

## Certificate of Credit in the Principles of Commissioning Assignment Template

**Please fill in your details here:**

<b>Student name:</b>	
<b>Student number:</b> <i>(also enter in header)</i>	
<b>Date assignment due:</b>	
<b>Date submitted on VLE:</b>	
<b>Student word count:</b>	2196
<b>Important Note:</b>	Your submission, excluding the reference list and appendices, must be no less than 1,800 words and no more than 2,200 words: no tolerance is given. This is a mandatory criterion i.e. your assignment will not be passed if it does not adhere to the word count.

**Assessor to complete:**

<b>Word count:</b>	State word count and any comments
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**Instructions to Students**

Write a reflective commentary that describes a commissioning activity you have undertaken and how you managed the process. You should show how you applied the best practice you learnt on the course and what the challenges and barriers were, and any lessons there have been for your future practice.

The criteria used to assess the assignment are:

- a) Demonstrate knowledge and awareness of the different stages and activities of the commissioning cycle
- b) Demonstrate understanding of appropriate commissioning principles and practice
- c) Evaluate the effectiveness of the activities undertaken
- d) Provide a reflective commentary that demonstrates personal learning and development

You must submit your assignment by the deadline given. Submit your assignment as a WORD document using the blank pages of this template.

The assignment must be between **1,800 and 2,200 words** as no tolerance is given. The word count refers to the main body of your assignment and does not include the assignment title, reference list or any appendices. The word count **does include** headings and sub headings, footnotes, tables and in-text citations.

We require you to submit the assignment text to Turnitin and to report your Turnitin originality score on your statement of originality below.

**Ensure that you complete the front sheet details above and the statement of originality below.**

**Please include your full name within the filename when you save this template.**

Details of the relevant regulations are in the Student Handbook.

Ensure that you keep both an electronic and a hard copy of your assignment.

## Assignment Statement of Originality

Except for those parts in which it is explicitly stated to the contrary, this work is my own. It has not been previously submitted for assessment at this or any other higher education institution.

### Checklist

Please check the following statements are true. Tick each box (or write YES):

I have referenced all research from my source material	YES
I completed this work without any unauthorised help	YES
I have submitted my work to Turnitin	YES

Please state your Turnitin originality score below and sign the declaration (or write YES if you do not have an electronic signature):

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### Use of Artificial Intelligence

Please confirm if you used any Artificial Intelligence technology to support the writing of your assignment	NO
IF YES, please confirm you have completed the <a href="#">Oxford Brookes University Artificial Intelligence Declaration Form</a>	
IF YES, please confirm you have emailed your academic advisor a copy of your declaration form and added this as an appendices in this assignment document	

### Extract from [Definitions of cheating](#)

All assessments are intended to determine the skills, abilities, understanding and knowledge of each of the individual students undertaking the assessment. Cheating is defined as conduct (whether successful or not) aimed at deceiving the University into acknowledging a false level of attainment by a student. Any form of cheating is strictly forbidden under the University regulations but, in order to assist understanding of what is meant by 'cheating', a number of specific forms are described here:

- *Submitting other people's work as your own* – either with or without their knowledge. This includes submitting work you have paid for as your own.
- *Collusion* - you must not collude with others to produce a piece of work jointly, copy or share another student's work or lend your work to another student when it is likely that some or all of it will be copied.

- *Falsification* – the invention of data, its alteration, its copying from any other source, or otherwise obtaining it by unfair means, or inventing quotations and/or references.
- *Plagiarism* – taking or using the words, ideas or work of others as your own. To avoid plagiarism you must make sure that quotations from whatever source are clearly identified and attributed at the point where they occur in the text of your work by using one of the standard conventions for referencing. It is not enough just to list sources in a bibliography at the end of your essay if you do not acknowledge the actual quotations in the text. Neither is it acceptable to change some of the words or the order of sentences if, by failing to acknowledge the source properly, you give the impression that it is your own work.

**Assessment Scheme****Guidance for students/Assessor's Feedback:**

Assessment scheme		Pass	Did not Pass	Guidance for students	Weighting
a)	Demonstrate knowledge and awareness of the different stages and activities of the commissioning cycle			Introduce the commissioning activity you will be writing about in the context of the wider commissioning cycle. Outline which stage(s) this activity is part of, and how it helps inform excellent commissioning practice across the whole cycle.	25%
b)	Demonstrate understanding of appropriate commissioning principles and practice			Describe the specific principles of good commissioning practice for the identified activity  Provide reference to the course materials, as relevant, and cite any relevant research / reading from the associated reading list.	25%
c)	Evaluate the effectiveness of the activities undertaken			Describe what you did and evaluate the strengths and weaknesses of your activities. What went well, less well and why? What were some of the challenges or barriers to implement good practice?  Based on the above, what might you do to improve the practice in the future – for your teams and organisation?	25%
d)	Provide a reflective commentary that demonstrates personal learning and development			Reflect on what you have learned personally from undertaking the course and this assignment - including how you felt and your personal experiences and learnings, and how your practice will change in the future. You might also wish to consider future developmental or training opportunities.  You might want to use a reflective framework such as Driscoll's model of reflection or the Gibbs reflective cycle to help you do this. See <a href="#">top tips on reflection</a> .	25%

**General Guidance to support a well -presented and referenced essay**

Effectively and coherently communicate your points. Use a structure and layout that makes your submission easy to follow. Proof read before submission.

Ensure you cite all your references in the body of the text, and via a reference list at the end. Use the Harvard Referencing Style.

**Assessor's comments:**

Summarise the strengths and possible improvements of the submission, including any suggested action such as proof read more carefully.

Clearly state which assessment criteria have been met and the provisional grade awarded.

Assessed by		Date	
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**The marking and moderation process**

Your work will be assessed in accordance with the university's regulations that seek to ensure fairness, accuracy and clarity of feedback. In judging the quality of your work, assessors follow the assessment criteria outlined above. They also follow IPC's [Marking and Moderation](#) policy and abide by the University's assessment regulations. When your work is submitted it will go through the following process:

1. It will be initially assessed and given a provisional grade by a member of the IPC assessment team.
2. It may then be subject to moderation i.e. an internal examiner will mark it and, in discussion with the first assessor, confirm the provisional grade. A sample of assessments are moderated by an internal examiner.
3. We strive to give you feedback within three weeks. You will receive this feedback via the Virtual Learning Environment (Moodle).
4. Once a provisional grade has been agreed upon it will be finalised at the next Examination Committee meeting.
5. Your work may also be selected to be in the sample sent to our External Examiner – an academic from another university – who comments on the fairness, quality and consistency of the internal assessment of our programmes as a whole.

If you are concerned about your feedback, arrange to speak to your Academic Adviser to help you better understand the reasons for the assessment judgement and our feedback. If you think that there was a flaw in the assessment process, you can submit an Academic Appeal. More information about the appeals process can be found at [Student Investigation and Resolution Team](#). However, please be advised that the University does not "re-mark" work and you cannot request an appeal on the grounds that you disagree with the academic judgement of the Examination Committee.

**Assignment Title Page.**

The development of a service specification to support the procurement of a specialist training consultancy to co-produce and co-deliver (with a local lived experience recovery organisation) a substance use-specific trauma and stigma-informed training programme to front-line professionals across AnyTown.

**Background.**

Evidence that shows that traumatic events and circumstances (e.g., abuse, neglect) can increase the risk of developing a substance use disorder (SUD). People with SUDs can often face mistreatment, stereotyping, and negative bias from society, including within health and social care settings (National Institute on Drug Abuse, 2024). These stigma-related challenges can be a major barrier to them seeking medical help, or other support (Yang et al, 2017).

As Public Health Lead for substance use at AnyTown County Council (ATCC) I am responsible for leading the AnyTown Drug and Alcohol Partnership (AT DAP), a strategic, multi-agency forum for understanding and addressing the shared challenges related to local substance-related harms. Its strategic driver is the Government's national drug strategy, *From Harm to Hope* (HM Government, 2021), and local plans must include the voice and involvement of people with lived experience of SUD-related harm to inform, and develop, its work (HM Government, 2022).

**Demonstrate knowledge and awareness of the different stages and activities of the commissioning cycle.**

For context, my commissioning activity is located in a broader piece of work that I led, specifically a needs analysis (NA) for the AT DAP (using relevant JSNA documents, national statistics, multi-agency performance data). This was undertaken to shape its strategic priorities, identify gaps in provision, and inform the development of a countywide strategy. As part of this NA, I commissioned CAPITAL, a local lived experience recovery organisation, to deliver focus groups targeted at local people with experience of SUDs, to gather insight around local related issues. From these, many people cited trauma as a catalyst for their SUDs, and a history of frequent, disrespectful, stigma-related interactions with professionals (e.g., GPs/nurses, council workers, Job Centre employees, etc...).

The commissioning activity I will be writing about was within the *plan* stage of the Institute of Public Care (IPC) commissioning cycle model (IPC, 2022;2024), and a key recommendation from CAPITAL's report and agreed as a AT DAP priority. It involved a series of meetings with providers to scope, and develop, a service specification to support the procurement of a co-produced and co-delivered workforce training programme aimed at various local public-facing professionals to help them understand trauma and stigma in the context of SUDs, upskill them to work effectively with people with SUDs, and improve outcomes for people in accessing SUD treatment and other support. This activity will help inform excellent commissioning practice across the other, following stages of the commissioning cycle:

- *Do* - support purchasing/contracting of a training consultancy to co-design and co-deliver the training with CAPITAL, build capacity by targeting a range of local, multi-agency service providers, and develop consistent, effective communications around trauma, stigma, and local specialist SUD support. This will strengthen existing pathways and relationships between the commissioned SUD provider and other services in AnyTown.
- *Review* - through contract monitoring, this activity will provide a structure for relevant data and information on finance, activity (e.g., training inputs, processes, outputs), and overall training impact (e.g., outcomes).
- *Analyse* - in reviewing training provision, it will help develop an understanding of existing and potential strengths and weaknesses and identify opportunities for



improvement and/or changes in future delivery (e.g., additional resources, etc...) (IPC, 2002; 2014; 2024).

### **Demonstrating understanding of appropriate commissioning principles and practice.**

Based on my learning from the IPC commissioning course (IPC, 2024), and additional reading (LGA - *Strategic Collaborative Planning and Commissioning guide*, 2022; ADASS – SE - *A Guide to Co-production in Adult Social Care*, 2022), there were several specific principles of good commissioning practice I aimed to apply to my activity:

- **The development of collaborative strategic relationships with and between partners.** I tried to do this by building transparency and trust, ensuring that the right people were there for the meetings, being aware of and mitigating a sense of 'us and them', and by trying to build a sense of parity between all of those involved (IPC, 2024; LGA, 2022).
- **Embedding collaborative co-production in both the design and delivery of the training, within the specification and contract/SLA.** I aimed to do this by consulting with CAPITAL at the *plan* stage of my activity to ensure that people with SUDs would be involved from the outset and treated as equal partners, rather than merely informed or consulted. Additional aims were to foster the sharing of power, reciprocal relationships, and meaningful input, and try to blur the boundaries between those delivering and receiving support in this area (IPC, 2024; LGA, 2022; ADASS – SE, 2022).
- **Build and maintain constructive provider relationships and avoid passive or adversarial ones.** From the outset, I aimed to develop and maintain mutual trust, to work in partnership, adopt a non-adversarial approach to decision-making (e.g., consultation, consensus building), maintain open communication, and clearly articulate expectations regarding the roles and responsibilities of all involved (IPC, 2024).

My learning has enabled me to evaluate and reflect on my practice and increase my understanding more broadly of the enablers of strategic collaborative planning, the different levels of engagement, the benefits of true and genuine co-production, and the continual importance of understanding and managing provider relationships (IPC, 2024; LGA, 2022; ADASS – SE, 2022).

### **Evaluate the effectiveness of the activities undertaken.**

In advance of writing the specification, I arranged a series of meetings with the following providers to explain, scope, and plan the project: (1) Alcohol Change (specialist SUD-training provider); (2) CAPITAL Project leads (CEO and Co-production Lead), and; (3) The Sussex Changing Futures System Change (SCFSC) Lead, who is currently co-ordinating a programme of trauma-informed leadership training at ATCC (to ensure alignment between programmes). At first, I met with them individually, via MS Teams, then with all providers together for a final review after I drafted the specification (before scheduling a meeting with the ATCC legal team to develop a contract/SLA). To evaluate the strengths and weaknesses of these activities, I undertook a SWOT analysis (see Appendix 1).

Several things went well. First, due to the extremely tight deadline for this work, having good working relationships with Alcohol Change and CAPITAL helped expedite meeting requests. Second, there was strong positive energy and enthusiasm for the project from

everyone, especially regarding the local co-production element, and ideas to develop an accompanying self-learning document and local lived experience short film evolved from the group discussion. Third, the SCFSC Lead advised it aligned well with her trauma-informed leadership training, and that there would be scope to promote the training within this, therefore strengthening that alignment.

Some things went less well. First, due to the tight deadline, I had to rely solely on MS Teams, and there were disruptions in some discussions which had to be rescheduled. Second, there was some confusion/misunderstanding initially with the SCFSC Lead regarding my request for her inclusion. She thought I wanted to be involved in her programme within my AT DAP Lead capacity, and following our discussion, she invited me to multiple, non-relevant meetings and had a conversation with CAPITAL, which in turn confused them. I then had to schedule further meetings with them both, along with detailed follow-up emails to clarify the project, and their involvement. In trying to save time by meeting with providers individually first, it ended up taking considerably more. It would have been more fruitful to schedule a series of meetings with providers together from the outset, rather than the end.

The main challenges and barriers to implement good practice included time pressures (due to this activity being funded from short-term grant underspends), and in my haste, not being cognizant of my own communication style (e.g., use of commissioning and contract language) and assuming that all providers had understood the project outline and their involvement. I was also too conscious of a potential power/parity imbalance between me and CAPITAL, and to compensate, drifted slightly into a passive relationship dynamic. For example, they had expressed a prior desire to design and deliver the training independently, and I was too sensitive in not wanting to offend or upset them. As a result, and because I had worked with them before, our conversation felt a bit uncomfortably familiar and cosy at times.

To improve my practice in the future, I will aim to be aware of and plan for time pressures as far as possible, be more considered, and avoid rushing to save time. I will further embed personal reflection around my commissioning practice with my manager, especially around my behaviours regarding power/parity imbalances and the resulting relationship style dynamics with providers. I will keep all discussions outcome focused, will avoid the overuse of commissioning (including funding source) and contract language with providers and assuming understanding, and will ensure that I summarise my communication (verbal and written) more effectively, using plain English. I will make recommendations to the strategic lead for Public Health commissioning to improve decision making processes around the use of grant funding to mitigate extreme time pressures, and to embed structured commissioning practice reflection discussions at both team and directorate levels.

### **Provide a reflective commentary that demonstrates personal learning and development.**

To reflect on what I have learned personally I used the Gibbs reflective cycle model (Gibbs G, 1988, cited in University of Edinburgh, 2020).

#### *Description.*

I led individual discussions with Alcohol Change, CAPITAL, and the SCFSC Lead to scope, develop, and produce a service specification to support the procurement of a

specialist SUD training consultancy to co-produce/deliver a SUD-specific trauma and stigma-informed training programme to front-line professionals across AnyTown. I presented the project purpose, aims/objectives, co-design and co-delivery intentions, and indicative course content with each provider to collate their ideas/views, to establish if CAPITAL could work with Alcohol Change (and to what degree), and if it aligned with the current trauma-informed leadership training programme being delivered. I then drafted a service specification, met with all providers together for a final review and to develop an indicative timeline before meeting with ATCCs legal team to develop a contract/SLA.

### *Feelings*

During the activity, I felt pressured, rushed, and was aware I should have met with all providers together from the outset. I felt frustrated at the SCFSC's misunderstanding, and instant conveyance of this to CAPITAL, who I had already met.

Before and after the activity, I felt excited and optimistic due to the nature of the project and confident the providers would too. Alcohol Change and CAPITAL were extremely positive, especially about the co-production element, and expressed this fully. I think the SCFSC Lead initially felt confused, and threatened, but positive once she understood the programme differed from hers but aligned well.

At times, I overthought the power/parity imbalance between me, as commissioner, and CAPITAL, and modified my behaviour occasionally to the point of feeling inauthentic. I was fearful of upsetting them, as they had previously expressed a desire to design and deliver the training themselves, however currently, I think they are relieved (due to the co-ordination, promotion, and evaluation requirements), and excited, as co-production with them regarding content and delivery is built into the specification and contract/SLA.

### *Evaluation*

The things that worked well was that this work was planned and completed within an extremely tight timeframe, and that all providers were genuinely enthusiastic and positive despite this. The opportunity to deliver true and genuine local co-production, and the alignment with leadership approaches to trauma-informed practice are additional, major strengths. The things that didn't work was the rushed nature in which I approached the initial meetings, and the ensuing confusion, which ended up taking more time an effort. I should have scheduled a series of meetings with all providers from the outset.

### *Analysis*

The LGA (2022) outlines four key enablers (including principles and behaviours) that support health and social care systems to collaboratively plan and commission effective support: (1) collaborative strategic relationships; (2) collaborative co-production of support and interventions; (3) collaborative sharing of both risks and achievements; (4) collaborative and creative allocation of resources. The ADASS – SE (2022) outlines the key elements of co-production and a framework to support health and care colleagues reflect on how much their organisations embed true and genuine co-production methods, when able. As Public Health Lead, I am responsible for developing, influencing, and working in alignment with this best practice guidance.

### *Conclusion*

Looking back, I learned I should have been more considered in my approach, despite the time pressures, and scheduled a series of meetings with all providers from the beginning. Additionally, I could have produced a short briefing outlining the project scope, so that providers could have considered this in advance of our discussions, and which may have allayed confusion. After discussion with my line manager and peers, I recognise that I need to develop the confidence to always be myself and develop the skills to communicate clearly when faced with the real or imagined fear of offending/upsetting anyone.

### *Action plan*

In future, I will aim to develop my self-reflection skills when working within extremely tight deadlines, rather than just ploughing on with the task at hand, to ensure that I approach project activities optimally. I will also schedule goals for my learning to develop behaviours that support collaborative planning and commissioning, and true and genuine co-production, and will discuss this with my line manager to establish tangible strategies for how I can best achieve this.

## Reference List

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Yang, L., Wong, L.Y., Grivel, M.M., and Hasin, D.S. (2017). Stigma and substance use disorders: an international phenomenon. *Curr Opin Psychiatry*, 30(5), pp. 378–388. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854406/>

**Appendix one.****Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis of my activity.**

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Could co-ordinate and hold meetings with providers quickly.</li> <li>• Clear project purpose/aims/objectives, which were straightforward to convey.</li> <li>• Good existing relationships with Alcohol Change and CAPITAL.</li> <li>• Fast response rates and input from all providers.</li> <li>• Strong energy/enthusiasm all round for the project.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• MS Teams disruption during some of the meetings.</li> <li>• Initial confusion regarding involvement with SCFSC Lead.</li> <li>• Elements of passive relationship dynamics developing with CAPITAL.</li> <li>• Extreme time pressures to advance work.</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Alignment of leadership and operational approaches to local trauma-informed practice.</li> <li>• Develop a local example of true and genuine co-production.</li> <li>• Can deliver a key AT DAP priority at pace.</li> <li>• Development of accompanying materials to support work beyond scope of project (trauma informed self-learning document and lived experience film).</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Training could become confused with other trauma-informed training if not promoted properly.</li> <li>• People with lived experience could be consulted and/or informed, rather than co-producing the training.</li> <li>• Having enough budget to train a wide range of public-facing professionals.</li> </ul>