

Evidence-informed commissioning for children

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Abstract

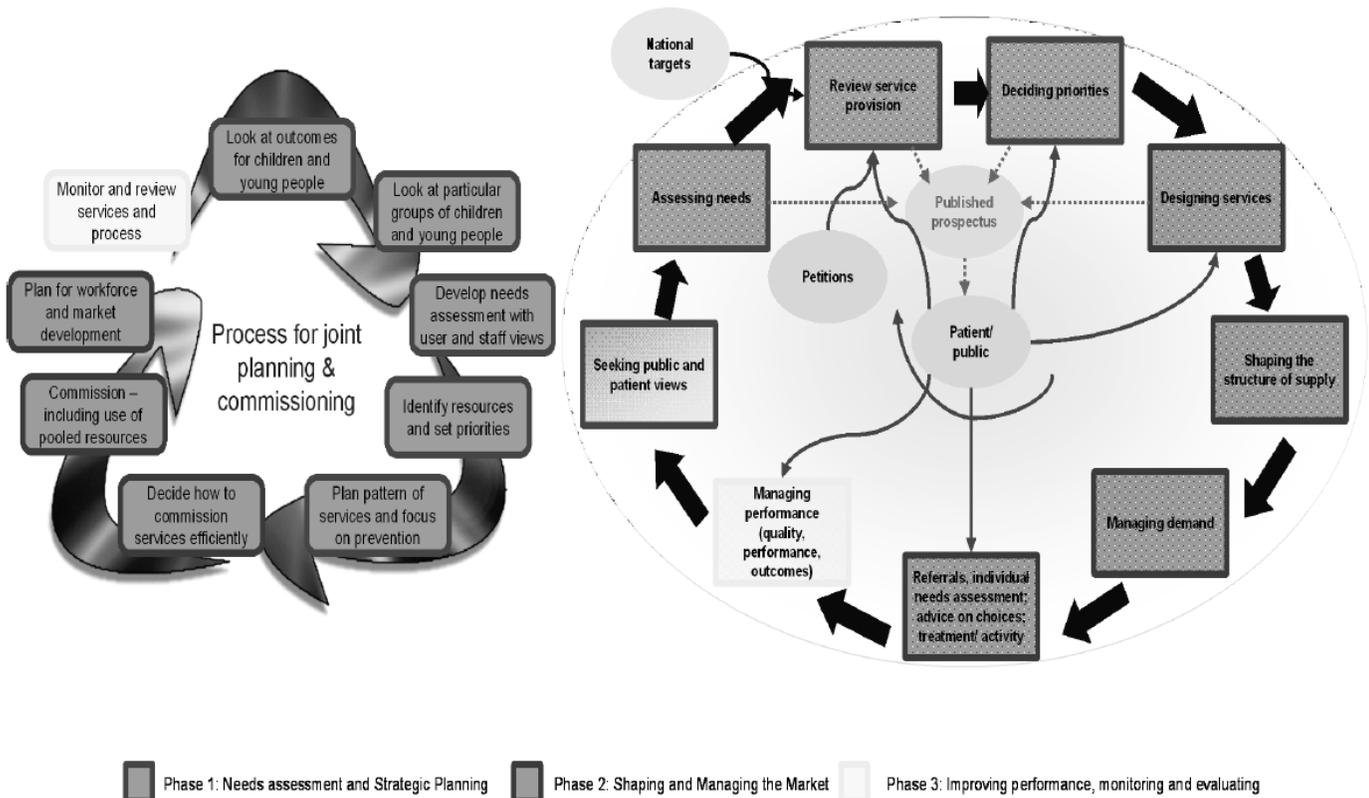
Commissioning is a key activity identified by national and local government as crucial to delivering changes in services and improved outcomes for children and young people. A great deal of time and resource is being put into encouraging effective commissioning across the country. However, the authors argue that there is nothing intrinsically beneficial about commissioning. It is essentially a management process which can be applied more or less effectively in practice. To be credible in the long term, commissioning must be based on clear and systematic methods of evidence-informed enquiry. If commissioning is not evidence-informed, it may deliver change, but this change may not lead to improved outcomes for children and young people.

Keywords: Commissioning, Children's Trusts, children's services, evidence-informed commissioning

The commissioning agenda

Commissioning has been a key aspect of government policy for the public sector for the last few years. The Independent Review of Public Sector Efficiency¹ known as *The Gershon Report*, signposted the start of a new drive for efficiency and effectiveness for local authorities through better supply side management and procurement, and was followed in close succession by a series of guidelines on commissioning and procurement for local authorities and the NHS. Of particular significance to children's services were:

- *Commissioning a Patient-Led NHS*², which described the approach to be taken to develop commissioning throughout the whole NHS system;
- *Framework for Joint Planning and Commissioning*³, which gave guidance to local authorities, PCTs and others on how to undertake planning and commissioning of children's services and offered a 9-step framework;
- *Health Reform in England, Update and Commissioning Framework*⁴, which specified the role of NHS commissioners in supporting NHS improvement and offered a health services commissioning cycle;
- *Every Child Matters; Next Steps*⁵, which described a primary role of Children's Trusts as being to secure integrated commissioning;
- *Children's Trust Statutory Guidance*⁶, which elaborated on the role of Children's Trusts in securing integrated and joint commissioning;
- *Healthy Lives, Brighter Futures*⁷, the child health strategy, which emphasised the role of effective commissioning in delivering children's services, and brought DCSF and DH models 'together' in the following diagram, which introduced the idea of commissioning as comprising, in essence, three phases of activity:



Over this period, there has also been a wide range of attempts to capture a summary of the commissioning task in words. All such attempts inevitably have their own particular strengths and weaknesses. For example, in 2003 the Audit Commission opted to emphasise a strategic population focus:

The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services, whether they are provided by the local authority, NHS, other public agencies, or by the private and voluntary sectors⁸.

In 2006 the DfES chose to concentrate on outcomes and effectiveness:

Joint planning and commissioning is a tool for Children's Trusts – to build services around the needs of children and young people – and to deliver their outcomes most efficiently and effectively⁹.

At the same time in Wales, the Beecham Review of Public Services¹⁰ in 2006 emphasised good judgement as the core of the commissioning task:

Doing the right things – making the right choices and investment decisions, and getting the best balance of services. Doing things right – getting the best value for money and achieving the desired outcomes¹¹.

In 2008 the DCSF developed their definition of schools commissioning, emphasising the importance of careful steps in a systematic decision-making process:

*Commissioning is the overall process by which services are planned and delivered. To be effective, good commissioning requires a sophisticated understanding of the needs and aspirations of the communities which local authorities and Children's Trusts serve, ... the strategic planning of services to meet those needs and aspirations, ... an objective view of the potential of all providers to offer the best services, ... and robust monitoring, support and challenge functions which focus on outcomes*¹².

Most recently the Commissioning Support Programme, a DCSF/DH initiative to promote effective commissioning in Children's Trusts between 2008-11, offered a definition which slightly refines the 2006 DfES version and maintains an emphasis on outcomes and effectiveness:

*Commissioning is the process for deciding how to use the total resource available for children, young people and parents in order to improve outcomes in the most efficient, effective, equitable and sustainable way*¹³.

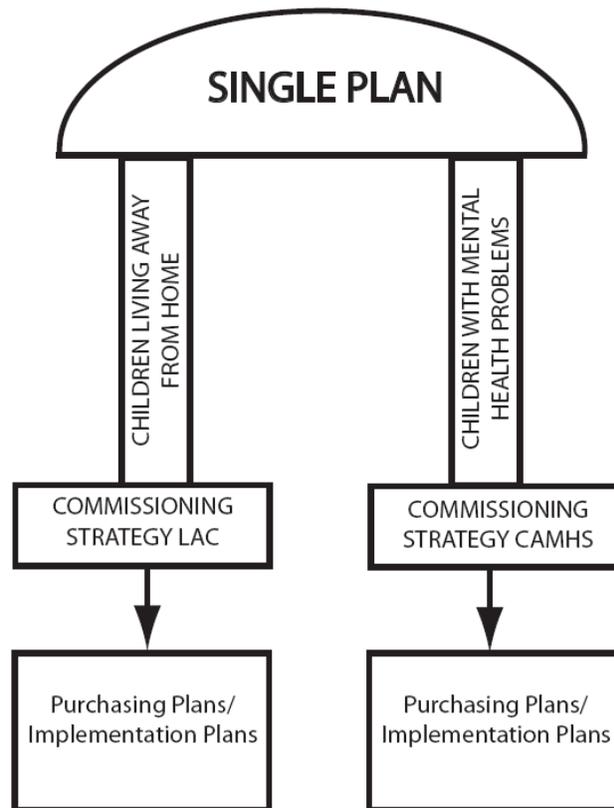
This range of emerging models and different nuances in definition does, of course, represent a perfectly healthy range of perspectives on what is a very complex and subtle set of tasks. In a fast changing public sector environment with different demands and market pressures, the focus of a generic concept such as commissioning is bound to change according to context. Nevertheless, despite their variation in detail, the definitions share common underpinning assumptions about commissioning which can be summarised as:

- A systematic process of analysis, decision making, implementation and review;
- A clear separation of the purchaser and provider roles in the decision-making process;
- A process for delivering change in services;
- An activity which delivers improvements in services to better meet the needs and achieve the better outcomes to which government, professionals, children and their families aspire.

However, like many new public policy initiatives and management techniques, there is a danger that advocates for commissioning by their very enthusiasm and sometimes lack of critical analysis, ascribe qualities to the process which may be highly desirable but which are by no means inevitable. There remains the real possibility that by applying the title 'commissioning' to decision making activities which are actually less than rigorous, are ill-informed and unsystematic, many Children's Trusts will end up delivering changes which result in poorer outcomes for their children, young people and their families.

Commissioning in practice

In essence commissioning is not (despite the intriguing DCSF and DH diagrams above!) a particularly complex process. In most Children's Trusts there is a clear if emerging pattern whereby the statutory Children and Young People's Plan, produced as an overall statement of intention by the local Children's Trust, is translated into a more detailed commissioning plan or strategy for a particular group of children. This strategy, identifying changes required in services to meet the needs of this particular group, then drives local procurement activity and internal local authority and NHS service plans (see summary below using the examples of children looked after and children with mental health problems).



In practice, of course, in the highly complex and closely enmeshed world of children’s services, commissioning is a subtle and sensitive activity. Much service improvement needs to come about through culture, methodology and activity change, and through improved links between services, rather than through simplistic decommissioning, procurement or contracting.

Many people in the system have what might be termed a commissioning role and these are often undertaken in combination with other roles including service provider or planner. The potential for confused and ineffective commissioning is high. It is crucial that commissioners, wherever they are in the system avoid two major pitfalls:

1. Retreat to the theoretical, by identifying problems and potential solutions, not actually delivering improvements in services and outcomes in practice. In a recent RiP/IPC seminar a commissioner described this situation in their Trust: “We have got lots of commissioning activity going on, but not much real evidence about what works, not much serious analysis, and not much real change in services”.
2. Retreat to the transactional, developing services which suit local stakeholders but which are not evidence-informed and do not meet the real needs of the population. This was described by another commissioner at the same event as “It’s the same old people making local deals and protecting their empires – they just call it commissioning now”.

What is evidence-informed commissioning?

Evidence-informed commissioning can be described as taking a systematic approach to collecting and analysing evidence throughout the commissioning process. By evidence we mean research (national and international) and local data and evaluations. By taking an evidence-informed approach, commissioners, whatever their role and position in the system, can hope to avoid the pitfalls described above and deliver change in services which improve outcomes for children.

Encouraging a culture where evidence-informed commissioning for children is the norm is the responsibility of the local Children's Trust. Most Children's Trusts across England now have some statement about the role of commissioning, and many of these accompany this with descriptions of the activities involved. However, few Trusts have made clear and detailed statements about the quality of the work expected by commissioners. We would suggest that it is not enough for a Children's Trust just to have basic commissioning arrangements in place. It needs to take responsibility for the quality of those arrangements, and the extent to which they result in evidence-informed services and improved outcomes for children. Within such a framework, those developing and implementing commissioning plans for a particular population need to ensure that these are developed, within given timescales and resource constraints, in a way which is evidence-informed and will stand up to scrutiny and challenge. In practice we think this means:

A framework which promotes evidence-informed planning and commissioning

The Children's Trust needs to ensure that it has a framework of guidance for the many people undertaking commissioning activities in a local area. This needs to clearly set out how any of its policies, any Children's Plan priorities and any commissioning plans produced for particular populations will all be informed by systematic analysis of evidence, stakeholder feedback, research and national guidance before being accepted by the Trust. Such a framework should form the foundation for evidence-informed commissioning by commissioners throughout the Trust at each of the three phases of the commissioning process summarised in the DCSF/DH diagram above. Some characteristics of what might be termed a good evidence-informed framework, compared to an uninformed commissioning framework include:

Evidence – Informed Commissioning Framework	Un-Informed Commissioning Framework
A clear statement that all principles policies and commissioning plans must be based on systematic analysis of evidence, stakeholder engagement and national guidance.	No clear expectations about how principles, policies or plans are developed.
Guidelines relevant to all commissioners which specify what constitutes good practice in collecting and analysing evidence, stakeholder engagement and national guidance.	No guidance on good practice in evidence-informed commissioning.
Resources available to all commissioners which give advice and guidance on methods to be used in collecting and analysing evidence, stakeholder engagement and national guidance.	Commissioners left to identify how they undertake their tasks without advice or access to resources.

Evidence-informed needs assessment and strategic planning

Some characteristics of what might be termed good evidence-informed commissioning, compared to un-informed commissioning in the needs assessment and strategic planning phase of the DCSF/DH commissioning process include:

Evidence – Informed Commissioning	Un-Informed Commissioning
An understanding of the needs of the relevant population is built up through systematic collection and analysis of reliable population data, prevalence and incidence analysis, local intelligence and feedback from a full range of stakeholders.	Needs are identified on the basis of a single information source, poor quality out of date information, or feedback from a limited range of stakeholders.
An understanding of the responsibilities of different agencies for the relevant population is based on a systematic and comprehensive analysis of legislation, national policy and guidance.	Legislation or national policy is ignored or misinterpreted, and plans rely exclusively on local views.
An understanding of what types of interventions work for the relevant population has been developed on the basis of systematic and comprehensive analysis of the impact of local services, analysis of wider research and best practice in the field.	Plans are based on individual or group preferences, which are not supported by evidence, or are not properly evaluated.

Shaping and managing the market

Some characteristics of evidence-informed and un-informed commissioning in the shaping and managing the market phase of the commissioning process include:

Evidence – Informed Commissioning	Un-Informed Commissioning
An understanding of the distribution of resources available to meet the needs of the relevant population is based on a systematic and comprehensive analysis across all services.	A partial picture of available resources is available, information is missing or unreliable.
Decisions to commission, de-commission or redesign services are based on evidence about impact and effectiveness, and systematic analysis of needs.	Changes are based primarily on individual preferences or lobbying rather than evidence.
Evidence about impact, effectiveness and needs are also used to influence the behaviours of providers who are not directly commissioned.	Evidence collected by commissioners about needs, requirements and services is not made available to providers and other stakeholders to help them to develop evidence-informed services.

Improving performance, monitoring and evaluating

Some characteristics of evidence-informed and un-informed commissioning in the third of the three phases in the commissioning process include:

Evidence – Informed Commissioning	Un-Informed Commissioning
Contracts and service level agreements with providers are designed to ensure that judgement about effectiveness is fair and comprehensive.	Evaluations of services are inconsistent, based on poor quality evidence or focus only on activity rather than impact and outcomes.
Evaluation methods are consistent across sectors allowing realistic comparison of inputs, outputs and outcomes of services.	Evaluations make no attempt to be consistent between services and sectors.
Feedback to providers is open and encourages constructive engagement to improve and develop service efficiency and effectiveness.	Information collected is not used as the basis of an open and constructive dialogue, and providers are not helped by commissioners to continuously improve their performance.

What are the skills needed by evidence-informed commissioners?

Evidence-informed commissioning is an emerging set of skills. It is NOT about undertaking long-term research projects to discover the effectiveness of different types of interventions, nor is it about undertaking simplistic change management projects to commission or decommission particular services. Commissioners throughout children's services need to help Children's Trusts to make evidence-informed resource decisions which are going to deliver the best possible outcomes for children, and to do this we think they need, in addition to service knowledge and generic management skills, the following particular abilities:

- The ability to design and conduct analyses in an evidence-informed way which enables them to justify their commissioning plans to a wide range of stakeholders;
- The ability to understand research methodologies and research reports, and to extract relevant information which they can then communicate effectively to colleagues whose work should be similarly evidence-informed;
- The ability to work with a wide range of stakeholders to understand and analyse evidence, and to use it as the basis for their plans;
- The ability to work with providers, with service users and other stakeholders to help them manage the processes of change that they need to go through to develop better evidence-informed practice and to improve outcomes;
- The ability to design and implement effective ongoing evaluation and feedback arrangements to promote constructive service improvements on an ongoing basis.

We think that there is further work to be done to develop these skills more fully and to support commissioners in developing approaches which can truly be described as evidence-informed.

Conclusion

There are an awful lot of strongly held beliefs in children's services. On one hand it might be argued that passionate belief is a good quality which can encourage commitment and energise people to make improvements. However, over the years in children's services, we have seen far too many services which have been developed or changed on the basis of the passion of advocates, without being supported by evidence. Often these have turned out to be badly designed, costly, and ineffective. The introduction of commissioning as a key role for Children's Trusts offers an opportunity for children's services to develop more firmly on the basis of evidence, and gives Children's Trusts the opportunity to encourage more systematic service development.

There is nothing inevitable about commissioning leading to better outcomes for children. As we have seen it is process which can be used in a wide range of different ways. Many commissioning activities, if poorly undertaken, are likely to lead, in practice, to worse outcomes for children. Without strong values of evidence-informed commissioning and methodologies which help to deliver these values in practice, it is likely that commissioning will fail to deliver the kind of changes that so many people involved with children and young people wish to see.

Background and authors

This paper has been produced by Keith Moultrie, Director of the Institute of Public Care at Oxford Brookes University and Celia Atherton, Director of Research in Practice. It is based on:

- *Think Research*¹⁴, a set of resources produced by Research in Practice for the Cabinet Office Social Exclusion Task Force on using research evidence to support decision-making for vulnerable groups;
- *Better Outcomes for Children in Need*¹⁵, a set of resources developed by IPC for the SSIA to support evidence-informed commissioning for children in need;
- A series of seminars run jointly by IPC and RIP supported by The Cabinet Office in 2008 and 2009 to explore and promote evidence-based commissioning in practice.

For further information about these resources contact www.rip.org.uk or <http://ipc.brookes.ac.uk>

Footnotes

- ¹ Gershon, P. (2005) *The Independent Review of Public Sector Efficiency*, London: HMSO.
- ² Department of Health (2005) *Commissioning a Patient-Led NHS*, London: DH.
- ³ Department for Education and Skills & Department of Health (2006) *Framework for Joint Planning and Commissioning*, London: DfES & DH.
- ⁴ Department for Health (2006) *Health Reform in England, Update and Commissioning Framework*, London: DH.
- ⁵ Department for Children, Schools and Families (2006) *Every Child Matters; Next Steps*, London: DCSF.
- ⁶ Department for Children, Schools and Families (2006) *Children's Trust Statutory Guidance*, London: DCSF.
- ⁷ Department for Health (2008) *Healthy Lives, Brighter Futures*, London: DH.

- ⁸. The Audit Commission (2003) London, *Making Ends Meet*.
- ⁹. Department for Education and Skills & Department of Health (2006) *Framework for Joint Planning and Commissioning*, London: DfES & DH.
- ¹⁰. Beecham, J. (2006) *Beyond Boundaries, Citizen-Centred Local Services for Wales*, Cardiff: Welsh Assembly Government.
- ¹¹. Beecham, J. (above)
- ¹². Department for Children, Schools and Families (2008) *Learning from Experience*, London: DCSF.
- ¹³. Department for Children, Schools and Families & Department for Health (2009) *Achieving Better Outcomes*, London: DCSF&DH.
- ¹⁴. Cabinet Office (2008) *Think Research*, London: Stationery Office.
- ¹⁵. Social Services Improvement Agency for Wales (2008) *Better Outcomes for Children in Need*, Cardiff: SSIA.

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