

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

Turning Point's response

As background, Turning Point is a health and social care social enterprise reinvesting its surplus to provide the best services in the right locations for the people who need them the most. We have 200 services across England and Wales, supporting people with a range of complex needs including mental health conditions, substance misuse issues and/or a learning disability. We have also developed a model of community led commissioning, Connected Care, which works with communities and local communities to integrate health, housing and social care services.

1. In which public service areas could the government create new opportunities for civil society organisations (CSOs) to deliver?

There is evidence that people using services often do not mind who provides them i.e. whether it is a public organisation, a private company or a CSO – they simply want good services that provide responsive, flexible and personalised support. There are, therefore, real opportunities for CSOs to deliver services; particularly services in health, housing and social care that are underpinned by the involvement of the individuals and communities they support in the design and delivery of the service. For many people with complex needs, these alternatives are essential as many will have had negative experiences in traditional services that do not understand or cater for the issues they face.

There are many examples of where Turning Point, as a social enterprise, delivers public services as a viable alternative to statutory provision.

- Amongst our 200 services are models such as our mental health Crisis Services, which provides a cost efficient alternative to expensive in-patient acute treatment.
- We are the largest third sector provider of Improving Access to Psychological Therapies (IAPT) services, through our IAPT model *Rightsteps*. The majority of these services were kept within PCTs.
- We work in partnership with a range of public, private and local organisations to deliver health and social care services, including diversion from prison and re-provision of NHS campuses for people with a learning disability.

Turning Point has commissioned the LSE and Oxford Economics to undertake cost benefit analysis of three of our service models. The details and figures are included as an Appendix to this response, as these have not been published yet, we would ask that permission is sought before any wider publication. What the figures show is that with support, social enterprise can provide services that not only deliver quality services but cost savings for the commissioner; the government and society as a whole.

2. How could the government make existing public service markets more accessible to CSOs?

Look at alternatives

Based on our experience there needs to be a **culture shift** from commissioners. Instead of opting for the standard, lowest cost service, commissioners need to innovate and find ways to tap into the capacity of the community and local providers.

In order to do this in a systematic way they need to employ commissioning cycles and frameworks that capture social value. For instance CSOs are well positioned to deploy local knowledge, employ local people, create social networks, and mobilise volunteers. Commissioners need to find ways to measure and appreciate the added value that CSOs can bring through their local connections and involvement.

Provide support to level the playing field

Furthermore, CSOs may need a great deal of support and investment to develop their service models and engage in the commissioning process. They do however provide services that communities want, therefore providing cost efficient solutions. Government will need to provide realistic financial and capacity building support to help CSOs to be set up and develop new service offerings with their local communities, with other partners, and with community-led consortia.

Many of the barriers that limit CSOs tendering for contracts include the high costs of TUPE; a lack of understanding by staff who do not understand what CSOs are and can offer; a lack of understanding by commissioners of the alternatives in the market; the need for commissioners to be open to the possibility of decommissioning and not protecting their own services. There is a role for CSOs to play in championing this but there is also a role for government in encouraging this dialogue.

3. How could commissioners use assessments to full social, environmental and economic value to inform their commissioning decisions?

Commissioners need to recast their strategies to include a triple bottom line analysis that includes economic, environmental and social impact of public services. Commissioners need to work in an integrated fashion, across health, housing, social care, criminal justice, third sector and other organisations. They need to radically redesign services from the top down, and bottom up, using a social value framework to understand and measure the individual and overall impact of their interventions.

Clearly, this is an emerging area of work, and hence commissioners will need to both draw on national evidence and undertake research and evaluation based on the services within their localities. Some social, economic and environmental impacts may be difficult to measure, but commissioners need to experiment and find ways to enrich their commissioning models during an era of rising demand and falling resources.

Commissioners must find ways to work more effectively with service users and the local communities in order to assess public services and bids and rate them in terms of their social and environmental impact, as well as their economic impacts. Turning Point has worked with **service users and local residents to train them as "co-commissioners"** giving them roles as co-chairs of strategic and delivery boards. This serves to embed social dimensions into the commissioning process, as well as adding greater legitimacy and community insight into the process.

4. How could CSOs support greater citizen and community involvement in all stages of commissioning?

Our Connected Care model aims to support greater community involvement in how local services are commissioned. Two key lessons for CSOs are:

- Capacity building for community involvement in commissioning is a crucial pre requisite. Training is critical to support the community to build its ability to design and deliver local services, and to ensure commissioning includes the full range of community members. CSOs can provide capacity building and

bridge the gap between commissioners and disengaged community members. Through Connected Care, we have trained 150 community researchers to identify local services needs and have supported them to work with commissioners on their design and delivery. We have found that by supporting people to become involved in commissioning, they can go on to develop their own CSOs.

- Among commissioners, vision and outcomes are essential: A clear, agreed vision and outcomes must be shared with all stakeholders and communities locally and CSOs and well placed to support its development. These need to be revisited regularly to maintain the focus and ensure expectations are managed. Commissioners need to be willing to make culture shift towards greater community involvement in commissioning. This requires strong leadership and willingness to work in new ways and actively involve community members in commissioning cycles.

Appendix

Cost-benefit figures

Appendix

Turning Point Cost Benefit Analysis

Introduction:

With the increasing political emphasis on outcomes, Turning Point recently commissioned a detailed evaluation of three of our core service models, to demonstrate the outcomes and associated

cost- benefits our services provide to local commissioners, the Government and wider society, particularly where an early intervention has taken place.

The models looked at were:

- Rightsteps, an innovative, proven Improving Access to Psychological Therapies Programme (IAPT) model developed by Turning Point and currently being delivered in six areas across the country
- Turning Point's integrated Tier 2 and Tier 3 model for substance misuse services
- Connected Care's 'Experts by Experience' model

Rightsteps:

The London School of Economics' Personal Social Services Research Unit was commissioned to undertake the Rightsteps analysis. They considered the mental health outcomes of the model in terms of return on investment from three different perspectives:

- **Payer's (commissioner's)** - Considered improvement in Quality of Life (QoL) and savings to NHS
- **Government's** - In addition to above, considered reduced benefit payments and increased tax revenue
- **Societal** - In addition to payer's perspective, the productivity improvement through increased employment, reduced absenteeism and improved productivity was considered.

The aim was to estimate the social rate of return of the Rightsteps program, using cost-benefit economic evaluation methods. Analysis aimed to capture as far as possible the full range of benefits and costs of the Rightsteps program.

Findings:

- 10,000 people have received 'treatment' at a Turning Point IAPT service between October 2009 and October 2010.
- Our Derbyshire service delivers to **Government a benefit to cost ratio of £3.35 for every £1 invested** and to **Society a benefit to cost ratio of £3.43 for every £1 invested**.
- The analysis found improvements in the mental health of Rightsteps patients during the course of the treatment. On average, depression scores improved by 11.6%, anxiety scores by 11.4%, phobia scores by 8% and work and social adjustment scores by 9.2% between the first and last therapy session.
- The model was also shown to yield a QUALY rate of return of 180% based on a Willing to Pay per QUALY gain of £20k.

Conclusion:

The importance of robust mental health to wellbeing is being increasingly recognised. Rightsteps has been demonstrated to improve outcomes for those with common mental health challenges and the model is fundamental in providing the early intervention required to prevent mental health deteriorating and people falling into crisis with the high costs this has, both personally and to the state. We believe that further investment in Rightsteps can improve and retain participation in employment while also strengthening individuals' wellbeing.

Integrated Tier 2 and 3 Service:

The Integrated Tier 2 and 3 model is Turning Point's provision of a 'one-stop shop' for people to meet both their clinical and social needs when addressing their substance misuse difficulties. Turning Point has commissioned Oxford Economics, who advise HM Treasury, to undertake cost-benefit analysis of this model.

Findings:

- In 2009/10, the service saw 3,734 people, of these 2,054 were new clients.
- The analysis is based on the Treatment Outcome Profile form, a standardised measure of the effectiveness of substance misuse services.
- Alcohol was the primary problem substance for 40% of clients with just over a third of clients (36%) abusing more than one substance.
- Before relapse and self-recovery are taken into consideration, the service is estimated to deliver £36.6 million in outcomes for society in 2009/10. Eighty percent of these savings are due to core impacts and 20% non-core.
- **For every £1 invested, a return of £4.07 is achieved.** This takes into account the effects of aftercare and measures core impacts, defined as: increased participation in employment, reduced crime, improved health, including lower rates of blood-borne viruses and more stable housing.
- For local commissioners, the core impacts create a **local saving of £3.84 for every £1 invested.**
- This contrasts to Home Office analysis of tier 3 and 4 substance misuse treatment which found £2.50 worth of impacts for every £1 invested (Home Office, 2009).

Conclusion:

Turning Point's model of integrated services improves wide-ranging outcomes for those with substance misuse challenges. Our analysis demonstrates that the integrated tier 2 and 3 model is effective in improving social reintegration as well as the delivery of better quality of life for those accessing treatment.

The model has the flexibility to respond to the needs of the local area. Prior to integration there was separation in treatment for those who misuse drugs and alcohol. Oxford Economics' analysis demonstrates that the integrated service model achieves greater productivity in treating people whose primary problem substance is alcohol.

Connected Care:

Connected Care is Turning Point's model for community led commissioning. Connected Care brings the voice of the community to the design and delivery of services by training community researchers to engage with hard to reach members of the population and involve them in the co-production of local services.

A recommendation made by the Connected Care community researchers in one project was for a community-led and delivered service, Experts by Experience, a model of service navigation for those with complex or multiple needs. LSE's cost-benefit analysis considered the hypothetical costs and savings that could be achieved if this model was implemented.

Findings:

- Substantial savings are generated by providing early intervention support, such as support in maintaining a tenancy, and short-term public health interventions that will reduce demand on crisis based services.
- The model could deliver significant net benefit to the public purse - **with every £1 invested a return of £4.44 is achieved**. When the benefits of improving quality of life to are included, a return of £14.07 is gained for every £1 invested.
- The service could proactively support 500 new people currently being missed by services, and connect them to the services and agencies that can help them.
- These findings are considered to be conservative as the savings in reality are likely to accelerate as the benefits of this model ripple out to members of the community.

Conclusion:

At a time when all public services are facing unparalleled financial pressures and a steep rise in demand for services, commissioners need to turn to new local models of service provision. Our cost-benefit analysis demonstrates that **the experience and knowledge of the local community is valuable in providing cost effective early intervention and preventative support**.

Turning Point's Cost- Benefit Analysis Key Points:

1. Turning Point saves money for Government through innovation and early intervention.
2. By addressing issues at early stages, Turning Point services save even more resources in the long term. Our analysis shows that Turning Point delivers a quality, value-for-money service with clear results for every £1 invested.
3. Turning Point contributes to a better society, enhancing people's lives.
4. Social Enterprise can break through the silos of Governmental working and add real social value.
5. Increased Government investment in these services dramatically increases the return on investment.
6. By undertaking detailed analysis by externally recognised bodies, Turning Point can demonstrate our ability to save money for society, the state, and the local commissioning body.