

## **Public Consultation on Commissioning Human, Social and Community Services**

### ***A Submission by the Citizens Information Board (February 2016)***

#### **Introduction**

The commitment to develop an innovative approach to commissioning support services is welcomed by the Citizens Information Board (CIB). In particular, the Board welcomes the inter-departmental approach being adopted which it is hoped will make a necessary contribution to the development and implementation of an integrated approach to service delivery. The background information and literature review referenced in the consultation documentation is informative and useful.

This Submission is based on the Board's experience of commissioning various pieces of work relating to strategic development, project management, service delivery and policy research over the years involving both our central service and our service delivery partners – Citizens Information Services (CISs), the Citizens Information Phone Service (CIPS)<sup>1</sup>, the Money Advice and Budgeting Service (MABS), the National Advocacy Service for People with Disabilities (NAS) and the Sign Language Interpreting Service (SLIS)

At the outset, the Board wishes to state our understanding of the commissioning process as one which is very much broader than the purchasing and procurement of services in the context of competitive tendering and compliance with EU and national legal requirements and protocols, important as these are in themselves. Broadly speaking, Commissioning is best understood as a process aimed at linking resource allocation with meeting assessed needs and achieving positive outcomes for service users in a cost-effective manner. This applies to all such services whether they are provided directly by a statutory agency, by the private or voluntary sector or through public–private/voluntary partnerships. Thus all delivery options should be considered in the context of a commissioning approach which may involve:

- Direct public service provision
- Grants to NGOs
- Competitive tendering

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<sup>1</sup> CISs and CIPS deal annually with one million queries from the public.

- Public/voluntary/private partnerships

Key questions, of course, are which services should be provided directly by public bodies; which should be contracted out and on what basis should such decisions be made.

### **Core Considerations**

The Board believes that the following are basic considerations in any commissioning of human, social and community services.

- Services provided are based on a full assessment of people's needs;
- Services delivered are compliant with stated Government policy, principles and guidelines;
- Principles of a community development approach are kept central to the commissioning process - analysis and identification of community needs and the development of appropriate partnership and socially inclusive strategies to address these.
- The delivery model/framework used is such as to enable optimum efficiency in the context of available resources as well as demonstrable value for money;
- Great care is required to ensure that the appropriate balance is achieved between value for money considerations and ensuring quality service delivery for end-users;
- The service provider demonstrates clear and proven expertise in the specific service area;
- The service provider has an inbuilt capacity to anticipate potential difficulties/challenges and to identify ways of overcoming these;
- The core principles of citizen-centred services are referenced and provided for in a meaningful manner, including, in particular:
  - Building relationships of trust and respect
  - Enhancing well-being and quality of life
  - Empowering people individually and collectively
  - Being accountable to the end-service users for the service provided
  - Adherence to the highest ethical standards
  - Providing accessible and individually-tailored information
- There is an acknowledgement and understanding on the part of both the commissioner and service provider of the implications for human, social and

community services of international human rights charters and conventions<sup>2</sup> and relevant legislation, in particular:

- Ensuring that the will and preferences of individuals are given primacy
- Supporting the principle of self-determination
- Promoting supported decision-making (in accordance with the Assisted Decision-making (Capacity) Act 2015);
- There is an in-built commitment to engage in consultation with end-service users and an identification of mechanisms for so doing;
- Models and structures and related implementation plans that are likely to be applicable are clearly identified;
- Innovative approaches which are based on direct experience to date, outcomes evaluation and on relevant best practice in other jurisdictions are given due consideration;
- Maximising inter-agency collaboration and joint working towards fully seamless services is at the core of delivery models;
- There is an acknowledgement of and clear understanding of changing needs across the life-cycle;
- There is provision for strong consultation mechanisms in order to ensure that the views and perspectives of all end-service users form an integral part of service delivery at planning, implementation and outcomes stages.<sup>3</sup>

### **Overarching Factors**

The CIB identifies a number of overarching factors that should inform the commissioning of human, social and community services.

### ***Consultation with End-Service Users***

It has long been acknowledged that consultation is the key to public services understanding the needs and expectations of their wide range of users. As far back as 2001, the OECD<sup>4</sup> noted that strengthening relations with citizens is a sound investment in better policy-

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<sup>2</sup> In particular, the European Convention on Human Rights, the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities.

<sup>3</sup> CIB service delivery partners are a rich source of data on citizens' experiences of social services. Drawing on feedback from service delivery partners, the CIB compiles policy social policy reports and submissions on an ongoing basis based on this feedback. See

<http://www.citizensinformationboard.ie/services/social/>

<sup>4</sup> <http://internationalbudget.org/wp-content/uploads/Citizens-as-Partners-OECD-Handbook.pdf>

making and a core element of good governance. It allows government to tap new sources of policy-relevant ideas, information and resources when making decisions. Equally important, it contributes to building public trust in government.

Consultation processes should take full cognisance of the fact that the relationships between users and providers of public services are often considerably more complex than those between customers and providers in the private sector. People in receipt of publicly-funded services for the most part have no alternatives and, therefore, cannot avail of the 'exit' option in the sense of going elsewhere for the service. Also, the reality is that publicly-funded services are delivered within limited resources and trade-offs may be required between meeting the needs and expectations of different groups of users.

### ***Inter-agency Collaboration***

While the demand for services may sometimes outstrip supply, the shortfalls in the availability of services are sometimes compounded by inadequate levels of joint working. There has been much discussion about the need to co-ordinate and integrate services at the point of delivery. While much of this is provided for at policy level, there are notable shortfalls in actual practice. An ongoing problem with functionally organised service delivery systems is their lack of capacity to deliver packages of integrated services in response to assessed needs. The multiplicity of agencies and organisations (statutory, NGO and private) involved in the delivery of human, social and community services render it difficult to provide citizens with a *seamless* service. Each public service agency has its own rules, regulations and legislative basis and one statutory agency cannot override the statutory responsibilities of another. Not surprisingly, members of the public sometimes find it difficult to know where responsibility for different services lies and where their search for information and services should begin.

### ***Assessment of Needs***

The assessment of needs is evidently a crucial first stage in the commissioning process. It involves assessing both population/care group needs and examining best practice for the delivery of high quality, cost effective services and approaches to meeting these needs. The experience of CISs and CIPS is that service providers frequently tend to define need in line with the type of entitlement or service they offer. It is sometimes the case that when service providers come across cases for which they have nothing to offer, there may be an implicit assumption that a person's needs would be met elsewhere, by another agency or through some other entitlement. While this is sometimes the case, it is not always so. Also, a person may frequently require the co-ordination of several service/support elements to meet a particular service need, e.g., a person experiencing mental health difficulties.

### ***Identifying Outcomes***

This is an important consideration in the commissioning process in that service models are designed and developed on the basis of achieving outcomes in accordance with assessed needs.

A difficulty arises, however, in that measuring and demonstrating outcomes can be challenging in many situations. For example, change in health and wellbeing may be difficult to measure and may be very gradual over many years. Also, there may be insufficient research evidence to demonstrate outcomes one way or another. Even when outcomes can easily be specified and measured and positive effects can be seen, it can be difficult to know what impact the service had and what other factors may have had an influence. Therefore, requirements for effective monitoring and evaluation should be an essential element in the commissioning process.

### ***Monitoring and Evaluation***

It is frequently the case that evaluation only takes place at the final stage of Commissioning in order to assess progress and inform future decision-making. Ongoing mechanisms for assessing outcomes should ideally be based on an action research approach where evaluation is embedded in the service delivery process from the outset. This approach to evaluation typically requires involvement by researchers at all stages of the process – clarifying programme objectives, programme initiation, operationalisation and implementation and identifying outcomes (both planned and unintended).

### **Stages in the Commissioning Process**

As stated, in the background consultation documents, the commissioning approach to public service delivery should follow a specific sequence: In following that sequencing, the commissioning process should include provision for:

- 1) Identifying clearly the target population
- 2) Carrying out a comprehensive assessment of needs in respect of that population
- 3) Outlining desired outcomes specific to the target population
- 4) Identifying the nature and type of services likely to achieve these outcomes
- 5) Setting up mechanisms for stakeholder consultation and participation, including end-service users
- 6) Engaging in a tendering process to secure service providers that can deliver the services identified – purchasing of services and related service contracts
- 7) Setting up mechanisms for assessing outcomes, ideally an action research approach referred to above with appropriate measures and social indicators

Much of the scoping work relating to 1-4 above should be carried out before the tendering process commences. This may require some initial exploratory research and, perhaps, some engagement with potential and prospective service providers.

### **People with disabilities**

The CIB has a particular remit in respect of people with disabilities and notes the fact that many services and supports to this population group are not provided directly by statutory agencies but through NGOs funded mainly through the public purse in the form of block grants and related service level agreements. However, these services for the most part have not to date been funded on the basis of a transparent commissioning process. This is an area which requires careful and full consideration as part of the current engagement by government departments with the commissioning concept.

The policy focus in relation to disability services in recent years has been to develop a model of individualised supports.<sup>5</sup> This is very relevant in the context of a commissioning approach. The Value for Money (VFM) Review (Department of Health 2012) involved an evaluation of the efficiency and effectiveness of HSE spending under its Disability Services Programme. A key recommendation in the VFM Report was the need for the HSE, in consultation with the disability sector, to move towards a new Commissioning and procurement framework. The Review states that all funding should be allocated on the basis of a standardised assessment of individual need, which should be linked to the resource allocation methodology. This was seen as requiring more effective methods of assessing need, allocating resources and monitoring resource use as well as the articulation of a set of realistic, meaningful and quantifiable objectives to achieve measurable outcomes and quality for service users at the most economically viable cost. This proposed approach clearly needs to be linked to any new approach to commissioning services for this group of people.

### **Implementing the Commissioning Concept**

The CIB broadly agrees with the range of benefits have been identified in respect of Commissioning, in particular:

- Resource targeting
- Higher-quality service provision
- Better value for money
- Increasing service user choice

However, we also note potential difficulties with Commissioning that have been identified and which are very relevant in the Irish context:

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<sup>5</sup> Individualised supports are understood as individually-tailored personal and flexible supports which include a range of assistance and interventions required to enable an individual to live a fully included life in the community.

- Destabilisation of the pool of providers, especially where a few major providers supply a range of interdependent services, or where present provision is a poor match for population needs in particular geographical areas
- How to ensure that the diversity of needs are catered for<sup>6</sup> and to avoid ‘cherry-picking’ models of delivery
- A diminution of the vital contribution of NGOs, including losing knowledge and assets and an impact on voluntary activity generally and the sustainability of organisations.

We also note that a possible outcome of a stronger emphasis on Commissioning could be a shift to a greater privatisation of human, social and community services with its associated difficulties and challenges as in the case of private nursing home care.

The experience of using a commissioning approach to date should be built on and key learning from those initiatives<sup>7</sup> taken on board.

### **The Community and Voluntary Sector in Ireland**

The role of the Community and Voluntary Sector is somewhat unique in Ireland given its historical involvement in the delivery of social services -- a range of health, social care and education services have been initiated by NGOs. Indeed, the State has relied on the sector (and continues to do so) to provide many services, in particular, services for people with disabilities. Legislation has provided for the current system of grant-based funding in the health sector.

The implications for the NGO sector of introducing a more extensive Commissioning model requires careful consideration in order to minimise any resultant destabilisation of the sector and the wide range of target groups served.

### **Key questions requiring ongoing consideration**

Transitioning to a more extensive Commissioning models and frameworks of service delivery will require ongoing consideration of the following questions:

- How will a stronger focus on Commissioning impact on the responsibility of Government to provide health and social services?

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<sup>6</sup> See, for example,

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/445731/LPE\\_Capitation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445731/LPE_Capitation.pdf)

<sup>7</sup> For example, the JobPath programme, the Social Inclusion and Community Activation Programme, the Prevention and Early Intervention Programme and the Area-Based Childhood Programme.

- When are services best provided directly by Government and when should they be contracted out to other providers?
- What are the implications of a possible greater move towards the privatisation of health and social services as a result of Commissioning?
- What are the implications for smaller NGOs with long track records in providing good quality human, social and community services based?
- How does the concept of Commissioning relate to:
  - Individualised funding
  - Local community development
  - Active citizenship and volunteering
- How is the transition to a more extensive Commissioning framework to take place to ensure that experience and skill-sets built up over many years of practice are not lost?