



Seminar Briefing – April 2009

Beyond Commissioning

Commissioning voluntary and community organisations to deliver public services is now becoming common place.

Many voluntary and community organisations have experienced the delivery of some public services through service level agreements (SLAs), but whilst SLAs are a written agreement of undertakings between parties they are not legally binding. However, commissioning under a formal contract is, and so therefore takes on a far more stringent process which (it can be argued) is changing the nature of the voluntary and community sector (VCS).

The debate as to whether commissioning is proving to be beneficial for local organisations was central to the theme of the seminar – 'Beyond Commissioning' which took place at the London Lighthouse on 26th February 2009.

Commissioning the Voluntary and Community Sector

Mark Creelman, Acting Director of Commissioning from NHS Kensington and Chelsea (NHS K&C) formally known as the Primary Care Trust (PCT) was the first speaker for the evening.

Mark presented the case on '*World Class Commissioning*'. He began by stating that the VCS in Kensington and Chelsea is key to the design of services within NHS K&C, a comment welcomed by the local sector. He went on to say that there was a case for change based on improving commissioning capability as recommended in Lord Darzi's next stage review of the National Health Service. World Class Commissioning establishes a long-term approach to addressing local health needs.

Mark stated the vision and aim for Kensington and Chelsea that within 5 years NHS K&C will become the recognised health advocate for all residents and lead an integrated healthcare system. Transforming the way how local residents manage their physical and emotional health and wellbeing.

In continuing his presentation, Mark raised the important point of information management and that this continues to be a challenge in ensuring that information and monitoring systems are fit for purpose in meeting the needs of commissioners. The further challenge will be how to ensure that smaller voluntary and community organisations who want to be commissioned to deliver services are able to buy the system required.

NHS K&C want to have a strong cross section of providers as it sees the importance of local people having choice, but also recognise that the provider landscape is changing rapidly with once recognisable providers now competing with the likes of companies such as Sainsbury's and Tesco's which provide pharmaceutical services.

NHS K&C also want to minimise bureaucracy, ensuring VCS providers work to one contract to avoid duplication. This can be achieved through joint strategic planning across departments.

Currently work is underway between NHS K&C and RBKC to strengthen joint work on the needs assessment and community engagement and to strengthen joint commissioning. Mark stated that this should reduce the amount of consultations that take place between individual departments and also lessen the burden of monitoring and reporting for organisations delivering services.

The total investment NHS K&C has made into the voluntary and community sector is £3.2m (this figure includes £2m from the last financial year plus £1.2m for this financial year). NHS K&C are also trying to move towards giving 3 year contracts for delivery of services.

The new national contract will be piloted with six organisations from April 2009 based on a set of aims and principles for assuring accountability between service providers and commissioners and for improving quality and outcomes for patients and service users. It includes expected behaviours such as providing incentives and penalties for providers and supporting providers to change service provision over time in relation to changing needs of clients.

The new national contract also means that the contract value for a provider could change if they over deliver but funds can also be retracted if the provider is not delivering on agreed terms.

The aim of the pilot will be to end up with a shorter contract which still maintains the principles.

Delivering a Contracted Service

The next presentation was given by **Clement Musonda** from Rain Trust who spoke frankly about his organisation's experience of working with the PCT. Clement began by stating that in the past he had found it hard to engage with the PCT but slowly doors started to open.

Clement was positive in expressing that his experience with the PCT was a learning curve that has benefited his organisation. He gave examples of how putting together a business case through the planning and designing of services has helped improve the way his organisation delivers services, captures evidence and reports on outcomes. Clement concluded his presentation by saying that the whole experience of delivering a PCT contract has helped the organisation to become more outcome focussed.

QUESTION AND ANSWER SESSION

In the past the PCT has used the business case approach with the voluntary sector, will this continue in the future?

The PCT want to continue to have dialogue with the sector to help develop outcomes and organisations will be expected to produce outcome based planning but the business plan will be more tailored for the sector in the future.

Can the PCT develop IT data systems more amenable to the sector?

The statutory sector as well as the VCS has problems with using the right systems, the system used for Sure Start information and monitoring is a good example of that so there is no easy answer to the problem.

Is the PCT planning some application filtering to save time for organisations which invest a lot of time completing application forms?

The PCT need to be very clear about its service specifications, which means working with the VCS. This will hopefully help the filtering process.

Will the PCT work towards integrated services?

We need to be careful with the term 'integrated services' as the PCT want alignment which compliments and not duplicates services, e.g. the Joint Dementia Carer's Strategy. The PCT is still at the early stage of this process.

What is the value of contracts awarded to the VCS?

There are 93 VCOs on PCT contracts ranging from £90,000 to £150,000 Alison Miller is the new VCO Commissioning Manager and will also be supported by 2 monitoring assistants.

Commissioning Is Good For the Sector...or is it?

Angela Spence and **Siobhan Sollis** from the Social Council held a debate on commissioning. Points both for and against the sector's involvement in commissioning were presented to participants to help stimulate discussion.

Siobhan argued that the commissioning process is not supportive of small groups which require resources and time that so many lack. The process can also move groups further away from the needs of their service users as time is spent trying to fit services to meet contracts and their outcomes. Commissioning is forcing the sector to become more 'business like' which takes away from the true sense of what the sector is all about and can also be a threat to its independence as delivering public sector services can be seen as being an agent of the state.

Angela's response was that commissioning is actually supportive of small groups as it allows for sub-contractual arrangements where small organisations can work together with larger organisations. It also encourages consortia building for small groups to allow a better chance of winning a contract. Rather than drawing groups away from service user needs, commissioning actually brings them closer, with growing opportunities for the sector to work with commissioners. This can include helping to capture evidence of community needs and being a part of forums, steering and advisory groups to have dialogue with statutory bodies.

Professionalising the sector should be viewed positively, as it opens up a whole range of opportunities for volunteers and young professionals to build careers. The Compact was created to help the sector maintain its independence and the sector need only to learn how to use it.

After the debate, participants were asked to discuss which argument they believed to be the strongest. Around two thirds of participants supported the argument for the sector's involvement in commissioning but majority also felt that the points put forward against commissioning were also very poignant and that the sector should seek to work with commissioners and adopt a stance which ensures its independence is not weakened.

Closing Session

In the final session chaired by Mary Gardiner, participants felt that it was an important and crucial time for the sector to come together to build a marketing strategy to promote the work of the sector, not only for the purpose of commissioning but for the knowledge of the local community. It was agreed that it was necessary for the local community to know what support exists locally and that commissioners needed to see the value of the sector in a tangible way.