

Commissioning Conversations Greater Manchester

Summary of the views, experiences and ideas of 101
Voluntary, Community and Social Enterprise
Organisations

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The information gathered through this exercise was used in the development of a Greater Manchester wide VCSE Commissioning Framework which was published by the VCSE Leadership Group and GM Joint Commissioning Hub in and can be found [here](#).

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Section 1: Introduction

Background

In March 2019, commissioned by the Greater Manchester Health and Social Care Partnership (GMHSCP), a partnership of Greater Manchester Centre for Voluntary Organisation (GMCVO), Voluntary Sector North West (VSNW) Mind in Greater Manchester and Bolton Community and Voluntary Services (Bolton CVS) started working within the Greater Manchester Commissioning Hub to firmly integrate the work of Voluntary Community and Social Enterprise (VCSE) organisations in commissioning throughout Greater Manchester.

The work included:

1. Developing trusted relationships between the VCSE sector and the Greater Manchester Commissioning Hub;
2. Gaining an understanding of current commissioning arrangements and experiences at both a Greater Manchester and locality level;
3. Identifying and sharing exemplar models from both within and outside of Greater Manchester;
4. Understanding the barriers and experiences of VCSE organisations from across Greater Manchester;
5. Development of a Greater Manchester VCSE Commissioning Framework, as agreed by the Joint Commissioning Board in the 100-day review;
6. Raising awareness for commissioners and VCSE organisations of the work undertaken by the partnership;
7. Inclusion of the VCSE sector throughout the Greater Manchester Commissioning Academy.

'Commissioning Conversations' was an exercise designed to capture the views, experiences and ideas of a range of VCSE organisations across Greater Manchester about commissioning. It was delivered by GMCVO at a Greater Manchester level and Bolton CVS in partnership with 10GM within the 10 local Authority area of Greater Manchester. The information gathered through this exercise was to be used in the development of a Greater Manchester wide VCSE Commissioning Framework.

This report includes the findings of the work consultation undertaken by GMCVO as part of Commissioning Conversations.

Aims

Between March and July 2019 GMCVO conducted a number of commissioning conversations through events, surveys and individual interviews. The aims of the conversations were to:

- Gather examples of good and poor commissioning practice in Greater Manchester;
- Understand the barriers VCSE organisations face in regards commissioning;
- Gain the views of VCSE organisations across Greater Manchester of how they can be more effectively involved in the commissioning cycle;
- Find out what VCSE organisations would like to see in the GM VCSE Commissioning Framework.

Section 2: Approach

In order to collect organisation's views we used a number of different methods. These included:

- A Greater Manchester wide on-line survey advertised through GMCVO mailing lists and social media as well as through 10GM. There were 23 respondents.
- A workshop at the Greater Manchester Mental Health Forum attended by 33 VCSE organisations.
- A Commissioning Conversations event attended by 34 organisations held at GMCVO.
- Eleven in-depth individual interviews with staff and trustees of VCSE organisations.

During conversations we explored the experiences of VCSE organisations in regard to inclusion throughout the whole commissioning cycle (as opposed to just the procurement stage of the cycle). We also explored and discussed ideas of how the VCSE sector could be effectively involved throughout the commissioning cycle.



The agendas for the events included:

- The background as to why we were holding the events
- A description of the Commissioning Cycle
- An opportunity to describe experiences of good and bad commissioning
- What participants would like to see happening at each stage of the commissioning cycle
- What participants would like to see in the VCSE Commissioning Framework



Section 3: Key Points

The key points below are a summary of the main issues that were highlighted by multiple participants in the interviews, events and the survey. More detail is given in Section 4 *VCSE experiences of commissioning* and Section 5 *VCSE involvement in the commissioning cycle*.

1. Full sign up to the value of VCSE inclusion in health and social care commissioning

In recognition of the important role that the VCSE sector play in maintaining and improving health in Greater Manchester, the GMHSCP agreed a Memorandum of Understanding (MOU) with the VCSE sector. As part of the MOU the GMHSCP saw the inclusion of the VCSE sector as an integral part of the partnership, and its commissioning function. The MOU recognises the critical contribution of the VCSE sector as part of the provider landscape. This position need reiterating within the framework, as in practice this position isn't fully understood by some commissioners and procurement officers.

2. Co-production

Following on from the principles outlined above, VCSE organisations have asked for a true co-production approach throughout the commissioning cycle. Although there is already a definite move towards co-production, too often a process is called co-production when it is actually consultation. We need a commitment to having the full spectrum of "the right people" around the table. This means engagement needs to be accessible. Timescales and processes need to be clear and decision-making needs to be shared. In order to facilitate full participation, co-production needs resourcing. Within this process it needs to be clear when conflict of interest is an issue, how it will be managed (rather than avoided) and this needs to applied consistently to all sectors.

3. Training for commissioners and procurement officers

There was a call for commissioners and procurement officers to receive training in creative and inclusive commissioning and procurement methods. This would include direct experience of visiting VCSE organisations and shadowing VCSE staff and volunteers. It was felt this would result in greater trust and understanding between the sectors. It would also result in officers being confident in trying out different approaches to procurement, rather than defaulting to open competitive tender. For example, re-awarding existing contracts and having a range of small grants, core funding grants as well as contracts. Where primes are the only option (last resort), clauses could be included that ensure a supply chain that includes small and medium VCSE organisations.

4. Multi-year funding

Short term contracts (less than three years) are not seen to be effective. The uncertainty and interruption to service caused by having to apply annually to deliver a project costs money, time, loses staff and results in a poor service for service users. If services are proving effective and are still a priority, then longer contracts or grants (three to five year) should be given.

5. Social Value

Although social value is increasingly part of procurement there is a lack of consistency in what is meant by social value and the value it is given within competitive processes. VCSE organisations see social value as an area where they could prove their worth. Social Value should be key factor in decision making, with an understanding that it may push the price of a contract up but will support other local priorities. Social value should be defined in terms of relationships and networks as well as transactional.

6. Partnership approach

Most of the examples of good practice included an approach where the commissioner worked in partnership with the delivery organisation/s. This meant shared risk in the contract, regular

contract meetings, a problem solving approach, acting as a link with other projects and agencies as well as having a flexible approach to changing the contract outputs and inputs in response to changing situations or needs.

7. Appropriate and proportionate monitoring and evaluation

There was an offer from VCSE organisations to help with the evaluation of initiatives even if they hadn't been part of the delivery. This could be achieved through their contact with members of the public who may be using a particular service or initiative.

On a different note organisation report that often they are asked to adopt onerous monitoring systems when their own systems could provide the necessary information. They are asked to show their service has impacted on outcomes over which it is impossible to prove causality (for example does attending a gardening project really result in less GP appointments or do a wide number of factors influence this outcome?) This approach often also results in questions being put to service users that are unnecessarily intrusive. The partnership approach described at point 6. can result in a shared model of monitoring being agreed rather than imposed.



Section 4: VCSE Experiences of Commissioning

VCSE organisations reported a variety of experiences both positive and negative. There was wide spread understanding of the pressures on commissioners in terms of capacity and funding available. There was also wide variation in the experiences of VCSE organisations depending on what area of Greater Manchester they work in. In general, Salford stood out as an example of good practice in the way it involves VCSE organisations in the commissioning cycle. In other areas VCSE organisations shared a variety of experiences both good and bad to varying degrees.

Barriers and poor practice

- Use of jargon and lack of clarity of the purpose of the different public sector structures, for example LCO, MHCC, CCG
- Lack of expertise in in subject area by commissioners, coupled with a lack of trust in the expertise brought by VCSE organisations
- Inaccessible methods of engagement at needs assessment stage, often engagement meetings are held in locations and times that are not accessible. Long reports full of jargon and acronyms are sent out for comment with a short turnaround time
- When commissioners leave their position, there is a lack of continuity. Often the new commissioner does not understand the original vision, history and the VCSE organisation commissioned. As a result, much good practice is lost
- Commissioners coming to the table with preconceived ideas of how an issue should be addressed rather with an open mind
- Onerous, disproportionate monitoring
- Conflict of interest being cited as a reason for not including VCE organisations in the need assessment and preparation of the specification. This often only seems to apply to VCSE organisations and not public sector or even private providers
- Constant call for new solutions when existing provision has proven to be effective
- Only wanting one prime instead of smaller lots
- Lack of direct access to Commissioners, often contact is through VCSE infrastructure organisations. Most participants understood the necessity of this but also wanted opportunity to talk to commissioners directly
- Many commissioners and procurement teams are too risk averse
- One local authority recently released a tender which stated it would “not consider charitable not for profit organisations”
- Wholesale decommissioning of the VCSE sector in a local area without undertaking equality impact assessments or understanding impact on service users and the organisations affected
- Procurement process does not reflect the outcomes and impact wanted by Commissioner
- Short term contracts (anything under three years)
- All risk being place on the VCSE provider
- Extensive consultation (called co production) but then no feedback and the final specification bearing no relationship to the results of the consultation
- Top down inflexible approach to contract management
- Disproportionate and intrusive monitoring
- Time lag between end of project and re-procurement process. This has a particular impact on staffing and service users. Staff seek employment elsewhere and service users end up with no service
- Short windows for tenders sometimes over the holiday period
- Leaving VCSE organisations with the choice to either not pay living wage or to subsidize services with charity funds

- Very few areas now provide grant funding that will contribute to core costs of organisations.

“One local authority recently released a tender which stated it would not consider charitable not for profit organisations”

Good Practice

There were many examples of good practice. Many of the best examples were where VCSE organisations had been part of a co-production model where they were fully involved in the identification of the problem, finding a solution, decision making and delivery.

Other factors that were seen as good practice were where the commissioner had worked in partnership with the delivery organisations throughout the lifetime of the grant or contract.

An example of this was:

Being Well – Big Life

The Being Well project was a public health commission in Salford. The tender specification for this work was for an organisation that could develop a model that would support Salford residents with multiple health and well-being issues and demonstrate positive behaviour change.

The criteria in the tender was focused on the applicant’s experience and history of working with communities as well as their approach to engaging with VCSE and the wider community to develop a behaviour change model.

Once successful, Big Life were then given three months paid time to develop the model and the delivery partnership of VCSE organisations.

The commissioners were involved throughout this process but without being prescriptive about the outcome.

The model developed was a partnership of VCSE delivery organisations plus Salford University. It also employed 23 wellbeing coaches all of which were recruited locally and were people who experienced multiple health and well-being issues. Over the four years of delivery the outcomes and outputs exceeded targets and expectations.

Unfortunately, during the course of the project, the Director of Public health and commissioners who had been involved with setting up the project had left and the vision was lost. When the follow on project was re-tendered it was at a reduced price with a greater emphasis on employment which resulted in a different provider being procured.

Other examples, which also had a co-production approach, were provided by 42nd Street regarding the *Integrated Community Response service across Salford and Manchester* and the *Ending all new cases of HIV in Greater Manchester* initiative provided by the LGBT Foundation.

Other examples of good practice were the various small grant programmes that a number of authorities run across Greater Manchester. Small grants programmes mentioned at the events were in Bolton, Salford and Manchester.

Section 5: VCSE Involvement in the Commissioning Cycle

Participants at the events and the interviews were keen to come up with constructive and creative ideas of how VCSE organisations can add value and be meaningfully involved in all stages of the commissioning cycle.

Needs assessment

- An acceptance that VCSE organisations are an essential part of the solution to all health and care issues and therefore VCSE organisations should be fully involved
- Opportunity to influence policy and practice before we even get to planning
- Co-production should be the norm. This needs to be true co-production not consultation “dressed up” as co-production. Clarity is needed from the outset about timescales, who will make the final decisions and how they will be made
- Conflict of Interest issues need to be addressed, often this is used as a reason not to include VCSE organisations (especially in drawing up the specification) while this doesn't seem to apply to other provider organisations from the public sector and sometimes the private sector
- Depending on the level of work at this stage required by VCSE partners, commissioners may need to provide funding and/or resources for engagement. There are a number of good examples that have been quoted in Section 4 under the heading Good Practice.
- Consistent standards for co-production across Greater Manchester
- There needs to be a development of trust between Commissioners and VCSE organisations based on mutual respect and trust. To help this all commissioners receiving training in and being provided with direct experience in working with the VCSE
- Opportunities for direct contact between VCSE organisations and Commissioners. This is important for a number of reasons. VCSE organisations offer expertise that commissioners may not have about a particular area of work. This is particularly important in bringing forward the voice of the service user. VCSE organisations may also have useful data that can be used
- Need analysis should be locality and neighbourhood but also, especially for communities of identity or experience, on a larger footprint than one local authority. In these cases, there needs to be joint commissioning between areas
- From smaller organisations there was a call that a way be found to involve them in an accessible way, rather than just large local or national provider organisations being involved or a meaningless survey being sent out. Use creative methods in planning and needs assessment stage
- Pilot projects are a good way of testing ideas but as the name suggests they need to lead onto something
- VCSE involvement in soft market testing ahead of tender.

Procurement

- Procurement Officers receiving training in inclusive procurement resulting in them being more likely to take risk, increase their understanding of how to involve VCSE organisations and apply conflict of interest processes fairly
- Adequate notice of up-coming tenders needed. A short window between launch and closing favour large organisations with bid writer, they don't allow for collaboration and will often result in a poor quality outcome
- As well as communicating through the Chest, other official means of communication with the procurer in urgent circumstances
- Meaningful market engagement events that actually can change what is proposed
- Where possible, avoiding prime providers allowing for multiple providers in an area or a partnership approach
- Where a prime is used a specified amount of funding to be used for a local VCSE supply chain, however it is important to specify what the procurer means by VCSE. In

one example the procurer had included VCSE in the specification but that remit had been filled by one large not for profit organisation and not a VCSE supply chain of small to medium organisations, as the commissioner had envisaged

- Always consider if other ways of procuring a service are more suitable than open tender, especially in cases of re-tendering. Involve a range of partners in this decision
- Multi -year funding for organisations that can prove their service is effective, three years as a minimum, subject to effective delivery
- Funding existing delivery models that are proven to be effective instead of seeking new approaches all of the time
- Involving the VCSE in design of procurement processes to ensure they do not unwittingly create a barrier to VCSE organisations and will achieve the stated outcomes
- Each procurement panel at PPQ and second stage having expert VCSE involvement to ensure there is no unconscious bias
- Sharing of good practice ways of working between local authorities
- Social value being a key factor in decision making, with an understanding that it may push up the price of a contract but will support other local priorities. Social value being defined in terms of relationships and networks as well as transactional.
- Requirement to have living wage, no zero hour contracts with value of contract to reflect this
- Inclusion of small pots of grant funding which are not rigid in their specified outcomes or approach
- Inclusion of core funding for small to medium VCSE organisations that are providing proven effective delivery that supports local priorities
- Allow for mixed funding models
- Detailed feedback for applicants
- Support and briefings to help providers understand what is being looked for within tenders.

Delivery

- Time allowed for lead in and set up before delivery starts
- Partnership approach between commissioner and delivery organisation/s allowing for:
 - a) Joint problem solving
 - b) Flexible delivery in response to changing need and environment
 - c) Discussion about prioritisation of resources
 - d) Variations to inputs and outputs where it would be best to achieve the outcome
 - e) Sharing of risk between procuring organisation and provider
 - f) Direct contact between end user and commissioner
- Joined up approach linking statutory and VCSE provision around the needs of the service user
- At the end of contracts, early indication of what is happening next with any re-procurement happening in a timely manner.

Monitoring and Evaluation

- Commissioner should discuss and jointly agree with provider how a project should be monitored with any planned evaluation requirements and service users in mind. This should be agreed at the beginning of the project
- Monitoring should be proportionate to the size of the contract/grant and shouldn't be intrusive to the end user
- An organisation's existing monitoring systems may be able to provide the information needed without setting up a new system
- Social value should be discussed and measures and actions discussed and agreed between commissioner/ procurer and provider
- Providers should only be asked to prove proof of impact on outcomes that are directly related to the provision

- Monitoring needs to be data and qualitative, user experience should be key
- Room to report on outcomes and impact “over delivery”
- VCSE organisations that haven’t been procured to deliver can also help assess an initiatives impact
- Monitoring and evaluation of projects should complete the commissioning cycle and influence subsequent needs assessment and procurement
- Service users to influence what success indicators look like
- Use VCSE organisations to provide peer evaluation.

Appendix 1

101 VCSE organisations who took part in the Commissioning Conversations

1point (North West) Ltd
3rd Age Hostelling and Housing
42nd Street
Age UK Manchester
Age UK Stockport
Alzheimer's Society (Wigan)
Back on Track
BHA for Equality in Health & Social Care
Big Life
Blossom Foundation
Bolton Carers Support
Bolton Lads and Girls Club
Bolton CVS
Brain in Hand
Bridging Communities
British Red Cross
Building a New Direction - BAND
Butterflies Drop in Centre
Buzz Manchester
Can-Survive UK
Caritas Diocese of Salford
Caritas Shrewsbury
Castleton Health and Leisure Centre
Child Action North West
Citizens Advice Bury District
Coaching Inside and Out
Counselling and Family Centre
Cracking Good Food Manchester Ltd
Creative Living Centre
Diversity Matters North West
Empowerment Training
Enlightening
Ethnic Health Forum
Faith Network 4 Manchester
Firsway Health Centre
Forever Consulting
Furniture Poverty Hub
Gaddum Centre
GIFT (Grace Incorporation Faith Trust)
GMOPN
Goddards
Grace Incorporation Faith Trust (GIFT)
Greater Manchester Centre for Voluntary Organisations
Groundwork BBOR
Groundwork Cheshire Lancashire & Merseyside
Groundwork CLM
Groundwork MSSTT
Guide Dogs for the Blind (Manchester)
Healthwatch Salford
Home-Start (Oldham, Stockport and Tameside)
Hulme Community Garden Centre
Jigsaw Homes Group
Language Empire Ltd
Leonard Cheshire Disability
LGBT Foundation
Lighthouse Care
Lighthouse Project
Lloyds Bank Foundation
Making Space (Warrington)
Manchester Age Friendly Neighbourhood Team
Manchester Deaf Centre
Manchester Mind
Manchester Womens Aid
Mental Health Independent Support Team
MIND (Tameside, Oldham and Glossop)
Mind in Greater Manchester
NHS Bolton Clinical Commissioning Group
Nurturing Foundations
Onward Homes
Pakistani Resource Centre
Parkinson's UK
Partners of Prisoners and Families Support Group
People First Housing Association
Psychotherapy Manchester CIC
R.E.D Butterfly
Respect For All
RNIB (Liverpool)
Rochdale Circle CIC
Salford Mind
Shared Health
Socio-Economic Regeneration CIC
St George's Day Centre (Bolton) Ltd.
Stockport and District Mind
Stockport Car Scheme
Stockport Progress and Recovery Centre (SPARC)
The Anthony Seddon Fund
The Fed (Federation of Jewish Services)
The Gaddum Centre

The i-THRIVE
The National Autistic Society
The Orange Club UK
The Pankhurst Trust
The Prevention Alliance Stockport
The Stroke Association (Manchester Area)
Together Trust

Trafford Ageing Well Partnership Board
Turning Point (Manchester)
VSNW
Walking With The Wounded
Womens Voices CIC
Yaran Northwest CIC