



HM Partnerships

**Consultation on Cabinet Office: Modernising Commissioning: Increasing the role of charities, social enterprises, mutuals and cooperatives in public service delivery**

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**About HM Partnerships CIC**

HM Partnerships is a community interest company established in 2008 and trading as a public health consultancy. The majority of our contracts are commissioned through the public sector – predominantly local authority and primary care partnerships. Profits from HM Partnerships are reinvested in to public health through the CVD prevention charity Heart of Mersey.

**Response**

HM Partnerships welcomes the opportunity to comment on the Cabinet Office's Green Paper on **Modernising Commissioning**. At all times, there needs to be full accountability and transparency in all aspects of the commissioning process in order to achieve the most effective commissioning which not only represents best value but also the most appropriate and effective service to meet local requirements.

We should also note that effective consultation requires a longer period than provided by this Green Paper.

**Q1 In which public service areas could government create new opportunities for civil society organisations to deliver?**

HM Partnerships believes that voluntary sector organisations and social enterprises have a significant potential contribution to make to the delivery of public sector services and activity related to population health (1) and individual health promotion services (primary, secondary and tertiary care). There are many opportunities for the public sector to achieve better value by working with the voluntary sector and social enterprise. HM Partnerships would also argue that effective commissioning of health services should enable more opportunities for preventative services which can reduce the burden of the cost of more expensive acute (treatment) services.

Payment should be linked to successful delivery of outcomes; although this may be difficult to achieve in public health where some outcomes (such as a reduction in deaths from heart disease and stroke) may take a long period to achieve from key interventions in early and teenage years (such as in improving pre-school nutrition or preventing young people from taking up smoking). ACEVO note a need for sophistication in defining outcomes where commissioners may have to pay for outcomes that are 'stepping-stones' to the results they ultimately want to achieve (1).

Independent health scrutiny functions are very important to ensure full accountability and should therefore be maintained by a local authority. A health and wellbeing board will be unable to call itself to account and an adequate independent and transparent scrutiny facility will need to be maintained. Clear remits (including powers, membership etc) should be established for health and wellbeing boards and scrutiny committees and this should include representation on local health and wellbeing boards from the voluntary sector..

**Q2 How could government make existing public service markets more accessible to civil society organisations?**

The way in which public sector agencies currently commission voluntary organisations often involves unnecessary bureaucracy and complexity. Often the focus remains on inputs and processes, rather than outcomes. The result is that money is wasted and that some

voluntary organisations are less able to deal with the associated administrative burdens are unable to engage in services delivery as much as they might otherwise (1).

The commissioning process should look to draw on the strengths of various organisations and better support collaborative delivery.

There needs to be full accountability and transparency in all aspects of the commissioning process. The voluntary and social enterprise sector should be engaged as appropriate as key informers and advocates for local communities.

It is important that opportunities are made available to smaller civil society organisations as well as larger ones and commissioning procedures should recognise this – ‘one size does not necessarily fit all’. A standardised core prequalification questionnaire could prove to be a barrier to engagement by smaller companies. HM Partnerships would welcome commissioning support and advice from government to potential civil society providers.

HM Partnerships supports the Compact between the Government and civil society organisations but with the same concerns raised by other organisations regarding the importance of maintaining the continuity of services at a time of widespread cuts in public spending. A strong, diverse and independent civil society is essential.

### **Q3 How could commissioners use assessments of full social, environmental and economic value to inform their commissioning decisions?**

As stated within the Compact (2), commissioners should work with civil society organisations from the earliest possible stage to design policies, programmes and services. They should ensure those likely to have a view are involved from the start and remove barriers that may prevent organisations contributing. An evidence-based approach to commissioning is essential. Once commissioning decisions have been made, services should be regularly reviewed, monitored and evaluated.

Assessments should include health impact and cost benefit and these should be weighted with equal importance to environmental and economic assessments.

### **Q4 How could civil society organisations support greater citizen and community involvement in all stages of commissioning?**

Governance arrangements for local agencies with lead responsibilities for public health should be required to include representatives with population health experience as well as representatives able to engage civil society and the voluntary sector, to feed into strategic decision making and commissioning. Health and wellbeing boards should be responsible for scrutinising and signing off local commissioning plans.

HM Partnerships would recommend HealthWatch to also consider public health and associated health improvement interventions. This activity should be supported through data and guidance from the Public Health Service. Examples of local public health advocacy could include the provision of safe environments for activities such as walking and cycling. HM Partnerships welcomes the engagement of civil society organisations in Joint Strategic Needs Assessment but emphasise these organisations should have an understanding of public health in order to effectively contribute as a source of expertise in preventative health issues.

There are existing arrangements to work across local authority areas – such as in Liverpool City Region – which should be supported. This is particularly important when considering upstream population based approaches to address obesity, cardiovascular disease etc. Local Transport Plans are excellent examples of working together to offer a collective strategy.

Civil society organisations should be supported, as appropriate, to develop the skills to contribute effectively to concepts such as Local Integrated Services.

- (1) ACEVO Commission on Public Health, *The Organised Efforts of Society: The role of the voluntary sector in improving the health of the population*. ACEVO, London: 2010.
- (2) Cabinet Office. *The Compact*. Cabinet Office, London: 2010.

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