Understanding commissioning
for voluntary and community organisations

Second edition

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Preface

The first edition of ‘Understanding Commissioning’ was published in November 2008 to capture the learning from the programme delivered between February and March last year. Times have moved on, not only for society in general, the third sector, health and social care but for the Care Services Improvement Partnership (CSIP) itself.

From the end of March 2009 CSIP will cease as a national organisation. With the raised profile of Social Care in national policy and the increased presence of the Department of Health within the Government Offices in the regions, a number of policy and improvement areas which CSIP has worked on will be aligned and located with the Government Office. The remaining areas have been reviewed and reformed as the South West Development Centre which will be commissioned by the South West Strategic Health Authority in partnership with the Deputy Regional Director, Adult Social Care and Partnerships.

The South West Development Centre will be running three programmes to improve health and well being in the South West. These programmes are:

- Children and young people
- Mental health and wellbeing, and
- System development.

Third sector issues and involvement will become incorporated into the mainstream for the Development Centre’s service improvement role. To reflect these changes this report has been rebranded and website/contact addresses updated.

The first report was very well received across the health and social care communities of the South West and further afield. Used by many public sector agencies and third sector providers, it has become a useful reference guide and workbook.

Clare Steel, Head of Adult Social Care at Somerset County Council commented, “Whilst it is intended for voluntary and community organisations as readers, there were elements to it that are useful to us too, in terms of simple explanations of commissioning and procurement, to Tender or not to Tender and how to Tender etc. “

When these sessions were first delivered, there was very little in the public domain about being on the brink of economic recession. But now that we are it is important to consider the impacts of this within the report. In times of recession, organisations often pull back from working together and investing (financially and personally) in their relationships. There is much fear in the sector currently about the negative impact of the recession on funding streams (whether grant or commissioned) and many organisations are finding themselves seeing a very gloomy future. So in this edition I have included a chapter at the end specifically addressing the issues relating to the economic downturn, the third sector and health and social care.
But it is worth remembering that during times of hardship, the purpose and values of the third sector can shine most brightly, illuminating a way to get the best outcomes for communities. In his speech to a gathering of third sector leaders early in March 2009 on the economic downturn, Stephen Bubb, Chief Executive of ACEVO (Association of Chief Executives of Voluntary Organisations) said that the third sector has much to offer both business and the State alike, providing a way to deal with current economic and social issues, leading the way to economic recovery and helping to strengthen accountability to help prevent a repeat in the future.

Now more than ever the potential of the third sector to strengthen communities is being recognised. The Cabinet Office commitment to invest a further £42.5 million in the Third Sector to ensure it can continue to deliver and campaign, as well as improve and develop it’s skills and expertise demonstrates the continuing commitment to a thriving third sector, working in partnership with public agencies for the good of communities.

Amongst all this, the need for small to medium sized third sector organisations to understand the context of health and social care commissioning increases. This second edition aims to provide an easy to use guide to help organisations to develop and to be ready for the challenges of the months and years to come.

Rebecca Hardwick
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2 Introduction

This report will be of interest to third sector organisations that are looking to:

- Understand more about the current focus on them as providers of services.
- Understand more about the policy context that is driving this change
- Reflect upon the readiness of their organisations to respond.

It will also be of use to commissioners of health and care services who are interested in understanding the needs in the small to medium sized third sector market, including recommendations for how it can be stimulated.

The Third Sector is a broad term applied to organisations whose primary purpose is to achieve a social benefit to their communities. It encompasses voluntary and charitable organisations, community groups and all types of social enterprises.

The continued focus on improving commissioning in health and social care indicates the need for:

- Assuring the high quality of providers (Commissioning Framework for Health and Wellbeing, Department of Health 2007)
- Stimulating the market, including building on social capital and encouraging provision via third sector organisations (World Class Commissioning Competencies, Department of Health, December 2007)
Introduction

- The promotion of improvement and innovation (World Class Commissioning Competencies, Department of Health, December 2007)
- Involving third sector organisations in the whole process of commissioning - from needs assessment (Guidance on Joint Strategic Needs Assessment, p9 Department of Health, Department for Communities and Local Government, Department for Children, Schools and Families, December 2007) to providing (World Class Commissioning Competencies, Department of Health, December 2007)

South West Development Centre (formerly CSIP South West) has been working over the last three years to develop opportunities for the third sector to become more involved in commissioning. During this work it became obvious that there is a widespread need for support and development opportunities for small to medium sized organisations to understand commissioning. Following on from the successful "Commissioning for Non-Commissioners Pub Quiz"(see useful links at the back for more info), CSIP South West was keen to further develop the sector’s knowledge and understanding of commissioning.

When brought together, it seemed like a good idea to offer organisations an opportunity to use their investment training budget to develop the sector's understanding of commissioning as a whole, to develop "readiness" to being commissioned in the future.

Support for basic administrative costs of the event was provided by Capacitybuilders' Consortium Development Fund through the South West Investment Infrastructure Group, a thematic group of the Infrastructure Development Partnership.

The aims of the workshops were to enable delegates to:
- understand the health and social care reform agenda
- be familiar with the concepts, policy and language to do with commissioning
- have an understanding of what commissioning for outcomes means and the implications for their organisations
- be able to articulate what is meant by added value and how it relates to what their organisation does
- have an awareness of what a diverse market place means for their organisation and an appreciation of the different ways in which procurement takes place
- have reflected on their current marketing and quality assurance arrangements, and
- know who the key people to contact in their area are.

The workshops were run over three mornings, each one building on the previous session. Between 18-22 people attended each session. The evaluation at the end of the report indicates that it was successful in increasing participants' knowledge and understanding of commissioning, as well as being welcomed as an opportunity to get to grips with what it means for their own organisations. Verbal feedback from the final session demonstrated that for some organisations it has enabled them to really push ahead with developing their plans to become world class providers.

This report outlines the content of the sessions, as well as top tips for reflection / discussion points.
It wouldn't have been possible to do these sessions without John Skrine from Creating Excellence and the South West Investment Infrastructure Group, who provided the funding and the initial invitation to do the work.

The expertise, resources, venue and support of The Care Forum, in particular Phil Morgan and Gillian Turner who both facilitated during the breakout sessions and Katharine Gonzales who took care of the very necessary room and lunch booking, made the participant list available, welcomed people on arrival and ensured the smooth running of the sessions.

Maxine Powell, West of England Change-Up Coordinator and Kate Oliver from The Care Forum were also instrumental in ensuring that the sessions could run and were advertised appropriately.

Rosemary and Kirsten, British Sign Language interpreters from the RNID service, and Ann Simkin and Lisa Nicholls who ensured that the three sessions were fully accessible.
Module 1: Understanding commissioning

Commissioning does this by translating aspirations and need (by specifying and procuring services for the local population) into services for users which:

- deliver the best possible health and well-being outcomes
- promote equality
- provide the best possible health and social care provision, and
- achieve this within the best use of available resources.

So, Commissioning is a process. It is a series of steps that a commissioner coordinates in order to achieve best outcomes for a population.

The steps in the commissioning cycle do vary, but they will always encompass the following activities

1. **Establishing need** - speaking to communities and individuals about what their issues and concerns are. Working with communities and those that rely on services to develop models and innovations in service provision - also known as co-production. Being guided by and mindful of national and regional policy directions. Conducting a needs assessment that demonstrates areas of need.

2. **Analysis** to see how far current service provision meets that need and determining what gaps there are and how those could be filled.

3. **Planning** to meet the needs - developing the outcomes of any given activity/service.

4. **Procuring** an organisation to provide those services.

5. **Delivery** - services are delivered and monitored and reviewed - and then back to no. 1.

From this it becomes clear that a commissioner is a conductor, a Master or Mistress of Ceremonies. They are the eyes and ears, the brain and the conscience of the statutory sector. Seeing and hearing about what needs to be done, working out what investment and resource is needed and where to make that happen and ensuring that whatever is planned demonstrates good stewardship of money and local ownership.
b. The policy context - or where did this all come from?

The Reform Agenda

Why do it?

- At the moment services are focussed on what they provide rather than on what people want.
- Services are not focussed enough on preventing ill health and problems and encouraging individual responsibility for health and wellbeing.
- Services are based on what goes in (in terms of investment/finance) rather than on the results or outcomes.

What needs to change?

Lots of things need to change, but in particular commissioning practice needs to improve and patients/client, carer and communities need more involvement leading to control over their local services.

Where are we heading? And how will we get there?

The future of health and social care will be recognised by services which are:

- personal and give choice
- convenient
- promoting wellness and participation, and
- focussed on outcomes not inputs.

In addition, we will also see

- more alignment of goals between health and social care, and
- more flexibility in how resources are used.

We will get there through improved commissioning.
Module 1: reflection

What does this mean for my organisation?

What does this mean for commissioners?
Commissioning is the focus of much attention at the moment. It is seen as being the key to unlock better outcomes for communities. Outcomes means the results that accrue from the service given, the results for communities and individuals. So what does commissioning for outcomes mean? How can we recognise it?

Traditionally commissioning has been focussed on what goes into a service, rather than what comes out. For example, Ambridge PCT commission Ambridge Partnership NHS Trust to provide mental health day services. They do this through a service level agreement of three million pounds annually.

What's wrong with this picture?
Ambridge PCT is asking for a service to be delivered. What they need to be asking for is for outcomes to be delivered, that is, specific results for people. Unless services are delivering outcomes, they are not worth investing in, whether they are an NHS Trust provider, a statutory Social Services Provider, a voluntary sector or private sector provider.

As we know, the future of services will be centred much more on what an individual wants from their service, their own hopes, aspirations and desires for their health and wellbeing. They may want things which are off the wall, or untraditional. Commissioning for outcomes allows this to happen, because it specifies what outcomes need to be achieved, but not how they should be achieved.

Commissioning for outcomes listens carefully to what people are saying they want and need and translates it into outcomes. This leaves providers free to be as innovative, flexible and creative as they like, so long as they are delivering the outcomes. See "Links" section at the end for more information on commissioning for outcomes.

A commissioner for children's services said recently

'We used to say I want a way over the water and I want you, the provider to come back and tell me how you'll do it. My outcome is crossing the river.'

Commissioning for outcomes and outputs is:

- judging success by the tangible benefits achieved by the people that services are designed to serve.
- moving away from counting services given (treatment episodes, prescriptions) to counting outcomes achieved (back in work, self-reported recovery)

This raises some issues.
At the moment many service providers are still commissioned on a much more traditional historic basis: same amount as last year plus X for inflation. so whilst it's important for VCO's to begin to develop their expertise in demonstrating outcomes, they will be ahead of the game if they are doing this.

Outcomes led commissioning also requires service providers to innovate and think differently about what they do and how they do it, as well as requiring people to think differently about the ways in which they've traditionally thought of health and social care: it's going to be much more about what I want, not what the doctor ordered.

Defining outcomes with people is not easy. It takes hard work to really understand community and individual needs and to accurately translate them into workable outcomes. However, for good quality VCO's this is the very essence of what they do: they help others achieve their aspirations.

It gives commissioners greater freedom when it comes to how services are commissioned and provided. Pure outcomes commissioning would leave the design of services entirely to the provider. The commissioner would keep a check on progress towards outcome delivery, but the way in which services are delivered would no longer be their domain.
What does this mean for my organisation?

What does this mean for commissioners?
b. Being policy aware

"The Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier local authorities and PCTs to undertake Joint Strategic Needs Assessment (JSNA). JSNA is a process that will identify the current and future health and wellbeing needs of a local population, informing the priorities and targets set by Local Area Agreements and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities."

Guidance on Joint Strategic Needs Assessment, (Department of Health, Department for Communities and Local Government and Department for Children, Families and Schools 2007)

The JSNA is of use to voluntary and community organisations because it sets out the needs of their area. It will help organisations to understand their communities better, and whilst this is not necessarily the same for all areas, there will be increasing opportunities for voluntary and community organisations to contribute their knowledge to the JSNA.

Strategic Frameworks are documents written by Primary Care Trusts to outline their service aspirations for the coming years. Indeed, the new World Class Commissioning Assurance process requires PCT's to have Strategic Frameworks and appropriate plans for at least the next five years. They are of use to VCO's as they can highlight the direction that the PCT is heading, and can indicate what services may be externalised. Strategic Frameworks can be found on most PCT websites, or can be accessed by contacting the PCT in question. For a forward thinking organisation, it is important to be aware of the environment that it's working in.

Being policy aware is an activity that forward thinking organisations will already undertake. It involves keeping abreast of changes in health and social care policy and interpreting that for their organisation.

The shift towards services that are based on what an individual wants, rather than purely what a service is able to provide is a key policy thrust at the moment, and organisations who have been aware of this are more likely to be ahead in their planning and service redesign to take it into account.

Reading the professional press for health and social care, being on newsletter mailing lists, getting journals and attending conferences and workshops can all be ways for organisations to be policy aware. Being able to see the bigger picture and how your organisation's aims fit are essential in becoming future-proof.
c. Added Value

... why is the third sector "different"?

Added value is basically another way of demonstrating the edge your organisation may have over a competitor. It is often referred to by VCO's because it is seen as being something "above and beyond the call of duty" that is part and parcel of being a VCO.

However, this is slightly misleading and not very helpful when we come to demonstrate it. A clearer way of understanding what added value means is for organisations to pose themselves the following questions:

- What would the world be like if your organisation wasn't there?
- What would be different?
- How do you know?

Answering these questions will give you a much clearer indication of where you truly do "add value".

What isn't added value....

Saying that the VCS is "values driven" this isn't always true and it can also easily apply to those working in statutory provider organisations.

People working in the VCS have morally good motives again, not always true and also applies to those working in other sectors.

Those involved in the VCS are more committed again, as above not always true and applies to others and also this is perhaps not something to be so proud of. In my experience, saying those in the VCS are more committed actually describes the root of a difficulty that many VCO's currently encounter namely they are expected to go above and beyond the terms of their contract without being funded to do so because they or other organisations have done so in the past. This is seen in organisations where there is a culture of constant overtime, of not taking annual leave or time off in lieu (TOIL) and of being available to take calls outside of contracted hours. Working in this way actually undermines the concept of proper investment and funding for voluntary and community organisations and also hides the true cost of delivering services.
So what is added value?

**Not just financial** - although this may be what your competitors and funders are thinking......

**Outcome value** - did it make a difference on quality of life? What do your end users say?

**Activity value** - the process of bringing people together so called "soft outcomes" building social capital in an area, developing stronger communities.

VCO's can state how they add value through:
- building or constituting social capital,
- meeting special/niche needs,
- being an independent voice of causes that may otherwise go unrecognised, they fully involve their stakeholders,
- being flexible in how they deliver services
- their ability to work across public sector boundaries
- innovative approaches, and
- close identity with the community they serve.
Thinking about your organisation:

Do you know where and how your services add value? If not, do you know how you might find out?

Whether yes or no, how do you know it’s not an assumption?

What do I need to do to:

make my organisation better at demonstrating how it achieves outcomes?

make my organisation better at demonstrating how it adds value?

How can I communicate this to commissioners?
Module 3: Quality assurance

Quality Assurance is the work that an organisation does to ensure itself and others that it is fit and healthy and ready to do business.

There are many benefits to doing quality assurance work, such as:

- It's a great way of recognising organisational achievement and celebrating what your organisation is good at.
- It builds skills and confidence amongst staff, trustees, volunteers, members and users on what your organisation does.
- It's really good for building organisational cohesion and identity.
- It makes sense to be able to demonstrate the quality of what you do.
- It is harder to demonstrate the value of your work without it.
- It can be useful in tackling organisational problems such as low staff morale, poor supervision practice, unclear organisational direction.

So, what is it?

Quality assurance is a planned and coordinated, continual process of assessing what your organisation does measured against what it needs to do and aspires to do.

A quality assurance framework can be used to provide structure to the process and there are several different sorts of frameworks that are of particular use to small and medium sized organisations. These frameworks set out standards for organisational fitness and the organisation in question provides evidence to demonstrate it has achieved them.

How to do it?

- **Internal self-assessment**

  Framework is worked through within organisation, generally by a small working group that meets regularly to review and plan activity to reach the standards in the framework.

- **Peer / external assessment**

  Framework is worked through with you by an external/peer organisation skilled in carrying out quality assurance work.
# Internal self assessment

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<tr>
<th>Pro's</th>
<th>Con's</th>
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<tbody>
<tr>
<td>• Most common and support is available to do it.</td>
<td>• Might not have the necessary impact if you think there are significant issues within the organisation that need addressing you need to consider whether a self-assessed process is going to get you to the heart of the issue, or will old ways of working linger?</td>
</tr>
<tr>
<td>• User friendly: doing quality assurance work with your service users is a great way to improve what you do.</td>
<td>• Easy to get de-prioritised: is there enough accountability in the organisation to ensure it will get done, or will it slip onto the &quot;ought to do&quot; list?</td>
</tr>
<tr>
<td>• Proportionate: you can decide what is the best approach that best meets the needs of your organisation.</td>
<td>• Are we doing it right? having some external support can validate what you find out and can also ensure you are following the process correctly.</td>
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<tr>
<td>• Free-ish: generally this is cheaper than using an external organisation.</td>
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# Peer / external assessment

<table>
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<tr>
<th>Pro's</th>
<th>Con's</th>
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<tbody>
<tr>
<td>• It will get done (but...see opposite!)</td>
<td>• Finding an appropriate organisation that you can trust to be open with.</td>
</tr>
<tr>
<td>• It gives you a unique and fresh perspective on your organisation that can reveal where your organisation needs to develop and improve.</td>
<td>• It still might not get done still relies on people in your organisation to be involved and committed.</td>
</tr>
<tr>
<td>• Can help with tackling tricky issues because an external/peer assessment is potentially more able to highlight neutrally these tricky issues and bring them into the light for attention and hopefully resolution.</td>
<td>• Costs: likely to be more expensive than internal self-assessment</td>
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Thinking about your organisation:

What do we do that measures our quality and plans for improving it?

What do I need to do to improve our quality assurance work?

How can I communicate this to commissioners/service users?

Top tips for which ever process you chose:

- Involve service users
- Make time for it and make it proportionate to your needs and organisational size
- Set up a group to do it work it through jointly between Trustees, volunteers, users and staff.
- Once self-assessment is complete, set a review date, write your action plan and get going!
b. Procurement

What does Procurement mean?

- In this context, it is the process of purchasing goods and services by Public Service Organisations from external organisations.
- The effective use of financial resources to deliver value for money.
- A step in a commissioning process

Procurement rules

- Govern the management and arrangement of contracts with suppliers.
- No single or standard approach process is adaptable for different circumstances. Some statutory agencies devolve responsibility for procurement to others within their or a partner organisation.
- Common features include: specifications & requirements, terms and conditions, a tendering process.

A simplified procurement process

- **Identify Need**: why are we doing this?
- **Develop business case**: Options identified and appraised.
- **Define procurement approach**: specify requirements
- **Supplier selection**: advertise, test market, identify and shortlist suppliers
- **Tender evaluation**: evaluate bids, confirm successful bids
- **Award and implement contract**: prepare for delivery of service
- **Manage contract**: service delivered, benefits achieved, performance and value for money maintained
- **Closure lessons learned**: prepare for future arrangements, review and update business case
- **Then back to identify need**

To Tender or not to Tender?….. That is the question

Throughout the course, we have focussed on understanding what commissioning is, what commissioners want, what good practice is and so on. However, there is a really important question that organisations should always consider carefully when looking to the health and social care market place for finance for activity. And the question is

Does it fit with our organisational vision and aims?

'Mission Creep' is the process that happens to organisations who find themselves chasing funding and investment and developing services along those lines, rather than staying true to what their governing document says they are set up to do. Over time they have crept away from the original mission of their organisation and are actually delivering services which are not contributing to achieving those aims.
Now, in these times of increased competition for funding it is necessary for organisations to stretch themselves in terms of what they can do and in itself this is not a problem. It seems that the problem arises when organisations begin to lose the confidence of the groups they were set up to support and are perceived by their users as being more concerned with getting the money than delivering the service.

**So what can you do?**

This course has returned again and again to the need to be user focussed in what you do and an organisation that has this at the heart of it's organisational business planning will be able to identify whether or not an opportunity to deliver a service is what it's users want. This does rely on having well informed service users involved in the governance of your organisation, people who understand the need to stretch and grow the services available, but who can wisely offer a perspective of whether any new funding opportunity is still in keeping with the organisational aims.

A strong Trustee board can also be instrumental in ensuring the organisation doesn't go off course, but again, they need to be well informed and understand clearly the issues facing your organisation in an increasingly competitive market place.

You might also find that your organisations governing document no longer fits either the service you are providing or indeed the sorts of services that you want to provide or that your users are telling you to provide. Consultation with your stakeholders, staff and users can help you decide whether actually it's the governing document that needs amending, not the activity.

In which case you can talk to the Charities Commission about what steps you need to take to amend it, or indeed to wind up the existing organisation and start afresh (depending on how much the organisation needs to change).

**What else can tendering opportunities show us?**

Where your organisation needs to develop and grow it might be totally within your organisational aims, but it is just too big for you to manage right now, or you know that you could do it, if only your staff had the right skills and competencies. Tendering opportunities can be very instrumental in "lighting the way" for an organisation, in showing where they need to go next and what activity they might need to do to get there.

Tendering opportunities can also encourage organisations to partner with others, if there is a lack of capacity to deliver. Working as a consortium is increasingly becoming a way for small to medium sized voluntary and community organisations to access the market place. More information on this can be found in the links section below.
Top Tips

✓ Ensure you read the tender document carefully and understand it.
✓ Get external support to help you if you need it.
✓ Get to know the procurement team.
✓ Involve your service users and ask whether it "fits" your organisation.
✓ Ask questions for clarity make sure you understand what you're tendering on.
✓ Pursue partners who else could make a bid "even better"?
✓ Put time aside to participate in the tendering process you'll need to time to consult with service users on the plans, to write up the tendering document etc.

c. Marketing, health and care and the voluntary sector

As we have seen throughout the course, the way in which services are being commissioned and delivered is changing. Moving from a traditional input focussed model to a "commissioning for outcomes" model has opened up the market place in health and social care. By focussing on what needs to be delivered, rather than how or who is delivering it, commissioners are in a strong position to develop a local market from which they can procure services to meet community needs.

The course has also demonstrated some of the activities that organisations would be wise in doing to enable them to make the most of these developing opportunities, such as quality assurance work, understanding outcomes, demonstrating added value and unique selling point.

However, more and more organisations are seeing the opportunities offered by working in a more competitive environment, which can include excelling in a niche area and providing even better services to keep ahead. Maximising the input from service users and carers means an organisation really understands the needs of their beneficiaries and are therefore better placed to provide services for them in a way that is even more acceptable to them. Competition encourages a much more business-like approach to work, it encourages a more professional approach to running a voluntary organisation, which includes things like achieving full cost recovery on all contracts, working only within the realm of the contract and delivering services whose impact is measured and can be demonstrated.

Traditionally, voluntary and community organisations have found the issue of competition difficult to get to grips with, it seems to go against the values of corporate effort and ownership by communities to effect change.
Increasingly in health and social care we see a market model being applied.

- **NHS Foundation Trusts** - are more independent of central government and have the ability to tender for services outside their traditional area of benefit as well as reinvest surpluses to develop their business.

- **Personalisation** - individual budgets and direct payments put the control of the money in the hands of the "consumer" so they are much more in control of what services succeed and which don't in a market place.

- **Increased flexibilities** - in how health and social care money is spent understanding the opportunities in jointly financing initiatives that will reap benefits for communities.

- **Practice Based Commissioning** - GP practices being given an indicative budget by the PCT to purchase services that will make a difference for their practice communities.

For more information on all the above, please see [www.dh.gov.uk](http://www.dh.gov.uk)

So what does it mean for voluntary and community organisations now working within a health and care market place? A few suggestions:

**Need to:**

- know who to talk to and when
- influence others: commissioners, staff, service users, potential partner organisations
- read the runes: know what's in the health and social care plans for your area, be responsive and solution focussed.
- be able to demonstrate outcomes
- be able to demonstrate added value
- be able to demonstrate quality, and
- regularly research your market and use what you find to review your business plan.
Thinking about your organisation:

What do your users think you need to be doing?

How do you communicate this in your leaflets, brochures and website?

What is policy telling you is going to be coming next?

What do the strategic frameworks indicate are the hot topics?

What other organisations are up to?

Are there opportunities for partnership working with other organisations?
A formative evaluation was carried out after each morning and demonstrated that on each of the topics covered, almost every respondent said their knowledge and understanding had increased by at least one point, on a scale of 1-5 where 1 is no knowledge and 5 is a lot of knowledge.

The one evaluation form that said their knowledge and understanding hadn’t increased (marked as a 4 before and after the session) did add that the session had reminded them of what they did know!

Comments from the evaluation form

Participants valued:

- The opportunity to meet with others and learn together.
- Applying what they were learning to their own organisations
- Gathering information from other people’s experiences
- Presentations
- Clear guidance, useful examples and group participation.

What would have made it even better were:

- Pre-course reading for participants new to commissioning process
- A larger room that was less stuffy, without a noisy boiling urn!
- More concise handouts.
- Less time sitting and listening more interaction.

Other comments:

- Huge thanks, massive learning process, but very glad I stuck with it!
- I only came to this session wish I’d come to the others too. V. well put together, lots of info and enjoyable thanks.
- A good use of my time.
Recommendations

Participants’ were asked at the last session to recommend what needs to happen next.

- Further training was a very popular idea perhaps sessions that could look in more detail at some of the areas, e.g. quality assurance, outcomes measurement
- Learning sets
- Ongoing support group email.
- List of all commissioners in S. Glos, Bristol, BANES and N. Somerset for health and social care.
Lead your organisation through the economic recession

As we have seen, the third sector has much to offer communities and public sector agencies when it comes to providing excellent value and innovative services in ways that make sense to communities and that are directly influenced by and accountable to the people the organisations serve.

The activities for third sector organisations outlined in this report (understanding the policy context, developing quality assurance systems, demonstrating outcomes and added value) all contribute to fitter organisations that are better placed to respond to their local communities needs, as well as the needs of local public sector agencies, something which is even more important in times of economic uncertainty. It is predicted that the demand for support from third sector organisations providing debt advice, mental health support, employment and skills advice and training, homelessness and alcohol/substance misuse services will increase over the coming months.

And whilst leading communities through the economic recession may be seen to be the job of local authorities, or local councillors, local business leaders and the like, third sector organisations have a big part to play, in restoring trust in business models, in restoring community accountability for the State and in ensuring that the needs of those on the margins of our society are still campaigned for and recognised.

I am not an economist but I have done some research as to where you can go to get useful and practical support and guidance now to prepare your organisation for the times ahead.

For information, support, advice and guidance on steps to take now to protect your organisation from the economic downturn, please ACEVO's dedicated website:
http://www.recessionsupport.org.uk/

For information on the new “Real Help Now” Office of the Third Sector programme, please see:

For the main government pages on help during the recession, with useful links to the Business Link support service (which third sector organisations are also eligible for, and which includes a package of support on cash flow, credit and investment needs) see:
http://www.realhelpnow.gov.uk/ and click on the Real Help for Businesses section.

For information on Futurebuilders (Government backed third sector investment fund) see: http://www.futurebuilders-england.org.uk/

For information on local training to help you weather the financial future, contact your local Council for Voluntary Service. Their details can be found by following this link:
http://webdb.navca.org.uk/ and entering your locality in the search box. If they aren’t running a session, then perhaps suggest they do.
Conclusion

The third sector can rise to the challenges of the recession to step up its campaign for a fairer society for all through continuing to improve and create better and sustainable communities.

For information on current funding opportunities, a good place to start is Funding South West. See: http://www.creatingexcellence.org.uk/

The course was successful in increasing participants’ knowledge and understanding of commissioning. It enabled participants to articulate how their organisation can access the commissioning process. It allowed participants to demonstrate and share their current knowledge of what commissioners want from the voluntary and community sector and gave participants examples of how their services might add value. It has enabled participants to feel more confident in explaining what commissioning for outcomes means to their organisation and encouraged participants to reflect and share how they can present their services as more outcome focused. It provided a valuable opportunity for organisations to share what is working for them and to learn from one another.

As the trainer on the course, I found it a stimulating opportunity to collate and gather my own knowledge and understanding of commissioning and how it relates to the voluntary and community sector. It was an interesting challenge to present the range of information in a way that was accessible but also useful and applicable to where people were at.

It was a good opportunity to work in partnership with The Care Forum, Funding South West and the West of England Consortium to develop small to medium sized VCO organisational capacity to provide health and social care services.

Rebecca Hardwick  
Development Consultant, Third Sector Lead  
South West Development Centre  
April 2009
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>VCO / VCS</strong></td>
<td>Voluntary and Community Organisation / Voluntary and Community Sector</td>
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<tr>
<td><strong>Third Sector</strong></td>
<td>A broad term which aims to encompass all organisations that are not public or private sector.</td>
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<td><strong>Social enterprise</strong></td>
<td>A business which principally reinvests surplus back into it's organisation to achieve social purposes.</td>
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<td><strong>Social Capital</strong></td>
<td>Networks together with shared norms, values and understandings that facilitate cooperation within or among groups. (Office of National Statistics definition see link below for more info)</td>
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<td><strong>Commissioner</strong></td>
<td>A person responsible for securing the best services for a given population.</td>
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<td><strong>Procurement</strong></td>
<td>A step in the commissioning process that is concerned with the purchasing of services or goods.</td>
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<td><strong>LAA</strong></td>
<td>Local Area Agreement an agreed plan of activity that relates to improving local areas.</td>
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<td><strong>Strategic Framework / Prospectus</strong></td>
<td>NHS Primary Care Trusts prepare a Strategic Framework (sometimes called a prospectus) to outline their activity for the coming period.</td>
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<tr>
<td><strong>JSNA</strong></td>
<td>Joint Strategic Needs Assessment</td>
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<tr>
<td><strong>World Class Commissioning</strong></td>
<td>Organisational competencies for Primary Care Trusts to achieve.</td>
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<tr>
<td><strong>Full Cost Recovery</strong></td>
<td>Full cost recovery means recovering or funding the full costs of a project or service. In addition to the costs directly associated with the project, such as staff and equipment, projects will also draw on the rest of the organisation. (Association of Chief Executives of Voluntary Organisations definition).</td>
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Further information

www.ncvo-vol.org.uk/sfp
Information about the sustainable funding project at the National Council of Voluntary Organisations. Useful for resources and information on how to develop more sustainable income.

www.performancehub.org.uk
The Performance Hub closed at the end of March, but following this link will take you to a page of resources that may be useful in improving your performance, including links to organisations that can further support performance and improvement work.

www.navca.org.uk
National Association of Voluntary and Community Action is the national face of local infrastructure organisations. Useful website for up to date policy information that affects voluntary and community organisations, including comment and analysis.

www.rise-sw.co.uk
Regional Infrastructure for Social Enterprise South West. Useful website for learning more about social enterprise and sustainability. Includes links to Social Enterprise Link, a specialist support service for those interested in developing or setting up a social enterprise.

www.futurebuilders-england.org.uk
Helpful website with information on the government backed investment fund available for voluntary and community organisations that are interested in delivering public services. Support available is financial (loans and grants) as well as professional help to develop the organisation.

www.evaluationtrust.org
National organisation with a South West office that can help your organisation develop and use evaluation skills in it's work. Click on contact us for the regional contact.

www.neweconomics.org/gen/
The New Economics Foundation. A "think and do tank" that has lots of really inspiring and interesting articles and comment on it's website. NEF state that they exist to inspire and promote real economic wellbeing. Has free publications on social return on investment and other ways of developing performance and audit management tools that are about measuring the social impact of activity.
South West Development Centre supports the delivery of health and social care policy priorities and bring about improvements in health and well-being across the region.

Commissioning for non-Commissioners pub quiz is available here:

www.dhcarenetworks.org.uk/BetterCommissioning/
Department of Health care Networks Better Commissioning programme works with commissioners across health and care to develop commissioning as a transformational process to meet the new demands of the health and care system. Outcome-based commissioning resources
www.dhcarenetworks.org.uk/BetterCommissioning/Outcome-basedcommissioning/

www.fullcostrecovery.org.uk
Full Cost Recovery website, containing information on how to develop full cost recovery in your organisation; for funders as well as providers. Has a free download of the full cost recovery toolkit.

www.acevo.org.uk
National professional organisation for third sector Chief Executives. A good source for news, information, courses and conferences.

www.community-links.org/our-national-work/publications/living-values
Really interesting report to download, full of hints and tips and information on keeping your organisation value, rather than funding focussed.

www.ons.gov.uk/about-statistics/user-guidance/sc-guide/
Office for National Statistics site, info on Social Capital, includes a helpful guide and more detailed explanations of what is meant by social capital; as well as questionnaires that help you to identify what the social capital is like in your area.
12 | Contact us

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A stronger regional partnership

Following recent local and national changes we have moved from being part of a national organisation in CSIP, to stronger regional accountability as the South West Development Centre.

The South West Development Centre has been commissioned by the South West Strategic Health Authority working in partnership with the Deputy Regional Director, Adult Social Care and Partnerships within the Government Office of the South West.

Our role is to work with health and social care agencies to raise standards, improve outcomes, and promote excellence in health and care.

Our activity is focused on three core work programmes:

- Children and young people
- Mental health
- System development

All three programmes cover commissioning perspectives.

We will continue to build on the experience and skills of our staff within the Development Centre and on the relationships with providers, commissioners, Third sector, carers and people who use the services that we have built in the South West over the last 6 years.

Paddy Cooney
Regional Director
South West Development Centre

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