![Academy for Social Justice Commissioning — Learn, Network & Share](logo)

10th anniversary conference

Valuing Commissioning? Commissioning Value?

17 November, 2017

@academyjustice #ASJCCONF

Academy forJustice Commissioning

ACADEMY for SOCIAL JUSTICE COMMISSIONING
Learn, Network & Share

Background to the Academy

- **The Academy's mission** is to bring people together to share knowledge, skills and practice and **to promote excellence in social justice commissioning**

- The Academy was **created in 2007** and now has over **3700 cross sector members**

- **Services** are designed to **support the development of social justice commissioning** and include nationwide events, eLearning, commissioning themed learning groups and a website offering commissioning information

10th anniversary conference agenda - AM

09:30 - 10:00   *Coffee and Registration*

10:05   **Chair's welcome and format of the day**

Valuing Commissioning?

10.25 – 12.00   **Introduction to session**

                Department for Work and Pensions

                Government Outcomes Lab

                St Giles Trust

                Speaker panel Q&A

                Facilitator led table discussion

12.00 – 12.40   *Lunch and networking*

ACADEMY for SOCIAL JUSTICE
COMMISSIONING
Learn, Network & Share

Overview

1. Background to our local engagement

2. London and Greater Manchester

3. Other Combined Authorities / City Regions

4. Top Tips

1.

**Background to our
local engagement**

2.
London and Greater Manchester

3.
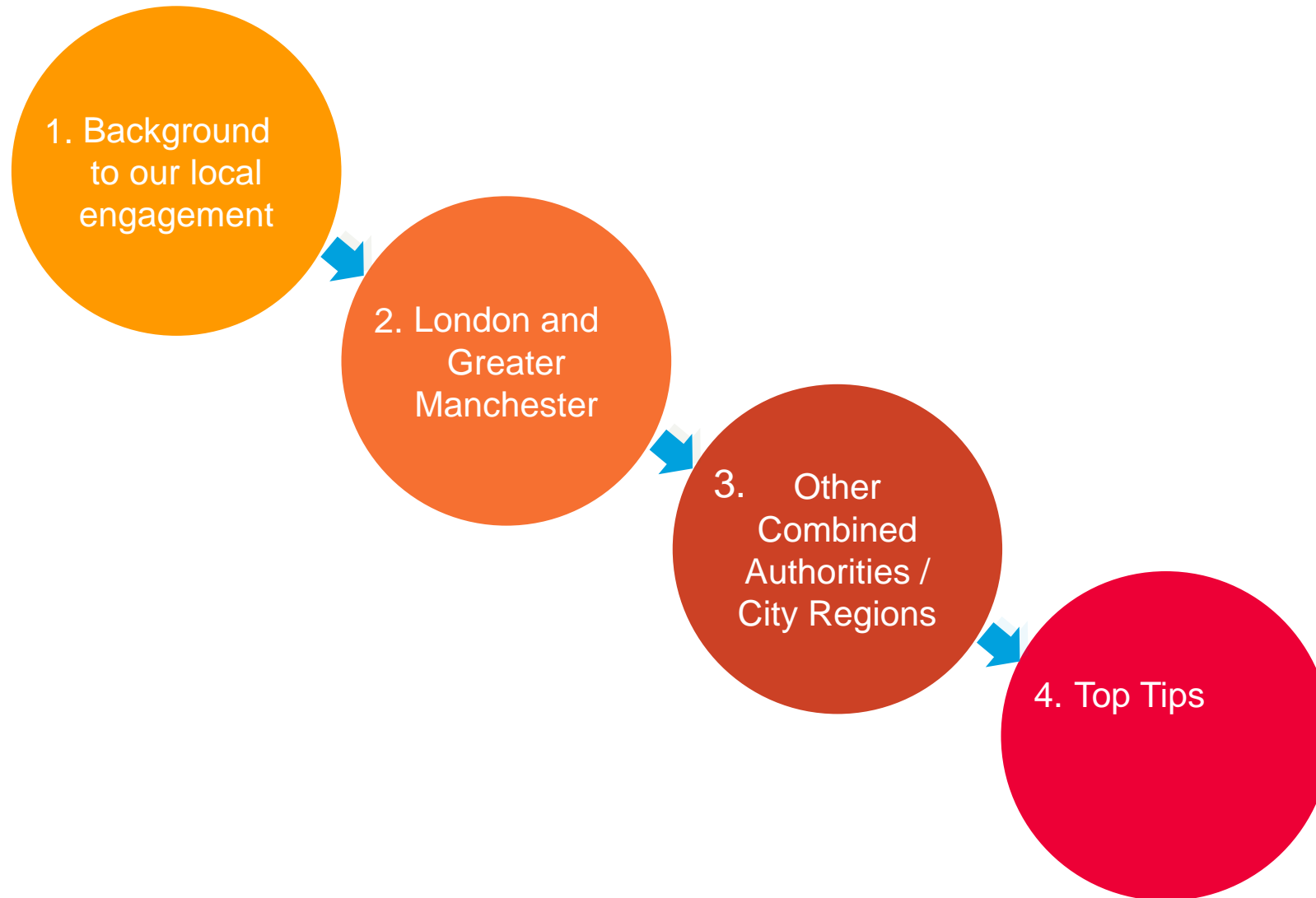
Other Combined Authorities / City Regions

4.

Top Tips

THANKS!

Any questions?

About the GO Lab

Joint partnership between UK Government & Oxford University

Established in 2016

Based at the Blavatnik School of Government, in Oxford

There is room to improve the way government commissions public services in order to deliver greater social impact and value.

(focusing on those that tackle complex and social issues across health, social care, criminal justice, employment and education)

Social Impact Bonds in the UK

Figure 1: Number of UK SIBs over time, by lead commissioner and scaled according to contract value (£)
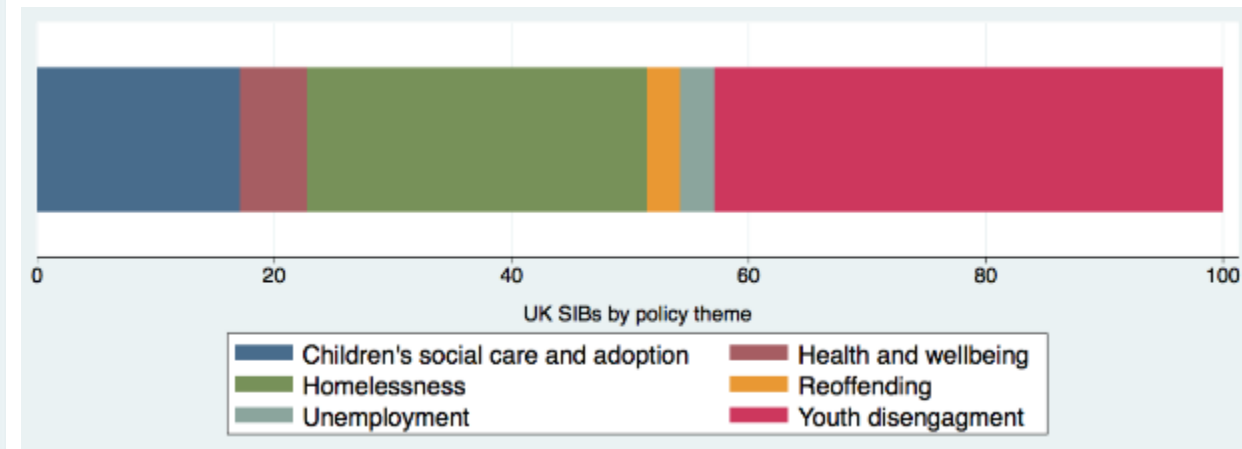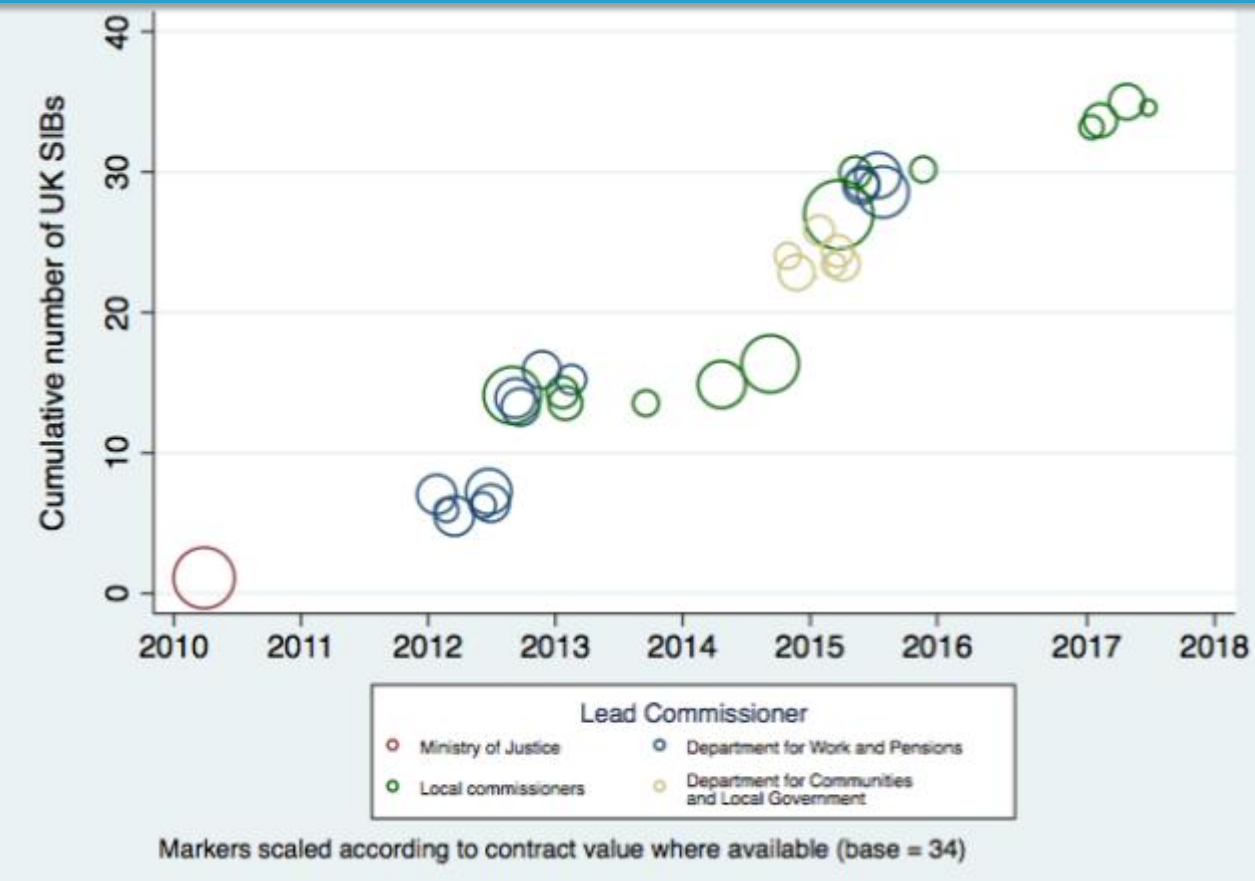
Figure 2: Proportion of UK SIBs by policy theme

What are SIBs for?

Structural impediments

Fragmented public services: provision duplicated, service gaps overlooks; no/ mis-communication between agencies

Temporal restrictions

Reactive, 'downstream' public services responding to crises not investing in prevention

Cultural inertia

Risk-averse commissioners and providers remain committed to longstanding processes. Poor performing services go unchanged

Vulnerable individuals in society repeatedly failed by fragmented, reactive, stagnant services which fail to respond to their needs. Social disadvantage is compounded by public service failure.

COLLABORATION
Enable collaboration across multiple commissioners and within provider networks. Service activities 'wrap around' service users responding flexibly to their needs by integrating a range of relevant support services.

PREVENTION
Enable 'invest-to-save' logic to take hold.

(Social) Investment facilitates the dual-running of services so that 'upstream' interventions can be introduced.
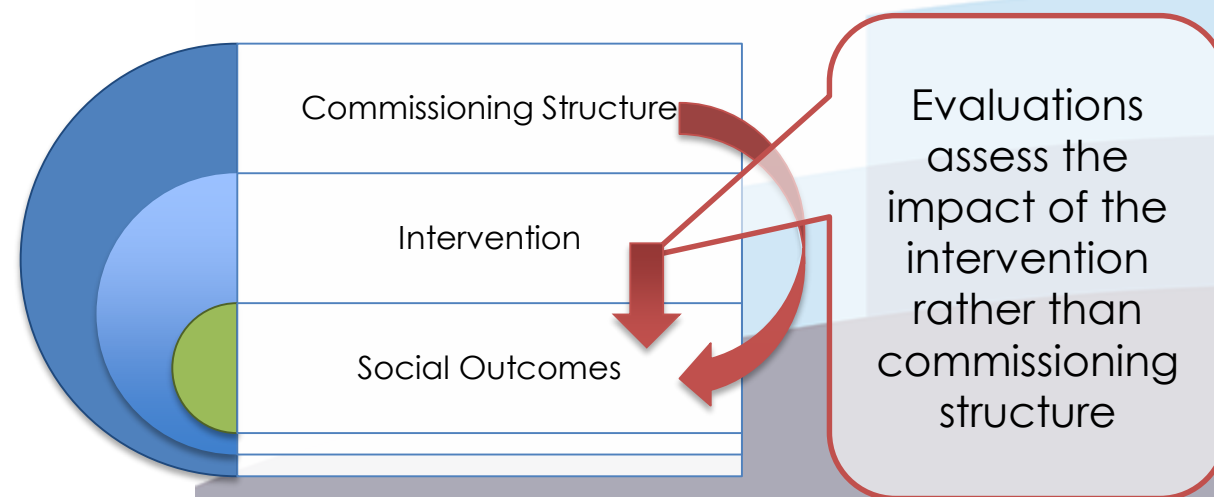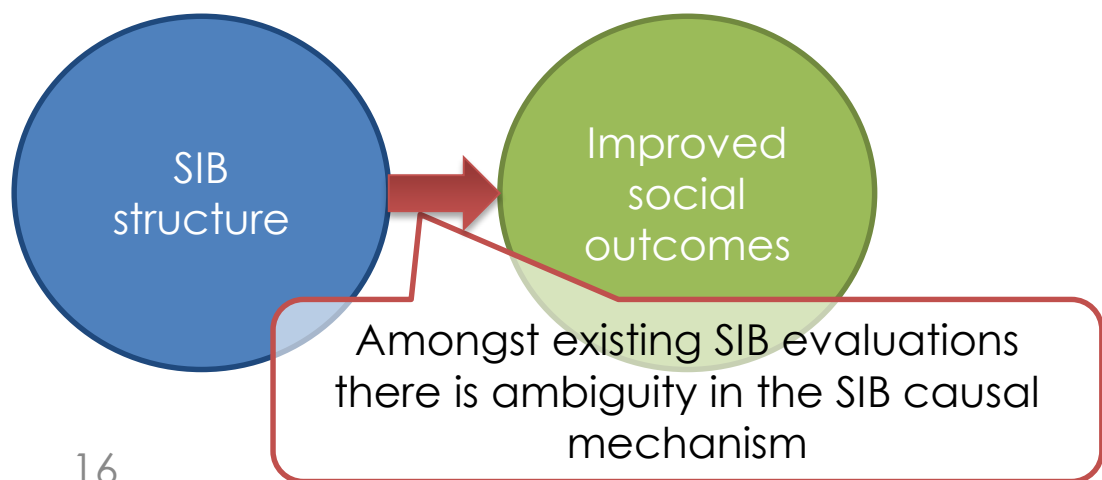
ROOM TO INNOVATE
Risk transfer from commissioners enables adoption 'new' interventions, enhances performance management, and builds the evidence base upon which to make future commissioning decisions.

Do SIBs work?

Statement on Current Evaluation material: GO Lab conducted a systematic review of *all* available evaluation material on UK SIBs. Of **33 studies reviewed:**

- 18 qualitative; 10 mixed method; 5 quantitative
- **None explicitly test a causal mechanism by which SIBs may improve commissioned services (i.e. collaboration, prevention, or innovation)**
- Only **one** soon-to-be-published study compares the impact of a SIB-backed programme to a non-SIB-funded scheme (Fraser et al., forthcoming)

At present, it is not possible to assess whether SIBs 'work'; equally, we cannot conclude that they do not. On balance, the approach can be understood as promising, but unproven.

SIB structure → Improved social outcomes

Amongst existing SIB evaluations there is ambiguity in the SIB causal mechanism

Commissioning Structure / Intervention / Social Outcomes

Evaluations assess the impact of the intervention rather than commissioning structure

16

What does 'good' look like?

Peterborough Pilot SIB

July 2017: Final Results

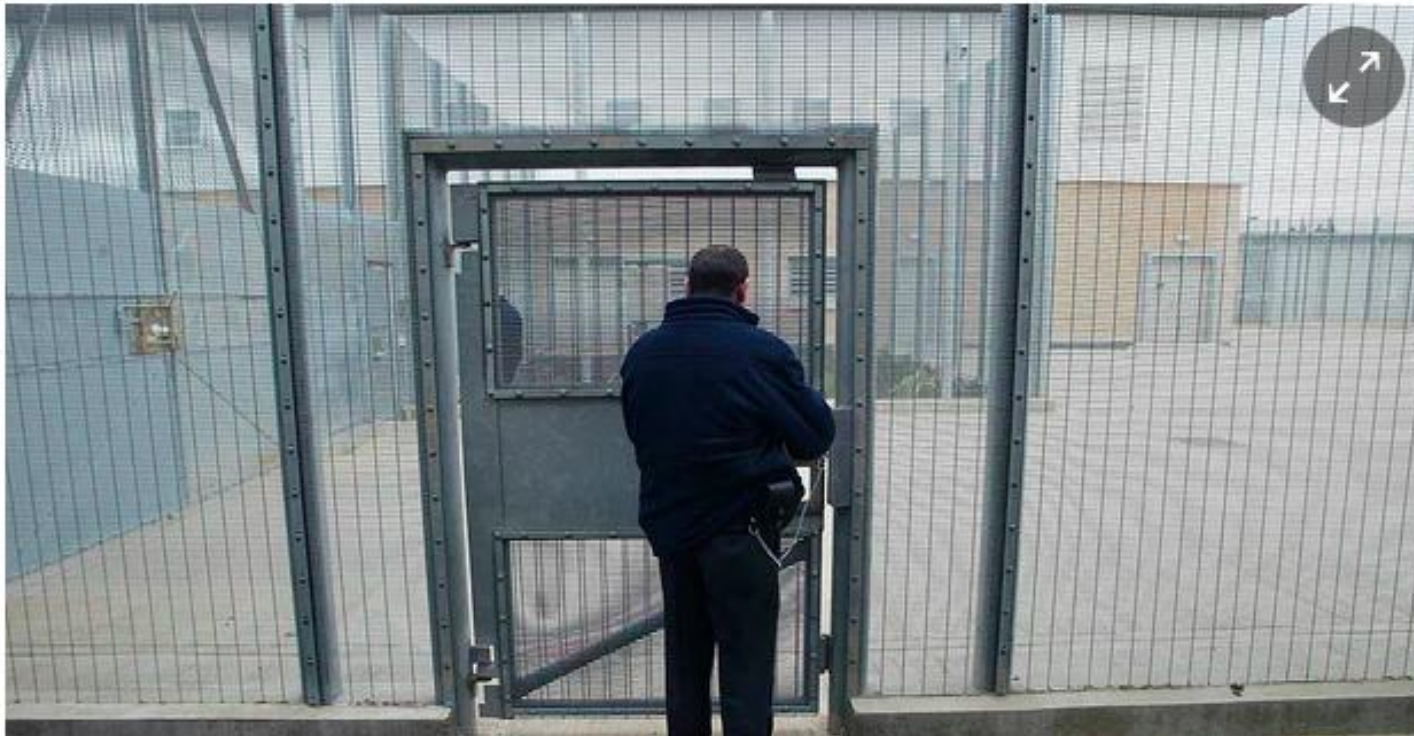Our pioneering project has cut reoffending - and paid a 3% dividend

Using social impact bonds, investors can now bet on the success of a public service like ours and get a good return

● Rob Owen is chief executive of St Giles Trust

What does 'good' look like?

Peterborough is a well-designed UK SIB. Here's why:

- Includes **real-time comparator group in the payment mechanism**: commissioners can say with confidence that the **outcomes they paid for are attributable** to the ONE service, **and additional** to BAU

- Policy **intent to reduce reoffending** and the **project paid on a cohort-based reduction in reconviction**, a valid proxy measure tracked over a suitably long period to be durable

- Eligibility **criteria clear and impartial** (offenders in Peterborough prison sentences of less that 12 months over three cohorts of 1,000) and **referral was independent** (the service was offered to everyone who fit the eligibility criteria, participation was voluntary)

Pricing

Cohort

Outcome metric
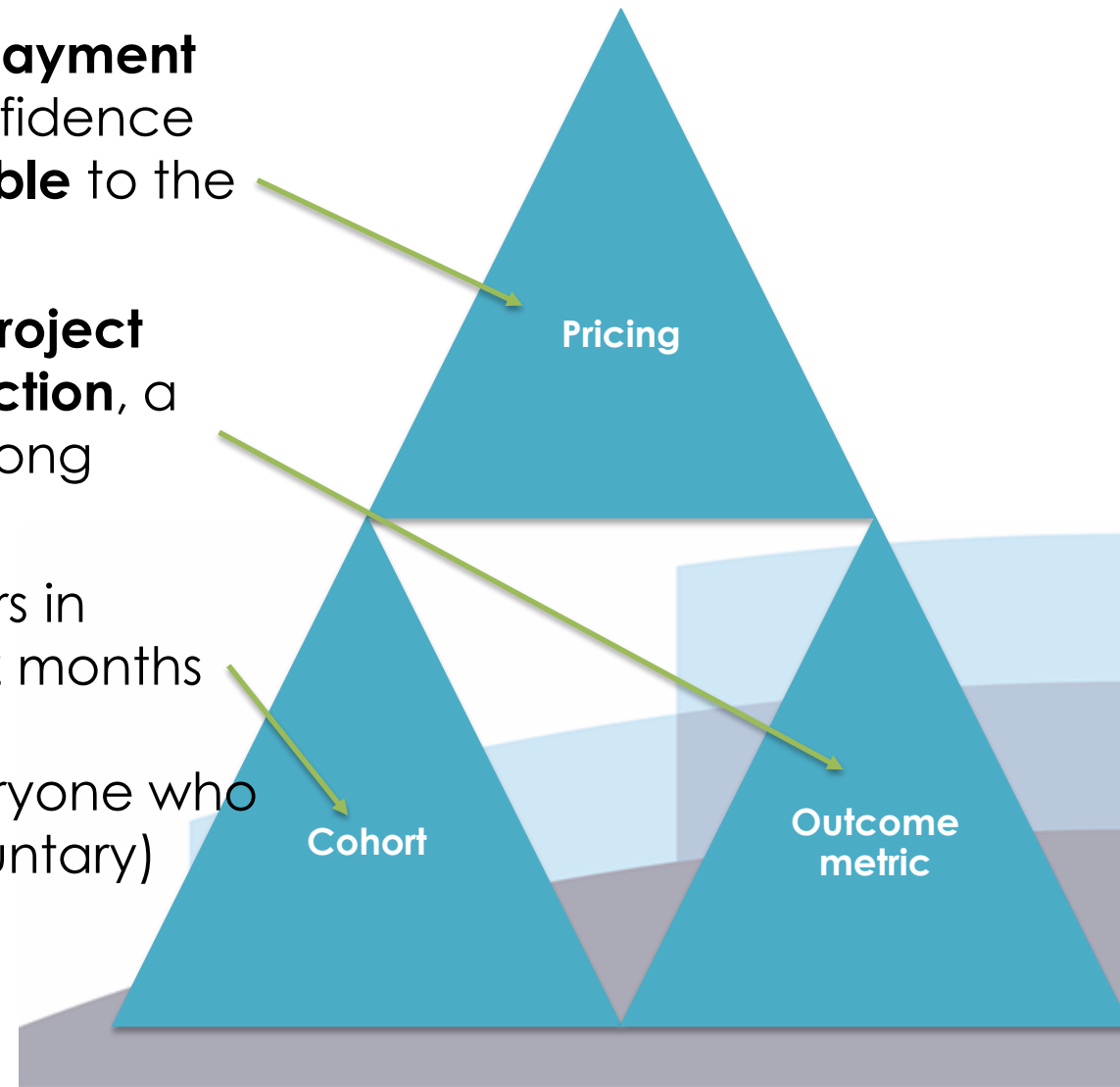
What does 'bad' look like?

Lack of transparency in methods underlying outcomes values

Paid outcomes disproportionately capture activities/outputs with weak links to actual policy intent

Cohort specification/referral too crude or easily influenced
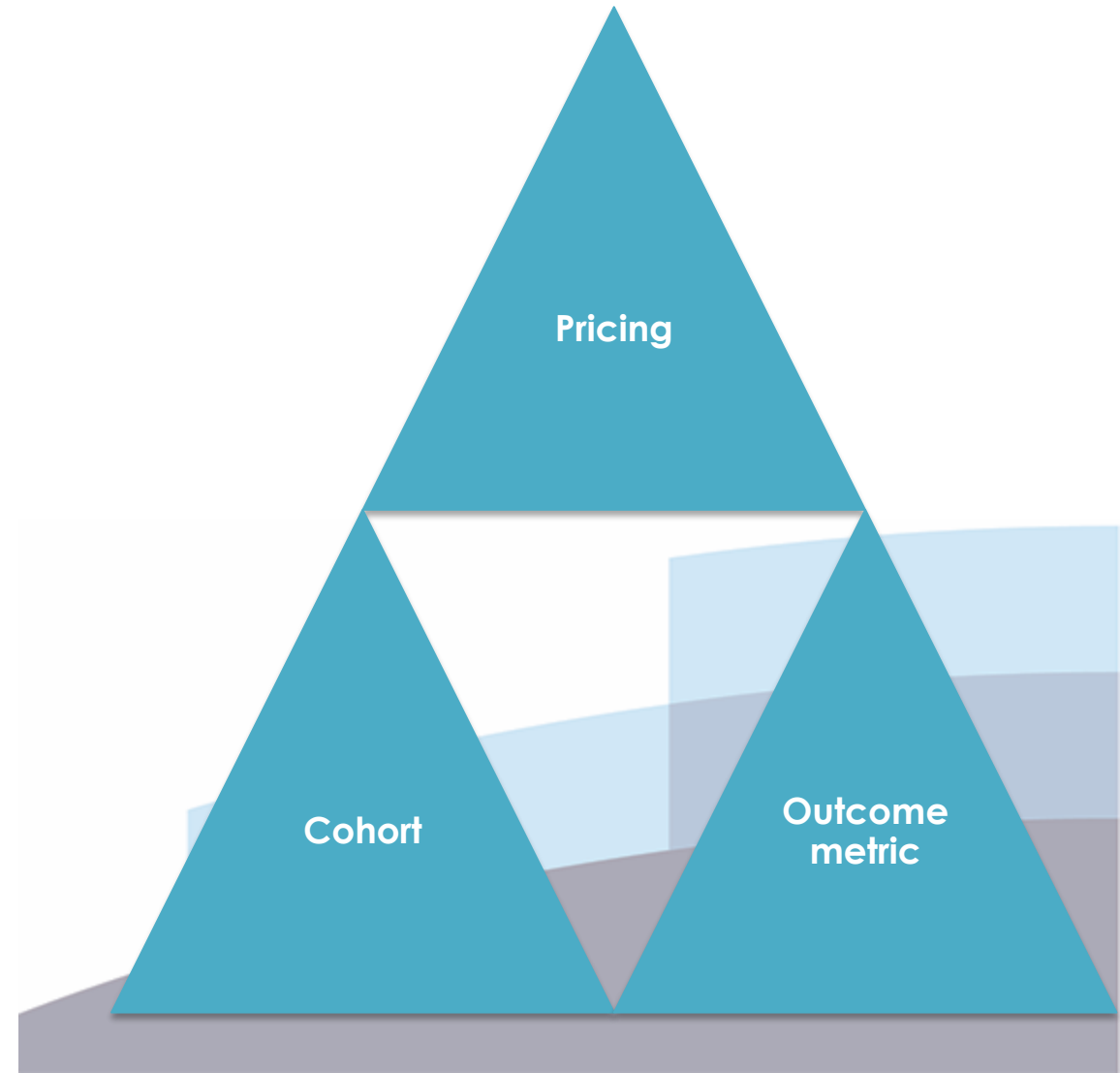
Take-aways

- There is room for improvement in our ability to achieve value

- Outcomes based approaches and Social impact bonds as public sector reform tools for collaboration, prevention, innovation

- Great potential but evidence still thin

- Focus on good design first to judge the mechanism at its best: cohort, outcomes, pricing

Peer Circles Project

- 3 year Building Better Opportunities project Central/South London

- Providing employment support for workless people with severe and multiple disadvantage needs

- Lead partner with Evolve, Look Ahead, Shelter, CGL, Warrior Programme

About Peer Circles

- Utilises SGT award winning Peer Advisor Programme

- Senior caseworker leads small 'circles' of Peer Advisors, providing the individual, customised service to clients

- Peer Advisors recruited from Complex Needs groups

- Primary outcome is paid sustained employment but also training and soft outcomes

GLA/ESF Commissioning

- London VCS reps highlighted/lobbied on gaps in ESF provision for very disadvantaged groups

- GLA ESF commissioning clearly informed by key reports e.g. Lankelly Chase 'Hard Edges' report on SMD groups; Revolving Doors 'on SMD women's groups

- Held roundtables of 'experts' – including key VCS agencies

- Sought innovative delivery models

Positive aspects of BBO

St Giles Trust

2 stage application process:

- **1st stage** - required partnership to be in place but limited information/budget required

- **2nd stage** – huge/exacting amount of work (180 page project plan!) but usually only a few application progressed – we were the only one in our spec.

Positive aspects of BBO

And Big Lottery offered ….

- Small amount of development funding to support 2nd stage

- 'ESF readiness' technical support

- feedback on different project plan sections

No guarantee of success but worthwhile for VCO organisations to invest resources and time

Important that priorities well built into project plans e.g. service user involvement; equality and diversity

A Peer Advisor Story

St Giles Trust

- Identified by staff & encouraged to apply

- Trainer/Assessor interviews & assesses suitability for programme

- Comprehensive training leading to Level 3 Certificate in Advice & Guidance

- Shadow and support caseworkers taking on directed work with clients

- Ultimately peer advisors have a small caseload

- **Results in benefits for client, peer advisor & project**

Commissioning tips

St Giles Trust

- ✓ VCS has essential role to play in social justice commissioning – providing a voice/reaching people who fall below radar of mainstream

- ✓ Critical that service users' experience shape commissioning/feature strongly in design and delivery of planned projects

- ✓ Two stage process means

  - ⁻ wider range of organisations can get involved/resource efficiency
  - ⁻ Allows time for partnerships to develop and service user recommendations to be genuinely built into plans

- ✓ Providing support to bidders means that commissioners priorities feature strongly in bids e.g. for BBO equality & diversity

- ✓ Seek out well researched genuine innovative delivery as well as track record and capacity

10 anniversary conference agenda - PM

Commissioning Value?

12.40 – 14.15   **Introduction to session**

Golden Key

Black Thrive Project

Revolving Doors

Speaker Panel Q&A

Facilitator led table discussion

14:15 - 14.30   *Coffee*

Golden Key Programme

- Strategic Partnership Programme funded by Big Lottery for 8 years

- 1 of 12 areas funded as part of Fulfilling Lives

- Main aims relate to learning about the issues faced by individuals with multiple and complex needs and the issues experiences they face when trying to get their needs met by services

- Data is being gathered by a team working alongside over 100 complex clients, a peer mentoring programme and an established advisory group of people with lived experience of complex issues

- The information collected is being used at local and national levels by the Golden Key Partnership to influence changes to the way services and systems support complex clients

- The programme has various operational and strategic elements, initiatives and innovations in progress across the city

System Change and System Flex

- Recording system activity alongside client facing work

- Designing an approach to process and collate learning

- Experimenting with different approaches to address blocks

- Complete re-design or minor adjustments?

- Is it okay to flex the system or should I keep quiet?

Example

- Client evicted from drug treatment housing following 3 day episode of drug use

- Worker curious about client perception of services response to 'lapse'

- Conducts interviews with 8 clients and 3 managers from commissioned services and notices 2 prevalent themes

- Issue raised at System Change group and picked up by manager of commissioned service

- New approaches currently being implemented across treatment housing provider to address identified issues

3 Questions...

- Can commissioners ensure mechanisms are in place to capture learning beyond key indicators and service aims/objectives?

- Can all the different perspectives from within services play a larger part in commissioning processes?

- How can client facing workers become better equipped to deliver personalised and flexible solutions within commissioned models?

black thrive

A PARTNERSHIP FOR BLACK WELLBEING

Black Thrive is about improving the mental health and wellbeing of Lambeth's black communities who suffer from multiple disadvantages and discrimination. There is equal community ownership of Black Thrive, putting those with lived experience at the heart of decision-making, helping to build a more resilient and thriving Lambeth. We also work and support London Thrive in improving the wellbeing of Londoners.

Detention Under Mental Health Act

Title:Rates of detention (per 100,000) under the Mental Health Act 1983 by broad ethnic group. Location: England. Time period: 2016/17. Source: Mental Health Services Dataset| Ethnicity Facts and Figures GOV.UK

Ethnic group	Rate per 100,000
Asian	82.1
Black	272.1
Mixed	157.0
White	67.0
Other	179.6
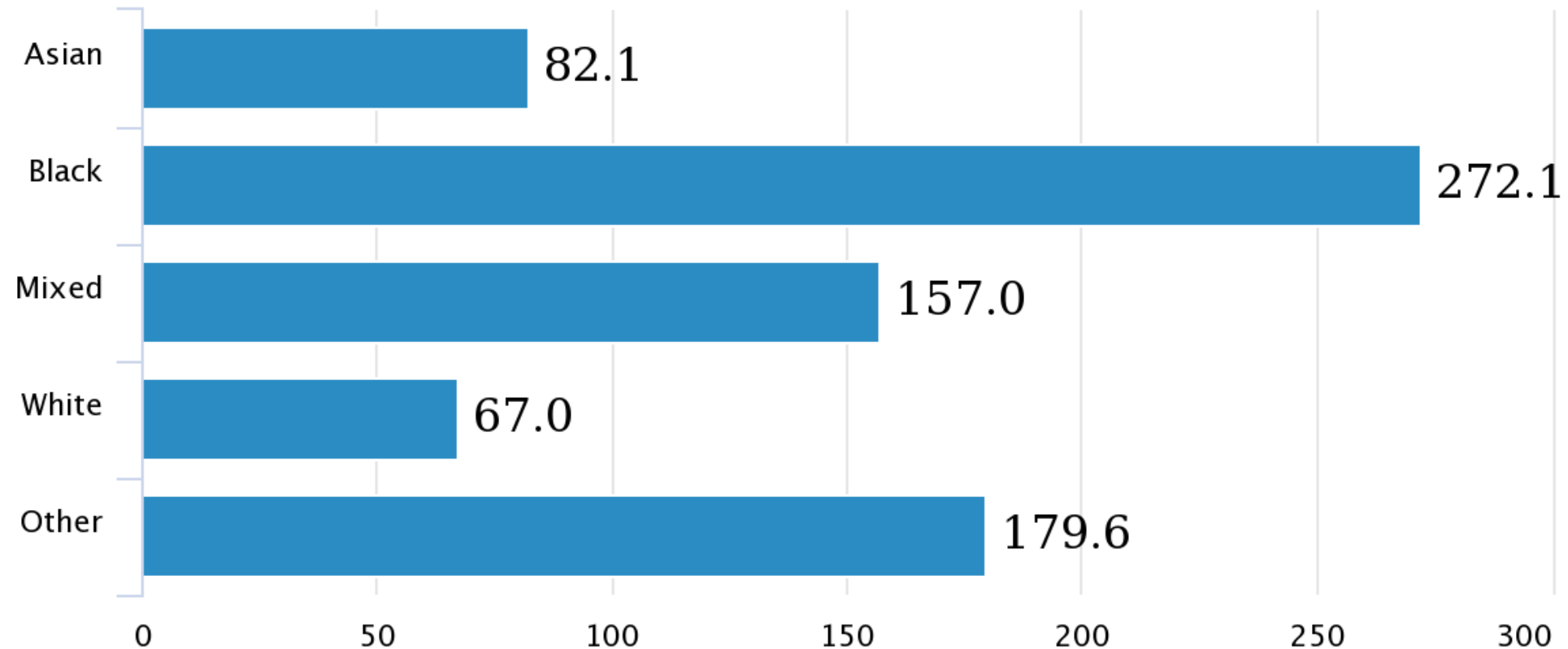
Treatment for Mental & Emotional Support

Title:The percentage of adults receiving treatment for mental or emotional problems by ethnicity. Location: England. Time period: 2014. Source: Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014| Ethnicity Facts and Figures GOV.UK
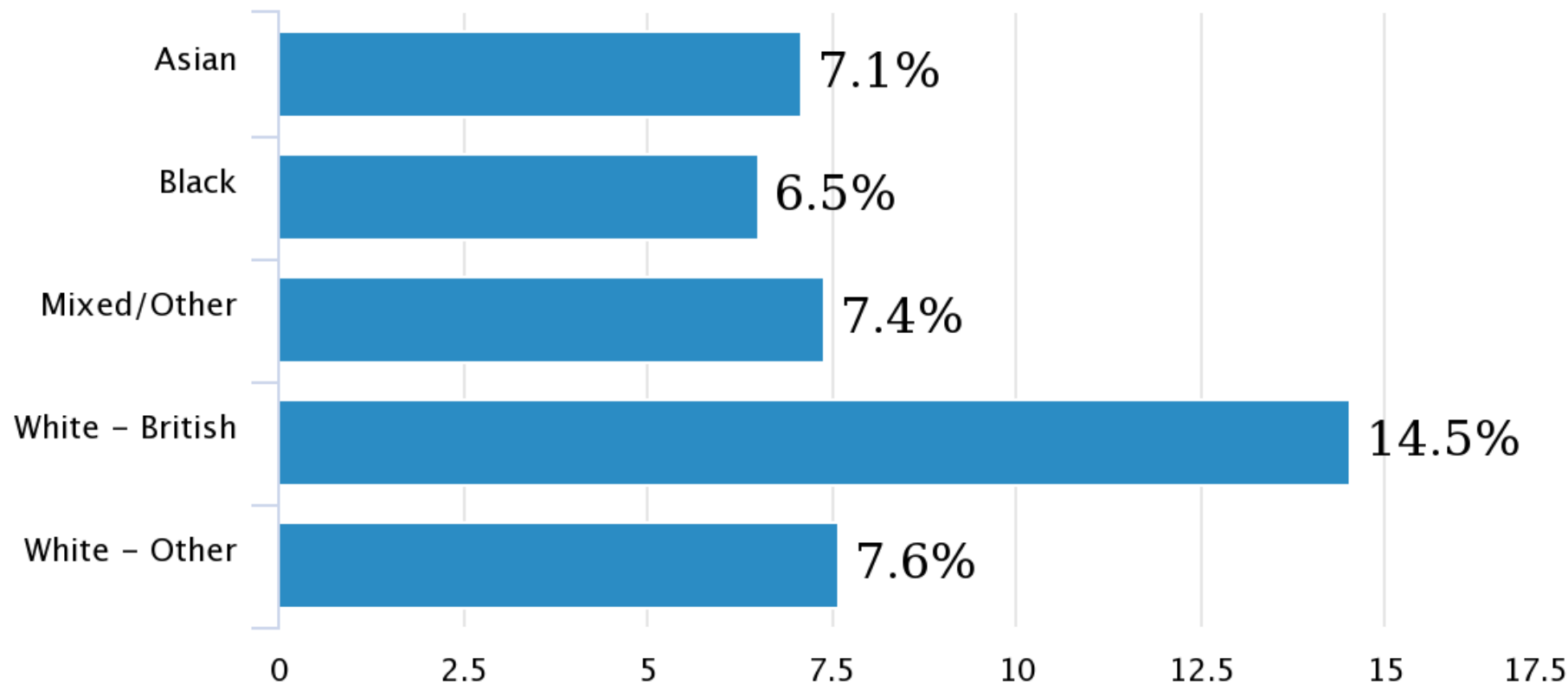
Psychotic Disorder

Title:Psychotic disorder in the year prior to survey. Location: England. Time period: 2007 and 2014 (combined). Source: Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014| Ethnicity Facts and Figures GOV.UK

Asian
- All: 0.9%
- Male: 1.3%
- Female: 0.4%

Black
- All: 1.4%
- Male: 3.2%
- Female: Not enough data

Mixed other
- Not enough data
- Not enough data
- Not enough data

White
- All: 0.5%
- Male: 0.3%
- Female: 0.7%

Percentage who have screened positive for a psychotic disorder

● All   ● Male   ● Female
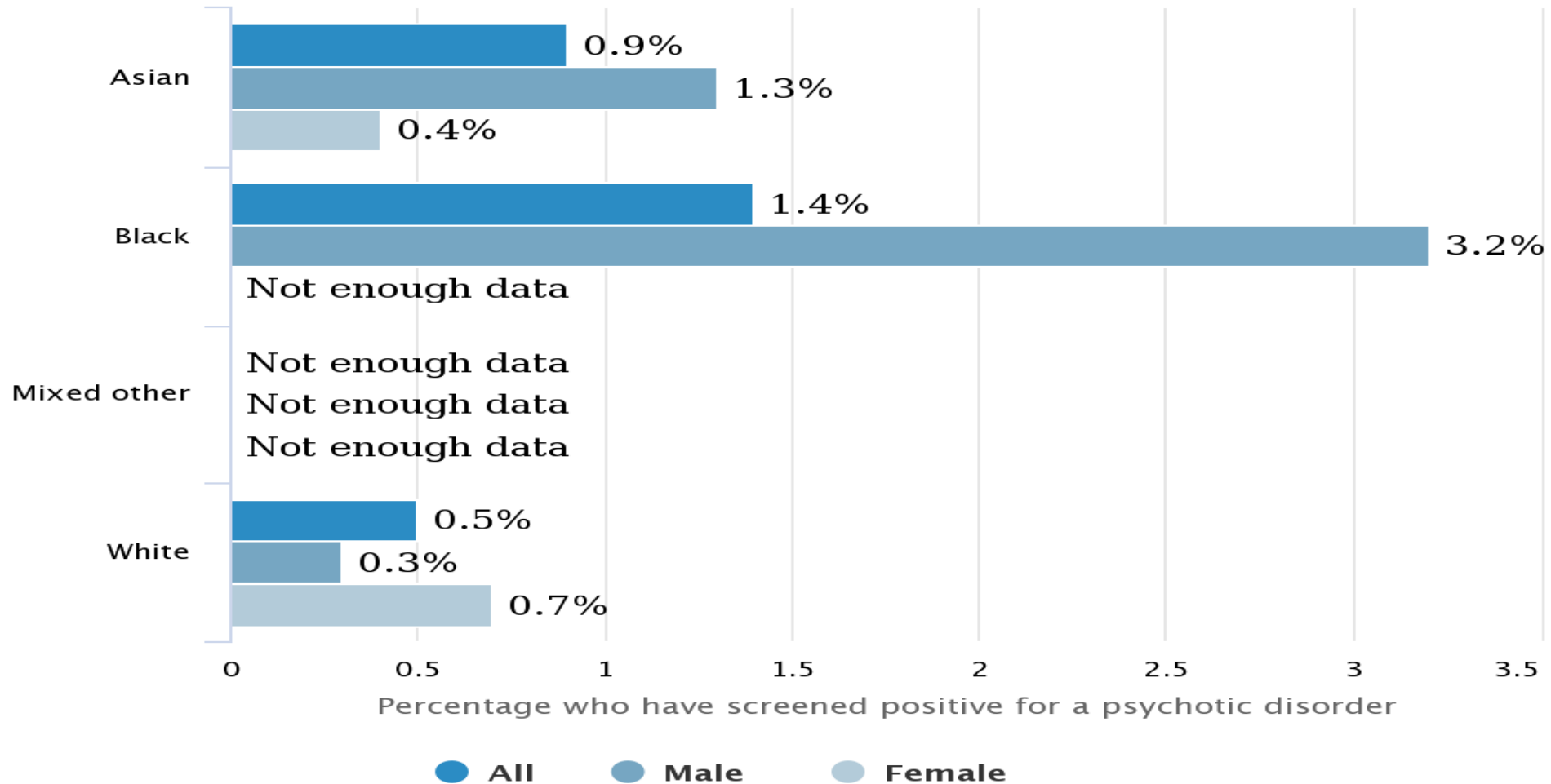
Common Mental Disorder

Title:Percentage of people with a common mental disorder by sex and ethnicity. Location: England. Time period: 2014. Source: Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014| Ethnicity Facts and Figures GOV.UK
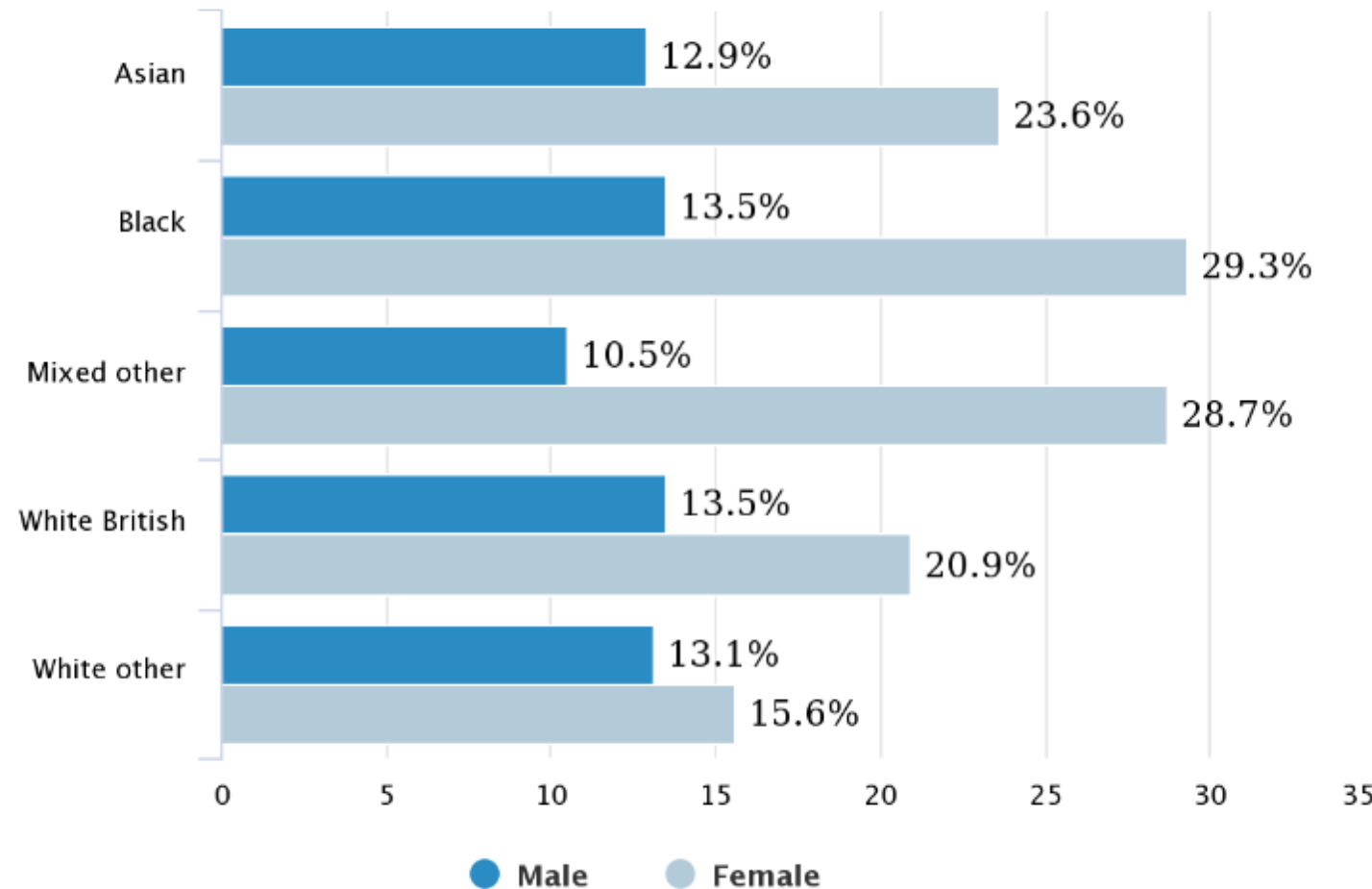
From Surviving to Thriving

Since the Windrush Generation arrived after WW2 **Lambeth** has been home to the **UK's biggest black community**. Many people of African and Caribbean origin have thrived here and make a massive contribution to our cultural and economic life.

Despite the successes **inequality remains**, particularly for people of Caribbean descent, and in **mental health and wellbeing** this inequality is most obvious.

People from the **black community are disproportionately exposed** to factors, like poverty, that increase their likelihood of developing a mental illness. Everyone in Lambeth needs to **work together** to eradicate poverty, poor housing, abuse, substance misuse and lack of opportunity. These are big challenges but if we **start by improving social and emotional education, early intervention and the experience of those with mental illness we will reduce one of the starkest areas of inequality in the borough.**

- Black Health and Wellbeing Commission, 2014

The need: Lambeth's large black communities experience significant mental health inequalities

The 80,000 strong black communities in Lambeth:

- Are at greater risk of experiencing mental distress relative to their white British counterparts

- In many cases do not trust the mental health system

- Are under-represented in primary care, but make up the majority of inpatients

- Are more likely to enter hospital via coercive routes, and are more likely to be prescribed antipsychotic medication, relative to white patients with similar conditions

- Report worse experiences in services

- Experience longer inpatient detentions

- The Black Health and Wellbeing Commission (BHWC) has created significant momentum for change:
- The Commission consulted over 150 people, and made 40 recommendations for how to better support the black community
- Lambeth CCG has committed to support organisations to fulfil the BHWC recommendations as part of their 2016-2017 commissioning intentions
- More than 120 people attended Social Finance workshops in 2015 on this issue
- Philanthropic donors have shown interest in the BWP model, and there is potential to free up resources in the most expensive, acute services
- Mental health currently has greater public visibility than ever before. As social stigma continues to reduce, there is the possibility to engage in more open conversations in communities
- The wider policy environment is currently supportive – the recommendations of the Mental Health Taskforce align closely with the proposed BWP initiative

From Surviving to Thriving

The Health and Wellbeing Board is mentioned in eight of the 40 Black Health and Wellbeing Commission Recommendations, including for instance:

- **Recommendation 2**
  To tackle the social pre-determinants of illness the Health and Wellbeing Board (HWB) and its members should work together to ensure:
    - A Lambeth Housing Standard accommodation that is fit for purpose for everyone
    - A 'good' or 'outstanding' (as defined by Ofsted inspectors) 'whole school' (as defined by National Institute for   Clinical Excellence) place for all
    - A London Living Wage paid job or training for everyone
    - That there is a mechanism to assess all policies to ensure that there has been proper regard to their impact on health and wellbeing   *- From Surviving to Thriving*, Black Health and Wellbeing Commission Report, 2014

- **Recommendations 7, 8, 12, 16, 28, 29 and 32 also highlight the role the Health and Wellbeing Board can play to address issues connected to the Black Thrive vision and agenda**

Lambeth's black communities are able to thrive and improve their mental health and wellbeing, supported by relevant, accessible services, which provide the same excellent quality of support for all people regardless of their race.

- The vision

black thrive
A PARTNERSHIP FOR BLACK WELLBEING

Black Thrive – An Overview

Issue

The 80,000 strong black community in Lambeth…

- Are at **greater risk of experiencing mental distress** relative to their white British counterparts
- Are **under-represented** in primary care but make up the **majority of inpatients**
- Report **worse experiences** in services
- Experience **longer inpatient detentions**

→ This is a complex systemic problem, characterised by greater prevalence of issues, low engagement and trust, and poor outcomes.

Planned Intervention

A fixed five year initiative that will drive and embed change from within the system and have equality of representation and the building of trust as two key design principles. Its three areas of focus will include better prevention, improved access to appropriate services, and improved experience.

Facilitating Partners

Philanthropic Support

1. Strategic Leadership: Steering Committee
Developing shared objectives; aligning efforts; championing change at both operational and policy levels

2. Delivering Change: Working Groups
Driving change on multiple issues simultaneously

3. Shared Measurement System
Informing priorities, creating transparency

Community

4. Facilitating Team: The Black Thrive Staff
Maintaining focus, providing energy, sustaining momentum

Black Thrive Key Elements

Black Thrive enables statutory, voluntary sector and community members to work together to improve the mental wellbeing of black communities in Lambeth. The main elements of the initiative are described below.

1 Steering Committee

- Leads Black Thrive, with membership coming equally from 'system' and community leaders

- **Has an accountable relationship with the Lambeth Health and Wellbeing Board**

- Responsible for delivering initiatives outcomes

- Coordinates different strands of work (both existing and new), identifies gaps and directs activity

- Ensures best use of resources

2 Working Groups

- The Steering Group convenes Working Groups to focus on operational change on specific issues

- **Includes whoever needs to be involved in developing and implementing solution(s), not just those historically involved in mental health services**

- Draws equally from the 'system' and community

- **Action-orientated and focus on embedding change in existing structures**

3 Shared Measurement System

- **Informs, monitors and evaluates action taken**

- Developed and owned by Public Health Lambeth (PH), drawing together existing data and supplementing it (for example with qualitative lived experience), improving data quality in this area and providing both insight and transparency around progress

- Outputs include dashboards developed to be accessible to a wide range of people

4 Facilitating Team

- A small staff team, hosted by Healthwatch Lambeth

- **Co-ordinates the initiative, supports participants, and holds them to account for delivering committed actions**

- Works closely with PH to ensure the effective use of the SMS, and oversee the initiative's website and communications programme

- Healthwatch will also hold funds and their trustee board will provide financial governance for the initiative

Shared outcomes across all partners

We have developed 14 outcomes alongside statutory and community partners that map against the major goals below. We are in the process of agreeing indicators and are mapping baselines against each of these.

Prevention

Focus on and use of prevention to promote and improve health and wellbeing is increased amongst black communities

1. Improved resilience and wellbeing & reduced mental ill health in black communities in Lambeth

2. People better able to look after their own and others' wellbeing

Access to Appropriate Services

Access to appropriate services is improved to better meet the needs of black communities

1. All individuals presenting with mental health concerns are able to access an appropriate service for their level of need

2. Black people with mental health problems are able to participate fully in daily life on an equal footing with others

Patient Experience

Patient experience of care and support is improved for black communities

1. Black service users and their families experience empathy, dignity and respect from all staff & services

2. Black services users and their families feel safe, supported, listened to, and empowered when using mental health services

Action towards Outcomes – Emerging Priorities

Working Groups harness the expertise of practitioners, users, carers and others across Lambeth to drive and monitor change within the system. They work in partnership with the Steering Committee and facilitator team, using information from the shared measurement system and their deep knowledge of the community, the system and mental health to ensure Black Thrive achieves its vision. **The following are some emerging priorities for Working Groups over the next six months as we work to create Action Plans:**

Prevention

1) Partner with other Lambeth initiatives focussed on working with children and young people
2) Understand how professionals in key Lambeth services (from schools to job centres, etc) understand mental health, its promotion and associated protective factors AND identify best practice
3) Publicise existing training opportunities in mental health awareness and promotion and support Black Thrive members to attend

Access to Appropriate Services

1) Support the design of the LWN Alliance contracting arrangements
2) Create a community champion programme that will train and support individuals across Lambeth to have a detailed understanding of mental health and available services
3) Build partnerships with GP Federations and understand how they might assist in supporting the Black Thrive agenda

Patient Experience

1) Map all existing services and understand which services are performing well for black communities so we can learn from them
2) Understand the experience of carers and families using different services and identify where Black Thrive might be able to initially influence
3) Learn more about culturally responsive care and guidelines and understand how well existing services are following these guidelines

Developing Cultural Prescription Model

Emerging Plans for 2018/19

Please contact patrick@blackthrive.org.uk if you have any questions or need more information. You can also visit our website to learn more: www.blackthrive.org.uk. @BlackThrive

Lived experience insight in commissioning

Vicki Cardwell

Director of Policy │ Revolving Doors Agency *and*

Chris Belle

Forum member

@academyjustice #ASJCCONF

Academy forJustice Commissioning

About Revolving Doors

- Change systems and improve services for people with multiple and complex needs who are in contact with the criminal justice system

- We demonstrate and share evidence of effective interventions:
  - Policy
  - Research
  - Evaluation

- We involve people with direct experience of the problem in all our work

Why involve service users

8	Citizen control	
7	Delegated power	Degrees of citizen power
6	Partnership	
5	Placation	Degrees of tokenism
4	Consultation	
3	Informing	
2	Therapy	Non-participation
1	Manipulation	
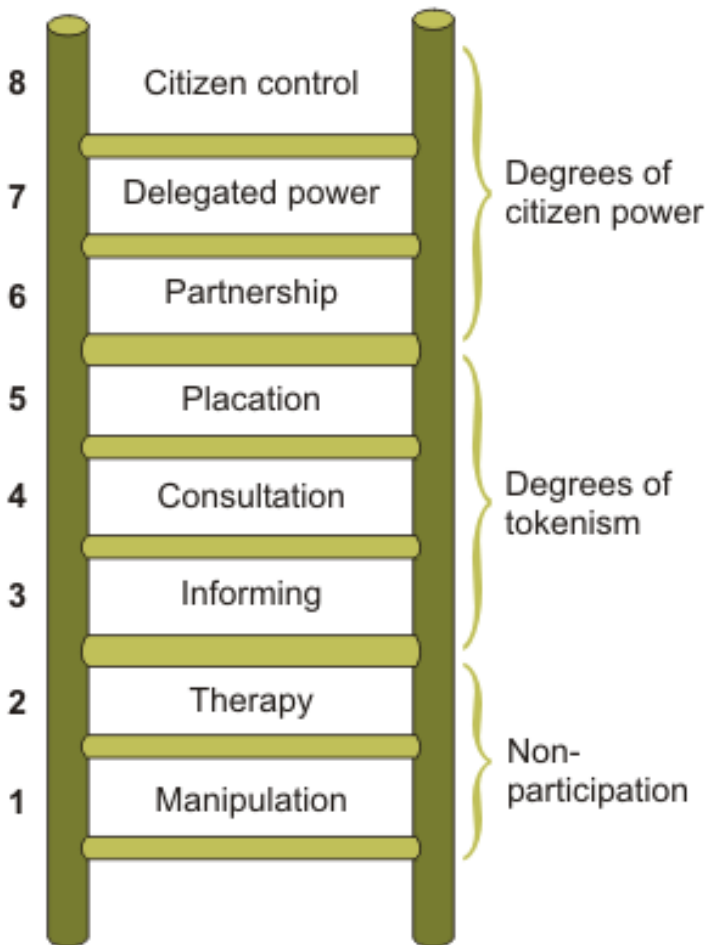
"the public sector and citizens making better use of each other's assets and resources to achieve better outcomes and improved efficiency"

(Governance International, 2013).

What values underpin service user involvement ?

- People as assets with skills

- Determination to break down the barriers between people who use services and professionals

- Reciprocity (where people get something back for having done something for others)

- Mutuality (people working together to achieve their shared interests)
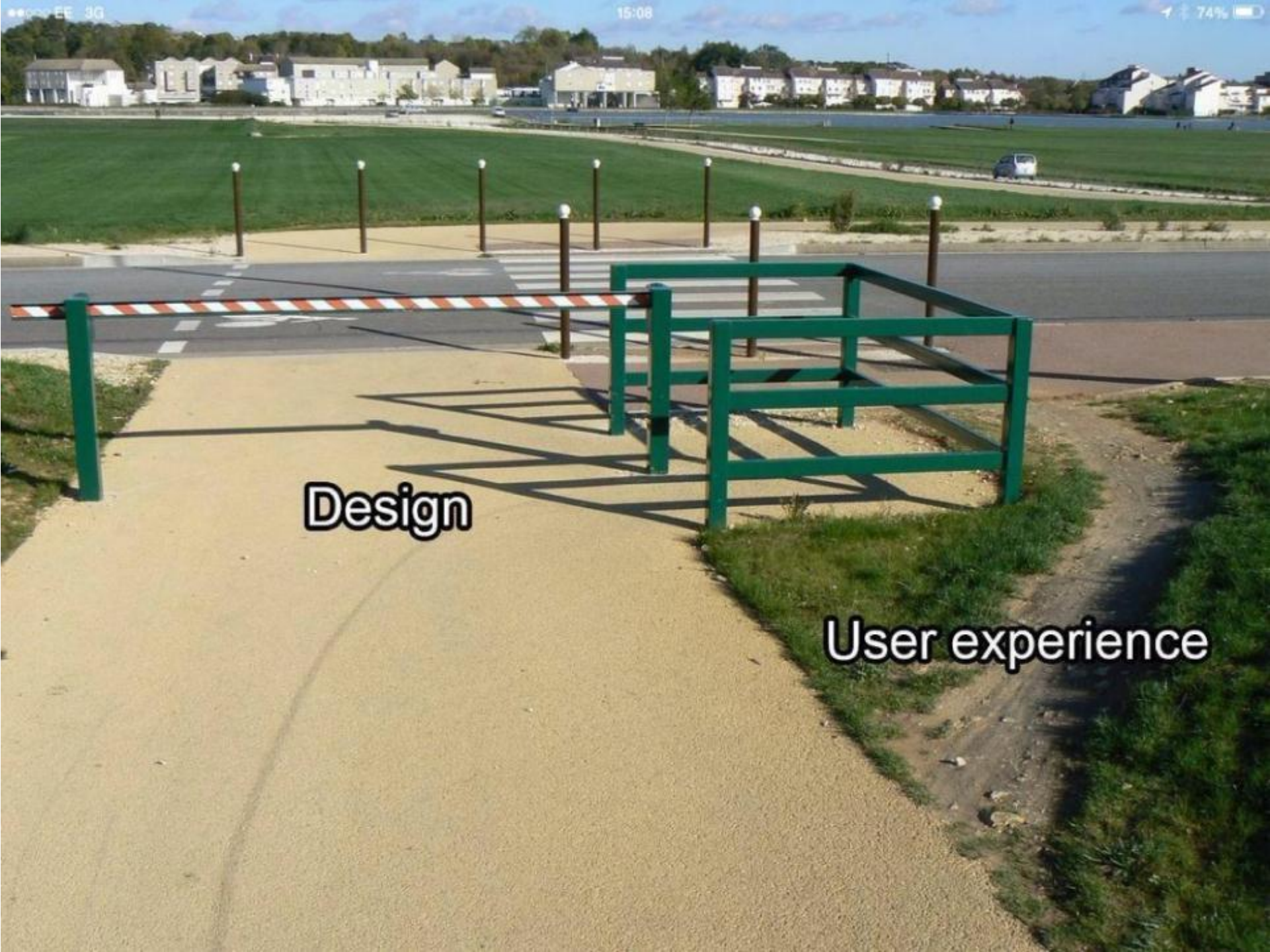
Good for commissioners?

- Adds to needs/gap analysis by adding in user insight e.g. Wandsworth

- Gives direct access to critical service user insight to drive service specification e.g. in-prison focus groups in the South West led by former prisoners

- Unique insights of peer research e.g. maternal healthcare services in North London

- Revolving Doors OCN accredited peer research training

"I have delayed a procurement process in order for the group to carry out research and make recommendations and, having seen the results of that work to date, this has proved to be the right decision.

"This work will play a significant role in shaping the new service. The peer research team clearly understand the role and the techniques they have learned and it's heartening to see that a good size core has stayed together over time and developed friendships and provided mutual support to each other.

"I was also very impressed with the confidence they showed in delivering their verbal presentation recently. I feel fortunate to have had this opportunity on this borough and I would certainly encourage others to seize the same opportunity if offered to them."

Stephen Hughes, Wandsworth Commissioner

Types of involvement – procurement and assurance

- Writing specific questions for tender specification - not originating from service providers so can have critical distance

- Presence at Market Engagement events

- Involvement in moderation and scoring of tenders

- Recruitment

- Service evaluations

- Co-delivery e.g. peer supporters

- Steering groups / governance

Lived Experience Team – NHS England

- A standing group brought together to support commissioners

- Group of 12-15 members who are recruited to a role profile, terms of reference, and a code of conduct

- Receive training and support to understand the demands of the role and to increase familiarity with the policy context

- Meet on a regular basis and develop a sense of mutual support

- Personal progression focus

Liaison and Diversion Lived Experience Team

15 members (3 women, 12 men)

ETHNICITY

Legend:
- Black British
- Black Caribbean
- North African
- Pakistani British
- White & Black Carribbean
- White British
- White Irish

AGE

Legend:
- 30-39
- 40-49
- 50-59
- 60-69
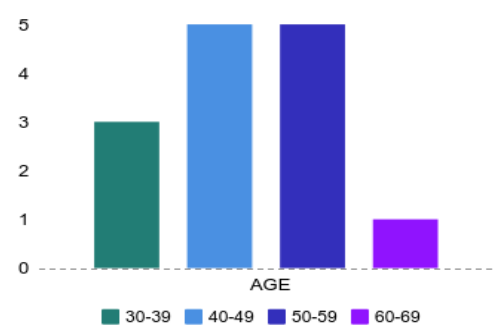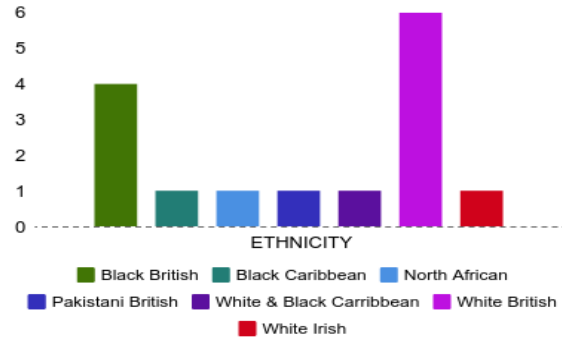
CRIMINAL JUSTICE SYSTEM = 15 (100%)

probation = 11

prison = 9

community sentence = 2

SUBSTANCE MISUSE = 11 (73%)

substance misuse services = 9

ACQUIRED BRAIN INJURY = 3 (20%)

MENTAL ILLNESS = 12 (80%)

mental health services = 6

HOMELESSNESS = 11 (63%)

homelessness services = 5

ALCOHOL MISUSE = 7 (42%)

alcohol misuse services = 3

Achievements of the LET

- National operating model improved by the addition of a peer support element

- Co-produced with NHS England and local commissioners a peer support specification

- Reviewing the peer support pilots - looking at the challenges and successes in Jan 2018

Why did it work?

- Total commitment from the Programme Team

- Support from Revolving Doors to enable participation through guidance, patience and sense of humour

- High level of motivation from the LET members

- Increased skill set of LET members

Peer advisor perspective

1) **Health & Justice East Midlands – award winning commissioner Mala Dhakk**

2) **Lived Experience Team – NHS England**

Good for service users?

- Offers people a 'voice' if they have felt excluded

- Makes people feel valued and respected

- Gives people ownership of the services provided for them

- Enhances their understanding of services and how they work

- Improves skills and abilities

- Builds confidence
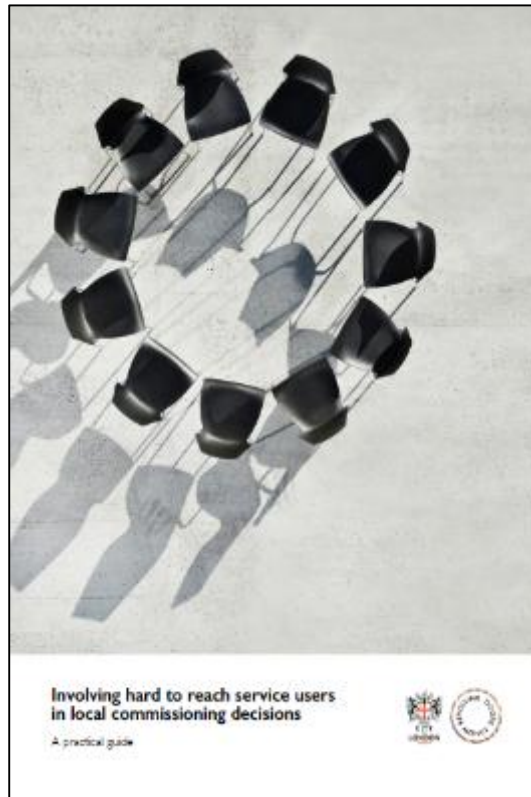
http://www.revolving-doors.org.uk/ @revdoors

Vicki Cardwell

Vicki.Cardwell@revolving-doors.org.uk

10th anniversary conference agenda - PM

Call to Action

14.30 – 16.00	Introduction to session
	Facilitator led table discussion
	Community Circles
	Glasgow City Council & Social Firms Scotland
	Speaker Panel Q&A
16.00	Chairs' summing up
16.15	Close

Why Asset Based Approaches?

'No society has the money to buy, at market prices, what it takes to raise children, make a neighbourhood safe, care for the elderly...

...The only way the world is going to address social problems is by enlisting the very people who are now classified as 'clients'...and converting them into co-workers, partners and rebuilders of the core economy.'

Edgar Cahn

A whole-system asset based model: the building blocks
Social Care Institute For Excellence

Reframing towards assets	Developing a new narrative: people as assets; shifting power to communities through coproduction and partnership with VCSE sector; public services as catalyst and facilitators

Recognising assets	Community asset mapping	Personal strengths based assessment	3 Conversations

Connecting to assets	Local area coordination & community navigation	Peer support	Social prescribing & community link workers	Community circles

Mobilising and growing assets	System and infrastructures that support partnership, co-production, VCSE representation in strategic leadership & governance	Funding, grants and social investment	Inclusive commissioning

Monitoring impact and learning	Co-producing a simplified outcomes framework; developing a comprehensive set of indicators; learning by doing; new evaluation models such as formative evaluations and rapid cycles evaluation; funding research in partnership with academic and charitable bodies

Community Circles: how they work

- Meet with person to decide on purpose for their circle

- Person matched up with a Circle Facilitator

- Think of who is in the person's life that they want to invite

- Community Circle meets once a month.

- Conversation and ideas are recorded as actions

What is the model?

- **Connectors** recruit and support **facilitators** who bring members to the Circle and support them to agree purpose, plan and take action, review

- **Facilitators** are volunteers, trained to support Circles

- **Members** are family, friends, local connections willing to contribute (a member may facilitate)

- **Connectors** are either paid or voluntary, with different models appropriate for different contexts

Example – supporting older people at home

Rally Round and Community Circles film

Please use the link below to access the film

https://www.youtube.com/watch?v=HuLCz8sRWN0

Where?

community **Circles**

- **Provider services and service teams** wanting to improve people's connections, make better use of non-paid resources, prevention of ill-health, maximisation of well-being (care homes, homecare, supported living, extra-care, rehab units, hospices, employment support etc.)

- **Community and voluntary groups** looking for very effective ways to support people in community – loneliness, social isolation, at risk

Scale and sustainability

Delivery model – designed to drive out formal costs and support significant and sustainable scale up without the need for a large formal organisation – primarily transferring our knowledge and methods to others at low cost

Person centred planning tools – these bring energy and structure to Circles alongside activities such as community mapping to bring local assets into play.

Scale and sustainability

Training and support – shifting from expensive traditional chalk and talk approaches to combinations of on-line, mentoring and peer support approaches

Relationships - moving past a crude tender process or the expectation of large scale, long term funding. Using forms of partnership which deploy levers such as social value, market shaping and innovation funding to build sustainable local capacity

Beyond Traditional Commissioning?
From Professional Gift to Citizenship Model
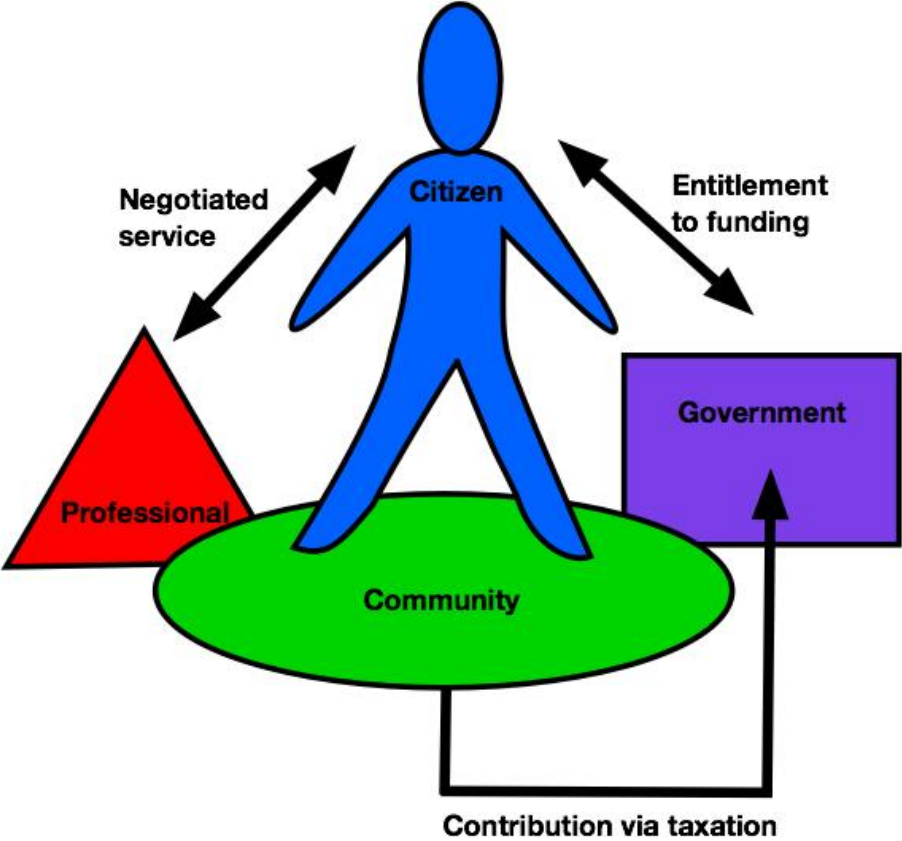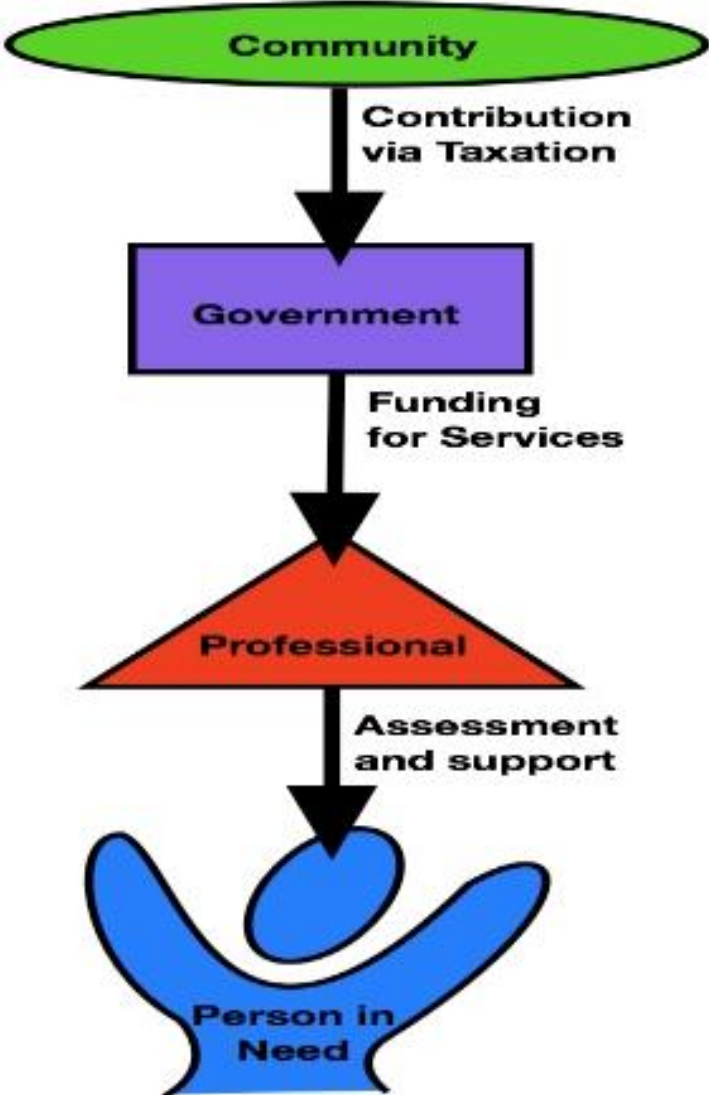
Duffy: Keys to Citizenship

Relationship with Commissioners: what's different?

- Don't respond to tenders: they can limit creativity, pre-define too much, don't activate assets

- Don't ask for long term significant funding

- Partner with commissioners in their market shaping & community development roles

- Commissioners can: connect us to local organisations and groups; lever & support provider use of asset-based approaches; support access to volunteers; help with business links; provide innovation/start up funding; partner for initiatives to drive changes to practice/culture

Getting in touch

www.community-circles.co.uk

@c_circles on twitter

martin@community-circles.co.uk

Developing Markets for Third Sector
(Providers Programme 2011-18)

- Support public sector procurement & commissioners to embed 'social value' in procurement

- Encourage public sector, community and voluntary organisations to work better together

- Design new or improving services with service users in the driving seat (Strategic PSPs)

- Grow opportunities for third sector providers to deliver more public services

- Support Procurement Reform (Scotland) Act 2014

How can PSPs be defined?

> *'A strategic partnering arrangement which involves the third sector earlier and more deeply in the design and commissioning of public services'*

- *Voluntary* partnerships involving both the public and third sectors

- Based on a co-planning approach

- Involves the joint design, piloting of services 'in scope' – with service user engagement critical to the process

- Require **resources/investment** to be contributed by all parties

- Partners share responsibility for managing the PSP, designing and piloting the services

- Once piloted and evaluated over a defined period of time, the new service can be competitively tendered or funded via another route

Public Service Reform
(Christie Report 2011)

- **People**: Individuals and communities must be empowered through involvement in the design and delivery of services they access;

- **Partnership**: Public bodies and service providers must work more closely together, integrating services to improve outcomes;

- **Prevention:** Spending should be prioritised towards the prevention of negative outcomes;

- **Performance:** The whole system of services, across public, third and private sectors, must improve performance and become more efficient in delivery

PSP - Applicable to a range of services

Social Care – Supported Living and day opportunities (learning disabilities)

Criminal Justice – Reducing Reoffending (Change Fund)
Low Moss PSP

NHS Lothian – Community based Mental Health Rehabilitation; Well-being services
NHSGG&C – Employability pathways for people in recovery

SPT Community Transport
Socially driven transport solutions

Early Years CF

Hibernian FC /HCF/NHS Lothian - GameChanger

Triggers for Creating a PSP

There are a number of potential 'triggers' which can encourage public sector organisations to consider and adopt the PSP model. Third Sector organisations can also look to leverage relationships and engage with public authorities where they have identified an opportunity to re-design services using a co-production approach: (e.g. shifting emphasis of resource to community based support.)

End of a Contract

Service Review Process

Recognition of Existing Issues

Ineffective or Insufficient Provision

Structural Changes e.g. H&SC integration; SDS

Innovations or different delivery approaches e.g. Community Delivery
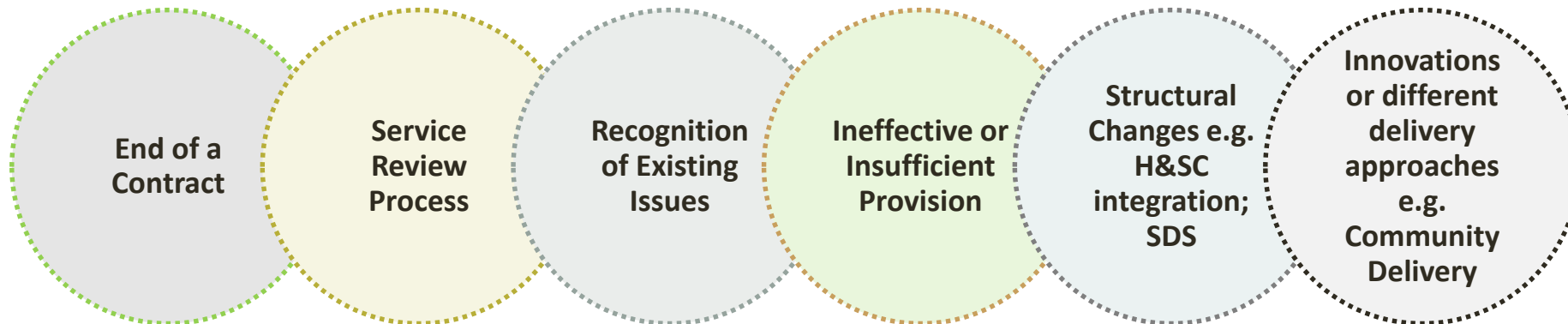
Creating and sustaining a successful PSP

rfb ReadyforBusiness

Leadership and Sponsorship

Identify & Create

Service Design

Pilot

Sustain the Service

- Define service scope
- Orgs with capability, shared vision identify need
- Agree PSP vision/ governance
- MoU
- Project Planning

- Build baseline
- Engage with users and stakeholders
- Define outcomes
- Explore sustainability Develop detailed design

- Agree pilot and funding
- Engage with users and staff to identify improvements
- Build evidence base of outcomes /benefits

- Define sustainability route with legal/ procurement
- SLA / grant funding; or
- competitive procurement

Project & Relationship Management

PSP Mythbusting

A PSP is....

- A structured way of addressing service re-design

- A way of deriving greater social value and community benefit

- Embedded in the commissioning and procurement lifecycle

- An equal partnership

- An iterative process of improvement

A PSP isn't....

- A rigid model applied to all change scenarios

- A way of avoiding existing procurement regulations or thresholds

- A way of obtaining each others IP

- A quick fix

- Discriminatory against smaller providers

Benefits of a PSP

Diverse Provider Market

The PSP model helps engage Third Sector providers, and through knowledge sharing and partnership working, can develop capacity and increase the number of viable providers in the market

Cultural Change

Equal partnership between organisations and sectors can encourage the breakdown of cultural barriers and encourage future collaboration

Iteration through Piloting

The pilot phase allows testing before tendering, allowing the partnership to address operational issues in a safe environment and incorporate user feedback into the final design

Sustainability

The current procurement agenda focuses on sustainable procurement, and the PSP supports the growth and strengthening of the Third Sector markets, thereby promoting sustainability

Better Outcomes for Users

The inclusion of users in the commissioning process will give more choice and control over what services are delivered and will ensure that service outcomes are 'person-centred'

Embedding Social Value

Services are designed to maximise community benefit, and community benefit clauses can be included in the tendering process to ensure the service delivers economic and social value

Let Glasgow Flourish

- Reconviction rates down 3.81% (1 yr reconviction rates)

- Recorded crime was down 36% since 2007 and violent crime at a 40 year low

- Victimisation rates (Glasgow) dropped

But ....

- Reoffending directly costs public purse in Scotland in excess of £3 Billion per annum (£587 Million for Glasgow)

- Reoffending in Scotland accounts for 70% of all convictions

- Overuse of Custodial Sentences – Highest Reconviction Rates

- Limited Statutory Throughcare (≤ 2% prison leavers)

Low Moss – a new opportunity

- New prison – new approach …

- … coalesces with evolving PSP focus, and

- coincides with Government commitments to reduce prison population and reconviction rates

- Time for a (relatively) long lead in

- Positive response to first call for stakeholders

- PLAN - to improve Throughcare Outcomes for Short Term (under 4 yrs) Prisoners

PSP Barriers

PSP Enablers

Did Low Moss PSP make a difference?

- 17% (vs 60%+) Reconviction Rates

- Individual Stories – Prisoners and their families

- New ways of working together

- On of several models – PSP Throughcare accounts for over 12% of all prison leavers

- But, long-term sustainability still in the balance

End