



Modernising Commissioning Green Paper: Increasing the role of charities, social enterprises, mutuals and cooperatives in public service delivery

Response from the British Heart Foundation

The British Heart Foundation (BHF) is the UK's leading heart charity. We are fighting against heart and circulatory disease – which is the UK's biggest killer and claims around 200,000 lives each year¹. Our vision is of a world where no-one dies prematurely of heart disease.

We welcome this opportunity to respond to the Green Paper on Modernising Commissioning and would be pleased to provide additional information on any of the points raised in this response.

Q: In the implementation of the above mentioned measures, what issues should the Government consider in order to ensure that they are fully inclusive of civil society organisations? (page 14)

Although the BHF does not supply services under contract to the NHS or local authorities, we are a significant contributor to the health and well-being of local populations. We have invested £9 million in our *Hearty Lives* programme which launched in 2009 and aims to reduce high levels of cardiovascular disease (CVD) in deprived communities. The BHF makes money available to commissioners for local initiatives, typically involving PCTs purchasing expertise, services and/or goods from third-party suppliers, or awarding money onwards to voluntary organisations, local authorities or housing authorities.

Our experience of working as co-commissioners has highlighted the need for national and local commissioning policy and guidance to better take account of the role of national charities as co-commissioners in the health and wellbeing of local communities.

Hearty Lives is a valuable example of innovation in joint commissioning between a charity and NHS commissioners, and we would be pleased to share learning so this can inform the development of the NHS Commissioning Board, GP consortia, and the Public Health Service. We would welcome the opportunity to work with the DH, Strategic Health Authorities and PCTs to see co-investments by charities safely through the transitional period.

Q: What issues should the Civil Society Red Tape Taskforce consider in order to reduce the bureaucratic burden of commissioning? (page 14)

We believe the Taskforce could usefully address a number of key issues:

- Ensuring commissioning policy and national guidance recognises the role of major national charities as commissioners and co-investors in the health and wellbeing of local communities, and not just as providers. Commissioners should

¹ www.heartstats.org

involve charities throughout the commissioning cycle, from needs assessment onwards. The roles of commissioners and voluntary sector organisations working in partnership to procure services should be better clarified in guidance and policy².

- Ensuring that commissioning policy and guidance distinguishes between funding from general taxation and charitable funding. Charitable funds should not be subject to inappropriate bureaucratic processes including those statutes and requirements that govern the spending of public money.
- Considering how to strike the right balance between following good procurement practice, and maintaining the speed of response, and proportionality and flexibility of approach, for which the voluntary sector is so valued.
- Considering the factors and issues that commissioners should take into account when developing local procurement policies, such as:
 - The need to place the procurement process in the context of wider commissioning strategies and grant-making powers and to develop a single procurement flow that brings together the whole picture
 - Whether the financial thresholds in Standing Financial Instructions (SFIs) which trigger the full procurement process are appropriate, and how these compare with the thresholds used by other commissioners
 - Whether SFIs create any barriers to joint commissioning with third sector organisations.

Q. What issues relating to civil society organisations should the Government consider when refreshing the Joint Strategic Needs Assessment Guidance? (page 20)

In May 2010, the BHF commissioned a comprehensive survey of the CVD and related elements of the latest available Joint Strategic Needs Assessment (JSNAs) for all PCTs/local authorities in England, as well as the CVD-related elements of strategic commissioning plans, Vital Signs, Local Area Agreements, Children and Young People's Plans, and Overview and Scrutiny Committee reviews into CVD and related issues³.

Important issues that were highlighted by this piece of work include:

- The lack of continuity between JSNAs and commissioning strategies - only around half of the JSNAs identified heart disease as a priority for the area, even though over 80% of strategic commissioning plans identified heart disease as a priority
- Variations in the range and depth of JSNAs' analysis of heart health needs - while the vast majority included some form of information about CVD or coronary

² For example, *The Procurement Guide for Commissioners of NHS-Funded Services* (DH, 2010) highlights how joint ventures and other models of partnership enable providers to combine talents, increase quality, and deliver more productive services (para 1.42), and also states that PCTs may enter into joint commissioning or partnership arrangements with local authorities (para 4.5). However, proper consideration is not given to joint commissioning or procurement with voluntary sector organizations. The *Guide* also states that PCTs should consider using grant funding to strengthen partnership-working between commissioners and the voluntary and community sector as providers. However, the grant route should also be considered as a means of streamlining the process of joint commissioning.

³ Heart Health on the Commissioning Agenda was completed in October 2010 and is available at www.communities.idea.gov.uk

heart disease, only around half included information about heart failure and hypertension, and fewer than 20% included information about atrial fibrillation

- Variations in the ease of public access to JSNA and commissioning information and in the usefulness of this information. Four JSNAs in the review were unavailable to the public due to either broken website links or unpublished data. While in some places JSNA documents or websites provide a comprehensive one-stop shop for relevant information, in other places the public are left to search around a confusing array of sources
- The need for clear, up-to-date, publicly available information about commissioners' changing priorities over time and the reasons for this. The timescales involved in producing data and publishing and updating the JSNA mean that publicly available documents do not necessarily give an accurate up-to-date reflection of what is going on at local level to address heart health
- The need for good quality, publicly accessible data which flows effectively around the whole commissioning cycle and integrates the JSNA with service planning, design and delivery. We believe that the JSNA should be a permanent analytical resource for use by commissioners and accessible to the public, rather than a periodical report.

We look forward to information on how these issues will be addressed in the forthcoming Public Service Reform White Paper. The BHF is considering how we can build on our research to further contribute to the development of effective needs assessment and commissioning. We would welcome the opportunity to discuss this with the Cabinet Office and other stakeholders.

Q. How could civil society organisations facilitate, encourage and support community and citizen involvement in decision-making about local priorities and services commissioned? (page 21)

The BHF welcomes the intention to promote community and citizen involvement in decision-making.

Charities like the BHF can share intelligence on patients' and carers' needs and wishes, and learning from our experience of involving patients and carers. We can also facilitate discussions with the wide range of patient and carers with whom we already engage. The BHF has a network of more than 300 affiliated Heart Support Groups - set up by patients for patients - offering a programme of activities to promote a healthy lifestyle and provide emotional support. The BHF's *Heart Matters* membership scheme (which provides members with a regular magazine and e-bulletins) is another avenue through which we could publicise involvement opportunities to heart patients and carers.

The BHF also has an important role in developing the knowledge and skills of local people to influence commissioning and care at a local and national level. For example, we recently produced a booklet to help people understand what to expect from a cardiac rehabilitation programme so they can make sure that they are receiving the best possible standard of care⁴. Our *Hearty Voices* programme is a free one-day training course delivered across the country that helps people to develop the knowledge and skills to confidently represent the voice of heart patients and carers. We are also piloting a *Young Hearty Voices* programme for young people growing up with heart conditions.

⁴ British Heart Foundation (2010), *What should I expect from cardiac rehabilitation? A guide for heart patients in England*

Charities like the BHF can also facilitate a dialogue between commissioners and the wide range of healthcare professionals whom we support. The BHF fully funds 112 specialist cardiac health professional posts, and part funds 361 posts. These cover a wide range of different specialties, including heart failure, acute coronary syndrome, paediatrics, arrhythmia, adults with congenital disease, genetics and palliative care. BHF health professionals monitor patients' conditions and provide expert clinical and emotional support⁵. We support professionals to become expert practitioners through mentoring networks and educational opportunities, organise twice-yearly BHF Healthcare Professional conferences, and run an extranet and news bulletins for all our supported health professionals.

⁵ For more information, please see: The British Heart Foundation (2010), *BHF Specialist Nurses – Changing the face of cardiac care*