Good learning disability and autism commissioning practice and impact

Rapid literature review

Commissioned by Skills for Care and Health Education England
November 2022

1 Introduction

The Institute of Public Care at Oxford Brookes University was jointly commissioned by Skills for Care and Health Education England to carry out this rapid literature review. It has been produced to inform the work of the Building the Right Support commissioning task and finish group and delivery board.

This is a report of a rapid literature review that addresses the following research questions:

- What are the key themes of good commissioning practice (particularly with autistic people and people with a learning disability) in both social care and health in England?
- How is that good commissioning practice enabled?
- How can we measure the impact of good commissioning practice?

2 Background

Building the Right Support (Department of Health and Social Care 2022) is a multi-sector and partner action plan that aims to improve the lives of people with a learning disability and autistic people by strengthening community support and reducing reliance on mental health inpatient care. One of the areas of focus for Building the Right Support is commissioning practice which enables these aims.

A time limited task and finish group has been established, to focus on:

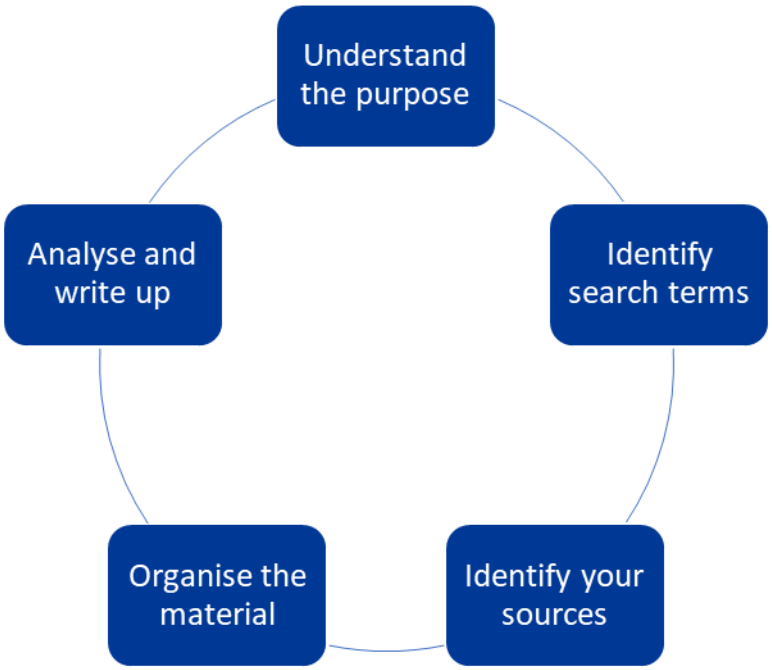
- How to enable good commissioning practice to take place locally.
- How to measure the impact of good commissioning practice.

3 Methodology

The completeness of the search has been determined by time constraints and the analysis is focused on the quantities of literature and overall quality, direction and effect of the literature.

The PSALSAR (Protocol; Search; Appraisal; Synthesis; Analysis; Report) method for conducting the literature review (Booth et al, 2016) has been used as a validated approach to managing and synthesising diverse information in a short timescale. It is less detailed and comprehensive than a systematic review, but it is robust and replicable in methodology and approach. Generally, it also draws upon wider sources of material than a purely academic systematic review.

There are a number of key components involved in this type of review and six key stages to the approach, summarised in this diagram:



A full copy of the research protocol used for this review is attached as Appendix 1.

4 Search findings

The initial search for material yielded a high number of potential sources. From these we identified some 93 that were of some relevance. These were further filtered for helpful material: 48 were identified as containing such material and were reviewed in detail.

The final section regarding measuring the impact of good commissioning practice is where the majority of the gaps in evidence were found with limited publications regarding this.

5 What is commissioning?

5.1 The commissioning cycle

Before exploring the questions set out above it is helpful to be clear about what commissioning is.

> "Commissioning is the process for deciding how to use the total resources available in order to improve outcomes in the most efficient, effective, equitable and sustainable way." (Commissioning Support Programme, 2010)

Commissioning is the key means for organisations to deliver on their statutory duties and responsibilities to ensure better outcomes for people with care and support needs and their unpaid carers. It is a continuous process that works through four stages:

- Analyse the available information about need, resources and methods.

- Plan how to make the best use of the resources to deliver the desired outcomes.
- Do the work needed to ensure support is available and needs are met.
- Review the activity involved in delivering services and maintaining the system.

The Institute of Public Care has developed a well-regarded description of the commissioning cycle (Institute of Public Care, 2017a). This was updated with a version that identifies elements of good practice in each quadrant of the commissioning cycle (Institute of Public Care, 2022). A copy of that enhanced version is attached as Appendix 2.

5.2 Commissioning for outcomes

An outcome is the meaningful and valued impact or change that occurs because of a particular activity or set of activities (Penny J and Slay J, 2014).

Outcomes experienced by people drawing on care and support may be achieved over a relatively short period of time, or they may be longer term in nature. They should be the starting point for all our commissioning activity.

Generally, whilst we can commission for outcomes, it is considered more difficult to commission outcomes themselves. Doing so means leaving the provider to decide how best to deliver those outcomes and commissioners are often reluctant to do this because of the difficulty of measuring outcomes and being able to accurately attribute success. What commissioners often choose to commission is outputs, products and activities that when delivered can contribute to achieving the desired outcomes.

The Welsh Local Government Association Home Care Commissioning Toolkit (Welsh Local Government Association, 2017) provides a wealth of information about outcome-based commissioning.

For example, social workers can take a personalised approach to commissioning and ensure the care and support provided is person-centred in line with what individuals want and as agreed in the care and support plan. Often, the expected outcomes are listed in the care and support plan and then monitored at review.

5.3 What commissioning is not?

It is worth being clear about what commissioning is not, as there is often confusion over this. It is not often addressed in the literature but is important in the context of the questions we are addressing. It is not:

- all about money
- all about outsourcing
- just about buying things or procurement
- just about commissioners (it involves a whole raft of other people including people with care and support needs and other agencies).

6 Research questions

6.1 Research question 1: What are the key themes of good commissioning practice (particularly with regards to autistic people and people with a learning disability) in both social care and health in England?

Increasingly, commissioning may be undertaken by more than one organisation or at a regional or sub-regional level. (Wenzel, 2019). This may reflect the volume of service or activity needed to meet a particular kind of need, some other aspect of economies of scale or the footprint of parent agencies and integrated systems.

The Local Government Association (2017) identifies three types of commissioning – strategic (relating to a whole population), micro (relating to an individual) and operational (relating to a specific group of people) – with overlap between the three groups. The evidence gathered in this section relates to all the three commissioning types.

A report (Wye, 2015), considered the art of commissioning and described this as:

> "Juggling competing agendas, priorities, power relationships, demands and personal inclinations to build a persuasive, compelling case. Seeking information to identify options, navigate ways through, justify decisions and convince others to approve and/or follow the suggested course". (Wye 2015)

In this context it may be difficult to identify good commissioning and it certainly gives a reason why it is difficult to implement good practice across the board. However, for the purposes of this report, good would include those themes that research evidence suggests go towards a good outcome or have positive impact on the population drawing on care and support, and the section below aims to illustrate this.

Wenzel (2019) states that commissioning is the process by which health and care services are planned, purchased, and monitored. It comprises a range of activities, including:

- assessing needs
- planning services
- procuring services
- monitoring quality.

The process, which is repeated typically on an annual basis, is often shown as a cycle, refining the previous activities.

The NHS (2015) Service Model for Commissioners report offered some 'golden threads' of good commissioning – quality of life, personalised care and support, keeping people safe, giving choice and control.

The University of Birmingham Health Services Management Centre Institute of Local Government Studies (2015) summarises good commissioning as being person centred and focussing on the outcomes that people say matter to them most. It helps people to have choice and control in their lives and over their care and support and is person

centred, place based, and outcome focused, inclusive, well led and promotes a diverse and sustainable marketplace.

Wilderspin, Hay and Simon (2018) build on the above report, considering closer collaborative working between key stakeholders (local authorities and the NHS) that is becoming more mainstream. It gives a toolkit for supporting continuous improvement in integrated commissioning and service redesign which is based on building the foundations of good relationships, being person centred, place-based and outcome focused, shaping provision and being ambitious.

The human side of commissioning can be viewed as both building good relationships and trust with providers ('building the foundations' in the above report) and being person centred with regards to the services and activities commissioned. In the Wilderspin, Hay and Simon (2018) report this is categorised as being person centred, place-based and outcome focused and suggests people are at the heart of commissioning with commissioning activities aiming to improve outcomes for individual citizens, local communities, and whole populations with co-production of services being a part of this.

Slay, Penny (2014) state that:

> "Co-production is a relationship where professionals and citizens share power to design, plan and deliver support together, recognising that both partners have vital contributions to make to improve quality of life for people and communities" Slay, Penny (2014)

Fox (2022) suggests that asset-based or strengths-based commissioning moves this concept on further:

> "A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources – and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives." Fox (2022)

Information provided by Think Local, Act Personal on their website (undated) identifies that:

> "Co-production means professionals and citizens sharing power to design, plan and deliver support together. It's about recognising that everyone has an important contribution to make to improve quality of life for people and communities". Think Local, Act Personal website, Co-production page.

They identify the six principles of co-production as:

- Recognising people as assets.
- Building on people's capabilities.
- Developing two-way, reciprocal relationships.
- Encouraging peer support.
- Blurring boundaries between delivering and receiving services.
- Facilitating rather than delivering.

The Social Care Institute for Excellence (SCIE, 2022a) suggests through reviewing available literature that the benefits of co-production for both those who draw on services and those who work in services can be identified as the two groups start to view co-production as 'what can we do together'.

The benefits for those who draw on services include:

- increased self-confidence, self-esteem and sense of empowerment
- better health and wellbeing
- increased engagement and trust
- higher levels of satisfaction with, and awareness of, services.

C Mayer (2017) suggests that the involvement in co-production of those who draw on care and support could impact positively on their social capital, self-esteem, self-efficacy and life skills.

The benefits for those who work in services include:

- improved job satisfaction, motivation and practice
- higher levels of trust and engagement, including involvement in future projects and dialogue with people who draw on care and support and carers.

However, the same article (SCIE 2022a) acknowledges that there has been less research into the impact and outcomes of co-production, with only 24 papers evaluating the outcome of co-creation and / or co-production. One of these being Marsilio (2021) that states that outcomes are mainly investigated through qualitative methods and from the lay actor or provider perspective only. Furthermore, 'Making it Real' (2018), offers six themes regarding the personalisation of care and support – 'living the life I want'. They are:

- Keeping safe and well.
- Information I need when I need it.
- Keeping family and friends and connections.
- My support my own way.
- Staying in control.
- The people who support me.

These themes were co-produced and offer guidance to all stakeholders involved in personalisation.

The Social Care Institute for Excellence (SCIE 2022a) produced a report looking at our understanding of the difference co-production makes in social care. They identified that:

> "Participants appreciated that the equality, power-sharing and shared responsibility involved in co-production contribute to finding legitimate solutions and create a powerful voice for positive change, resulting in credible services that are of benefit to all." SCIE (2022a)

Developing these themes further, the NHS Confederation (2022) gives top tips for commissioners that are based on discussions between commissioners and people with a learning disability that focus on making equality and inclusion a reality. It identifies eight top tips which aim to challenge discrimination whilst increasing outcomes and life chances for those with a learning disability:

- Challenge discrimination – understand the barriers and impacts.
- Challenge and support the wider system to make reasonable adjustments.
- Find out what is important to people (but assume basic human rights).
- Co-production – nothing about us without us.
- Be brave – stop being so risk averse.
- Empower people with information and with time.
- Develop a shared vision and expectations.
- More action – get better at making change happen.

These tips are useful for commissioning services for a group or for an individual, but the approach would of course be amended to suit.

In an early paper on personalisation (outside of the general timescale for this review, but very relevant and helpful) Helping Communities (2008) refers back to the 'Putting People First' agenda that had four key dimensions:

- **Universal services** – ensuring all public services link up and meet the needs of all citizens and all people have access to information, advice and advocacy.
- **Early intervention and prevention** – enabling people to live with maximum independence, for as long as possible.
- **Choice and control for people** – shaping services to meet people's needs rather than fitting people into the services on offer.
- **Building social capital** – ensuring that services operate in a way that builds on resources available within families and communities.

All of which relate to the commissioning task. It goes onto say:

> "Putting People First (2007) requires commissioners to engage and involve local people and communities in decisions and to be accountable for the services they commission and provide. Learning Disability Partnership Boards need to be at the centre of local delivery." 'Helping Communities Now' (2008) page 4.

It also quotes from 'Valuing People Now (2009)' to say:

> "Commissioners will need to change how they work and what they decide to buy, including getting better at listening to people" 'Helping Communities Now' page 8.

It also makes strong links between person-centred planning and commissioning, identifying that person-centred information provides the best outcomes for people with a learning disability and should be viewed as a central part to the commissioning pathway.

It identifies that (then) much of the information that provided the basis for commissioning services was professionally led and, at best, detailed the person's clinical or basic support needs, which may well still hold true for today. In addition, it further identified that strategic commissioning must be based on the collective needs of individuals, not just having the sole focus of the work as the service, building, or staffing structure. Finally, it identifies some key points for commissioners:

- To meet individuals' wishes and expectations good commissioning relies on creativity and not just money.
- Individuals and families are (should be) increasingly involved in the commissioning process and should be entitled to the appropriate training and resources to enable them to do this.
- Commissioners need to identify their current spending on learning disability services. This will be essential for the planned transfer of responsibilities and for informing future spending decisions.
- As we move towards personalisation, commissioners need to consider the potential transaction costs involved moving from block arrangements to individual arrangements.
- To maximise income, commissioners should have a working knowledge of all funding sources in the area and a creative approach to accessing what may previously have been seen as more mainstream funding.
- Commissioners should be building positive relationships with all the key stakeholders including people with a learning disability, their families, education, providers of support and services and the wider community. – 'Helping Communities Now', page 12.

To reiterate, although it was published some time ago this document continues to feel very relevant to the current climate.

Also focused upon personalisation and relevant to this review is work produced by Coalition of Collaborative Care (2016). One of the important points they make is encapsulated in a quote from a local authority mental health commissioner:

> "This is where the solution to our problems is going to come from. It doesn't lie with the NHS or social care – we haven't got the resources even if it did - it lies in the communities in which people live." Mental Health Commissioning Manager, Stockport Council – Coalition for Collaborative Care, page 8.

They also identify a range of benefits for commissioners that arise from personalised care and support planning:

- Being able to commission services that people want to experience and clinicians want to provide – reduces tensions between commissioners and providers and improves job satisfaction and the experience of care.
- Offers a measurable assessment of an individual's needs or goals to guide commissioning of appropriate services.
- Facilitating better monitoring of health and care, such as annual review.

- This approach having a positive impact on other ‘must dos’ in health policy for example, reducing acute admissions, improving the patient experience.
- Having measurable outcomes.
- Increasing effective self-management.

Coalition for Collaborative Care, page 8

Finally, they endorse the commissioning cycle developed by the Institute of Public Care and suggest that creating the right conditions and infrastructure for personalised care and support planning has several steps that relate to the commissioning cycle. It is worth covering these in detail:

Analyse

- Which people would benefit most from personalised care and support planning?
- What do local people have to say about the quality of person-centred care and care and support planning?
- Which services already offer personalised care and support planning?
- Which services could benefit from the introduction of care and support planning?
- The care and support planning process itself can be a useful source of information for understanding how services can be improved.

Plan

- What does a person-centred pathway look like?
- How will personalised care and support planning be incorporated into service specifications?
- What do local pathways look like and do providers have the skills to follow the principles of personalised care and support planning as set out in this document?
- What difference could personalised care and support planning make to the experience and outcomes of individuals who use services and their unpaid carers?
- How can personalised care and support planning be incorporated into 3-5 year plans, so that the number of people who have a care plan continues to grow?

Do

- Build care and support planning and person-centred outcomes into service specifications.
- Build a menu of “more than medicine” services to support people with long-term conditions.
- Use innovative payment and contracting methods which promote person-centred care/care and support planning.
- Ensure there is space for ongoing training, development, and reflection, both for commissioners and providers.

Review

- Monitor implementation and measure the impact of care and support planning.
- Support continuous improvement by supporting providers to measure and understand that they could improve how they provide personalised care and support planning.

Also, possibly outside of our timeframe (but undated) is a Mencap guide for commissioners of services for people with profound and more than one learning disability. (Mencap, Undated), which followed up on the 'Raising our Sights' report on services for those people (Mansell, 2010).

The guide reiterates the recommendations 'Raising our Sights' says about local commissioning and identifies what good commissioning should look like for people with profound multiple learning disability.

Helpfully it sets out some of the commissioning pitfalls that can occur with this group:

- not establishing baseline data to be able to measure the effectiveness of a service
- not having a shared vision about the desired outcomes from the service
- choosing outcomes and indicators that are difficult to measure or not relevant
- not including all stakeholders in the evaluation of the service.

Mencap Guide for Commissioners, page 8

The guide also has a chapter on 'Measuring outcomes and value for money' covered in more detail in the section below on measuring the impact of good commissioning.

Regarding personalisation and its importance to commissioning it is worth noting, of course, that the Care and Support Statutory Guidance that accompanies the Care Act 2014 (DHSC 2022) has a large section on person-centred care and support planning.

In summary

The key themes of good commissioning practice are that it should be:

- at different levels (strategic, operational, micro-)
- creative
- person centred and focused upon what people say is important to them
- outcome focused
- built on co-production with the people drawing on care and support
- shape provision
- ambitious/be brave.

These apply to any of the three types of commissioning – micro, operational and strategic.

6.2 How is that good commissioning practice enabled?

The previous section considered what the components of good commissioning are. This next section addresses evidence regarding what the enablers of good commissioning might be.

An Institute of Public Care guidance document (2017b) produced for the Welsh National Commissioning Board identified and answered eight questions regarding the commissioning of services for people with a learning disability or autistic people.

Question 1: What is strategic commissioning? **Answer:** The commissioning cycle.

Question 2: What is the role of the strategic commissioner? **Answer:** Leader of culture change.

Question 3: What should you be commissioning? **Answer:** Good lives.

Question 4: How do you commission 'good lives'? **Answer:** Co-produce solutions.

Question 5: How do you lead whole systems change? **Answer:** Communication.

Question 6: How do you shape local services and keep the person at the centre? **Answer:** Co-produce whole systems pathways, across the lifespan.

Question 7: How do you reduce placement breakdown and prevent hospital admission? **Answer:** Whole systems, lifespan approach to positive behaviour support.

Question 8: How do you know you are improving well-being? **Answer:** Measure outcomes.

In a further Institute of Public Care report, Provenzano, and Watson (2020) applied the principles of a previous generic Institute of Public Care paper by Provenzano and Bolton, (2017), specifically to services for people with a learning disability or autistic people. As with the original paper it sets out an approach that is based on performance management principles and understanding 'what works' in an effective model of care and support. The approach requires commissioners to follow the performance management cycle. The approach is very specific about the steps to be taken:

- Develop set of strategic objectives for learning disability services.
- Develop a model of care that describes what good practice might look like, based on available evidence, if the strategic objectives are to be achieved.
- Develop a performance framework that includes a range of service focused objectives and performance indicators to help measure progress against targets. In this way, managers, front line workers and providers of services can all be held to account for their contribution to the strategic objectives.
- Based on the performance framework and performance indicators, establish a timely monitoring regime.
- Convene quarterly performance monitoring review meetings comprising representation from commissioners, providers, care management and people with lived experience.

- The purpose of the meeting will be to review the data and fully understand the reasons for the performance, and more importantly, what remedial, adjustment or sharing of good practice actions will need to be taken.

Provenzano and Watson (2020) in their Ordinary and Unique Lives report give a six-step approach to good practice in commissioning for people with a learning disability and/or autistic people. This advocates a whole system approach which aims to deliver better outcomes by focusing on specific service objectives and performance indicators for each of the six steps in the process:

- information, advice, assistance, and advocacy
- universal services (e.g. leisure, education)
- universal plus
- early intervention
- short term intensive support
- long term specialist support
- understanding population and market shaping.

Statutory Guidance issued by the Government (Department of Health, 2015) on the implementation of autism strategies identified a few actions that essentially fall to commissioners:

- Ensure that there is a meaningful local autism partnership arrangement that brings together different organisations, services, and stakeholders locally, including the Clinical Commissioning Group, and autistic people, and sets a clear direction for improved services.
- Allocate responsibility to a named joint commissioner/senior manager to lead commissioning of care and support services for adults with autism in the area, known as the autism lead. This lead should be appointed by the Director for Adult Social Services.
- Bring partners together, for example through Health and Wellbeing Boards, to ensure information sharing protocols are in place and that all necessary information for service planning is available.
- Ensure that there are appropriate arrangements in place to ensure senior level sign off for responses to the national autism self-assessment exercises and other appropriate developments around the delivery of the local autism strategy.

The Care Quality Commission (2022) highlights the importance of good leadership and integration in terms of agencies working together making these two criteria important enablers of good commissioning.

> “Understanding the health and care needs of local people is paramount for integrated care systems, and each one faces a different challenge in meeting those needs. Good leadership will be vital for local systems as they become established during challenging times for all services. All services working in a local health and social care system should be included in planning for healthier communities.” (Care Quality Commission 2022)

The Kings Fund (2022) offers a list of evolving criteria that is in place, could support good integrated collaborative commissioning practice, which includes both good leadership and integration.

In place of measuring the technical efficiency of individual services, there is a focus on collaboration between different services to meet the full range of people's needs, for example, for those services that have traditionally cut across services such as substance misuse.

- The attitude towards frontline staff – and how they are supported – is central to these approaches. Rather than mandating staff to follow operational rules and guidelines, emphasis is placed on upskilling them as autonomous professionals to use their judgement in meeting people's needs.
- Rather than arm's-length relationships between commissioners and providers, these approaches envisage close, ongoing dialogue between providers.
- Instead of funding mechanisms that allocate risk to providers, commissioning approaches informed by these ideas generally develop long-term, predictable financial arrangements that make it possible for commissioners and providers to maintain an honest dialogue about delivery.
- The value of experimentation is emphasised: operational ideas are tested, amended, rolled out or abandoned on an ongoing basis.

At the centre of these approaches is a behaviour change process for staff who are asked to work together differently (both within commissioning organisations and within provider organisations). It involves overcoming traditional organisational or territorial demarcations and focusing on shared endeavour and mutual support.

The values that are reflected in this collaborative working are therefore trust, openness, joint responsibility, and an innate desire to improve services for the individuals involved.

Some of this shift in emphasis in terms of good commissioning is echoed by the Social Care Institute for Excellence (2022) It states:

> "Evidence shows that innovation and local flexible support options deliver better outcomes and are more cost effective. They also provide more attractive and more sustainable jobs. However, most commissioners have not yet scaled these alternatives." (Social Care Institute for Excellence, 2022)

The article reflects on the impact of the covid pandemic and suggests that some restrictions were eased during the pandemic, and that it would be beneficial if the level of scrutiny was not re-introduced, leading to a higher trust relationship in commissioning.

Considering the micro-commissioning of direct payments, members of the Social Care Institute for Excellence production network commented:

> "Now we hope that level of scrutiny does not come back…. we understand that sometimes the flexibility could lead to abuse, but the right response is to stop the abuse not the flexibility" (Social Care Institute for Excellence, 2022)

> "Direct payment recipients are scrutinised and accountable to the penny, they don't scrutinise big providers equally" (Social Care Institute for Excellence, 2022)

Think Local, Act Personal (2019) considers the three council areas of Thurrock, Somerset and Wigan who are developing asset based or strengths-based commissioning. All three case studies, although different, focus on the changing relationship between commissioner and community, building on the strengths of the community.

In summary the enablers of good commissioning focus on:

- support to work in a community centred way
- working collaboratively with stakeholders/the community
- integration
- flexibility and innovation
- longer term financial arrangements.

6.3 How to measure the impact of good commissioning

There is little research available on the direct impact of commissioning and an Australian study by Gardener, A.G et al (2017) found that little evidence of the effectiveness of commissioning at any level was available and that observed impacts were highly context dependent. This rapid research review similarly found little research regarding the impact of good commissioning.

Having said that, the impact or measurement of good commissioning can be approached in a variety of ways. Primarily, however, the outcomes or meeting of need for the person that the care and support is commissioned for, is of paramount importance. The Care Quality Commission (2022) annual report states that:

> "Services must be bespoke, and truly person-centred. This entails understanding and acting on what a person wants and needs". (Care Quality Commission, 2022)

The Mencap 'how to' guide referred to above makes the point that people with profound and more than one learning disability, their families, and other stakeholders should be involved in determining outcome indicators for commissioned services and they do identify a range of outcomes and indicators that can be used to measure the effectiveness of services (and commissioning). It also considers at length the importance of measuring the satisfaction and quality of life of people with people with a profound learning disability. Clearly this is an important consideration when measuring the impact of good commissioning.

Satisfaction and quality measures along with some measure of personalisation can contribute towards effective outcome-based commissioning.

An Institute of Public Care (2017c) report for the Welsh National Commissioning Board (especially 'Toolkit 3 An introduction to commissioning for outcomes in social care') moves the focus to results that may be achieved for individuals so that the service is designed with outcomes in mind and that these can be monitored effectively.

In addition, cost and efficiency are invariably considered, as for example, in a Public Health England and the London School of Economics Social Services Research Unit report (2017), that gives a specific return on investment for preventative services commissioning of up to nearly £40 per £1 spent on the activity and suggests this is considered when making commissioning decisions.

The Institute of Public Care report 'Emerging practice in outcome-based commissioning' (2015) suggests that commissioning for outcomes can have a very positive impact in focusing the efforts of providers on clear objectives which need to be achieved before they reap full rewards. However, it suggests, they can only happen when all parties are fully engaged and have a full understanding of the delivery of outcomes.

The much early review by Robertson and Emerson (2008) stated that:

> "There exists a remarkable dearth of evidence relating to the comparative costs and benefits of different ways of providing community-based residential and vocational supports for people with autistic spectrum disorders. The lack of any credible evidence-base is a major impediment to the development of any rational approach to evidence-based commissioning and raises the very real possibility that current decisions may result in considerable inefficiencies in the use of resources and the provision of less-than-optimal supports for people with autistic spectrum disorders".

A review of the effectiveness of primary care-led commissioning and its place in the NHS by the Health Foundation (Smith, J et al, 2004) attempted to look at effectiveness of commissioning but found little evidence for it. However, it does identify a need to be innovative to be successful.

> "There is little substantive research evidence to demonstrate that any commissioning approach has made a significant or strategic impact on secondary care services. Primary care-led commissioning (where clinicians have a clear influence over budgets) can however secure improved responsiveness such as shorter waiting times for treatment and more information on patients' progress, as was seen within GP fundholding…. Given an opportunity to innovate, highly determined managers and clinicians are able to use their commissioning role to change long standing working practices in the local health system" – Smith, J et al (2004)

The Kings Fund (2020) offered a more collaborative approach to commissioning which reflects the growing trend in NHS policy particularly with the emergence of integrated care boards with local authorities and NHS bodies having broadly coterminous boundaries.

The Kings Fund (2020) paper cites three examples of innovative collaborations, where traditional ideas in commissioning were being replaced by closer partnerships between commissioners, providers, and other stakeholders where improvement support is offered (implicitly suggesting that this will deliver better services). Overall, considering examples such as these, a shift in thinking regarding commissioning appears to be taking place where driving improvements forward in collaboration with partners is

occurring. They identify the shifts set out in the table below, that show the change in language and approach used in this innovative approach to commissioning:

From	To
Health care focus	Population health focus
Organisational focus	System focus
Contract enforcer	System enabler
Transactions	Relationships and behaviours
Decision-maker	Convener for collective decisions
High bureaucracy, low trust	Low bureaucracy, high trust
Monitoring organisational performance	Monitoring system-wide performance and providing improvement support
Following national guidance	Developing local solutions

Such place-based commissioning makes the most of local assets, helps remove blockages and supports population health focused planning. It also:

- promotes partnership working and creating different types of conversations with better decision making based on information across the local area.
- requires a defined set of values helpful as a way of anchoring conversations at times of difficulty
- requires the need for strong leadership across the partnership
- strategic planning is increasingly a collective activity
- procurement processes are being simplified wherever possible.
- performance monitoring increasingly focuses on the performance of the local system rather than individual organisations.

Similarly, a report by the Strategy Unit and NHS Dudley Clinical Commissioning Group (2018) suggested that organisations and local systems should dedicate efforts to creating an expectation of innovation, backed by evaluation to progress and tackle the challenges faced.

In addition, the Institute of Public Care (2018) report on relationship-based commissioning presents that approach as working in a collaborative way to provide complex responses to small numbers of people (and their families) with fluctuating needs. This requires commissioners to work with a small group of providers with specialist skills. To build trusting relationships with these providers to enable them to maximise flexibility to meet such fluctuating levels of need. At the heart of relationship-based commissioning is the idea that we do our best work and hence achieve the best outcomes with people when we have good relationships.

The following case studies give some additional insight into the impact of good commissioning although not all are focused just upon people with a learning disability or autistic people.

Case Study (1) – Canterbury, New Zealand

A report by The Kings Fund (2018) considered Canterbury District Health Board in New Zealand which has faced growing demand for hospital care and unaffordable projections for future hospital demand. Transformation was achieved by strategically developing a clear unifying vision of 'one system, one budget', giving staff permission to innovate and supporting them and developing new models of integrated working but operationally through shared care record and demand management systems. The measured impact has been compared with the rest of New Zealand. Canterbury has lower medical admissions and readmissions with shorter length of stay with a reduction in wait times.

Case Study (2) – direct payments – micro commissioning

A National Audit Office (2016) report looked at direct payments and micro-commissioning. Again, whilst not specific to people with a learning disability and/or autistic people, amongst other conclusions the report found that local authority-level data provided no evidence that personalised commissioning improved outcomes. Individual-level data indicate that personal budgets benefit most people. However, when individual data are aggregated at the local authority level, there is no association between higher proportions of people on personal budgets and overall satisfaction or other outcomes.

Case Study (3) – Essex, UK

The Joseph Rowntree Foundation (2014) reported on a project with the aim of improving the relationship between commissioners and care home providers through a self-assessment process using indicators based on the relational aspects of living in a care home and enabling care home managers to focus on providing relationship-centred care. The evaluation concluded that:

- Care home managers are in a pivotal place to model relationship-centred care; where this occurs, there are signs of staff empowerment and a change in emphasis from task-orientated care to relationship focused care and support.
- A leadership development programme and facilitated network for care home managers was introduced in Essex, reducing the isolation of care home managers, enabling problem solving with peers and improving the recruitment of care staff.
- Adopting an appreciative enquiry approach that relies on a 'no-blame' culture has enabled staff to build on successes.

Case Study (4) Measuring quality of commissioned services

In seeking the views of commissioners regarding monitoring quality of care provision to adults with a learning disability or autistic adults (Beadle-Brown et al, 2017) acknowledged that although there is a move to many people managing their own support through personal budgets, commissioners still play an important role in purchasing services to meet people's needs. Two thirds of respondents said that cost was a very important consideration in their decisions. Most respondents reported using quality assessment frameworks and monitoring checklists of some type with information drawn from a range of sources. The frequency of quality assessment ranged from quarterly to yearly or focused on those identified as higher risk services.

Many respondents recognised the limitations and challenges they faced of measuring, monitoring, and comparing outcomes for individuals who draw on services. These outcomes were conceptualised in two ways: satisfaction and progress in goals in individual plans or improvements in the quality-of-life domains, such as health. Only a minority of commissioning bodies involved used individuals who draw on services or unpaid carers in monitoring.

Case Study (5) Integrated Personal Commissioning – framework tested in Stockton upon Tees and Hertfordshire

Nesta (2018) reported on Integrated Personal Commissioning case studies pilot sites that are:

- having a different conversation with people on what really matters to them
- working with other frontline peers to ensure services across sectors are experienced seamlessly
- using personal budgets to improve people's choice and control
- optimising the use of services available in the community and voluntary sector.

The nature of these shifts required both technical and cultural changes - requiring people to think, collaborate, and practice differently.

Results and impact for teams included:

- 621 people actively engaged in a personalised approach to care.
- 41% reduction in Accident and Emergency attendances during challenge with ongoing 10% reduction across the Clinical Commissioning Group.
- Award winning Stockton hospital team campaign: Home Safe Sooner led to a 35% drop in delayed discharges. Clinical Commissioning Group data for the whole year shows 12% reduction and savings of £900,000.

If, through collaboration, impacts such as those identified above can be developed and measured, then early indications of research show that successful integrated commissioning for the health of the local population will be possible.

As mentioned earlier, the Institute of Public Care's six-step approach (Provenzano and Watson, 2020) takes a whole system approach to commissioning services for people with a learning disability and/or autistic people that will undoubtedly deliver better outcomes for individuals and their families and lead to improved and more accessible local public services overall.

In summary:

- There is little actual research or description of approaches regarding impact.
- However, some case studies are emerging that attempt to measure good commissioning practice with positive results.
- Some materials do identify how effective evaluation of the impact of commissioning might be carried out.
- The nature of commissioning is evolving to high trust, innovative, locally focused integrated solutions where staff work in partnership and feel more empowered.

7 References

(All web-based sources accessed in the w/c 1 November 2022, unless otherwise stated)

Beadle-Brown J, et al, (2017) 'Commissioning services for adults with learning disabilities or autism: the views and experiences of commissioners', Kent University Quality and Outcomes of Personal Centred Care, Policy Research Unit 5415.pdf (kent.ac.uk).

Bolton, J (2015) 'Emerging Practice in Outcome-Based Commissioning for Social Care', Institute of Public Care, https://ipc.brookes.ac.uk/publications/emerging-practice-in-outcome-based-commissioning-for-social-care.

Booth, A, Sutton, A, Papaioannou, D (2016) 'Systematic Approached to a Successful Literature Review', Sage Publication Ltd, London, Booth, A, Sutton, A, Papaioannou, D (2016) Systematic Approached to a Successful Literature Review, Sage Publication Ltd, London, https://www.researchgate.net/publication/235930866_Systematic_Approaches_to_a_Successful_Literature_Review.

Burkett M, et al (2016), 'Personalised commissioning in adult social care', National Audit, https://www.nao.org.uk/wp-content/uploads/2016/03/Personalised-commissioning-in-adult-social-care-update.pdf.

Charles, A, (2017) 'Developing Accountable Care System: Lessons from Canterbury, New Zealand' Developing_ACSs_final_digital_0.pdf (kingsfund.org.uk).

Coalition for Collaborative Care (2016), 'Delivering personalised care and support planning: The journey to person-centred care, supplementary information for commissioners', NHS, https://www.england.nhs.uk/wp-content/uploads/2016/04/info-commissioners-care-support-planning.pdf.

Care Quality Commission (2021) 'Home for Good: Successful Community Support for People with a Learning Disability, Mental Health Need and Autistic People', Home For Good: Successful community support for people with a learning disability, a mental health need and autistic people - Care Quality Commission (cqc.org.uk).

Care Quality Commission, (2022) 'State of Care: The State of Health Care and Adult Social Care in England,' https://www.cqc.org.uk/publications/major-report/state-care.

Department of Health (2015) 'Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy', https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/422338/autism-guidance.pdf

Department of Health and Social Care (2022) 'Care and support statutory guidance', https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#person-centred-care-and-support-planning

Fox et al (2022) What next for Strengths Base Areas?, SCIE, Think Local Act Personal, Mayday Trust What next for strengths-based areas? (scie.org.uk)

Gardner K, Powell Davies G, Edwards K, McDonald J et al (2017), 'Supplementary information for commissioners') A rapid review of the impact of commissioning on service use, quality, outcomes and value for money: implications for Australian policy', Australian Journal of Primary Health 28 (5). https://pubmed.ncbi.nlm.nih.gov/27469052/

Granville G, Carrier J, Patel M, Barker S (2014) 'Commissioning Relationship Centred Care in Essex – an Evaluation, National Development Team for Inclusion', https://www.ndti.org.uk/projects/commissioning-relationship-centred-care-in-essex-an-evaluation

Helping People and Communities (2008), 'Person centred commissioning – now - a pathway approach to commissioning learning disability support', https://www.choiceforum.org/docs/pcpnow.pdf

HM Government (2007) Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care, Local Government Association, ADASS, NHS untitled (basw.co.uk).

HM Government (2009) Valuing People Now: A New Three Year Strategy for People with Learning Disabilities Valuing People Now - Three Year Strategy (base-uk.org)

Institute of Public Care, (2017a), 'Commissioning for Health and Social Care, Sage Publications'. https://us.sagepub.com/en-us/nam/commissioning-for-health-and-social-care/book238041

Institute of Public Care (2017b) 'Commissioning Services for People with a Learning Disability Good Practice Guidance', Institute of Public Care, https://ipc.brookes.ac.uk/files/publications/Commissioning_for_People_with_Learning_Disability.pdf

Institute of Public Care (2017c) 'Home Care Commissioning Toolkit– Commissioning for Outcomes in Social Care', Welsh Local Government Association, https://www.wlga.wales/introduction-to-the-home-care-toolkit

Institute of Public Care, (2018) 'Transforming Care and Relationship-based Commissioning', Institute of Public Care, https://ipc.brookes.ac.uk/publications/transforming-care-and-relationship-based-commissioning

Institute of Public Care, 'unpublished paper' (2022).

Institute of Public Care, (2022) 'Strategic collaborative planning and commissioning: A guide,' https://ipc.brookes.ac.uk/publications/strategic-collaborative-planning-and-commissioning-a-guide

Mansell, J, (2010) 'Raising our sights: services for adults with profound intellectual and multiple disabilities' National Archives,

https://webarchive.nationalarchives.gov.uk/ukgwa/20130105191312/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114346

Marsilio M, Fusco F, Gheduzzi E, Guglielmetti C Co-Production Performance Evaluation in Healthcare – A systematic Review of Methods, Tools and Metrics (2021) International Journal of Environmental Research and Public Health 18 (7) Co-Production Performance Evaluation in Healthcare. A Systematic Review of Methods, Tools and Metrics - PMC (nih.gov)

Mayer C (2017) 'it shows that there's no limits': the psychological impact of co-production for experts by experience working in youth mental health 25 (3) pp1181-1189 '…it shows that there's no limits': the psychological impact of co-production for experts by experience working in youth mental health - PubMed (nih.gov)

Mencap, undated, 'Raising our sights - How-to guide 11, Commissioning for people with profound and multiple learning disabilities'. https://www.mencap.org.uk/sites/default/files/2016-06/Raising-our-sights-Commissioning%20guide.pdf

NHS Confederation, (2022) 'Better Commissioning Better Lives: Top tips for Commissioners,' https://www.nhsconfed.org/publications/better-commissioning-better-lives-top-tips-commissioners

NHS England et al, (2015), 'Service model for commissioners – Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition' https://www.england.nhs.uk/publication/service-model-for-commissioners-supporting-people-with-a-learning-disability-andor-autism-who-display-behaviour-that-challenges-including-those-with-a-mental-health-condition/

Provenzano, P and Bolton, J (2017) 'Six Steps to Managing Demand in Adult Social Care - A performance management approach', Institute of Public Care https://ipc.brookes.ac.uk/files/publications/Six_Steps_to_Managing_Demand_in_Adult_Social_Care_Exec_Summary.pdf

Public Health England LSE (Public Services Research Unit) (2017), 'Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health', https://www.lse.ac.uk/business/consulting/reports/commissioning-cost-effective-services-for-promotion-of-mental-health-and-wellbeing-and-prevention-of-mental-ill-health

Penny J, Slay J (2014) 'Commissioning for outcomes and Co-production' New Economics Foundation, https://neweconomics.org/uploads/files/974bfd0fd635a9ffcd_j2m6b04bs.pdf

Provenzano P, Watson C (2020) 'Ordinary and Unique Lives for Adults with a Learning Disability and/or Autism: A Six Step Approach, Institute of Public Care,' https://ipc.brookes.ac.uk/files/publications/Ordinary-and-unique-lives-a-six-steps-approach.pdf

R Robertson, L Ewbank, (2020) 'Thinking Differently about Commissioning: Learning from New Approaches to Local Planning', The Kings Fund (web).pdf (kingsfund.org.uk)

Robertson J, Emerson E (2006) 'A Systematic Review of the Comparative Benefits and Costs of Models of Providing Residential and Vocational Supports to Adults with Autistic Spectrum Disorder', Janet Robertson and Eric Emerson Institute for Health Research Lancaster University, National Autistic Society. https://www.researchgate.net/publication/237384645_A_Systematic_Review_of_the_Comparative_Benefits_and_Costs_of_Models_of_Providing_Residential_and_Vocational_Supports_to_Adults_with_Autistic_Spectrum_Disorder

SCIE (2022a) Developing our understanding of the difference co-production makes in social care, https://www.scie.org.uk/co-production/understanding-the-difference#benefits (accessed 16 November, 2022)

SCIE (2022b) 'The Future of Commissioning for Social Care', The future of commissioning for social care (scie.org.uk)

Smith J, Mays N, Dixon J, Goodwin N et al (2004) 'A review of the effectiveness of primary care-led commissioning and its place in the NHS', London: The Health Foundation. https://www.google.com/search?client=safari&rls=en&q=Smith+J,++Mays+N,+Dixon+J,+Goodwin+N+et+al+(2004)+A+review+of+the+effectiveness+of+primary+care-led+commissioning+and+its+place+in+the+NHS.+London:+The+Health+Foundation&ie=UTF-8&oe=UTF-8&safari_group=9

Strategy Unit and NHS Dudley Clinical Commissioning Group (2018), 'Lessons from the vanguard – procurement', https://www.strategyunitwm.nhs.uk/publications/lessons-vanguard-procurement

Think Local Act Personal – 'Reimagining social care – A study in 3 places (2019)' ReimaginingSocialCare.pdf (thinklocalactpersonal.org.uk)

Think Local, Act Personal, (Undated) Co-production Webpage, https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/ Accessed 16 November, 2022

Think Local Act Personal (2018) Making it Real TLAP-Making-it-Real-report.pdf (thinklocalactpersonal.org.uk)

University of Birmingham Health Services Management Centre Institute of Local Government Studies, (2015) Commissioning for Better Outcomes: A route map, Department of Health, ADASS, Think Local Act Personal, LGA https://www.adass.org.uk/media/4576/commissioning-for-better-outcomes-a-route-map-301014.pdf

Wenzel, L Robertson, R (2019) 'What is Commissioning and How is it Changing?, The Kings Fund' What is commissioning and how is it changing? | The King's Fund (kingsfund.org.uk)

Whelton B, (2017) 'The Use of Quality Information in the Commissioning of Services for Adults with Intellectual Disabilities and/or Autism' In: Social Policy Association Annual Conference (10th-12th July 2017) Durham University, 10-12 Jul 2017. The use of Quality Information in the commissioning of services for adults with intellectual disabilities and/or autism - Kent Academic Repository

Wilderspin J, Hay P, Simon J (2018) 'The Integrated Commissioning for Better Outcomes Framework', LGA, NHS Clinical Commissioners, Think Local Act Personnel, DHSC. https://www.local.gov.uk/sites/default/files/documents/25.70_Integrated%20Commissioning%20for%20Better%20Outcomes_final.pdf

Welsh Local Government Association (2017) 'Commissioning Guidance for People with Learning Disabilities', National Commissioning Board for Wales, Institute of Public Care https://www.wlga.wales/commissioning-guidance-for-people-with-learning-disabilities

Wye L, Brangan E, Cameron A, Gabbay J et al (2015) 'Evidence Based Policy Making and the 'Art' of Commissioning – How English Healthcare Commissioner Access and Use Information and Academic Research in 'Real Life' Decision-making', an Empirical Qualitative Study, BMC Health Services Research Unit (Article number 430), https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1091-x

York Health Economic Consortium (2020), 'The Older Adults NHS and Social Care Return on Investment Tool', Public Health England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/860613/Older_adults_NHS_and_social_care_return_on_investment_tool_-_Final_report.pdf

8 References, accessed but disregarded

These sources were identified and briefly reviewed but disregarded due to being largely out of the specified time period or the broad subject of the research captured by a more relevant source or not directly relevant to the research questions and scope of this rapid research review.

(All web-based sources accessed in the w/c 1 November 2022)

Brown M (2019). 'Reflections on the path to excellence'. Blog. NHS England, 2 September, https://www.NHS England » Reflections on the path to excellence

Care Quality Commission (2018) Driving Improvement: Case Studies from nine Adult Social Care Services, Care Quality Commission https://www.Driving improvement: Case studies from nine adult social care services - Care Quality Commission (cqc.org.uk)

Care Quality Commission (2020) How are people's mental health needs met in acute hospitals, and how can this be improved?, Care Quality Commission, https://www.Assessment of mental health services in acute trusts - Care Quality Commission (cqc.org.uk)

Carrier J (2012) Developing the market for the small number of people who have very complex needs, National Development Team for Inclusion, Think Local Act Personal, Print (thinklocalactpersonal.org.uk)

Collins B (2019a). Outcomes for mental health services: what really matters? London: The King's Fund. https://www.Outcomes for mental health services | The King's Fund (kingsfund.org.uk)

Davies S, Hughes J, Davies K, Dalgarno E et al (2020) Changes in Commissioning Home Care: An English Survey https://www.Changes in commissioning home care: an English survey - Social Care Online (scie-socialcareonline.org.uk)

Department of Health and Social Care (2018) Commissioning Impact on Drug Treatment: Government Response, Department of Health and Social Care https://www.Commissioning impact on drug treatment: government response - GOV.UK (www.gov.uk)

Department of Health and Social Care (2019) Public Health Commissioning in the NHS 2019 to 2020, Department of Health and Social Care https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2019-to-2020

Department of Health and Social Care (2021) A Spectrum of Opportunity: An Exploratory Study of Social Work Practice with Autistic Young Adults and their Families. https://www.gov.uk/government/publications/social-work-and-autistic-young-people-an-exploratory-study/a-spectrum-of-opportunity-an-exploratory-study-of-social-work-practice-with-autistic-young-adults-and-their-families

Department of Health and Social Care (2021) Commissioning Services for Autistic People Skills for Care, Department of Health and Social Care https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Autism/Commissioning-autism-services/Commissioner-framework-main-FINAL-150621.pdf

Glasby J, Dickinson H, Jeffares S, Sullivan H (2012) Health and Social Care Commissioning: A Exploration of Processes, Services and Outcomes National Institute for Health Research SDO Programme https://www.Health and social care commissioning: an exploration of processes, services and outcomes

Institute of Public Care (2010) Commissioning for Children with Disabilities – including short term break services, Institute of Public Care https://www.Commissioning for Children with Disabilities | IPC Brookes

Institute of Public Care (2012) Commissioning for Families with Complex Needs, Institute for Public Care https://www.Commissioning for Families with Complex Needs | IPC Brookes

Institute of Public Care (2012) The Case for Tomorrow, Joint Discussion Document on the Future of Services for Older People, ADASS Institute of Public Care, https://www.The case for tomorrow: joint discussion document on the | IPC Brookes

Institute of Public Care (2016) What is Market Shaping? Institute of Public Care https://www.What is Market Shaping | IPC Brookes

Institute of Public Care (2017) Commissioning Services for People with a Learning Disability Good Practice Guidance, Institute of Public Care, Oxford https://www.Commissioning Services for People with a Learning | IPC Brookes

Kelly P, Routledge M (2020), Commissioning for a Better Future – Useful Resources, SCIE, https://www.Commissioning resources (Social Care Innovation Network) | SCIE

Kennard I, (2021) Good Commissioning is Dependent on Co-production, Think Local Act Personnel, https://www. Good commissioning is dependent on co-production – a hypothesis - Blogs & Articles - Think Local Act Personal

Laidlaw J (2012) Addressing commissioning difficulties is a priority for elderly prisoners, The British Medical Journal 345 (29) Re: Elderly prisoners | The BMJ

Local Government Association (2022) Better Lives and Good Lives Frameworks: A conversation, Local Government Association, https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/autistic-people-and-people-learning-14

National Audit Office (2011) Successful Commissioning Toolkit, Practical Case Studies, National Audit Office, Successful commissioning toolkit Practical Case Studies - National Audit Office (NAO)

National Development Team for Inclusion (2010) Guide for commissioners of services for people with learning disabilities who challenge services National Development Team

for Inclusion, https://www.Microsoft Word - Challenging behaviour report VERY final v7.doc (ndti.org.uk)

National Development Team for Inclusion (2019) Alliance commissioning and coproduction in mental health April 2019 – National Development team for inclusion, Alliance_Commissioning_and_coproduction_Final_2019.pdf (ndti.org.uk)

NESTA (2013) People powered commissioning – embedding innovation in practice https://www. People Powered Commissioning: embedding innovation in practice | Nesta

NESTA (2019) Transforming Mental Health Services in Lambeth, https://www.Transforming mental health services in Lambeth | Nesta

NHS England (2015) Service model for commissioners – Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, NHS England https://www/NHS England » Service model for commissioners – Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition

Masterson D, Areskoug Josefsson K,Robert G, Nylander E et al (2022) Mapping Definitions of Co-production and Co-design in health and social care: A systematic scoping review providing lessons for the future Health Expectations 25 (3) p902-913 Mapping definitions of co-production and co-design in health and social care: A systematic scoping review providing lessons for the future - Masterson - 2022 - Health Expectations - Wiley Online Library

Mawhood, L. & Howlin, P. A. (1999). The outcome of a supported employment scheme for high-functioning adults with autism or Asperger syndrome. Autism, 3 (3), 229-254. https://www.The Outcome of a Supported Employment Scheme for High-Functioning Adults with Autism or Asperger Syndrome - Lynn Mawhood, Patricia Howlin, 1999 (sagepub.com)

Miller R, (2015) Commissioning, Outcomes and Consortia: Ten Key Questions for Commissioners and Third Sector Organisations from the Carers Tender in Birmingham Policy Paper 19 https://www.policy-paper-19.pdf (birmingham.ac.uk)

Parkin T, (2022) Putting Community and Co-operation into Care and Support: Community of Practice for Community Businesses and Co-operation, SCIE, Think Local Act Personal Putting-community-and-cooperation-into-care-and-support.pdf (thinklocalactpersonal.org.uk)

Public Health England (2020) The Older Adults' NHS and Social Care Return on Investment Tool, Public Health England, https://www.gov.uk/government/publications/older-adults-cost-effective-commissioning

Ross I (2010). The state of commissioning: preparing Whitehall for outcomes-based commissioning. London: Institute for Government. Institute for Government, https://www. The state of commissioning: preparing Whitehall for outcomes-based commissioning | The British Library (bl.uk)

SCIE (2015) Ten Top Tips for Commissioners: Commissioning Independent Mental Health Advocacy Services in England, SCIE, University of Central Lancashire. https://www.10 top tips for commissioners: commissioning Independent Mental Health Advocacy services in England

SCIE (2018) Arranging Services for People with a learning disability and behaviour that Challenges: A quick Guide for Commissioners, SCIE, https://www.Arranging services for people with a learning disability and behaviour that challenge | SCIE

Skills for Care (2021) Commissioning Services for People with a Learning Disability, – A cross-system framework for commissioning social care, health and children's services for people with a learning disability, Skills for Care https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Learning-disability/Commissioning-services-for-people-with-a-learning-disability-framework.pdf

SCIE (2022) Strengths Based Practice for Adult Social Care Enabling Roles, https://www.Strengths-based practice for adult social care enabling roles | SCIE, ADASS

Smith J, Dixon J, Mays N, McLeod H et al (2006) The NHS Revolution: Health Care In The Market Place: Practice Based Commissioning: Applying The Research Evidence 331 (7529) BMJ Clinical Research, https://www.researchgate.net/publication/7431003_Practice_based_commissioning_applying_the_research_evidence

Swan J, Clarke A, Nicolini D, Scarbrough H (2012) Evidence in Management Decisions (EMD) – Advancing Knowledge Utilisation in Healthcare Management, Journal of Health and Organisational Management https://www.Evidence in Management Decisions (EMD) - advancing knowledge utilization in healthcare management - NIHR Funding and Awards

Swan J, Gkeredakis E, Manning R, Nicolini D, et al (2017) Improving the capabilities of NHS organisations to use evidence: a qualitative study of redesign projects in Clinical Commissioning Groups, Health and Social Care Delivery Research 5 (18) https://www.Improving the capabilities of NHS organisations to use evidence: a qualitative study of redesign projects in Clinical Commissioning Groups (nihr.ac.uk)

Walker A, Boaz A, Hurley M (2021) Influence of Commissioning Arrangements on Implementing and sustaining a Complex Healthcare Intervention (ESCAPE pain) for Osteoarthritis: a Qualitative Case Study, Physiotherapy 113 pp160-167 https://www.Influence of commissioning arrangements on implementing and sustaining a complex healthcare intervention (ESCAPE-pain) for osteoarthritis: a qualitative case study

Watson C (2021) Personalised Commissioning – An overview of individual service funds in England, Institute of Public Care Personalising Commissioning - An Overview of Individual | IPC Brookes

Appendix 1

Good learning disability and autism commissioning practice and impact – rapid literature review – Protocol

1 Introduction

The Institute of Public Care has been commissioned by Skills for Care to carry this rapid literature review. This protocol sets out the process being followed for the review, including the questions, search terms, parameters, and sources for the review.

In the review we are seeking to determine:

- themes in terms of good commissioning practice
- how to enable good commissioning practice to take place
- how to measure the impact of good commissioning practice
- gaps in evidence in relation to the three areas outlined above.

2 Scope

The scope of the review, as set out in the specification is:

- Cover the scope of commissioning, from strategic commissioning through to micro-commissioning (e.g. social workers and individual employers of personal assistants).
- Cover commissioning in both adult social care and health (including integrated commissioning approaches).
- Include both published research and national guidance.
- Where possible seek literature specific to commissioning of provision for autistic people or people with a learning disability (commenting where there are gaps in this) and also generic commissioning guidance which is also relevant for commissioners of learning disability and/or autism provision.
- Primarily focus upon material from the last 5 years, although if we come across material that is older than that but still relevant we will include it.
- Seek literature which is primarily relevant to and concerning England. It may also include references to literature from devolved or other nations if the learning is pertinent and applicable to understanding good commissioning practice in England.

3 Review questions

We have identified three main research questions as the focus. We will look at each for commissioning generally and for commissioning for autistic people and/or people with a learning disability.

- What are the key themes of good commissioning practice (what works well and why?)
- What works well when commissioning services for a group or category of people?
- What works well when commissioning services for an individual person?
- How is that good commissioning practice enabled?
- What values are required to enable good commissioning?
- What structures, systems and processes need to be in place to enable good commissioning practice?
- What market awareness is required?
- How to measure the impact of good commissioning practice
- If so, what are the measures used?
- How effective are they at measuring the impact?

4 Search terms

The keywords for the search terms are derived from the research questions and the factors that went into them. At this stage we anticipate using the following, in combinations:

- Good commissioning
- Practice
- Principles
- Measurement
- Evaluation
- Guidance
- Research
- Learning disability
- Autism
- Outcomes
- Values
- Structures
- Systems
- Individual

5 Parameters

5.1 Language

The search will be confined to English language documents.

5.2 Spread

We will primarily limit our search to the UK.

5.3 Timescales

Commissioning as a discipline has changed significantly in recent times as has our understanding of and response to autistic people and people with learning disabilities. Also, this is a rapid review delivered to short timescales and so we will initially limit our search to the past five years (from 1 Jan 2017), only going further to source materials specifically identified in later documents.

5.4 Sources of information

We expect to access and use a wide range of literature from public bodies (governments, local authorities, NHS, inspectorates), research and policy institutions, voluntary bodies and user-led organisations and associations. Judgement and discernment will be required as to the weight accorded to the various types of documents that we access.

In addition to the wider search process identified above we have already identified key sites to search and expect to receive further material and references from Skills for Care at the outset of the search.

As well as readily available search engines (Google and Google Scholar) etc we will also use the more specialist search facilities made available to us via the Oxford Brookes Library Service.

6 Appraisal

Our initial search will focus on identifying potential material to answer the research questions. We will further search that material to identify additional references found within it and add that to the list.

Once we have identified the potential material, we will undertake a preliminary review of the contents to confirm which material should be reviewed in detail.

7 Synthesis

The remaining material will be reviewed in detail with key evidence points noted and listed according to which research questions they relate. These will then form the basis of the analysis/findings for each question.

Appendix 2 – Enhanced Institute of Public Care commissioning cycle

Analysing
An analysis of guidance/best practice, population needs, market, risks, and resources, and establishing common priorities and outcomes between agencies

Good analysis can include:
Needs analysis data is disaggregated by ethnic group rather than the collective BAME categorization

Agreed budget purpose and priorities linked to JSNA

Future plans for service provision are aligned to the JSNA

Benchmark costs and performance of services to understand how they compare to other local areas

Planning
Undertaking gap analysis, designing/ specifying support, writing joined up/integrated commissioning strategies

Good Planning can include:

Recent clear commissioning strategy and priorities.

Recent/on-going dialogue with a wide range of diverse partners, including Black Asian and multi-ethnic and women owned provider organisations, to build consensus on the implications of the commissioning strategy/plan.

A person-centred approach to commissioning that enables local communities to influence commissioning decisions.

Reviewing
Reviewing the success of contracts in meeting needs and commissioning priorities, and reviewing market performance

Good in this area can include:
Review the learning from our commissioning activities

Good service provider monitoring allows us to negotiate improvements to services

Arrangements are in place to bring together relevant data on activity, finance, and outcomes across agencies to benchmark services

Doing
Capacity building, developing good relationships with providers, ensuring service quality, and purchasing services.

Good in this area can include:
Information about needs and service trends shared openly between commissioners, suppliers/providers

Proactively ensuring that Black, Asian and multi-ethnic and voluntary sector organisations have equal access to procurement and grant opportunities and undertake capacity building where appropriate.
Regular and productive dialogue with providers encourages a “consensus” and partnership orientated relationship.
Service specifications are evidenced-based and outcome focused where appropriate