Certificate of Credit in Commissioning and Purchasing for Public Care Assignment Template

Please fill in your details here:

Student name:	
Student number: *(also enter in header)*	
Date assignment due:	December 2022
Date submitted on VLE:	December 2022
Student word count:	4965
Important Note:	Your submission, excluding the reference list and appendices, must be no less than 4,000 words and no more than 5,000 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:

Word count:	State word count and any comments

Instructions to Students

Submit a written assignment which explains and reflects upon a commissioning or purchasing project that you have undertaken. The rationale for the work must be clearly set out in the context of national policy and best practice, and draws on a critical analysis of the current commissioning and purchasing arrangements in your local organisation or service. The project must have been accepted by your line manager as appropriate to the needs of your organisation or service, and have been undertaken during the course. Supporting information will be expected that gives evidence of the project activities and implementation of good commissioning or purchasing practice. References will be expected to key local or national documents and other relevant literature to demonstrate that you have undertaken wider reading and/or research.

The criteria used to assess the assignment are:

a) Provide a rationale for the development of the project, drawing on a critical understanding of commissioning and purchasing good practice and national guidance.
b) Demonstrate appropriate commissioning or purchasing practice.
c) Critically evaluate the effectiveness of the activities undertaken and their impact on commissioning or purchasing practice within your team and/or organisation.
d) Provide a reflective commentary that demonstrates personal development and learning.
e) Present your work clearly.
f) Demonstrate good academic practice applicable to the work-based project.

The criteria will be assessed using the assessment scheme below. 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 **4,000 and 5,000 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 included a reference list, using the Harvard system of referencing	Yes
I have provided references for all the sources, empirical evidence and other materials I have used in the main body of this work	Yes
I have referenced all passages from my source material	Yes
I completed this work without any unauthorised help	Yes
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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		D	M	P	R	F	Guidance for students	Weighting
a)	Provide a rationale for the development of the project, drawing on a critical understanding of commissioning and purchasing good practice and national guidance.						Introduce the project. Drawing on the self-assessment of your service or organisation's commissioning arrangements, good practice and national guidance, explain what needed to happen and why. You should consider how your project will address equality diversity and inclusion priorities.	20%
b)	Demonstrate appropriate commissioning or purchasing practice.						Provide a commentary on *key* activities *you* carried out. Use examples to illustrate how you tried to apply commissioning or purchasing good practice. Include evidence of your work on the project in appendices, which should be referred to in the body of the assignment.	20%
c)	Critically evaluate the effectiveness of the activities undertaken and their impact on commissioning or purchasing practice within your service and/or organisation.						Evaluate the strengths and weaknesses of *your* project activities. What went well, less well and why? Were the chosen activities the right ones? Have there been implications for commissioning or purchasing practice in your service and/or organisation? Did the project activities address the equality diversity and inclusion priorities you wanted them to? What changes might still be needed? You may find it helpful to revisit your original project plan.	20%
d)	Provide a reflective commentary that demonstrates personal development and learning.						Reflect on what you have learned *personally* from undertaking the project and how your practice will change in the future. 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 top tips on reflection.	20%
e)	Present your work clearly.						Effectively and coherently communicate your ideas and arguments. Use a structure and layout that makes your submission easy to follow.	10%

f)	Demonstrate good academic practice applicable to the work-based project.						We expect you to undertake wider, relevant reading and/or research outside of the course materials. Please select and use relevant sources to evidence your argument. All sources used must be cited in the text, using the Harvard system of referencing, and be included on a reference list.	10%

D = Distinction, M = Merit, P= Pass, R = Refer, F = Fail

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	

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

Outcomes Based Commissioning

The Redesign of Contract Monitoring Processes for a Move-on and Enablement Service for Young People in Mirkwood

1. Project Rationale

1.1 Background of the Move-on and Enablement Service

The Mirkwood Move-on and Enablement Service is a supported housing scheme for 18 to 25-year-olds living with learning disabilities in Mirkwood, one of Rivendell's six districts (Action for Children, 2022).

The service aims to empower young people to develop independence skills, take responsibility for their lives and manage their transition from adolescence to adulthood (Action for Children, 2022). The overarching aim is for the young person to develop the skills to live in their own homes with minimal support within two years, by moving onto a more independent setting or home. This aligns with Rivendell County Council's aim to help people prevent, reduce, and delay their care needs (Rivendell County Council, 2018).

The council have funded this service, delivered by Action for Children, for 20 years. In April 2022, the contract was retendered and after a comprehensive tender process, Action for Children were successfully awarded the contract. This contract commenced on the 1st of October 2022, running for three years with an option to extend by a further two.

Due to the new contract, we felt reviewing monitoring processes of the service was pertinent to ensure it continued to meet bespoke outcomes for Individual's and provided sufficient value for money for the council.

1.2 Guidance Driving this Project

Local and national guidance drives this project. This includes:

1.2.1 The Care Act (2014)

The Care Act (2014) ensures local authorities provide services for people that prevent care needs becoming more serious (Department of Health and Social Care, 2016). Additionally, services must focus on the Individual's wellbeing (Department of Health and Social Care, 2014a), and should prevent or delay needs for formal care and support (Department of Health and Social Care, 2014b).

The service specification is aligned to these priorities, and contract monitoring documents should ensure the provider effectively achieves these objectives whilst identifying opportunities for continuous improvement.

1.2.2 Three Tier Conversation and Enhanced Independence

Rivendell County Council's Market Position Statement shows the council aim to help people prevent, reduce, and delay their care needs. This model promotes self-care and time limited support, before long-term solutions are explored (Rivendell County Council, 2018).

A screenshot of the Three-Tier Conversation (Rivendell County Council, 2018) is shown in appendix one. The Move-on Service sits within tier two, providing help to learn life skills and build strengths for the future (Rivendell County Council, 2018). The monitoring process must ensure this outcome is achieved, leading to increased independence for Individual's using this service.

1.2.3 CQC

Inspections for local authority adult social care departments will be reintroduced by the government (Carter, 2021). This means the Care Quality Commission (CQC) will be responsible for reviewing, assessing, and reporting on adult social care functions, including prevention, information and advice, support, and market shaping (Local Government Association, 2022). This project must adhere to the principles set out by the CQC and monitoring documents should be robust enough to evidence prevention and support.

1.3 Best Practice

1.3.1 Coproduction and Personalisation

Boyle and Harris (2009) define coproduction as delivering public services through equal and reciprocal relationships between professionals, people using the service and their families. Boyle and Harris state when outcomes and services are coproduced, they become more effective (cited by Fairlie, 2015). In this paper, Fairlie states there are opportunities to implement coproduction with people who use services at all levels, concluding it is empowering for those involved, solicits insight from those who would not otherwise have a voice, helps identify blind spots, and produces better services.

Elwyn et al (2020) agree, stating coproduction increases satisfaction and enables cost-effective, high-quality care services.

This shows to implement best practice, I should coproduce contract monitoring processes, outcomes, and measurable key performance indicators.

1.3.2 Commissioning for Outcomes

The Financial Conduct Authority (2015) found a commissioning approach focusing on services rather than outcomes does not guarantee effective preventative results. Instead, the report promotes an outcomes-based commissioning approach, moving away from measuring outputs of the service to considering whether the service achieves its intended impact. In practice, this means moving away from measuring the number of residents using the service, to understanding whether after two years they have developed the skills to live independently.

To do this, outcome indicators must be used to measure effectiveness. The distance travelled towards achievement of each outcome can be tracked alongside long-term targets (New Economics Foundation, 2009). This can be implemented by using tools such as the Outcomes Star (Outcomes Star, 2022).

1.4 Commissioning Arrangements Self-Assessment

Extracts from my Commissioning Arrangements Self-Assessment are shown in appendix two.

The assessment shows I must ensure the contract monitoring process is better equipped to measure outcomes and value of the service, to ensure our commissioning practice and the providers service continuously improves via critical reflection. I must also move from measuring outputs to measuring outcomes.

1.5 Further Challenges this Project Addresses: Transitions

The recruitment and retention challenges in Health and Social Care are well documented. In 2021, the Migration Advisory Committee were commissioned to undertake a review of adult social care and how these difficulties could be addressed. The report found Brexit and COVID-19 has enhanced recruitment challenges. This is further evidenced by the Department of Education, who surveyed managers in 2021, and found there were a limited number of people who were qualified and experienced candidates within the sector.

Due to these shortages, a proportion of support for young people is commissioned via spot purchase, whilst adults support is commissioned via a framework agreement. This leads

to providers charging different rates and creates obstacles when young people transition to adulthood because providers delivering their support are reluctant to accept the different rate.

The Move-on Service addresses this gap, whilst supporting eligible young people to develop skills to live a more independent life. Effectively monitoring the value of the service will enable the council to consider whether duplicating this scheme in other districts could effectively address transition challenges in the future.

1.6 Kotter's Eight-Step Change Model

For this project, I will implement Kotter's Eight-Step Change Management Model (Kotter, 2012).

Paraphrased, Kotter's Eight-Step Change Model is as follows:

1. Create a sense of urgency.
2. Form a team to implement the change process.
3. Form an appropriate vision and strategy.
4. Communicate the vision.
5. Engage and empower relevant stakeholders.
6. Produce short-term wins.
7. Consolidate gains.
8. Embed changes and culture.

My project plan is shown in appendix three, which follows Kotter's Eight-Step Change Model.

The first step is to create a sense of urgency for the change, summarised in section 1.7.

1.7 Objectives of this Project

The overarching aims of this project are:

1. Redesign the contract monitoring processes for the Mirkwood Move-on Service, ensuring work aligns to national guidance and council strategy.
2. Measure outcomes such as independence against achievable key performance indicators.
3. Coproduce processes with Individuals using services, the provider, colleagues, and other professionals where appropriate.

4. Effectively measure the value of the service, investigating whether it could be an effective way of supporting young people to transition into adulthood.

5. Improve my commissioning practice.

This project fits within the 'review' quadrant of the Institute of Public Care Commissioning Cycle (cited by National Commissioning Board, 2017) and shown in appendix four. This includes contract monitoring, review individual outcomes, and review strategic outcomes.

During the project, I will implement accessible working and communication practice, to ensure the documents are coproduced in a way that is inclusive. This will ensure equality and diversity targets are met.

2. Demonstrate Appropriate Commissioning Practice: A Commentary on Key Activities Carried Out

I was responsible for designing and implementing a contract monitoring process for the Mirkwood Move-on Service, achieving the objectives set in section 1.7.

2.1 Implementing Change – Building a Team and Sharing a Vision

Kotter (2012, p.54) writes to implement change, a "strong guiding coalition is always needed." Burnes (2004) states effective communication is not just informing people impacted about the change but involving them in discussions about proposed change (cited in Parkin, 2009).

This shows the importance of building a team and considering the vision for change. This included the provider and staff, who formed the team alongside the Senior Commissioning Manager and I, Experts-by-Experience and the Individuals who live at the setting.

In a meeting in August, I discussed our objectives (outlined in section 1.7), and we considered why change was needed. This conversation was driven by a Force Field Analysis, a model developed by Lewin (1951) to consider forces for change verses forces resisting change (cited in Shani and Noumair, 2019).

The Force Field Analysis enabled the team to develop a shared vision, which Kotter (2012) proclaims is paramount to clarifying the direction of change, motivates stakeholders to action, and helps coordinate activities.

The Force Field Analysis is shown in appendix five. A summary is presented below.

Table One: Summary of the Force Field Analysis

Forces for Change	Forces Resisting Change
- Evidence achievement of outcomes. - Evidence value for money, protecting the services future. - Evidence future demand. - Evidence prevention or delay of health and care needs.	- Capacity to redesign process. - Capacity to implement a new process. - Reluctance to change existing and established monitoring processes. - Learning a new process.

• Coproduce new processes, so the Individuals voice is heard. • Continuous improvement. • Evidence best practice for CQC inspections. • Consider if the service is a solution to barriers to transition.	• Threat to power.

An extract of the meeting minutes is shown in appendix six and a strategy including actions going forwards was listed. This included meeting with residents, Experts-by-Experience, the service leadership team, and colleagues who were responsible for collating the monitoring information. During this meeting, I communicated the vision to stakeholder groups, removing potential barriers to effective implementation of the new monitoring and contract management processes. This minimised resisting forces shown in the Force-Field Analysis.

During the meeting, we discussed what the key performance indicators to be reviewed. They included the objectives outlined in the service specification, such as move on within two years, social value, supporting Individuals to achieve bespoke outcomes and determining the value and efficiency of the service.

2.2 Engaging with Stakeholders

Section 1.3.1 describes how coproducing the monitoring and contract management processes was critical. A Swedish study explained services should always be coproduced, a joint activity leading to co-creation, co-designing, co-delivering, co-assessing, and co-evaluating. The study concludes this process improves the Individuals and next-of-kin perspectives (Hedberg *et al.,* 2022). This shows the value of embedding coproduction in my work.

2.2.1 How I Prepared to Implement Coproduction

I met with a colleague (Senior Commissioning Manager – Autism) who leads workshops for our team regarding effective coproduction. This allowed me to improve my understanding of coproduction best practice. Meeting minutes are shown in appendix seven.

I discussed outcomes-based commissioning, and the Warwick-Edinburgh Mental Wellbeing Scale (Warwick Medical School, 2020) and Outcomes Star (Outcomes Star, 2022) were recommended.

Importantly, my colleague highlighted coproduction doesn't end once the documents are designed. Going forwards, we must hear the Individuals voice throughout the quality and monitoring process, including in all quarterly reports. This changed my thinking, as previously I hadn't considered the involvement of Individuals in the process post development of the documents. My focus changed to how Individuals would have their voice heard for the duration of the contract.

Additionally, I enrolled in a personalisation course, hosted by the Social Care Institute for Excellence (2017). The course highlighted the importance of ensuring Individuals can design the support they need and explained professionals must facilitate this.

Key learning outcomes included:

- Coproduction leads to better services.
- Coproduced services are more likely to achieve better outcomes.
- Effective coproduction means working with people and families as equal partners.

My personalisation course notes are shown in appendix eight.

To ensure my communication was effective, I enrolled in a communication course hosted by the Social Care Institute for Excellence (2008). The course explained Individuals often feel professionals listen, but don't hear what is being communicated. This made me consider tokenism. Sweeney (2009) states this is where Individual's participate to 'tick the box' for service user involvement, rather than having an opportunity to contribute meaningfully (cited in Barnes and Cotterell, 2011). To ensure an equal partnership when designing these tools, Barnes and Cotterell (2011) recommend working cooperatively throughout the process, being transparent, and considering the capabilities and skills of everyone.

Other key learning outcomes from this course included:

- Overcoming barriers to effective communication.
- Effective communication techniques.

My learning from this course is shown in appendix nine.

2.2.3 Meeting with Experts-by-Experience

I met with Experts-by-Experience, including existing residents of the setting, and a previous resident who has since moved onto independent living. The meeting minutes are shown in appendix ten.

I opened the meeting by introducing myself and explaining my role, what we wanted to learn from the engagement and how it would improve the service in the future.

I ensured the questions were accessible, as people must receive information in a way they understand (NHS, 2018). The questions were:

1. What is important to you?
2. How should we evaluate the service?
3. Would you like to be more involved in this?

The questions were broad, allowing for flexible conversations amongst participants.

Key learning points from meeting with Experts-by-Experience included:

- Review the providers 'Outcomes Shape' and use it to communicate outcomes during monitoring.
- Everyone's outcomes are different, and it is impossible to list them all in one meeting. I must ensure the Outcomes Shape is flexible enough to consider new or different outcomes as people join the service.
- Individuals are to be more involved in measuring achievement of their outcomes.
- Individuals want to communicate with commissioners, including through the monitoring documents and in face-to-face meetings.

2.3 Creating Short-Term Wins

Following the meeting with Experts-by-Experience, I took time to draft the monitoring documents. When they were ready, I scheduled a meeting with the Action for Children Service Manager and Administrator to ascertain their opinion on the new document.

The team were anxious, as the forums required more detail than historic monitoring processes. I promised to work alongside them until they were confident enough to complete the documents on their own.

We met on 10 October 2022, and despite quarter two (July – September) not being covered by the new contract, decided it would be good to present the quarters monitoring

information in the new format in preparation for the contract start date. I discussed what was presented in the document, how we had decided this information was important (historic meetings with the project team and Experts-by-Experience), and gave them an opportunity to identify weaknesses, challenges, and better ways of presenting this information.

After discussing the process, adjusting the forms, and altering measures, we worked through the document. The team members were satisfied the process was realistic and achievable. They completed the document to a good standard, creating a short-term win that increased motivation for change. Minutes are shown in appendix eleven.

A week later, during a project meeting, the team reaffirmed they were happy with the new process and bought into the benefits that came with it. This included presenting the value of the service which contributed towards evidencing demand and their achievements, recognition for the quality of their work, and improving practice for the Individuals they support. The process encouraged them to think critically about their provision, leading to continuous improvement. The feedback I received evidenced the team had bought into the new processes and aligned to Herzberg's (1976) two-factor theory on motivation, which states achievement, recognition, responsibility, and advancement can lead to job satisfaction and increased performance (cited in Miner, 2005).

2.4 Consolidating Gains and Embedding Changes in Culture

Kotter (2012) states overcoming resistance to change takes time, and many forces can stall progress short of the initiatives being fully implemented.

This means I must continue to generate short-term wins, and work together to embed the new monitoring processes into practice in the future to achieve the full benefits of this change process.

3. Critical Reflection of the Effectiveness of my Commissioning Practice and the Impact Within My Organisation.

Critical thinking is described as a way of improving professional practice, by reviewing and conducting a self-assessment on performance (Smith, 2011).

Brookfield (1987) states critical reflection supports professional development through assessing decisions and outcomes, leading to continuous improvement in service delivery (cited in Smith, 2011).

The following section critically evaluates the effectiveness of my practice, considering the strengths and weaknesses of activities outlined in section two.

3.1 Creating a Sense of Urgency, Forming a Team, Developing and Communicating the Vision

3.1.1 Creating a Sense of Urgency

A sense of urgency was created alongside other commissioners, and this was communicated effectively to stakeholders, as shown in section 2.1.

However, the change objectives listed in part 1.7 of this report were not developed in partnership with other stakeholders, including the provider or Individuals using the service.

The definition of coproduction in section one shows it involves equal and reciprocal relationships, meaning Individuals and the provider should have been involved in the creation of objectives to create a sense of urgency. Not involving Individuals threatened the effectiveness of coproduction and meant their involvement could have been described as participation, when Individuals make suggestions that professionals are responsible for implementing (Mind, 2022).

I acknowledged Individuals input would shape the service and monitoring processes, but in the future, I must consult them on the driving need to implement these changes, and not create them solely from a commissioner's perspective.

Despite this, implementing Lewin's Force-Field Analysis (cited in Shani and Noumair, 2019) allowed me to consult the full project team, communicate the need to change, and enabled the group to develop a shared vision. This pushed the project forwards, led to colleagues supporting the objectives and motivated them to action (Kotter, 2012).

Taghizadegan (2013) agrees, stating the Force-Field Analysis energises people to achieve project goals.

3.1.2 Managing Change

Understanding emotions and how change impacts colleagues is an important part of change management and effective leadership (Wiggins and Hunter, 2016).

I considered the thoughts and feelings of stakeholders, particularly the providers team who were responsible for actioning new processes. In section 2.3, after a meeting in October, I notice the team were anxious about the change and I committed to working alongside them to implement the project. This was undoubtably the correct action, as by the end of this meeting and during a project meeting a week later, the team communicated they were happy with the new process and understood the value of the change. This shows these activities led to successful implementation of change.

However, recognising the teams concern about the change and adjusting how I would work with them came relatively late. We had already met and discussed what was required, and I had spoken to Experts-by-Experience.

On reflection, I should have considered the Kubler-Ross Change Curve (cited in Wiggins and Hunter, 2016). This model supports leaders to understand change, the stages people go through, and can be used to help people adapt to change (Belyh, 2022). Considering this model more rigorously would have enabled me to identify team members anxiety about their own capability sooner and supported them to move through the process.

I had thought team members may be reluctant to implement new processes, but I hadn't factored they may be concerned about their own capability. Furthermore, I was surprised a team member was still in the early stages of the cycle in October. However, Wiggins and Hunter (2016) state people move through the cycle of emotions at different speeds. I must acknowledge this in my future practice.

This suggests I could improve my emotional intelligence, particularly the social dimension of emotional intelligence (Sterrett, 2000). This includes:

- Empathy – reading and understandings others.
- Motivation – having a positive outlook, taking the initiative and inspiring others.
- Social competency – establishing a rapport, having positive relationships, and acting with integrity.

During this project, I feel I effectively motivated people and built strong relationships. However, I could improve my reading and understanding of others. This includes understanding nonverbal signs, for example facial expressions or body language (Cherry, 2022).

To improve emotional intelligence, Cherry (2022) recommends:

- Considering different factors that may be contributing to emotion if you sense a team member is uncomfortable.
- Place yourself in the other person's shoes.
- Reflection – consider why people may be feeling a certain way.

3.2 Engage with Relevant Stakeholders and Creating Short-Term Wins

3.2.1 Engaging with the Provider

In section 3.1 I describe how my relationships with stakeholders could have been enhanced by more effective application of the Change Curve and improved emotional intelligence. This overlaps with this section.

I felt my relationships with stakeholders and the project team was strong throughout implementation of the monitoring processes. Effective communication was a leading factor for this and enabled me to build trust, which Kotter (2012) states is a critical component towards creating teamwork and effective change.

I communicated and met with the provider and team throughout this project and committed to supporting them to implement the changes myself, rather than expecting them to make the changes without training and support. I believe this created buy-in and motivation for the new processes, made the team feel valued and provided short-term wins when we were able to implement July, August, and September's monitoring information into the new template. This meeting ended positively, and the providers team agreed the new process would support them with their own internal quality audits, providing value to their organisation as well as the council.

Giving the team an opportunity to adjust the forms, alter measures and input their thoughts enhanced motivation and made them feel part of the process as we were making the changes together. This is evidence of effective transformational leadership, which motivates people by encouraging them to use new ideas in their practice (Kalsoom, Khan and Zubair, 2018).

During this project, transformational leadership was evidenced by (East, 2018):

- Idealised influence – leading by example, setting high standards.
- Inspirational motivation – communicating and building a vision aligned with the goals of others.
- Intellectual stimulation – promoting creativity, innovation, and challenging the status quo.
- Individualised consideration – creation of a supporting environment.

These activities led to effective implementation of this project which will create a higher quality service.

3.2.2 Engaging with Experts-by-Experience

My engagement with Experts-by-Experience was effective. It helped me to understand that Individual's using the service, now and in the future, would have bespoke outcomes. Therefore, the document produced was flexible enough to incorporate different objectives.

Enrolling into the training course ensured I listened to and considered the views of Experts-by-Experience, and I have committed to meeting and speaking to them at regular intervals in the future. In addition, the document has a space for them, so their voice will be heard at every opportunity going forwards. This ensures coproduction will be embedded in practice for the duration of this contract.

I used NHS guidance to ensure my questions were accessible. However, on reflection, I should have considered additional accessible formats, which could have enhanced Individual's feedback and promoted equality. For example, I could have included a written, easy-read document supported by images for people who didn't want to engage verbally (NHS 2018).

Finally, to enhance engagement, I could have consulted with local resources and partners such as Inclusion Rivendell, who provide a service supporting professionals to develop easy-read and accessible information (2022).

As an action, I have enrolled in Easy Read Training, delivered by Inclusion Rivendell. This will support me to improve my practice in the future.

3.3 Impact for the Council

This report has considered how the monitoring document will measure long-term value to the council, because of a reduced reliance on paid-for services through the development of independence related outcomes. However, as noted in section 1.2.3, the project must also consider a looming CQC inspection.

I feel the project, process and implementation of monitoring documents support the council's desire for a positive inspection. The CQC website (2022) lists one of its aims as 'people and communities', meaning services are driven by Individual's needs, focusing on what is important to them. The CQC (2022) also states it aims to prioritise "learning and improvement" and systems that "improve the quality of care."

I feel my project effectively addresses these principles, and therefore the project has supported this service to be ready for inspection. Nevertheless, continuous improvement is important, and will be considered within the final section of this report.

4. Reflective Commentary Demonstrating my Personal Development and Learning

The final section of this report considers personal learning, and how my practice has changed since completing this course. To enhance my reflection, I will consider Driscoll's Model of Reflection, which aims to support practitioners learn, better understand, reflect, and enhance their own practice (Driscoll and Teh, 2001). The model contains three questions applied in different stages to form a learning cycle. The questions are (Driscoll and Teh, 2001):

1. What?
2. So what?
3. Now what?

4.1 What? A Description of the Event

During this project, I have worked with a team made up of commissioners, the provider and their team members, and Experts-by-Experience, to coproduce new contract monitoring processes for the Mirkwood Move-on Service. To achieve this, I have implemented Kotter's Eight-Step Change Model (Kotter, 2012).

The coproduced document measures Individuals bespoke independence skills and ability to live independently (the outcome). It reviews the long-term value of the service, impact it has on transitions in Rivendell, provides an opportunity for Individuals to give feedback and communicate with commissioners, and considers whether people who have used the service have moved onto independent or semi-independent living within two years (a key performance indicator). This meets all objectives listed in section 1.7.

4.1.1 So What? An Analysis of the Event

Through working alongside colleagues, implementing learning from this course and my additional reading, I have developed a better understanding of person-centred and person-focused commissioning. MacKeith (2007) states this includes focusing on the person using the service, the effectiveness of the service in delivering outcomes, evidencing the benefit (or value) of the service, achievement of bespoke outcomes, and promoting independence (cited in Chartered Institute of Housing, 2008). From my own perspective, this will lead to greater quality services and improve the Individuals quality of life.

The project has evidenced the benefits of coproduction to me, it is clear it leads to more effective services. This was evidenced by input from Experts-by-Experience, and their desire to be involved in monitoring and continuous improvement throughout the duration of the contract. I have learnt the value of their input and importance of their voice being heard throughout contract monitoring, not just in the creation of services and processes.

My future practice will be enhanced by learning about the difference between outputs and outcomes. The New Economics Foundation (2009) state after contract award, a monitoring framework must be implemented and capture performance against outcomes, a shift from monitoring output targets. The self-assessment (appendix two) identified this as an area of improvement for my organisation. Previously, commissioners have measured the number of people using and moving on from the service as a key performance indicator. This is an output. As a result of this project, monitoring considers progress towards long-term independence, how the service reduces the need for long-term care, and how the transition from childhood to adulthood has been enhanced. Embedding this outcomes-based commissioning will lead to effective services in the future.

I have prioritised working with Experts-by-Experience, so their voice will be heard throughout contract monitoring. Additionally, I have strengthened my relationships with the provider and their team, to ensure our goals were supported. This was enabled by development of communication skills and a better understanding of change management.

To manage change, I improved and tested my leadership skills, such as cooperation, being dependable, creative, diplomatic, knowledgeable, socially skilled and strong organisational skills (Stogdill, 1974 cited Arnold and Ukpere, 2014). Learning how to implement these skills has led to personal development, as it will enable me to be an effective leader in the future.

Overall, this project has supported me to implement a new contract monitoring process which has been coproduced, is outcomes focused and personalised.

Finally, in section 3.1.2 I critically review my management of change. It was not without challenge, and I didn't recognise the emotions of others until further into the project than I should have. However, being able to reflect on this has improved my practice as I am now more aware of colleague's thoughts and feelings. I will be more considerate of this in the future, which will enhance my management of change.

4.3 Now What? Proposed Actions Following the Event

Section 1.3.1 presented Boyle and Harris's (2009) argument that coproduction leads to the achievement of better outcomes (cited by Fairlie, 2015). This project has shown that this, as well as the importance of different perspectives being considered, creates more effective services. In the future, this will improve my practice because coproduction will be considered where possible in my work, to improve the quality and effectiveness of provision.

The project has highlighted the importance of continuous improvement, the systematic and sustainable approach to enhancing the quality of care and outcomes of people who use services (KPMG International Limited, 2019). Continuous improvement will be part of my practice in the future, and is evidenced in the critical reflection of this project, including the following actions:

- Easy-read training to make communication more accessible.
- Improving emotional intelligence skills, so I can effectively implement change in the future.

Hoogveld (2017) states continuous improvement is everyone's responsibility, and small, daily steps result in enhanced operational standards. I believe the monitoring document facilitates continuous improvement. However, going forwards more robust monitoring and contract management processes should be implemented within all contracts and services, so commissioners ensure bespoke outcomes for Individuals are achieved across Rivendell. This means reflecting on the impact of this project and updating contract management processes going forwards.

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Appendices

Appendix One – Three Tier Conversation

Appendix Two – Commissioning Arrangements Self-Assessment Extract

Appendix Three – Project Plan

Appendix Four – Commissioning Cycle

Appendix Five – Force-Field Analysis

Appendix Six – Meeting between Provider and Project Team (minutes)

Appendix Seven – Coproduction Meeting Minutes

Appendix Eight – Personalisation Training

Appendix Nine – Communication Training

Appendix Ten – Meeting with Experts by Experience (minutes)

Appendix Eleven – Rivendell County Council and Action for Children Post Monitoring Document Creation Meeting (minutes)