



commissioning services: laying the tracks as the train is coming?

Keywords

- policy
- learning disabilities: services
- decision making process

These keywords are based on the subject headings from the British Nursing Index. This article has been subject to a double-blind review.

Despite there being much evidence to show the outcomes of poor commissioning of services, there is comparatively little practice-based evidence to show what approaches have been effective. Martin Campbell reviews reports on a set of guidelines that have been developed to inform commissioners in Scotland about available research and good practice

Commissioning is a complex process. Since the early 1990s the NHS and local authorities in the UK have been required to assess the health and social needs of people with learning disabilities and commission appropriate services (Department of Health (DH) 1989a, 1989b, 2001).

The Department of Health White Paper *Caring for People* (DH 1989a) proposed that local authorities would increasingly become commissioners of care services. *Caring for People* stressed the importance of developing a mixed economy of care, purchasing services from a range of providers in the voluntary, private and public sectors. This new concept of ‘the enabling authority’ was included in the reforms of the NHS, in *Working for Patients* (DH 1989b). The separation of purchasing and providing, a precursor to commissioning, was formalised in the NHS and Community Care Act (1990) and a further policy development, *Valuing People* (DH 2001), emphasised that users and carers should be involved from the beginning in planning and commissioning (Allen 1995, Prime Minister’s Strategy Unit 2005).

Commissioning under pressure

In Scotland, devolution in 1999 brought about more control over how UK policies were interpreted and delivered, through the newly formed Scottish Parliament in (Scotland Act 1998). In common with the rest of the UK, services in Scotland moved to a far greater emphasis on partnership approaches, (e.g. Audit Scotland 2006), away from ‘internal markets’ in the NHS, and compulsory competitive tendering for local authorities was replaced by the ‘Best Value Regime’.

Commissioning has been described by the Commission for Social Care Inspection (CSCI) as: ‘The process of translating aspirations and need into timely and quality services’ (CSCI 2006). This process requires a systematic, carefully planned approach and close working relationships amongst everyone on the commissioning team. However helping people with learning disabilities to move to

a life in their own homes or in other homely settings is rarely such a smooth ‘translation’ or transition, and in practice commissioning services can be a last minute rush by commissioners to find something (sometimes anything) that will meet immediate needs, slotting people into existing services, often with very poor outcomes (Cambridge 1999). This is a process more akin to ‘Laying the tracks while the train is coming’ (Jowett and Walton 1994), where decisions are made

quickly and under pressure.

Commissioners, carers and the person with learning disabilities ideally want the process to be well ordered and result in good, sustainable outcomes for the person. Evidence suggests that there is wide variation both in the approaches taken to commissioning and in the quality of the services commissioned.

Mansell and Beadle-Brown (2004) have suggested that few staff have the time to work on fully supported individual plans with service users. There is also evidence that the support people get during the commissioning process can be disjointed and inconsistent (Hatton 2001, Elliot *et al* 2003, De Waele *et al* 2005, CSCI 2006). In the worst cases, services are extremely poor. For example, in 2007 commissioners in the Bedford and Luton Mental Health and Social Partnership NHS Trust were forced to

re-tender all residential and domiciliary care learning disability services, following criticism of provision by the CSCI. Inappropriate control of patients, undertrained staff and a lack of person centred care planning were some of the main criticisms (Commissioning News 2007).

Similarly, poorly planned commissioning for vulnerable individuals in Scotland led to serious abuses and a major national enquiry (MWC/SWSI 2004). Large care homes for

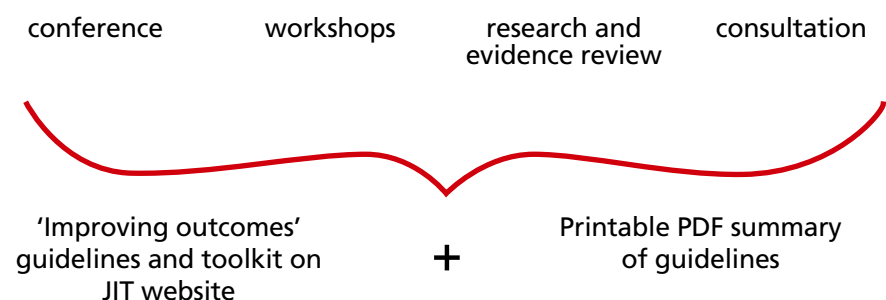
people with learning disabilities (i.e. those with 40 or more beds) have been commissioned in Scotland, despite evidence-based national policy stating that this is no longer an acceptable model of care (Scottish Executive 2000). One other area of major concern is the shortage of formalised mechanisms for jointly commissioning and funding packages of care for both children and adults with more complex needs (NHSQIS 2006).

What about good practice?

Whereas there is a growing body of evidence to show what happens when commissioning is done badly, there is comparatively little evidence on agreed good practice, although this is improving. For example, at a national level, spending on social care for adults with learning disabilities in England and Wales doubled between 1996-2006 from 1.4 to 2.8 billion pounds (ICHSC 2007). This trend

‘smaller services do tend to provide more positive life experiences for people with learning disabilities’

Fig. 1. Development of the toolkit



has been one of the drivers in research on the subject of effective commissioning. The Care Services Improvement Partnership in England and Wales, and the Joint Improvement Team (Scottish Executive) have called for more 'self directed' support in the services that are commissioned by councils (CSIP 2007).

Overall, the research evidence is that more dispersed, smaller services do tend to provide more positive life experiences for people with learning disabilities (Hatton and Emerson 1996, Espie *et al* 1999, Scottish Executive 2003, SEHD 2005), but how commissioning can achieve self-directed support in dispersed settings is not well researched.

At a local level, knowledge about what works, gained from experience of other services, and expediency tend to be more influential than evidence-based research, where it is available. Similarly, available funding is commonly the deciding factor in determining what services are eventually commissioned for an individual, rather than decisions on the best model of care.

Seven steps

Following a national conference on evidence based practice in learning disabilities in November 2005 (Scottish Executive 2006), four workshops involving commissioning practitioners took place around Scotland. Using process mapping, a method of identifying resources required, activities to be completed and outcomes and the stages or 'steps' of the commissioning process were agreed (Hunt 1996, MAPSS 2003, The Improvement Network 2006). From these workshops, seven steps emerged, some of which were happening in parallel, rather than sequentially.

Key questions, specific to each stage of the seven steps, were also agreed and the seven steps and the questions were circulated in a national consultation exercise (see Figure 1).

The key questions asked variously about tasks, information (including evidence) and decisions needed in the commissioning process.

Box 1. Seven Step Individual Commissioning Pathway

1. Initial/ongoing identification of need

- Q1: Is the assessment linked to person centred planning and ongoing review?
- Q2: What are likely housing needs for this person? Is there a need for a housing commissioning process in parallel with a support services process for this person? Is individual tenancy a possible model? Will Care Commission registration be needed?
- Q3: Is this part of a wider strategic programme, e.g. hospital closure, local redevelopment?
- Q4: Has information been collated about existing local services?
- Q5: Have other similar needs been identified locally/in the area/regionally? Are there any relevant out of area placements?
- Q6: Is there a timeline to inform prioritisation?

2. Identification of lead commissioner/care manager

3. Multidisciplinary assessment

4. (a) Development of specification

4. (b) Development of care plan

5. Commissioning a service

6. Service in place

7. Evaluation and review

Outcomes

The national conference, the workshops and the consultation were organised and funded by the Joint Improvement Team (Scottish Executive). This has resulted in the development of two resources, which are available to practitioners:

- the Improving Outcome Toolkit. This is available online for general use and will be updated (Joint Improvement Team 2007a);
- a downloadable summary of the seven steps to commissioning, giving the background to the work (Joint Improvement Team 2007b)

The Improving Outcomes Toolkit is an online toolkit to support the use of evidence in commissioning services for individuals with learning disabilities. The toolkit comprises a seven-step flowchart that contains key questions commissioners should aim to answer as they develop individual service specifications.

The seven steps are shown in Box 1 below. Details for one of the stages has been

expanded by way of example and more detail is available at <http://www.jitscotland.org.uk/knowledge-bank/toolkits/stage1.html>

(Steps 4(a) and 4(b) will usually take place concurrently, and in practice there is commonly overlap in the timing of the other steps in the process. For example, identifying a lead commissioner (Step 2) may be done at the same time as a part of the multidisciplinary assessment is taking place (Step 3).

Each of the seven steps is linked to a series of questions, and each of these questions is in turn linked to a list of references, including research findings, other good practice guidance, relevant legislation and starting points for further investigation.

For example, at Step 1, questions such as: 'Is there a need for a housing commissioning process in parallel with a support services process for this person?' or 'Is individual tenancy a possible model?' are important. They are linked to online resources which are useful starting points in addressing the questions. Similarly, Step 2 asks: 'Has finance

been agreed, and are benefits being applied for?', and, 'Have requirements for revenue, capital and sources for equipping been identified?' Step 4 (a), Development of Specification, asks, 'Is there a risk management strategy for individual and public safety?', and, 'Does the person have complex needs – challenging behaviour/ASD/forensic needs – and how will these be managed in the service(s) being commissioned?'

There are 69 key questions in total, across the seven steps. While the steps and the key questions are set in the context of Scottish legislation and service provision, most have wider UK relevance.

Conclusion

In Scotland, and in the UK generally, crucial gaps remain in community provision and reprovision for people with learning disabilities. Commissioners have the complex task of matching individual needs and aspirations to sustainable outcomes, but often cost and

ultimately expediency take precedent over 'doing it right'. Having and following guidelines for commissioning a service, together with a method for justifying and recording decisions taken, may improve this situation.

The focus of the Improving Outcomes Toolkit is to support the use of evidence in commissioning services for individuals with learning disabilities. The toolkit comprises a seven-step flowchart that contains key questions all commissioners should aim to answer as they develop individual service specifications.

It is recognised that commissioners are responsible for planning services for a wide range of needs across different age groups, abilities, and both urban and rural communities. The toolkit is not intended as a prescriptive or comprehensive 'How to commission' guide, and the value of commissioners' local knowledge and established professional relationships should never be underestimated.

Consistently, commissioners face particular challenges in three key areas (NHSQIS 2006,

Campbell *et al* 2006):

- agreeing financial frameworks, budgets for the service to be commissioned and models of care between NHS Boards and partners in social work and voluntary sector services

- investing in the community infrastructure and staff training necessary to support people with complex needs, including challenging behaviour and mental health needs

- providing and maintaining meaningful activity and opportunities for people living in dispersed, community settings.

It is perhaps in these three areas that the toolkit may be of greatest benefit, to improve the quality of services commissioned and monitored, in a systematic way. The toolkit is currently being piloted by a small number of combined health services/ local authorities in Scotland, after initial training by the Joint Improvement Team ■

Martin Campbell PhD, BA (Hons), TQFE, Senior Teaching Fellow, University of St Andrews

References

Allen P (1995) From the bottom up: ensuring quality with service users. In: Philpot T and Ward L (Eds) *Values and Visions Changing Ideas in Services for People with Learning Difficulties*. Butterworth-Heinemann, Oxford.

Audit Scotland (2006) *Governance in Community Health Partnerships – Self-Assessment Tool. Issues for non-executive board members (August 2006)*. Audit Scotland, Edinburgh.

Cambridge P (1999) Building care management competence in services for people with learning disabilities. *British Journal of Social Work*, 29, 393-415.

Campbell M, Whoriskey M, Lyall R, Davidson A, McCue M (2006) Home truths. *Learning Disability Practice*, 9, 9, 12-17.

Commissioning News (2007) *Learning Disabilities to be Retendered After Scathing Reports from CSCI*. The Centre for Public Innovation, London.

Community Care Act (1990) *National Health Service and Community Care Act 1990*. HMSO, London.

CSCI (2006) *The State of Social Care in England 2005-06*. Commission for Social Care Inspection, London.

CSIP (2007) *Getting to Grips with Commissioning for People with Learning Disabilities*. A report from Getting to grips with the money (April 2007).

Care Services Improvement Partnership, Department of Health, London.

De Waele I, van Loon J, Van Hove G, Schalock RL (2005) Quality of life versus quality of care: Implications for people and programs. *Journal of Policy and Practice in Intellectual Disabilities*, 2, 3-4, 229-239.

Department of Health (1989a) *Caring for People: Community care in the next decade and beyond*. The Stationery Office, London.

Department of Health (1989b) *Working for Patients*. The Stationery Office, London.

Department of Health (2001) *Valuing People: a new strategy for learning disability for the 21st century, a White Paper*. HMSO, London.

Elliott J, Hatton C, Emerson E (2003) The health of people with learning disabilities in the UK: Evidence and implications for the NHS. *Journal of Integrated Care*, 11, 3, 9-17.

Espie C, Curtice L, Morrison JM, Dunnigan M, Knill-Jones R, Long L (1999) *The Role of the NHS in Meeting the Health Needs of People with Learning Disabilities*. Report for the Scottish Executive Learning Disability Review. Scottish Executive, Edinburgh.

Hatton C (2001) *Developing Housing and Support Options: Lessons from research*. Institute for Health Research, Lancaster University.

Hatton C, Emerson E (1996) *Residential Provision for People with Learning Disabilities: a research review*. Hester Adrian Research Centre, Manchester.

Hunt VD (1996) *Process Mapping. How to Reengineer your Business Processes*. Wiley, New York, NY.

ICHSC (2007) *Personal Social Services Expenditure and Unit Costs England, 2005-06*. The Information Centre for Health and Social Care, February 2007. Leeds.

Joint Improvement Team (2007a) <http://www.jitscotland.org.uk/knowledge-bank/toolkits/improving.html> [Last accessed: 22 October 2007]

Joint Improvement Team (2007b) <http://www.jitscotland.org.uk/uploads/documents/JT0014%20Guidelines.pdf> [Last accessed: 22 October 2007]

Jowett S, Walton I (1994) *Challenges and Change in Nurse Education – A Study of the Implementation of Project 2000*. NFER, Berkshire.

Mansell J, Beadle-Brown J (2004) Person-Centred Planning or Person-Centred Action? Policy and practice in intellectual disability services. *Journal of Applied Research in Intellectual Disabilities*, 17, 1, 1-9.

MAPSS (2003) *Process Mapping in Social Services Information for Social Care Project - 2002/03. Project Initiation Document*. Multi Agency Public Protection Panels. Home Office, London.

MWC/SWSI (2004) *Investigations into Scottish Borders Council and NHS Borders Services for People with Learning Disabilities*. The Mental Welfare Commission for Scotland and the Social Work Services Inspectorate. Scottish Executive, Edinburgh.

NHS QIS (2006) *National Overview of Learning Disability Services*. NHS Quality Improvement Scotland, Edinburgh. <http://www.nhshealthquality.org/nhsqis/qis> [PAGE NOT FOUND]

Prime Minister's Strategy Unit (2005) *Improving The Life Chances of Disabled People: Final report*. (PMSU) Prime Minister's Strategy Unit, London.

Scottish Executive (2000) *The Same As You? A Review of Services for People with Learning Disabilities*. Scottish Executive, Edinburgh.

Scottish Executive (2003) *Home at Last? A Report on Progress with the Closure of Learning Disability Hospitals in Scotland*. Scottish Executive, Edinburgh.

Scottish Executive (2006) *Improving the Quality of Life for People with Learning Disabilities*. Conference Report. Joint Improvement Team, Scottish Executive, Edinburgh.

Scottish Executive Health Department (2005) *Progress with Learning Disability Hospital Closure in Scotland: Update report*. Scottish Executive, Edinburgh.

The Improvement Network (2006) East Midlands, Nottingham <http://www.tin.nhs.uk/tools--techniques/process-mapping> [Last accessed: 22 October 2007]