Voluntary and Community Sector (VCS) Commissioning and Funding Framework

1. Executive Summary

The Report proposes a clear set of criteria for the future commissioning of the voluntary sector by PCC and the PCCG.

The potential social value that can be delivered by the VCS is immense in terms of maximising opportunities for integrated care and joint working, tackling health inequalities and reaching 'hard to reach' groups, maximising people's independence, creating a community resource which is resilient and sustainable, preventing ill health and strengthening relationships so that outcomes are jointly understood and owned by different organisations. Given the difficult public funding constraints, the traditional outsourcing of services is neither delivering the scale of savings nor the step change in outcomes required in terms of the impact on need in Portsmouth. It is therefore proposed that both PCC and the PCCG move to 'joint commissioning for outcomes' with the expectation that external providers will engage in a dialogue to transform the shape of services which:

- Puts Co-production at the heart of commissioning - involving the VCS in earliest stage of needs analysis, review, planning and service development.

- A real focus on Personalisation - driving through change about how services commissioned with personal budgets are controlled by service users from a market that is developed and responds to customer choice and control.

- Focus on Social Value and strengthening Social Capital through Asset Based Community Development approach, commissioning services that put strong, resilient and inclusive communities at the heart of future health and care system; obtains added value through the use of volunteers, flexible use of multi-skilled staff, alternative sources of income (including charging).

- Work with an Evidenced Based framework and have a focus on Early Intervention and Prevention so that children, young people and vulnerable adults can live independent lives without and/or reduced recourse to more formal forms of support.

- Fully embrace reablement, rehabilitation and recovery, acknowledging that many people can recover and regain all or much of their independence.

It is expected that providers will obtain 'added value' through the: use of volunteers; flexible use of multi-skilled staff; alternative sources of income (including charging).
That supports the **legislative and statutory functions** required in health and care settings in an innovative and sustainable way.

The term Voluntary and Community Sector is inclusive of all independent voluntary and community groups which are often registered charities. It includes religious organisations that are involved in community work. Organisations that only make profits to support growth, such as social enterprises and co-operatives. The Portsmouth Compact has full definitions and organisational structures for information.

The key aim of the Commissioning and Funding Framework is to enable the sector to play a significant role in delivering more innovative, diverse and responsive public services. It has been written taking into account the shared principles of the Portsmouth COMPACT. The Council and CCG will adhere to COMPACT guidance in our partnerships with the Voluntary Sector.

The **Providers Network** facilitated by the Integrated Commissioning Unit will support engagement with the voluntary and community sector and further develop the Commissioning Intentions.

### 2. Background

**A changing approach to Commissioning**

Overall the shift to a commissioning approach by public sector bodies reflects an ever stronger focus on achieving value for money, through a smaller state sector and a greater role for the VCS as service providers. Reductions in the amount of money available to the public sector for investing in the voluntary sector means that we must rethink the way in which public sector fund and work with voluntary and community sector partners. This changing approach is reflected in the on-going developments towards an integrated approach to locality based commissioning between Adult Social Care Public Health and the NHS including Primary Care as well as through the development of alternative care delivery models for various client groups.

The increase in locally controlled NHS services, including the move of Public Health to local authorities, the shift towards GPs undertaking commissioning through the CCG and a strong focus on the development of community based services offer greater
potential for involvement of the VCS. The National Better Care programme highlights the importance of keeping people out of hospital and supporting their discharge to independent living where possible. Similar new models of delivery that dissolve barriers between providers and explore alternative approaches such as volunteers working alongside professional staff, using the community as a ‘renewable resource’, are set out in the NHS Five Year Forward View and are also being explored by PCC, CCG and our NHS Trust and could provide fertile ground for future collaboration.

Local Initiatives

Prevention and early intervention are also key to many public health initiatives such as lifestyle hubs and health promotion and the VCS potentially has a significant role to play in providing support in delivery and in signposting users to these services.

Delivering Differently

Portsmouth is also one of 10 pioneering local authorities receiving support from the Cabinet Office to explore different delivery models for existing public services. A new social enterprise is currently in development to deliver existing services outside the council which could also commission new services on behalf of its partner organisations. One of the aims of this new organisation will be to work alongside voluntary and community sector partners, building alliances and exploring commercial opportunities ploughing any profits back into the organisation to support evidence based services that deliver priority outcomes for the city.

Positive family steps (Troubled Families Program) and Families with Multiple Problems.

Portsmouth City Council and its partners have committed to phase 2 of the Department of Communities and Local Government national troubled families program. We will be required to support and help at least 2,000 families between April 2015 - April 2010. Although the central government funding reduces from £4,000 per family to £1,800 per family the income continues to provide a valuable source of funding into the City and will drive the requirement to make holistic whole family working part of mainstream service delivery.

Work to transform how families receive help and support at the earliest points of concern continues to grow in the pilot area of Paulsgrove and Wymering known as (Positive Family Futures). In 2015 we hope to use the DCLG Delivering Differently in
Communities fund to increase the pace and scale of the new way of working. The initiative does not directly fund services it works with existing services across all sectors in the community supporting them to work differently together.

3. Our Commissioning Principles

Puts Co-production at the heart of commissioning - involving the VCS in earliest stage of needs analysis, review, planning and service development.

A real focus on Personalisation - driving through change about how services commissioned with personal budgets are controlled by service users from a market that is developed and responds to customer choice and control.

Focus on strengthening Social Capital through Asset Based Community Development approach, commissioning services that put strong, resilient and inclusive communities at the heart of future health and care system.

Work with an Evidenced Based framework and have a focus on Early Intervention and Prevention so that children, young people and vulnerable adults can live independent lives without and/or reduced recourse to more formal forms of support.

Fully embrace reablement, rehabilitation and recovery, acknowledging that many people can recover and regain all or much of their independence.

Ensure efficient use of resources to target services that meets the priorities of the city, makes best use of the resources achieving agreed outcomes and improves wellbeing.

4. Our Commissioning Objectives

a. To empower vulnerable adults and families by providing accessible sources of information and advice, involving service users/families in their individual plans and by building inclusive and resilient communities.

b. To enable vulnerable adults and families to learn, work and care safely in their own homes and communities by accessing locally based services and opportunities, reducing unnecessary admissions to institutional settings such as residential care.
and out of authority schools and colleges. We will continue to commission, jointly where appropriate high quality specialist provision for those with acute/complex needs.

c. To prevent, postpone and minimise people's need for formal forms of support by commissioning evidenced based targeted services that ensures early identification, assessment and timely intervention.

5. Our Commissioning Intentions (these will be developed further and co-produced with VCS colleagues via the providers network)

During the next 18 - 24 months, our intentions are to deliver on the key priorities identified by the People's Directorate, Public Health and CCG.

Whilst some intentions are specific as the programme delivery has progressed, others are more at the initial exploratory stage.

Adults Services

5.1 Reablement

Continue to develop a city wide approach to reablement that is inclusive of all client groups; delivers on the outcomes of increased independence and wellbeing and reduction in long term social care and hospital admissions.

5.1.1 Through the Better Care Programme delivery review the pilot VCS reablement services and Portsmouth Reablement & Rehabilitation Services (PRRT).

5.1.2 Analyse gaps in reablement provision in particular for specific client groups such as People with Mental Health illness.

5.1.3 Build on and establish a key and recognised role for VCS in the Reablement Pathway.

5.2 Personalisation

Build on the Personalisation Agenda in Adult Social Care and Personal Health Budgets to improve choice and control; explore integrated social care and health budgets and opportunities in children's services; increase exponential take-up of Direct Payments for children and adults in receipt of Social Care and Continuing Health Care.
5.2.1 Review the Learning Disability Day Services provision including the VCS services and commission personalised, socially inclusive day opportunities through a diverse market of VCS, private and in-house provision.

5.2.2 Explore and develop a role for VCS in the delivery of non-personal care aspects of Domiciliary Care Provision to increase choice and control and overall efficiency in the home care package.

5.2.3 Develop a VCS led peer support service that complements the social workers role in increasing the take up of Direct Payments; supports service users in support planning and creative use of personal budgets.

5.3 Adult Mental Health

Implement a transformation programme across the Adult Mental Health service to address the budget pressures and ensure a robust recovery focused approach to service delivery.

5.3.1 Establish a VCS led integrated recovery and peer support service through sub-contracting arrangements with NHS Solent.

5.3.2 Explore the role of VCS in the provision of Counselling services and the overall service pathway.

5.3.3 Explore the role of VCS in the transformation programme of the Adult Mental Health led by CCG.

5.4 Implementation of Care Act

5.4.1 Explore opportunities to develop or build on the role of the VCS in the implementation of the Care Act, in particular information and independent financial advice services, early intervention and prevention services and Carers Services.

5.5 Integration - Health and Social Care

5.5.1 As the Better Care Programme progresses, develop models of care for vulnerable adults, families and carers; embed locality based service delivery and identify and establish a key role for the VCS.

Age UK Navigators pilot - funded by CCG just one example.

5.6 Dementia

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5.6.1 Review the current VCS Dementia pilot projects in the city funded by the CCG and agree a longer term plan for commissioning services that deliver on the Dementia strategy; in particular enhance the capacity of the VCS to co-ordinate specific project on making Portsmouth a Dementia Friendly Community.

5.7 **Children's Services**

Review off the early intervention VCS services and commission targeted services to reduce children coming into care. Commission innovative services to support these young people to live their lives independently as they make their transition out of the care system.

5.7.1 Explore longer term support for families of children aged 5+.

5.7.2 Look at potential for mentor/peer support programmes.

5.7.3 Explore support for people caring for children and young people

5.7.4 Explore role for post adoption support for families

5.7.5 Implement the Children's Trust Board Priority G - Improving Outcomes for Children and Young People and their families:-

- Personal budgets that incorporate targeted short breaks provisions from the VCS
- Information advice and support services for parents carers and young people
- Parental participation through parent engagement and co-production
- The development of a more flexible model of targeted short breaks

5.7.6 Fostering, supported lodgings, targeted youth support service, identify and further develop specific projects working in partnership with the VCS.

5.8 **Positive Family Steps (Troubled Families Program)** Positive Family Steps (Troubled Families Program) & Families with Multiple Problems

5.8.1 As part of our model we will retain an intensive family intervention service until July 2017 provided by the voluntary sector organisation, Barnardo’s. Our intention is to work with partners on key aspects of the programme in readiness for April 2015.
5.8.2 PCC will remain an active associate partner on the Big Lottery funded Families Moving Forward voluntary sector led service. The service is funded until July 2016 via the Big Lottery.

Public Health and Social Care Services

5.9 Substance Misuse

As part of the review of Substance Misuse provision in the city, review the substance misuse services with the VCS to inform the future provision and service pathway.

Public Health

5.10 Lifestyle Hubs - smoking cessation, obesity, Alcohol

The role and contribution of the VCS is being explored. The local commissioned services currently with contracted with pharmacies and GPs are being reviewed and there will be scope to fund and commission some of these services from the VCS.

6. Our commitment in delivering these Commissioning Intentions

6.1 Communicating and committing to deliver our strategic intent:

- Complying with the Portsmouth Compact while acknowledging that in some instances the scale and pace of public sector cuts might make this difficult for consultation arrangements, funding and (de)commissioning processes and premises commitments;
- Ensuring we communicate the nature of the challenges and, where possible work out solutions with the VCS;
- Being honest and not making false promises; and
- Providing information which is readily available to the Council and CCG and which would be helpful to VCS, e.g. JSNA information, upcoming procurement and funding opportunities.
- Long term investment, in resources including infrastructure support, but also in communications, relationship building and contractual arrangements.
6.2 Having constructive relationships with organisations whether we fund them or not:

- Starting from the position that the VCS is independent of the Statutory Sector and has its own reasons for being which are valid;
- Engaging in dialogue and partnerships where it is mutually beneficial to do so;
- Being clear about the nature of relationships - consultative, partnership, regulator etc.
- Being honest about the financial context within which we are operating;
- Recognising that the Council and CCG have a role to play in encouraging a market where local organisations (or consortia of local organisations) have the opportunity and incentive to deliver services;
- Encouraging voluntary and community organisations to work together where it would be beneficial to do so.
- Cultural change which places the VCS as a recognised and contributory partner - as potential providers and also in terms of strategic framework setting.

6.3 Funding and Procurement framework

In particular we will endeavour to:

- Build capacity of the sector, to help organisations gear up to deliver Council and CCG's commissioning intentions;
- Recognise the importance of infrastructure and volunteering to the VCS and where appropriate provide support to continue its development;
- Support the VCS by maintaining, where possible, longer term funding;
- Support the sustainable development of voluntary organisations by signposting and facilitating access, where possible, to external and non-public sector sources of funding;
- Ensure prompt payment of small grants and contracts;
- Explore joint commissioning across Council, CCG and other public sector organisations to deliver on the priorities for the city;
- Allocate funding, contracts and other resources against clear, relevant and consistent criteria;
- Ensure that procurement and contracting processes are transparent, fair and proportionate, facilitating the involvement of the broadest range of providers, including considering sub-contracting and consortia building where appropriate;
- Accept the principle of full cost recovery, in funding VCS organisations, to help them meet the true cost of providing services;
- Design monitoring and performance management systems that are proportionate and meet the needs of VCS;
• Give honest and timely feedback to funded organisations about successes or deficiencies in performance;
• Work towards the alignment of policies and systems across and within funding agencies;
• Ensure that VCS organisations are fully included in the development of integrated locality teams (North, Central and South cluster).

6.4 Expectations of the Voluntary and Community Sector

• To consider and develop sustainability plans
• To build the necessary governance and management structures for provision of services
• To engage with other funders to bring investment into the city
• To work together to form cohesive partnerships
• To provide evidence of need
• To work with Council and CCG to provide targeted services
• To provide evidence of performance measures and demonstrate agreed outcomes
• To contribute to evidence evaluation

6.5 Quality Standards

In addition to the commissioning intentions there is a set of objectives that are common to all area and which all proposals must address.

These common objectives relate to quality and include building social capital and value for money. All proposals will need to demonstrate how they cover the following core elements:

• To work in partnership to make the best use of resources available
• To take an active involvement of local service users and carers in the planning and delivery of support
• To have an active plan to ensure access for all to meet the diverse needs of communities
- To actively market the support on offer to the local community using networks and promotional material and media
- To target support to those most in need
- To promote mental wellbeing in all that you do
- To have a clear plan for staff recruitment, training, supervision and development
- To have a clear plan for monitoring quality and evaluation
- To provide and manage information and advice to local people in a timely way, increasing independence, making the best use of local knowledge and networks
- To engage with local communities' and commissioners' needs in a way that improves effectiveness
- To ensure staff and volunteers have the right skills to support beneficiaries to achieve the outcomes they need
- To find ways for local people to become engaged in their communities'
- To use a cost effective local base/point to build locally accountable social capital
- To set out proposed cost to meeting outcomes
- To include a clear account of any other funding which is being drawn down from other sources and how this supports the Delivery of the commissioned outcomes