleague to access the training commented:

“It’s nice we can offer that as a foundation, because mine came quite late in my commissioning career and I remember thinking this would have been so good at the beginning; if I could have done this when I started in the commissioning team it would have been fantastic. I basically got an induction with the Commissioning Cycle ‘these are the four stages, off you go’.” [Social Care Commissioner, #G]

Another learner also reflected that they might have worked differently had they done the course earlier:

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“Yes, I think I would; I think I probably would have done some things a bit differently (...) I did a lot of work on unpaid carers in my adult commissioning career, and I think there is more I could have done in public health and primary care in that area.” [Social Care Commissioner, #G]

Other learners recognised that there may be merit in doing the course early in a commissioning career, but nonetheless could see the benefit of having a mix of people in a learning cohort:

“I think if I had walked in the door as a children’s commissioner and gone on some intensive training for a couple of weeks that probably would have been really helpful. But I also think it’s quite useful to consolidate what I’ve learnt. I can see it works; I can definitely see there is value in it (...) but I think having people from different stages of their careers in the sessions is really helpful.” [NHS Commissioner, #LD&A]

3.3 Understanding Commissioning

Improved understanding of commissioning, and particularly of the underlying conceptual or theoretical basis, and of the legislative framework for commissioning, were major themes in discussions with learners. It was striking that both newcomers to commissioning, but also those with established careers, were often unaware prior to taking the qualification of the wider context to their role and responsibilities or had an incomplete understanding of relevant legislation. Many learners had previously picked things up ‘on the job’ rather than being given the tools and training to be commissioners. The course gave them a coherent framework for their practice at both strategic and individual levels. Eighteen interviewees commented on the change in their understanding of commissioning; this was true of 13 (93%) of the generic learners, and 5 (71%) of the learners taking the learning disability and autism version of the qualification.

Discussions with learners indicated that ‘commissioning’ can be a vague and amorphous term, and that many of those working in commissioning (even for some considerable time) often felt the lack of any conceptual or theoretical basis for what they were doing, prior to taking the course. Indeed, as we reflected previously, this was often a significant part of the motivation for embarking on the qualification. The following comments were typical:

“Wellbeing was a bit of a woolly concept to me! Definitely less so now (...) I should have known more about that earlier I think, looking back! It’s multifaceted and the

provider is not necessarily going to do all those bits, but which elements of wellbeing are they helping us with?” [Social Care Commissioner, #G]

“As I was working through the pay grades, I started putting in packages of care for people (...) but I’d never received the training to tell me how to commission (...) all picked up essentially from learning from what my colleagues had been doing.” [NHS Commissioner, #LD&A]

And

“It’s really hard to articulate what commissioning is – the buying and delivering of service, but it’s not really! And particularly with provider collaboratives coming on board, it’s even more compromised. And I think until we get really clear about what it is ourselves, and really start to use our elbows to be saying what we need to be doing and how to support people with a valued offer, it’s probably not going to change any time soon.” [NHS Commissioner, #LD&A]

As the same interviewee also observed, commissioning for particular needs can get ‘lost’ amongst the many demands that commissioners can face:

“Very often children’s commissioning is like a two-man band and you’re not only commissioning LD&A, but you’re commissioning the continuing healthcare offer, and personalisation and cancer, and dentistry – absolutely everything you could think of under the sun, and it’s a really small team of people delivering it. And it gets lost against adults which is a bigger population and have more needs, so it’s really important we have space for children and young people’s commissioning, particularly in learning disability and autism as they’re liable to get forgotten.” [NHS Commissioner, #LD&A]

As another interviewee explained, different models of commissioning also bring their own challenges, and some strategic approaches to commissioning are much wider than social care or wellbeing, for example:

“The new commissioning officer role is council-wide so you could pick up waste, or leisure and culture or anything really that needs commissioning or recommissioning. We do tend to funnel into areas of interest, so I have domestic abuse support services; safe accommodation and refuge; substance misuse; children’s and adults services; SEND; welfare rights.” [Social Care Commissioner, #G]

Having some sort of conceptual approach to commissioning, and understanding the reasons for doing things at particular stages, was seen as a clear benefit of developing a better understanding through the course, as these comments highlight:

“But putting some structure around it so that I knew when I was doing that I also needed to do this at a later stage or the same time. We’re all guilty of not putting evaluation in until the end when actually you need to build that in at the beginning. So, all those things being laid out was quite useful.” [Social Care Commissioner, #G]

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“When the option for this course came along I was really keen because I felt like I didn’t know a lot of the background that some of the others who had already worked in commissioning for a while just maybe naturally have but I didn’t. So, things like the theory and the legislation; no one teaches you that on the job do they? I know you pick it up a bit naturally but sometimes you just need that background in the theory and some of the legislation that underpins the things you do, like co-production – no one really teaches you that as such before you start.” [Social Care Commissioner, #G]

Other learners commented that although it was helpful to understand more of the conceptual foundation for commissioning, they were still uncertain about the actual steps they needed to take (this is a topic we return to later in the report):

“It’s like, so you’ve commissioned something, what do you do now? I’ve got to do the specification, how do I do it? But I suppose each council might have a different stance on how they do it. I think here we do have a proforma which gives us the headings – but that’s only recently – and then it’s and what do I put in there?” [Social Care Commissioner, #G]

As another learner also commented:

“It’s not a ‘how to be a commissioner’ course. It’s probably, ‘how to incorporate wellbeing into your commissioning,’ which is fine, and that’s how we should be working in a person-centred way. But I think we were all quite new to post when we signed up for it, and there have been aspects that have been really useful in my role, and there’s a lot that I’ve learnt through working in commissioning and with other commissioners – that’s how I’ve learnt how to be a commissioner; not from the course.” [Social Care Commissioner, #G]

Similarly, another learner commented that the approach to commissioning was in some sense detached from the reality of their practice:

“The easiest way to describe it is that the course itself is ‘true commissioning;’ it’s commissioning in its purest form, and what we should be aiming to attain. Where the difficulties come think is when you come into the working environment! And you’ve got governance and process, and local authority red tape that you have to navigate through to get there. I will often mentally refer back to it – ‘what should it look like?’ ‘What should we be doing?’ ‘What is the process?’ But then you often find yourself under pressure from timescales, but that should be what we are always aiming at trying to achieve.” [Social Care Commissioner, #G]

For learners who were relatively inexperienced in commissioning, the course provided them with an understanding of approaches and terminology that they might not otherwise have acquired, for example:

“In some ways it’s the course that has helped me identify the gaps [in my knowledge]. I was aware of that in the sense of discussions with my line manager in one-to-ones and in appraisals (..) there were aspects of the Commissioning Cycle that I had just not been involved in yet. And you know, the situation when you might be in a Team meeting and people are talking about things, and you think ‘what are you talking about?’ I think I know but it’s not really the situation to ask what it is when there’s operational stuff going on.” [Social Care Commissioner, #G]

And

“There’s no commissioning training in [my authority] at all, so that was my only alternative. What I’ve learnt is what I’ve learnt on the job, but I hadn’t learnt the academic stuff, and I wanted to know that (...). I would go to meetings, and I think ‘I don’t know what they’re talking about’ because it’s a whole new language, and I just needed to know more, and I’m like that anyway – I like to learn as much as I can about anything I do.” [Social Care Commissioner, #G]

The same interviewee described how prior to the course they hadn’t understood key elements of the commissioning process, but that this now made more sense to them:

“I think the whole procurement process; I knew about procurement but didn’t know how integral it was with our process. And just names of documents – like I was told to do a waiver, and I thought what’s that? I don’t know what a waiver is. Obviously I found out eventually. And acronyms; different types of commissioning like outcomes-based commissioning, all that kind of stuff – I knew we wanted to work in a strengths-based way; I knew all of that, but actually having it consolidated in a lesson was really helpful.” [Social Care Commissioner, #G]

For others, in addition to building their own knowledge, it was clear that the course gave them credibility and the confidence to challenge approaches and practices, as this learner described:

“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]

A key part of improving understanding of commissioning, and the potential to try different approaches, was the sharing and discussion between learners with other members of their training cohort, as these comments underline:

“It’s really helpful – as a group of people to be around and hear about challenges people are facing...it’s great to bring a bunch of commissioners together so you can hear what is going on.” [NHS Commissioner, #LD&A]

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Learners also valued the opportunities to deepen their understanding of legislation that affected both their own role and that of other health and social care colleagues, for example:

“When you’re higher up the ranks I don’t think you would need to know some of the basic stuff that’s covered (...) the fundamentals like why we do person-centred commissioning, why do we do outcome-based commissioning. What I found really interesting – we had to do presentations on the different legislation that underpins what we are doing (...) I picked all the ones I didn’t know – the social care ones, and it was dead interesting, wow! That’s what underpins what a social worker does?! Get out of here – they don’t do that!” [NHS Commissioner, #LD&A]

And

“It was a really good opportunity to give myself some time. To look at things like the statutory framework because when you’re in that pressurised job, it’s not something you have. Usually if I’m doing like an options paper or something like that, I will just look at the piece of the Act that requires me to deliver services, so it gave me a bit of time. And also, to consider the political environment for commissioning, with a small ‘p’ and well as a big ‘P’.” [Social Care Commissioner, #LD&A]

Learners sometimes brought different experiences with them from outside commissioning, or from other sectors, which also brought a different perspective, as this learner reflected:

“It’s interesting for me having worked on the other side. I’ve tried to influence commissioners and remind them not to forget me but doing my job now I can absolutely see why it wasn’t as straightforward as I thought it would be. Because there are things that I need to do but no one is interested in what my governance looks like or what my waiver policy is; no one is interested in that!” [Social Care Commissioner, #G]

Another learner who was working as a provider was explicit about the reasons for doing the course:

“The issue I was having - which is why I wanted to do that course – I wanted to see why commissioners, when it’s all in the literature and legislation about personalised care – why they couldn’t contract with us or break free from a block contract, because we weren’t in their framework, to enable this to happen. When everything is about keeping the person at the centre and there are so many obstacles and hurdles. I wanted to see for myself why they couldn’t do things differently.” [Social Care Provider, #LD&A]

As they explained:

“We would have these big discussions and see it from their point of view, and they have massive constraints – which I get – with legislation and policy and central and local, which I didn’t really know about before so that was really interesting to see; but I still think that some of them could think more ‘out of the box’ and make it happen.” [Social Care Provider, #LD&A]

While this learner was explicit that having greater knowledge and understanding of commissioning would be helpful in speaking the language of commissioners, the motivation for doing so was also clear:

“I wanted to know about this, and it will just make my job easier because I can challenge them: this is what we should be doing, let’s try together to come to some sort of outcome for the benefit of our clients.” [Social Care Provider, #LD&A]

For people relatively new to commissioning, there was a steep learning curve on the course, but for those learners with more experience there was still considerable value in bringing their knowledge and practice together and consolidating it, as these comments demonstrated:

“Some of it [the learning] was a bit of reassurance – particularly the Commissioning Cycle, I think it’s a really important thing. In the work that I do that may sound obvious, but I’m constantly shocked how many commissioners are not only not familiar with the underpinning theory, but also don’t practice it (...) I find that as an infrastructure a really useful process. So, I constantly question, and the course reinforced that for me, question ‘am I applying the commissioning cycle?’ and that’s a self-discipline thing, I make sure I now impose it onto my own professional practice. Which I probably hadn’t done that strictly before.” [Social Care Commissioner, #LD&A]

“I don’t think there have been any light bulb moments of ‘oh, I didn’t know that’ – which is reassuring – but what it has enabled me to do is reflect on what I did as a commissioner and really home in on that as part of my job now. And I’m not a big reflector, so that’s been really helpful. It’s made me reflect a lot on my career and how I can bring that into this role and translate it into policy. We’re meant to keep a reflection diary, but I haven’t been very good at that bit!” [NHS Commissioner, #LD&A]

“For me, it’s great as it is solidifying everything I’ve done – like the session we had last time was on decommissioning and it reminded me that oh I have done decommissioning, and I did do this, but I did it without any of this kind of toolkit, so that sort of thing is really useful to know about.” [NHS Commissioner, #LD&A]

Developing a greater understanding of commissioning – both in terms of the theory and underpinning principles, and in practical components such as applying the Commissioning Cycle – were clear benefits for learners. As described in Section 1, the qualification places a particular emphasis on outcomes-focused commissioning, and we turn now to explore this in more detail.

3.4 Outcomes-focused commissioning

Around half of the respondents to the questionnaire identified an increased commitment to outcomes-based commissioning as a result of the qualification; among interviewees, comments about increased commitment were made by 67% of participants (71% of generic learners and 57% of those learners taking the learning disability and autism version). For some learners it was clear this was a significant shift in their understanding, while for others it gave them the credibility to argue for the importance of outcomes in their practice.

Many interviewees commented on the confidence they had acquired from the course in terms of understanding what they should be doing and why, and how they were more likely to challenge poor practice and to seek improvements.

This interviewee, for example, described their approach to maintaining a central focus on the person at the heart of everything, which was a technique they had developed through the training:

“On the front of each notebook now, I’ve got ‘Me’ at the centre of it, and to me that means the person; what am I doing? And it’s a really good thing to look back to, when you’re talking about people in crisis you can go off on tangents, and you get tangled up in processes...but if you just glance over to your notebook, and it’s like OK strip it back, what am I trying to achieve here?”

And

“Today I had a situation and I just stopped and thought what does this person want? I was almost going through my commissioner’s checklist of all these things that I could prove that I’d tried, and I was like I don’t know if I want to do it that way! She’s not ultimately going to benefit to start with, is she? So, what are you doing and why are you doing it, what’s the end result that you’re looking for? And then it’s me saying these things in meetings, isn’t it? To then making my colleagues think the same way.” [NHS Commissioner, #LD&A]

Always thinking about the desired outcomes from a service or intervention also influences how commissioners relate to providers, as this learner commented:

“Wellbeing is always on our agenda, that’s our end goal that we help the providers so that the person using the service (...) so it’s positively influencing their wellbeing.” [Social Care Commissioner #G]

Understanding the outcomes that are important to people also requires commissioners to listen, and to ask the ‘What Matters?’ questions. As this learner remarked, this was a key emphasis of the Commissioning for Wellbeing qualification:

“I think the importance of ‘What Matters’ was really drilled in from the person focused approach on the course; putting people at the centre of whatever we do.” [Social Care Commissioner, #G]

Another learner recounted the experience of talking to a parent-carer:

“We spoke to someone whose son attends one of the Day Centres and her point was at some point I’m going to retire, and I would like to have a retirement that isn’t spent providing and working (..) and from her version of events our response to her from her son’s childhood on had been awful; from our version of events, probably compliant with everything along the way but not necessarily in the best interests of the family.” [Social Care Commissioner, #LD&A]

This comment starkly illustrated the difference between outcomes defined purely in service terms, and meeting statutory duties, and the outcomes that were valued by the person using the service and their family.

Some learners acknowledged that the approach of their authority, or of their own practise, had previously fallen short of what they now understood to be the importance of outcomes. For some, this might mean that they addressed outcomes with providers, but paid insufficient attention to the views of people using services, as this learner pointed out:

“We’re working with the provider, so not always directly with the service user (...) but then I thought I should probably engage more closely with the actual service user! We should have had more of a co-design strategy, and we should have involved them more at the time I think. We did lots of engagement with the providers, but I don’t know if we always truly get into the service user and their families as well. I don’t think we’ve been as good at that in the past as we could have been.” [Social Care Commissioner, #G]

Another learner with considerable experience similarly admitted that the course had challenged their approach:

“Obviously when I started out we weren’t outcomes-based, definitely not. This particular course made you stop and think about critical analysis, about the co-production – I’ve always been big on engagement and co-production, and I’ve always done a lot of research as well, so I was used to doing that. But sort of embedding, and now using the tools that we got from the course with all the research information we were provided with – so like the King’s Fund, SCIE, the LGA – so when we are starting to look at a new piece of work to make sure that we explore. And we always did, but not to the same extent maybe.” [Social Care Commissioner, #G]

Other interviewees described how they were now approaching commissioning or recommissioning services and what they were focused on, for example:

“I’m hoping to make a difference; that’s all any of us can hope to contribute, isn’t it? To actually make a difference to individual service users. That’s so important I think.”

[Social Care Commissioner, #LD&A]

Another learner described how they had been able to bring a much clearer focus into their provider monitoring, as a direct result of their understanding from the qualification:

“We have a really small contract with a sight loss voluntary sector organisation who do like volunteer befriending (...) and I receive the reports, and I got the quarterly reports just as we were looking at outcomes [on the course] and I thought we actually haven’t asked anything about outcomes! We’re literally just asking who has come through the door and what they’ve done, just outputs. It never really clicked before and I think because we have a lot of confidence in the provider (...) so I’ve met with the provider, talked about outcomes, explaining why we’re looking at it (...). So, we’ve talked about outcomes, we’ve talked about tools they could use, we’ve agreed a short form wellbeing tool that they’re now going to capture so when they come to do the annual report there will be outcome data which we hope will show it is improving the wellbeing of people with social care needs, and also using some of the qualitative stuff.” [Social Care Commissioner, #G]

The learner recognised the need to be proportionate in their demands on the provider, particularly given the small scale of the contract, and not burdening them with inappropriate reporting, while also enabling them to provide relevant qualitative data and case studies. As they observed:

“So that’s all really positive. But I sit and wonder would I have even got to the starting point if I hadn’t done this course? I think if you look at the timing, it has to be connected.” [Social Care Commissioner, #G]

Another learner also described how the course had shifted their understanding of, and approach to, outcomes:

“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]

Understanding that outcomes have both quantitative and qualitative dimensions was also an important insight for some learners, particularly when lived experience might be overlooked, as the same interviewee reflected:

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“Outcomes in commissioning: oh, honestly my colleagues in procurement are so into their quantitative data, I’ve had a bit of a battle! I ended up having to commission – separately – someone to go in independently and do some user surveys, because it was like you’re just not listening to that voice! And actually, the outcomes from that were fantastic because we can use them to shape the future. And what we heard from people was that generally they get treated with dignity and respect, but that actually consistency is really important for people, and having regular people that they can build those relationships with.” [Social Care Commissioner, #G]

Another learner had clearly taken on board the centrality of outcomes, and was applying that focus to their contract management:

“Through my contract management – I like to look at the case studies, not just at the figures because sometimes you can easily fall into like 200 people have done this. But actually, looking at individual outcomes is something I focus on a lot more than I would have done before.

For example, in one of the contracts I manage we get a quarterly performance report with all the information including case studies, but we also do a Quality Management Framework as well, so we get the quality side of it not just the figures. We consider that as well as part of contract management. What is it actually doing? Not just ticking a box for this number of people did this, but what improvements have been made for those people?” [Social Care Commissioner, #G]

It is not only commissioners who need to change their approaches to outcomes, but providers too. Unsurprisingly, if providers have not been asked about outcomes other than in basic quantitative data, they are unlikely to have a sophisticated approach to monitoring or evaluating wider outcomes. This learner recounted the support they had offered a provider for just this purpose:

“I remember having a conversation with the carers provider and saying you need to have a tool to measure the distance travelled if you want to demonstrate your worth to commissioners and funding, that’s what you want to do. I think they had the Outcomes Star at one point. I maybe would have done that earlier.”

And

“I think I’m more focused on it because of joint commissioning with health; we think about outcomes, but Health are more about proving things! With outcomes for carers that’s quite difficult. How do you prove helping that carer?” [Social Care Commissioner, #G]

This interviewee described how their authority was changing the nature of the offer for day services:

“The Day Services more broadly have changed their model; I would say 5 years ago it was building-based, and the example often given to me – and I wasn’t part of this – but there was just like a stack of puzzles, and realistically are we doing anything that is benefiting the people using the service? There wasn’t necessarily an investment in them – they went into the Day Centre, they stayed there all day, and it seemed really archaic what they were doing. Who wants to do a puzzle for twenty years of their life, day in and day out? So, the Day Centres now are going through a complete overhaul and have been for the last three years; it’s so much better than it was, and it is innovative, but probably what it should have been all along.”

“Some of the things I’ve set up – now they’re linking with different communities and voluntary agencies to provide services ...they’re far more visible and part of the community, so people are out and about rather than being within the building all the time. They’ve moved to a position of requiring an outcomes-based care plan for everyone and those are revisited on a monthly basis to ensure there isn’t any point where people are just standing still or stagnating by being within those services. There’s a lot more exposure to a lot more experiences for people – like the gym and we’ve worked with different caterers and my team have just been successful in getting grant funding for employment, so people are now taking part in catering. And we’ve taken over the management of the restaurant at County offices, so there’s a lot or exposure to people who use our services because they’re providing all the catering. It’s mind-blowingly different to how it used to be! There’s loads going on; it’s really good to be part of that.” [Social Care Commissioner, #LD&A]

Some learners wanted to be more outcome-focused but experienced difficulties in their systems that could create barriers, as this interviewee described:

“[Outcomes based commissioning] is something we are discussing at the moment; we are looking at our day and night care opportunities (...) it’s an early stage of discussion with ourselves and our providers. I can see how it can work; it must benefit people, but we’ve also got the barriers of how our systems work.

It’s very prescriptive I would say, so our finance system has like 1 hour, 2 hours, 3 hours; but maybe that person won’t do that and won’t achieve what they need in 3 hours and need to have a little bit more flexible. So, we’re looking at can we do blocks or something – how can we make this work? And how can we monitor it, make sure they [providers] are doing what they are meant to?” [Social Care Commissioner, #G]

The same person commented that even where outcomes are specified, there may be little ongoing focus on them:

“Practitioners walk away from the case once it’s stable, so there’s no checking if a provider is meeting those outcomes until a year later at the review date.” [Social Care Commissioner, #G]

As this section has highlighted, a focus on outcomes in commissioning was recognised by learners as a key feature of the course. For some, this reinforced the approach and understanding they already adopted in their practice, but for others it was challenging and encouraged them to reflect on their approach and how they might better engage with both end users and service providers to ensure outcomes were central and were appropriately measured. Some learners experienced barriers to pursuing an outcomes-focused model because of the way their organisations operated, and also reflecting – in some instances – the relatively junior status of some learners and their inability to exercise autonomy or influence commissioning practice.

3.5 Co-production

The concept and values of co-production emphasise that people who use care and support services, and their families and carers, are the experts in their situation and should be fully involved in shaping and commissioning support for themselves and others. All 21 interviewees referenced co-production, but there was a wide range of interpretations and understandings. Some learners believed they always worked in a co-produced style, and that this was fundamental to their values; others had deepened their understanding and commitment to doing through taking the qualification (as the survey reported in Section 2 indicated), particularly as a result of hearing from people with lived experience and seeing practical examples of co-production. Others distinguished between their personal commitment to co-production, and the absence of a systematic approach to this within their organisation. Some learners clearly progressed in their understanding through the qualification and had recognised the important difference between genuine co-production and more tokenistic forms of engagement.

A closely related concept to commissioning for outcomes, is that of co-production; this is a core value and principle at the heart of the course. Co-production is vital in identifying the outcomes that services and support are trying to deliver. The ideas and principles around co-production have developed over time, and arose in particular from disabled people’s organisations, and from the work of [Think Local Act Personal \(TLAP\)](#) and their National Co-production advisory group. Co-production is characterised by the involvement of people who use services as *equal partners* and is often distinguished from ‘engagement’ which is likely to feature consultation with people who use services and asking them to respond to proposals or plans that have already been drafted.

The centrality of co-production to the Commissioning for Wellbeing qualification was seen as a defining characteristic by this learner:

“What the course represents – co-production and really listening to what people want and not saying this is what you’re going to get.” [Social Care Commissioner, #G]

Several of the learners believed that co-production was just what they did, even if they didn’t label it as such, for example:

“The co-production stuff is something I’ve always tried to do.” [Social Care Provider, #LD&A]

And

“I think it was all stuff that we did but we didn’t necessarily put a name to it, but it was things that we were in the main doing.” [Social Care Commissioner, #G]

Others were clearer that co-production *has* to be core and indeed were passionate that this should be a defining characteristic of commissioners:

“Co-production and all of that – if that isn’t you, and if that’s not stuff you value, then you shouldn’t be a commissioner in my view!” [NHS Commissioner, #LD&A]

And

“All the stuff around the wellbeing focus, and co-production – that’s what I do for a job, so that’s why I do my job. In a previous job I was on the flip side and worked for an independent charity which supported champions with learning disability to work with the local authority, so I’ve done it from both sides.” [Social Care Commissioner, #G]

Sometimes, the understanding and commitment of learners was not just professional, but also personal, particularly when there had been negative experiences of services, as this learner also acknowledged:

“I think I just talk to people, and my family experience – growing up with a brother with autism, that was challenging (...) I always think about those [experiences]. That’s not the image of myself or the image of commissioning or the local authority that I want to portray. I think we have a responsibility to project that yes we do care.” [Social Care Commissioner, #G]

Some learners – particularly those relatively new to commissioning – had not understood the context to co-production before taking the course, as this person explained:

“At the time I wasn’t aware of the legislation that creates the construct that needs to be in place for co-production and engagement (...) and alongside that (...) it’s a whole different mechanism that takes place within care where you respond to what people are

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suggesting and almost design services that they want.” [Social Care Commissioner, #LD&A]

Another learner had no previous awareness of co-production but had developed the skills and understanding from the qualification and was equipped to bring the approach to practice:

“Co-production was something I had never heard of! We didn’t do that, so when we did start doing co-production I thought yes, I’ve done that on my course. So that was really useful.” [Social Care Commissioner, #G]

And

“I don’t know if some of those on the course already have the background, but I don’t so I do feel like I’m learning from it. And I think it is things I can carry into my job then. For example, we’re doing a lot of co-production at the minute, and I didn’t really fully understand what co-production was. I knew it was working together but I think in my head that could have been like sending a survey out or something, and you think well I’ve asked people. But to fully understand what it truly means and how it should be used, I didn’t know that, and I can carry that into my role.” [Social Care Commissioner, #G]

Many learners recognised that genuine co-production – involving everyone appropriately and at the right stage – was often difficult, and sometimes “uncomfortable,” but as this learner observed compellingly:

“Where I would like to get to first of all is a standard understanding of what co-production is, because my understanding is not engagement – it’s not the same thing, and I think we have to be honest with ourselves when engagement is the thing we have done, and OK it’s better than nothing but don’t call it co-production, it’s not co-production (...) So, I always try to ask have we co-produced this or not, and if not what are the reasons for that? Let’s do better next time, and if we have then great, how did we do that? And how can we take that learning into something else?” [Social Care Commissioner, #G]

Some learners had reached a deeper understanding and recognition of what co-production might look like as a direct result of the course and particularly from examples of good practice:

“It’s good practice examples that influence you – [the Tutor] showed us a video of a respite centre that had been entirely co-produced with parents, and I never thought it would be possible to do that (...). It was really good, and it’s something that we need to get better at in terms of including family and carers and from an earlier stage; normally

we go at the end don't we? We say well this is what we thought of, what do you think?"
[Social Care Commissioner, #LD&A]

And as other learners also recounted:

"There was one session on the course with somebody who gave a great example of how it impacted on their lives, and her child had autism and the things she had to go through and it was quite impactful in terms of the decisions the local authority makes and how that changes and impacts on people's lives (..) that was very impactful in terms of how best to ensure that people are able to have the best life that they possibly can; not just the people we provide service to but also the families and carers." [Social Care Commissioner, #LD&A]

And:

"The one thing I really took away from the course was the session we did where a service user came into the course to talk to us and it was great and she said that phrase 'nothing about us, without us' and I've kept that with me. I said at the time I would keep that with me, and I have (...). I think about it when I'm doing needs analysis, when I'm doing my contract management, I've got that in the back of my head: the whole reason we're doing this is for people...that part of the course for me was probably the best bit I think....it was the best session we had and probably the most useful as well." [Social Care Commissioner, #G]

Others also commented that they had a better understanding of true co-production as a result of the course:

"I think a lot of the issues might lie with the culture of the authority, the social work culture, and the process (...) I think now I would be saying you need to involve people from the beginning in a co-production and co-design way. See that it will meet the needs of the people that are going to use it." [Social Care Commissioner, #G]

And

"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]

Learners became more critically aware of what co-production *should* look like, and where their organisation might fall short in practice, as this learner described:

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“I think learning from the course, our co-production probably isn’t great because there doesn’t appear to be a framework for how we go out and engage with people (...) and is it that same group of people who are vocal and are they representative of the cohort overall? And that’s probably not true because they know how the system works because they respond to everything and get that greater awareness because they put themselves out there. Having the same people come forward every time is a very common issue that we seem to encounter and it’s not ideal (...) how do we more broadly look at this?” [Social Care Commissioner, #LD&A]

And

“Co-production – definitely; I think there’s a patchiness (...) in my current team there is a bit of a lack of consistency where some of the commissioning team are doing co-production, although again there have been discussions about – since someone else went on this course – about whether that is true co-production or is that something else? My view is that we are probably doing engagement which isn’t really stretching itself to that. So, I had an understanding of that, but it has kind of stretched it further in terms of the need to be moving forward with that a little bit more.” [Social Care Commissioner, #G]

“I think with co-production we are a long way from that; as a commissioning team and being supported by the authority more generally. There’s two elements of co-production: there’s like do it, do it for each project, but it also has to be underpinned by a commitment, looking at commitment and leadership. And I don’t think we’re quite there!” [Social Care Commissioner, #G]

Some learners recognised that both the concept of co-production, and its application, were more developed in some policy areas than others. Learning disability, was identified, for example, as an area of relative progress compared to some other policy areas:

“Co-production varies; our colleagues in learning disability are much more switched on and ahead of us I think in terms of co-production of strategy. I think there’s a marked difference between what they’re doing and what we’re doing. We’re drawing on ‘engagement’ that’s being done for us by organisations but there’s an element of engagement fatigue and who aren’t we hearing from. All those really important questions.” [Social Care Commissioner, #G]

The same learner reflected that it wasn’t a case of their organisation being ‘completely in the dark,’ but:

“It’s the same organisations, the same people going to the same engagement groups; it’s the same recommendations (...). It feels like we are distancing ourselves, and I

think that's one of the things that's come across from the course and I'm continuing to reflect on it – but whether co-production or engagement, are the commissioners there and are they hearing what people are saying?" [Social Care Commissioner, #G]

Just as engagement might be mistaken for (or 'badged' as) co-production, the same was true for some types of partnership working. This learner recounted how their belief that they had been delivering co-production was directly challenged by the course experience:

"So, at the time I was reviewing a service and we'd done co-production, we'd got Health involved, we'd got providers involved, and we were all like 'oh my God we're doing so well, we're doing all these things.' And then on the course we were talking about it, and they were like 'what about people who use the service?' and I was like ummmm yeah, we've not done that! We were so busy congratulating ourselves on the things that we had done well that we just completely missed this whole section! And because they were a difficult group to engage with that we had – not written them off – but just disregarded them." [Social Care Commissioner, #G]

Other differences were also identified around the approach to children's services, which learners had identified through discussions with their peers on the course. One learner remarked that this may not be called co-production in children's services, but there was a 'more organic way of working' where commissioners were present and known, "not just dropping in every 4 years!" As another learner confirmed:

"I also became aware of more user experiences; we do a lot of engagement with children and young people; we spend a lot of time and invest a lot of skill into making sure they're OK. But I don't get the same sense from adults. Either from my professional colleagues in adults or as a service user. I don't get the sense that there's that level of co-production and collaboration." [Social Care Commissioner, #LD&A]

This learner was critical of the culture of many commissioners they had observed over time:

"I think a lot of commissioners don't use the commissioning cycle; don't do the training, don't really understand co-production; there's a lot of tokenism goes on, having had like one meeting on-line with the Children in Care Council is enough, and obviously it isn't!" [Social Care Commissioner, #LD&A]

Another learner also commented on the value of focusing on co-production and understanding its centrality to commissioning, especially when this commitment wasn't always shared by colleagues, and how really understanding and promoting co-production could be transformational:

"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

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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]

The same learner highlighted the fact that commissioning can often be thought of in process and functional terms, and that people can lose sight of the underlying purpose and intended outcomes:

“We tend to be driven in our organisation by contract end dates, contract liquidity, and everything is done in a rush, but absolutely embedding that lived experience and using that as the basis for any refresh, any change of service, any new service.” [Social Care Commissioner, #G]

And as another learner also reflected, the processes and challenges of undertaking co-production properly have to be addressed:

“I think we need to be much better! I think we don’t do co-production as a matter of course at all stages of our commissioning cycle, and I don’t think that’s because people don’t want to do it, I think it is the how, the logistics of it. Particularly when some of those groups can be hard to communicate with, but that’s not an excuse. So, some skills development needed on that.” [Social Care Commissioner, #G]

Another learner recounted how their understanding of co-production from the course now influenced their approach in their authority:

“If we are doing a piece of work and they haven’t mentioned any conversations with residents or stakeholders, I will say ‘oh, what about co-production, are we going to be talking to residents?’ and then it will be ‘oh yeah we’d better be doing that as well.’ It’s very new to [the authority] – it is what we want to do but it’s sort of filtering it down to other commissioners because it’s not generally the way that we worked in the past. Or we probably did, but we didn’t have a label for it, and some people might have done it and some people might not. But it is something now that we have in our commissioning intentions. (...) it’s just keeping it on the radar generally.” [Social Care Commissioner, #G]

The comment was particularly revealing, not only for the confidence and willingness to challenge which the relatively junior person had acquired from the course, but also for what it underlined about how different the culture can be in some authorities, and how in this instance co-production was still a long way from being embedded or standard. Other learners believed that their authority was committed to the values of co-production, but that they were on a journey:

“[in the authority] I think there is a real appetite to do it and understanding that we’ve got to move away from a ‘doing to’ attitude to a ‘doing with’ but you can often find that is different in different arenas. So, you might find in adult social care they are much further forward than say children’s (...), you’ve very much got to take your own values and experiences into those situations. But it can be a challenge.” [Social Care Commissioner, #G]

Even when learners had fully accepted the value and purpose of co-production, it was clear that there are barriers and practical difficulties around delivery, and this has been especially the case since 2020 and the impact of the Covid pandemic, as this learner reflected:

“I knew what co-production was – it’s all about getting the people involved and passing over some of the responsibility for what you want out of commissioning to the person. I think we’ve been lacking in that because of Covid - I haven’t been near a service user for a couple of years, but we’re starting up again and I’ve just done a big piece of work around co-production and looking forward to holding a big event in January.” [Social Care Commissioner, #G]

Despite the challenges, learners also rejected excuses for failing to address co-production, for example:

“It can be challenging to do co-production; there are lots of difficulties with that, but it made me think well that’s not an excuse not to do it and how can you incorporate that into everything you do? I’m not saying I’ve managed to achieve that in everything, but I think certainly I go in thinking about how I’m going to have people and providers shaping what we’re doing.” [Social Care Commissioner, #G]

3.6 Commissioning differently after the qualification

The changes in learners' understanding of commissioning principles and values, and particularly of the centrality of outcomes-focused approaches and co-production methods explored above, were highly positive effects of the Commissioning for Wellbeing Qualification. Whether and to what extent this leads to substantive changes in commissioning behaviour is an important question. All 21 interviewees reflected on changes in commissioning; two thirds of the interviewees had completed the qualification (71% of the generic learners and 57% of the learning disability and autism learners), while the others were still completing. It might be expected that changes in commissioning style might be more evident for those who had completed, and/or were in more senior organisational positions. However, the desire for change, and seeking opportunities to put the learning of the qualification into practice, were powerful and recurrent themes across the learners.

Learners developed their understanding of commissioning in the course of taking the qualification, and – as explored above – deepened their knowledge of and commitment to good practice. In addition to recognising the centrality of outcomes, personalisation, and co-production, almost all learners also referenced wider personal impacts (see Figure 6). These included:

- increased confidence and self-belief
- greater knowledge and awareness of evidence
- deeper understanding of 'wellbeing'
- willingness to challenge poor practice
- increased recognition of the importance of partnership working
- adopting a framework to monitor their own performance and approach
- responsibility to share learning and understanding
- strengthened reflective practice
- enhanced communication skills.

Whether these effects were reflected in changes in commissioning behaviour is an important question, and learners described shifts in approach that they had initiated or been involved with. This learner, for example, described how they had approached the recommissioning of a service after completing the qualification:

"At the moment we're recommissioning our carer services with the ICB, and there was a real push to do that for April and we've slowed all that down to October to give ourselves time to do co-production, do a proper needs analysis, look at what we've got, what we're going to need in the future, and make sure we invest our money where it needs investing to get the right services to people. We've got an awful lot of co-

production in there – it’s a strategy we’ve been developing.” [Social Care Commissioner, #G]

The same learner (who was one of the first to take the qualification in 2018) reflected on a change in their style that was much more focused on outcomes:

“[Decommissioning] I’ve done lots of that now; I say if it’s not working we’re taking it away! Before everybody used to be ‘well you set up a new service and you run the old one alongside’ but then you would never get rid of the old one, and that definitely doesn’t happen anymore. I decommissioned two of our carer services in 2019 and I’m only just now reinvesting that money, because there wasn’t the right place to invest it at the time.” [Social Care Commissioner, #G]

Another learner described how completing the qualification had an impact on

“Realigning my person-centredness and thinking ‘how else can we do it?’ has definitely been key from the course.”

This was reflected in the way that they now approached commissioning, for example:

“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 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! Because it’s more paperwork if I’m honest!” [NHS Commissioner #LD&A]

Some learners also identified other positive changes in approaches to commissioning that were reflective of a change of approach within their authority, for example in changing the nature of the offer around Day Opportunities:

“Day Ops is fascinating at the moment (...) we shifted the way that is commissioned because traditionally it just delivered day services for people with disabilities and older people. The whole idea now is to get people out of day centres and into employment and free up the money and within that we’ve developed this innovation pot (...). What I’d like to see is a bit of outreach now, a bit of working with other day centres to upskill them because I don’t think it’s good enough for people to sit in a day centre for 25 years, five days a week; I don’t think that’s good enough for anybody.” [Social Care Commissioner, #G]

Other learners had similar reflections about the dismal state of many day services and the need to commission something more appropriate. Both of the following comments were made by learners still completing the qualification:

“During the course I was working with Day Services, and if you look at the investment in those properties, there hasn’t been any for the last 5 years or so and they just generally decline (...). And now there’s a recognition of the need to invest in those to at least

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bring them up to equitable status of external day services, although why anyone would use ours (...) because they were honestly quite appalling and some of the practices within there are not ideal.” [Social Care Commissioner, #LD&A]

And

“The service is very much building-based at the moment; it’s around socialising and activities and we want it to move more towards – for those who can – voluntary opportunities and community-based activities. It’s a big step, and it’s a cohort that don’t like change! We’re just looking at broadening our offer, offering more choice, and hoping to get more people to use Direct Payments and their own Personal Budgets to choose what they want to do.” [Social Care Commissioner, #G]

Indeed, the reconfiguration and transformation of Day Opportunities was a recurrent theme, and as this learner observed, this seems to have been accelerated because of the impact of Covid when services were closed for extended periods, and it had become apparent that there was a chance to do things differently:

“Every local authority I’ve spoken to is re-doing their Day Opportunities at the moment; I think because they were closed over Covid, and it was just support online, now everyone is coming out and thinking we’d better look at Day Ops. Everyone is doing the same sort of thing: it’s all moving towards supported employment; voluntary work; opportunities for moving away from a building-based service.” [Social Care Commissioner, #G]

Other learners observed how the course had exposed them to wider thinking, and different models that they were subsequently able to draw on and incorporate in their approaches to commissioning. This learner had considerable experience of commissioning but had found new approaches that they could learn from:

“It was really good refreshing the current strategy and current approach, and different approaches because we have our Commissioning Cycle that we use and you get entrenched in that, but it was useful to see what else was out there. And to see whether it was any better or if we could improve our systems; certainly, some of the tools we came across as we were doing the course are now embedded in our systems. Like some of the way of tracking budgets and finance, some of the tools that we could build into our review work before we commission (...) there were quite a few bits and bobs that we either came across as we were researching, or we were pointed towards by the tutor. It just made you rethink really. We do it this way; we’ve always done it this way, but there can be a different way.” [Social Care Commissioner, #G]

Some specific examples around micro-commissioning that had been included in a guided learning session were also recalled by this learner as being particularly influential and prompting them to think differently about how they might develop solutions:

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“We now think about that more; certainly, at the moment I’m thinking because of the problems we’ve got with homecare, so we’ve got a lot of carers that have reached burnout because they haven’t had services during the pandemic, and now we’ve got the knock-on effect of the health service and not being able to get short breaks and things. So, I’m starting to think about and explore with wider colleagues about micro-commissioning that we might be able to do to support people.” [Social Care Commissioner, #G]

And as another learner (who was still completing the qualification) also described:

“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]

Commissioning differently is not only about *what* is commissioned, but *how* this is approached, and again this was described by a learner as a conscious shift in their approach towards commissioning support around domestic abuse:

“I think for me there have been a couple of services I’ve worked on (...) that I’ve slowed the commissioning process down and insisted we try some pilots to get the evidence before we commission. I don’t think we would have done that before (...). I couldn’t see the evidence for why we were delivering in the way they wanted to deliver the service (...). We tried some pilots, now we’ve got the evidence and we will go to market next year. This is Domestic Abuse which was impacted by Covid so we couldn’t map need very well, and then the Domestic Abuse Act and some additional funding. So, we were being asked to transform a service into something we had no evidence for, and neither had anybody else!” [Social Care Commissioner, #G]

Another learner also referenced how they were able to bring their insights from the course into commissioning differently, as this example illustrated:

“The social value – the timing was fantastic because we were just going out to market with a big £500 M framework for domiciliary support, and I was able to say I think we need to have some social value in this, and I was able to direct my procurement colleagues to consider things. So actually, we were able to put some social value in, only a small amount, about 5%.”

“We’re trying to go for a very local approach, moving away from a one-size fits all, so with social value we’re looking for neighbourhood teams to be formed, looking for domiciliary care and support very much in small districts, nobody living more than 7 miles from where they are working. And trying to embed that it’s people in the community helping themselves, using their own strengths and assets. (...) .and really

getting those agencies to embed themselves in those communities.” [Social Care Commissioner, #G]

Putting learning into practice with more personalised and outcomes-focused practices was a clear change for this learner, as they described with satisfaction:

“We’ve done some really good stuff in personalising our services and driving our domiciliary agencies to do, to have things like ‘this is me’ front sheets and they’ve adopted ‘no decision about me without me’ approach to things which is really positive; we’ve pushed up the skills we expect people to have.” [Social Care Commissioner, #G]

And

“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 got a couple of ‘test and learns’ up and running, one is based on the [Buurtzorg model](#) (...) we’ve got an area that’s quite rural, quite remote (...) and the people aren’t great at letting people into their lives. 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]

Achieving such change is partly about cultural shift, and supporting providers to think differently about their offer, and then commissioning a different and more innovative solution that works for people using the services *and* for those delivering them. As this learner reflected, the process is one that is continually evolving and developing:

“People change; their needs change; the outcomes that people desire change, so for me it’s about keeping a finger on the pulse, it’s not a one-off job done (...) it’s a continually evolving process.” [Social Care Commissioner, #G]

Another learner similarly remarked on the need to be continually checking and adjusting, and how this was also a direct impact of the course experience:

“It’s about ‘OK this is working well, do we need to do more of this, and do we need to do less of something else, and how can we start here and move it on?’ So, rather than it being OK we’ve got a new service that will be completely different from today, how about we will make some small changes to begin with and then in consultation with people who use services we can make more changes as we go along for the life of the

contract? That Transformational Contract is something that really did speak to me from the course.” [Social Care Commissioner, #G]

Many learners kept returning to the importance of *listening to people*, and how vital this was to any commissioning strategy, as this person recounted when reflecting on support for carers:

“We do a lot through NHS carer breaks, so driving lessons, spa days and the money just goes across to the provider and we make sure the right carers get access to that (...) When I took it over there were two things on offer for carers; they could either have a sitting service or a complementary therapy, and I was like but what if you don’t want those things?! Then when the NHS money came over it was like OK we’re going to pull it all together and we’re going to do personalised NHS carer breaks and let the carers tell us what they want; what would help them in their caring role, and that’s what we’re going to fund!” [Social Care Commissioner, #G]

Recommissioning services often created the opportunity for learners to implement their learning and enhanced understanding of commissioning. As this learner commented, the general awareness of what matters, and what good commissioning looks like, that they acquired from the course were instrumental in their day-to-day approach and motivation:

“I think I’m more aware of things; so, at the minute I’m doing a needs analysis for one of our services that we are recommissioning, and I think I’m just more aware of the types of things I need to consider when I’m pulling that together to then inform the service. Whereas before I probably would have just copied someone else’s, and I wouldn’t really have thought it through. Whereas now I’m thinking there’s that element I could think to bring in, and just a lot more aware of where services fit in the grander scheme than I was before. I think before I probably just didn’t get it; but now I do.” [Social Care Commissioner, #G]

Many of the learners who were interviewed commented on the general impact the course had on their beliefs and ways of working. Even for those learners who believed they were already working in the best interests of people using services found that their approach was challenged, for example:

“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]

And

“In terms of the way the course has changed my thinking, essentially it’s looking at the problem in front of you and actually saying if commissioning didn’t exist, what does this

person need? What does this family need? I suppose that's the bit that's made a difference. Because before I would think about it in terms of I have these teams available to me, or these providers available to me; what do we actually need?" [NHS Commissioner, #LD&A]

Despite the wish to work differently, and to incorporate the lessons from the qualification into their day-to-day practice, some learners pointed to the difficulties of applying what they had learnt because of structural and process impediments:

"Where I struggled with it [the course] is that it doesn't necessarily translate into reality; all that stuff about why I do my job is why I want to do my job, what I think is important in my job. My reality is quite bureaucratic, quite process-driven; it's interesting and it was good to hear that it isn't just me! There are other people around the country that struggle with that too." [Social Care Commissioner, #G]

Despite such difficulties, when people subsequently achieved promotion (as many had), they were able to put more of the theory into practice and start to change the commissioning culture for others:

"Things are a bit different now, we've got different people in place and I'm in a management role now so I'm constantly like encouraging my team to get out and talk to people, and to shadow providers (...) that's so important." [Social Care Commissioner, #G]

Learners typically also acquired a greater understanding of the meaning of 'wellbeing' and the importance of looking at a person's needs holistically across service boundaries, and they took away a perspective that could inform their practice, as this learner described:

"I think I will just always bear in mind what I've learnt and when I'm starting a new project I will take a step back and think about it from a wider angle – so where can we use co-production, am I approaching it the right way and am I looking at the ultimate goal of commissioning for wellbeing? It definitely increased my confidence and my knowledge, and I think it will affect the way I tackle some of my commissioning projects." [Social Care Commissioner, #G]

And

"It definitely shifted my perspective in thinking about how to make those links better, and then really we talk about 'wellbeing,' but it really made me think about what do we really mean? Like how are the providers going to help us have good wellbeing; what does that look like in practice and how will we be able to demonstrate it? So, I think it just challenged my thinking on how I was writing specs, monitoring services, and then definitely on co-production." [Social Care Commissioner, #G]

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Many learners referenced the increase in their confidence derived from the course, and 'having a framework to hang some of this stuff on,' alongside the credibility to challenge ways of working and ensure that person-centred and outcomes-focused principles characterised commissioning models. The course provided validation for learners about the basis for their approach, and could increase their ability to influence commissioning approaches, for example:

"I can back things up but also because it was written specifically for commissioning and bearing in mind that when I did it I was relatively new in the role (...) but because it was written specifically for commissioning it wasn't just me putting my own values on something, it was evidence-based. Like everything I had been saying and thinking about for the last however many years was relevant and valid, that was the thing for me." [Social Care Commissioner, #G]

How much and in what ways learners were able to apply their learning from the course was mediated in part by their position within an organisational structure and their level of responsibility. However, for learners who did not yet have that position, the course could still be an enabling factor. This learner (relatively junior and still completing the qualification) described how they were better equipped to understand the wider commissioning process and to try to have an involvement in different parts of it:

"But now even if I'm not doing like the big stuff, I understand it and I can have that awareness of what our Associate Director is feeding into (...) There are things I've expressed an interest in – I don't want to write the workforce strategy, but I'm interested in feeding into it. I'm interested in feeding back draft documents and so on. There have been some aspects - like the Commissioning Strategy draft was released during the course and that led to me having quite a useful and quite a frank discussion between me and the now AD Head of Commissioning, which I don't think I would have been able to have before the course if I'm honest. It brought a deeper understanding; I was able to talk about things like technology a bit more than I would have done before (...) and maybe to query some of the things (...) it has helped on a macro/micro level." [Social Care Commissioner, #G]

Others had been more systematic in applying the lessons to their organisation and informing a wider group of practitioners, as this highly experienced commissioning manager commented:

"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]

The same learner described how they consciously drew on the learning from the course in their work whenever they could:

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“It’s been really eye opening, but I go back to that very first session on values, and when I start on a piece of work or with a new organisation, that’s the first thing I do. Why are we here? Where are we going? Let’s get it on a page and use the same language; we’re building a house so actually what does it look like?” [Social Care Commissioner, #G]

The reflections from almost all interviewees underlined some profound shifts that had taken place not only in their understanding and commitment to ‘good commissioning,’ but in their determination to incorporate this way of thinking and acting in their day-to-day practice. There were many instances where learners from both versions of the qualification and including both those who had completed the course and those who were still completing or had recently done so, were able to identify how things had changed for them and were continuing to do so.

The personal growth which many had experienced on their journey through the qualification gave them a new (or renewed) passion to make a difference, and the skills they had acquired or consolidated gave them the secure foundation, self-belief, and confidence to commission differently – to deliver better outcomes for people and to do so above all by listening to what people need and want to live their lives and maintain their independence.

3.7 Barriers and opportunities

Despite most learners completing the Commissioning for Wellbeing qualification with considerable enthusiasm and commitment to applying the learning to their practice, doing so was not always straightforward. A third of learners identified barriers or frustrations that made it difficult to bring about change, but most also identified pragmatic approaches they had adopted that enabled them to find solutions. However, resource constraints and organisational systems remained significant limiting factors.

Learners were not always able to change approaches to commissioning, particularly if they were junior members of the team, or inexperienced; and several interviewees commented on other factors that limited change. Some of these are explored below.

The organisational culture can be either a limiting or enabling factor, and certainly instances of both were identified. This learner described how prior to taking the qualification they had found it difficult to be taken seriously:

“Different teams do it differently, and personalities are different, and the thing for me is that at the time some of the personalities I clashed with on these sorts of things. Some of it was my age, some of it that I’m a girl, blue-sky thinking all that stuff, that’s genuinely how I felt.” [Social Care Commissioner, #G]

Since completing the qualification, they were able to be more assertive:

“I think before I did it I was more likely to accept the ‘oh that’s not how we do things here’ line, whereas now I’ve progressed doing this I would be less likely to accept that, and I would be like why is that? And I’m definitely more comfortable challenging that.”
[Social Care Commissioner, #G]

Sharing perspectives with other course members also led to some learners realising that different employers could be more or less enabling, for example:

“We talked a lot on the course about how managers set the tone and then it filters through, and I think our managers are quite appreciative of ways we can do things to do more co-production and do more joint commissioning and that kind of thing (...). And the way some of the other people on the course talked about their councils, I remember thinking oh we’re not like that!” [Social Care Commissioner, #G]

Whether the culture of organisations supported learners pursuing the course could also be a barrier. Some learners described how there was a push for their teams to do the course, and real support to enable that to happen. As has previously been described, other employers could be less supportive, or apparently uninterested. This learner described how ‘no one had come and talked to us about it’ after they had completed the course, and:

“We were given some time so it’s not fair to say we weren’t supported, but in terms of ‘was the manager interested,’ No, not at all! Never asked about it. Let’s not value it. That’s how it feels. But we have said (to each other) it would do the manager good if he went on the course! He needs to experience that as a refresher.” [Social Care Commissioner, #G]

Having the opportunity to reflect on the learning from the course, and to share it with colleagues was not something that was structured for most learners, although some had taken the initiative themselves, for example:

“There’s something about sharing reflections on the course, and you can do that, but you can’t replicate the course (...). But I’ve suggested we could have like a group, and we take it in turns to bring documents to attention. We can’t send everybody on the course, and not everyone would be able to do it but what’s the middle ground?” [Social Care Commissioner, #G]

Other learners had similarly found opportunities to disseminate learning and insights from their experience of the course, as this person described:

“I think being able to share what I’ve learnt as well – we did ‘lunch and learn’ sessions, and when I had a module where I thought the rest of my team need to hear this. We just did a few little bite-sized – those snippets that you can use to educate others. I think that was one of the learnings for me; I have a role as an educator, particularly with procurement colleagues who – in our organisation – are a bit disconnected from what

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happens operationally. As a result of that I've been able to join people together and make those connections. And as a result of that I think that relationships have improved; procurement have a better understanding of the challenges that ops have, and vice versa. And hopefully we're moving forward on a better journey together."

[Social Care Commissioner, #G]

Another learner also described how they had tried to share the insights and learning from the course, although this required them to find opportunities rather than there being a formal or clear arrangement for doing so:

"We had some new staff come to our team who had never worked in commissioning, and again they found the language quite difficult, so from the course I found the key points and then just disseminated it to them to give them a broad outline of the commissioning cycle, talked about some of the language around contracts and that sort of thing." [Social Care Commissioner, #G]

In addition to an organisational culture that might not encourage commissioners to be innovative and flexible in their style, some learners also identified specific barriers to genuine co-production, particularly around remuneration:

"One of the things at the moment that I think is a barrier is that we don't pay people. Why would I want to come to a meeting for three hours if no one is paying me to do it? I think that's part of the problem (...) we're looking at how we could do that and there's a number of things out there and one of my favourites is (...) a three-tier approach, so depending on your level of engagement, and it's transparent so you can see it. So, if I take part at this level I will get paid this amount, or I will get a voucher or whatever it is. I would love us to have something like that for how we can remunerate people, ideally I would like that to be right across commissioning, but I think that is a big ask so for now I will settle for it being in learning disability." [Social Care Commissioner, #G]

Despite embracing the importance of outcomes-based commissioning, some learners experienced difficulties in the processes of their organisational commissioning systems, for example:

"It's very prescriptive I would say, so our finance system has like 1 hour, 2 hours, 3 hours; but maybe that person won't do that and won't achieve what they need in 3 hours and need it a little bit more flexible. So, we're looking at can we do blocks or something – how can we make this work? And how can we monitor it, make sure they [providers] are doing what they are meant to?" [Social Care Commissioner, #G]

And

"I think sometimes though [we're very procedural]; we have to make sure we've got everything right for procurement, everything has got to be tick boxes and I think sometimes that stifles you from saying well, what about this? I think we got better over

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Covid because we were forced into it, but sometimes there is an element of yes but we've got to get that past procurement so we can't really do that! (...) The biggest constraint I would say is the financial aspect and all the hoops you have to go through." [Social Care Commissioner, #G]

At the same time, systems often don't take a strategic approach to outcomes, as the same learner described:

"So, there's no checking if a provider is meeting those outcomes until a year later at the review date." [Social Care Commissioner, #G]

Other aspects of systems 'getting in the way' of better commissioning practices were also highlighted; this learner described how their endeavours to undertake co-production were frustrated by too little time to engage properly with service users:

"Where it clashed was when I was then attached to another commission that ran alongside it and the timescales for consultation on that were much shorter; I didn't feel I could deliver a broader co-production, it was more targeted. There was a clash with timelines. That's where process and decision making can sometimes impact your ability to meet what your vision of something is.

It was shanghaied really – and the providers used that to lobby for their issues, and I think that has drowned out the voice of what matters to people." [Social Care Commissioner, #G]

A learner who was unusual in coming from a provider role rather than a commissioning one, had particular insights to some of the barriers to working differently, and described a situation where they had tried to offer a flexible solution but encountered obstacles:

"For example, so many day services have shut and haven't reopened – so that funding, and I brought this up, because we had an example of someone who wanted to do gardening on a Wednesday and it was something like £15 to do that, yet the day service place where he should be going that was shut was I think £30. So, I was saying surely with how we work those funds could come to us, we could pay the gardening person, and they would achieve an outcome and the needs would be met. But the issue was, well we can't spot contract with you, and you're not on the framework, and it was just so long-winded and complicated. The person couldn't receive the funding themselves [Direct Payment] because they didn't have capacity, the relative didn't want to do it, whereas we could have done it [as a third party], but that option seemed very alien to a lot of commissioners. Sometimes I wonder if it is an element of control (...) but it's the same money just used differently to meet the outcome. It doesn't have to be that complicated I don't think." [Social Care Provider, #LD&A]

This same learner commented on the frustrations of inconsistent practices between commissioners:

“It’s that kind of mixed messages where one funding body can do it and one can’t which I don’t really understand (...). It is very difficult if you are working in an environment where you’ve got policy and procedure and you can’t deviate from it...”

3.8 Experience of the course

Although the review was focused on exploring the impact of undertaking the Commissioning for Wellbeing qualification, and the development of learners’ understanding of commissioning and commitment to better practice, all the learners interviewed reflected on the experience of taking the qualification. This is not the main focus of the review, but some key themes are highlighted below.

It should be apparent that the reflections from those learners who engaged with the evaluation were overwhelmingly positive, but not uncritical. All of the interviewees had reflections on their experience of the course, and many spoke highly of the tutors who delivered the guided learning and supported them in their assessments and assignments.

All the learners commented – to a lesser or greater extent – on the scale of the undertaking and the demands that the course made on them and their time (as might be expected with a Level 5 qualification). For some learners, particularly those who were unfamiliar with the style of learning and course delivery, this was particularly challenging. The combination of the demands of the course with the impact of Covid, and a change in working arrangements, was also more difficult for some learners.

Other learners identified the value of being exposed through the cohort to a group of people with different experience and knowledge of commissioning, for example:

“[The tutor] was great, and there was such a mix on the course, a senior manager, perhaps above the level I am now; talking about ‘the commissioning cycle’ and I’m thinking ‘what?’ I’ve never commissioned a service from start to finish using those skills, and then as we went through I was like ah, I have actually! But I didn’t know what you were calling it. I didn’t know what process I was following! I thought I had no experience and then it was yes actually I have.” [NHS Commissioner, #LD&A]

Many learners had recommended the course to others and encouraged colleagues to embark on the qualification, but they also drew attention to the importance of people understanding the scale of the commitment from the outset.

“I would say that people should know what they are getting into (...) otherwise it’s a real shock because of the level of work, and the deadlines (...) that doesn’t come through in the application (...) but I don’t think that will deter people; it will just help people to be

more practical and plan how they are going to deal with it.” [Social Care Commissioner, #LD&A]

Most learners commented on the general value of the course content, and learning new things, and this was especially so for those at an early stage in their commissioning career, for example:

“I didn’t want to give up; I really, really enjoyed it. I was very, very new in commissioning; I was learning new things; I honestly found the course very interesting.” [Social Care Commissioner, #G]

And

“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]

Learners commented on the benefits of learning from the experience of other learners who were part of their cohort. Other learners highlighted the value of particular skills and approaches they had developed through the course:

“I really enjoyed the course: getting to question my own practice, questioning the practice of my team and things that we’ve always done because we’ve always done them. I think it was luck in that it happened at the same time that we’ve had new leadership and they felt the same way, so there hasn’t been any pushback in making changes. I’ve never felt this supported in my work environment, so it’s really; it’s just nice.” [Social Care Commissioner, #G]

Finally, in reflecting on learners’ experience of the course, it is important to acknowledge the tangible benefits that many learners identified in terms of their own career trajectory and promotion opportunities. The importance of the qualification as a catalyst for learners’ careers was a recurrent theme. Not only were several learners able to make a direct connection between having completed the qualification and subsequent promotion, but others also recognised the qualification was likely to give them greater progression opportunities in future.

“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]

Other learners described how they saw the qualification as a definite benefit and opportunity for the future:

“I don’t know where [the course] will lead if I’m honest (...), but what I’m mindful of right now is I’m the only person within the organisation with that qualification, which doesn’t necessarily mean I’m better at doing it, but I think my awareness is quite good – or should be – of commissioning and co-production and all the rest of it!” [Social Care Commissioner, #LD&A]

The largely positive reflections from learners, and the fact that so many encouraged their colleagues to apply for the course, provide some valuable feedback and endorsement of the qualification. Undertaking the course was a significant commitment for all learners, but one that had clear benefits for professional development and quality of practice.

4. Conclusions

This report has reviewed the impact of the Commissioning for Wellbeing qualification through the responses of 115 learners to an on-line survey, and from the detailed exploration of the experiences of a sub-sample of 21 of these via interviews. The learners provided qualitatively rich insights and this final section reflects on the key conclusions that have emerged throughout the analysis.

The use of the term ‘commissioning’ in social care and support, and in health care, is one that is frequently used, but rarely specified or described. It was striking that people employed in commissioning roles – including those with established experience – had often evolved into their positions with little or no formal preparation or training for their responsibilities. As the comments and reflections of learners in the report have described, prior to undertaking the qualification many people had a hazy or incomplete knowledge of the essential legislation underpinning their responsibilities and lacked a theoretical framework for their approach. For some, there was no prior knowledge about the Commissioning Cycle, or the aims and objectives around such components as strengths-based working; outcomes-based commissioning, or co-production.

Learners took the qualification at a wide range of points in their careers, and accordingly brought different levels of experience with them. Some younger and more junior learners were seeing the course as a foundation for their professional development, while for others it was consolidating their practice and enabled them to reflect on their knowledge and experience.

If raising the quality of commissioning and improving the outcomes for people using care and support, are key concerns, the importance of the Level 5 qualification for commissioners needs to be emphasised. Having a basic knowledge and understanding of the fundamentals of commissioning, together with the legislative framework and the underpinning values supporting outcomes and strengths-based working, should be a pre-requisite for progression in commissioning roles. Requirements for higher level knowledge and skills such as through the Level 5 qualification could also be associated with career progression opportunities.

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.

As the report has described, the experience of undertaking the qualification, and the knowledge and understanding acquired in the process, changed learners’ perceptions, and understanding of commissioning for wellbeing across some key dimensions. Reframing commissioning through the lens not only of the system requirements (notably the Commissioning Cycle), but also through a central focus on the *purpose* of

commissioning, were key. Delivering the right care and support to enable people to live the lives they want, and achieve the outcomes that matter to them, is contingent on good commissioning approaches. The Commissioning for Wellbeing qualification has the potential to transform practice, both at the level of individual learners, and more widely as they spread their skills, knowledge, and techniques through their organisations.

Improving the impact on practice also has implications for the organisational culture of employers. Having a supportive environment not only enabled individual learners to make the necessary commitment to the demands of the course, but also to feel the learning was valued and relevant and supported them to apply their learning to practice. How to encourage this culture more widely among employers is a challenge and is relevant to wider training and professional development opportunities, and valuing skills improvement. Some employers appeared to be better than others in encouraging cohorts of staff to embark on this (and other) training, while others were less systematic in offering such opportunities. For employers, the added value of having staff attain the Level 5 qualification would be worth highlighting. Employees who see career and promotion opportunities as a result of their qualification are probably more likely to have a long-term commitment to their employer. Such considerations are highly relevant with the difficulties around recruitment and retention in health and social care.

The review has identified the benefits that learners derived from sharing experience and perspectives with other members of their learning cohort. Productive discussions were reported to take place during the on-line sessions, and some learners also networked with others in between sessions. Where more than one learner in a cohort was from the same employer, this could also facilitate mutual support and shared learning. There is scope for building on this foundation and creating ongoing networking opportunities for alumni following their completion of the Commissioning for Wellbeing qualification. Awareness among learners of existing alumni groups through Facebook and LinkedIn was low, but many could see the potential of networking. Whether a Community of Practice might be established to support further exchange of ideas, experience, and innovation, would be worth exploring.

Finally, although the findings of the review are of value and point to some tangible benefits, the review also had some limitations of scope and scale. It was not possible in the course of the review to follow up on impact over a period of time, or to examine the effect of having successive – and expanding – cohorts of learners qualifying in particular authorities or localities. Both of these would be worth further examination. It was also not possible to triangulate the self-reported reflections of learners with others' perceptions. It would be particularly useful to have been able to explore learners' views of their improved performance with the judgements of their managers, and – most importantly – with the experience of people using care and support services, and to assess whether better commissioning knowledge has indeed led to enhanced wellbeing outcomes.

5. Appendices

5.1 Free text questionnaire comments on changed ways of working

The confidence in meetings and understanding the terminology, I can converse with senior management with much more confidence and conviction.

We are currently undertaking a transformation for ASC project, the course helped me to 're-think' what we currently do, particularly around the wellbeing elements. Made me look at things in a different light.

Not currently involved in a commissioning project (though may be soon) but it has given me a greater knowledge of the whole of commissioning practice. Was able to challenge poor practice and as a result of what I'd learned asked for practice to change.

Way in which I see the role of commissioner and how you approach the commissioning cycle. For instance, as part of tender using outcomes as a measure.

I pause and think about how I can include people better.

I feel the qualification has helped with my knowledge and appreciation of good practice. I am always making sure I am considering the service user and their wellbeing. I am trying to practice more co-production. I am also gaining more understanding around theory and legislation.

The majority of my work derives from individual Care Act reviews, most meetings are also collaborative with operational teams and provider.

Developed a greater awareness of the need and value of engaging people in co-production and the wider outcomes that can be achieved. Engagement enabled the development of day services for adults with learning disabilities.

I now look to achieve an alignment of values across partners when undertaking commissioning activity.

I think the way in which I view outcomes, inputs, and outputs and how these are co-produced with individuals, communities and partners has changed, previously outcomes

were more of a grey area and maybe more focused on LA/CCG strategic aims or outputs for services, rather than what this meant for people.

I have moved on from a role in Commissioning ASC services, but I carry with me the principles of co-production wherever I go. I am confident that there is no other way to provide efficient, value for money and person-centred services.

I feel more confident in my role and my abilities as completed and passed the qualification. This is the only accredited commissioning qualification I have completed; others have only been day courses, so it is good to have this qualification. Reinforced my commitment to co-production. The course helped me understand the role of other commissioners e.g., CCG etc, gave me greater understanding of the different legislation - this made me look wider e.g., in the writing of our all-age carers' strategy. I didn't understand the different legislations before the course. The course introduced me to good practice websites/research that I didn't know about such as the Kings Fund etc. It made me evaluate my practices and how I could improve.

Raised awareness on the principles of commissioning and importance of co-production. Completing the training provided and confirmed my knowledge of the role and expectation of commissioning and gave me the confidence to progress my career in commissioning.

Use of person-centred outcomes/shifting the focus to person-centred outcomes, promoting the use of I statements when developing outcomes for the Care Delivery Board.

I didn't have a great understanding of processes, and this impacted my confidence. I feel better equipped to do my job now.

I have a greater understanding of the commissioning process and my decision are now more considered.

It actually gave confidence in how I was already working - but this wasn't the prevailing culture in my LA at the time. Gave me confidence to move to another LA.

I was more keen to ensure that we co-produced a service we were going out to tender for.

I have not yet completed the qualification, but I now have a better understanding of the processes of the commissioning cycle and my role within each stage.

5.2 Free text questionnaire comments on applying knowledge to practice

Being able to work more strategically and consider the impact of changes in legislation and how it impacts my role. Awareness of the decision making from central Government and how it impacts when compiling a report.

Through the using and sharing of models, and a different perspective in which to view things.

Gained greater confidence in my own role and abilities. What helped was being able to take the time out and look at the literature and research around commissioning, which you don't often get a chance to do in the job.

Considered outcomes first, more in depth challenge to others re: outcome vs output, starting discussions to develop commissioning to be more people focused.

Including people with lived experience more. Making contact with fellow commissioners on the course for advice.

It's more an understanding of practice which I apply on a daily basis.

I am currently asking [local authority] to undertake some service user feedback as I am very aware of getting the feedback directly from service users.

I was able to use the course portfolio as a useful reference point during commissioning activity - kept me on track and confident that working in the right way.

Better understanding of how people's values can improve the commissioning of services.

The learning around market and workforce development was particularly useful. I don't think there is anything specific that I have implemented, more of an enhanced knowledge & different, more broader way of thinking.

It has helped when applied to scenarios including those not based in health or social care that is what I love about the qualification and learning. It taught me a lot of things including increasing my own personal confidence given that I subsequently went on to build from this level 5 qualification into a Level 7 MBA and attained a distinction.

I am able to apply the information I learned in my commissioning work e.g., in my writing of all age carers strategy e.g., consideration of all relevant legislation, some of research websites for innovative information to inform the strategy and service specs I have written. I was so impressed with the co-production and outcomes sessions that I invited [a person] to do a presentation to our direct payment week and subsequently to do Inspiring DP sessions for the whole of adult social care (over 150 employees) to challenge what is possible with good support planning and outcomes. This is part of my strategic work in direct payments (DPs). I also now think more about the values of organisations and how important these are. We added a values question into the dom care tender we did.

Re-enforced knowledge and highlighted importance.

The outcome focused section and the co-production were both areas that supported the development of our outcome focused contract specification.

As a team we were able to draw upon the principles and use them as good practice during inspections.

My learning is a good reminder / checklist / good practice of things to consider at different stages of the commissioning cycle. Doing the qualification allowed me the time to spend on researching various aspects of commissioning, with direction and support, that isn't always possible during the normal working day. Having done this as part of the course it is now easier to do as part of my role.

It emphasised the importance of co-production and helps me regularly to push back that I must do it!

Work I have done in the course about outcome-based commissioning has helped me in my first recommissioning project.

Supported the structure of my work - has helped manage and develop other commissioners now I manage commissioners.

Just generally being better aware of my responsibilities.

I am continuing to apply my learning.

5.3 Free text questionnaire comments on implementation barriers & challenges

Not the way we do things around here.

The course was mainly focused on adults, and as I work in Children's commissioning some of the aspects were more difficult to understand, learn, implement, discuss. Roles and responsibilities within the local authority, resource, shared understanding of way to commission.

Sometimes my role prevents me from putting things into practice, as the commissioning and policy planning officers tend to do the co-production etc.

I think there are always barriers to true co-production.

Some colleagues were reluctant consider changing ways of thinking or consider closer engagement and co-production.

Time and money for more co-production.

The time to allow embedding best practice.

The outcome focused contract has a personal budget for each assessed individual, this brought internal issues for payment and understanding of what ASC were actually paying for. Bringing colleagues and providers along on the journey of this different way of commissioning support has its challenges.

At times, senior managers did not fully embrace the learning or suggestions, maybe saw it as a threat or that they needed to do more in integrating commissioning. My role is not a direct commissioning role.

Only that managers above me were less innovative and so didn't always back my recommendations. If they'd had the training, I'm sure they would have.

Line manager felt that research review should not be implemented by myself but needs a person skilled in implementing them to ensure done correctly. Involvement of people with lived experience from the outset of the development of the Care Delivery Board - being done in tandem. Providers focusing on their priorities rather than patient outcomes.

I regularly come up against resistance to consulting others including providers and service users.

Due to competing priorities, there is not always the time to dedicate, e.g., to gold standard level of co-production.

The barriers are more organisational / cultural than person-centred / outcomes-based / co-production not being seen as the way things should be done.

Financial restrictions and challenges. Attempts to pay lip service to co-production as it was difficult. Refocus of workload and establishing new ways of working during covid.

Not enough time or resources, no commitment from senior managers to change / implement new ways of working.

Lack of awareness sometimes of other understanding of operational issues. Some partners were quite reluctant to think and do things differently. Another challenge was delay in decision making around funding from various funding bodies to enable quick and effective services and support being put in place in a timely manner. Resources and time are limited in my role.

Lack of knowledge of commissioners, fear of change and of the commissioner not being in control. Additional services not available to support true personalisation in the community, crisis intervention, LD nurses etc and inadequate training of the workforce due to cost implications.

Systemic barriers I would describe. In [my authority] we are set up slightly differently in that procurement teams are responsible for some of the traditional commissioning activities. My commitment to co-production is also made more challenging by the lack of a policy to support remuneration.

Commissioning still has a greater emphasis on costs, savings, and efficiencies and this can be a barrier to being creative and taking positive risks.

Lack of knowledge from peers and colleagues internally and externally.

Swapped to Public Health from social care.

I found I was repeating work all the time which made keeping interest difficult. Manager support and understanding of the course.

Limitations in personal and wider staff resource to make certain changes.

I think we're still very procedural as a Council and it can limit innovation to some degree. Embedded Council culture, barriers in processes/practices.

The level of resource and time needed for true co-production is often a barrier in an environment that can often be driven by cost savings rather than innovation.

Governance processes can also be limiting in commissioners' ability to fully implement the principles of commissioning.

True collaboration is difficult to achieve. There are system changes that need to occur, but also a change in professionals' attitudes that need to happen. The services are so stretched and under resourced at the moment, I am not sure this is achievable at the moment.

The organisation's wider understanding of project management, commissioning role and decision making.

The main barriers are time and resources, good commissioning needs the time and the people to complete every stage of the commissioning cycle, we are under constant pressure to deliver in short timelines.

Time and resource.

Have found the teaching style of the course to be difficult to put into practice, so have had to do extra self-directed study time to understand what this means for me and my role.

Not sure yet, I am in an atypical commissioning role.

There are still a lot of senior managers and leaders that aren't listening, and this can often prevent me from implementing more sustainable services. Senior managers are so fixed on their own agenda they are missing the wider pool of knowledge that surrounds them.

The legislation focus is not practical in application.

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