

Modernising Commissioning: Response from Caritas Social Action Network (CSAN)

Introduction

Caritas Social Action Network (CSAN), whose foundation is in the RC Church, exists for the relief of poverty in all its manifestations in England and Wales. It promotes social justice and its members and partners:

- work with people of all faiths or none
- offer services and support with a priority for vulnerable and marginalised people
- work in the field of social action in the context of community development

CSAN is a member of Caritas Europa and an agency of the Bishops' Conference of England and Wales.

CSAN has over 30 members, many of whom are SME organisations; some are relatively small; others are major organisations with many heads of action. Members' expenditure in the fields of social justice totals some £150 million and covers over 20 fields, including work with children and families, in prisons, with people with disabilities, with the homeless and with youth.

Commissioning

The consultation paper offers a definition of commissioning and the cycle. I should like to propose a different model, some of which is hinted at in the paper. On page 7, i) and ii), assessing and identifying priority needs and outcomes, could indeed be the commissioner which is a public body (commissioner 1). I would suggest iii), designing the specification to achieve outcomes, and iv), sourcing the providers, could be commissioned by an infrastructure group or consortium lead (commissioner 2), who could source the providers (mainly) from already established networks or partnerships with consequent efficiencies of speed and knowledge. This commissioner could then delegate no v), managing the delivery, to the known individual providers. Finally vi) could revert to commissioner 2 (the group) to evaluate the outcomes and impact – with benefit of a wider view and a common evaluation format. This has the potential to achieve dropping work and responsibility to the lowest level possible and significant efficiencies of scale.

New opportunities for Government

One comment on the pilot of the payment by results scheme is that the risk of failing to meet the target is severe – going immediately to a nil return. Would a sliding scale of return not be a fairer way to distribute risk/motivation?

More Accessible

We can only concur with the various measures suggested here including as much standardisation of all application and contract forms as possible, and the introduction of the Contracts Finder system. The proportionate and actual levels of risk is an important question to solve, both in this context and in context of the payment by results scenarios.

On the Big Society Bank there will need to be clarity over forms of distribution, as well as amounts available. Does distribution mean for example Loans, grants, investment in leased assets, newly developed financial products...?

The Merlin Standard is to be supported in principle. Is it right to assume that consultation is taking place with those who experienced barriers to sub-contractors and did not achieve being part of such contracts?

CSAN is considering how it might assist its members to create consortia together based on common mission and ethos in the various social work areas as an alternative to the more common locality-driven consortia. This common bond of our faith foundation is an important unifying factor which both defines how things are done as well as being an efficient partnership factor. We hope commissioning structures will be sufficiently flexible to allow for this possible model.

Value

Placing a value on the wider social, environmental and economic factors is important and welcomed. If outcomes on those issues genuinely count towards success, it is felt that this will enable effective and locally sensitive delivery as well as a reformed society.

Citizen and Community Involvement

The concept of Local Integrated Services is good. However it does seem as if the 'community' will need to have information and training in order to judge the various services on offer.

Thank you for the opportunity to comment, even though the time-frame was difficult. Please also see an associated response to the consultation from Mark Wiggins of Caritas Salford, who is a member of CSAN.

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Modernising Commissioning feedback from Caritas Diocese of Salford

Introduction

Caritas SAN members should be in a good position to respond to the modernising commissioning agenda as they are organisations with good grass root access to the community, are trusted by commissioners and the community and work with some of the hardest to reach disadvantaged groups in society. However, as SME organisations we need to:

1. Agree internally that there is a valid role for us to deliver public services
2. Work together in practical partnerships and consortia to deliver public services
3. Better set out our stall (marketing) and what we offer in the public market place
4. Capacity build our ability to deliver services through better infrastructure professional support services and up front monies to enable this

Issues emerging from the consultation paper

The consultation paper talks about a power shift away from LA control to the people. Caution needs to be exercised when we hear that there will be local decision making in commissioning; this strategy has high stakes to get right the needs, fair access to services and work within limited budgets. There are lessons to be learnt from the Partnership Board models in learning disability services where the reality was that far from real participation by service users and local providers the real power was retained in budget setting and control by the health authority and social services through a two tier system rather than a single board operating it all.

The consultation paper also talks of improving access to services. One of the problems of commissioning is equal distribution of services; that there will be more difficult and expensive services to deliver in some geographical areas where beneficiaries are spread out and harder to serve than in some urban areas where they are easier for providers to access. In addition, hard to work with groups in mental health and rehabilitation need extra resources. There needs to be a premium set for these services that makes them more attractive to bid for.

Measuring inputs and outputs is easy. Measuring outcomes is not easy to measure within the lifetime of a grant or commissioned service. It would be logical to have a policy for longer funding from annual/3 years to 5 or 7 years. The red tape simplification agenda is good. For example the creation of a single Contracts Finder. The logic is to also simplify and unify all application requirements to a single formula.

The Joint Strategic Needs Assessment is again good but only if service users are empowered to challenge the professional; building the credibility of the voluntary sector to speak with authority is vital.

Recommend

1. Caritas members look to agreeing locality partnership and collaborative models of working together to share resources and skills in consortia
2. Caritas members build stronger local networks of service users and local providers to be genuinely representative of communities and beneficiaries of services
3. Caritas SAN can assist in marketing our collective and regional strengths to commissioners
4. Caritas seriously looks at brokerage models for delivering direct payment services
5. Strengthen the authority of Caritas SAN policies on social exclusion, poverty and health (bring Catholic health care organisations into the framework with us).

