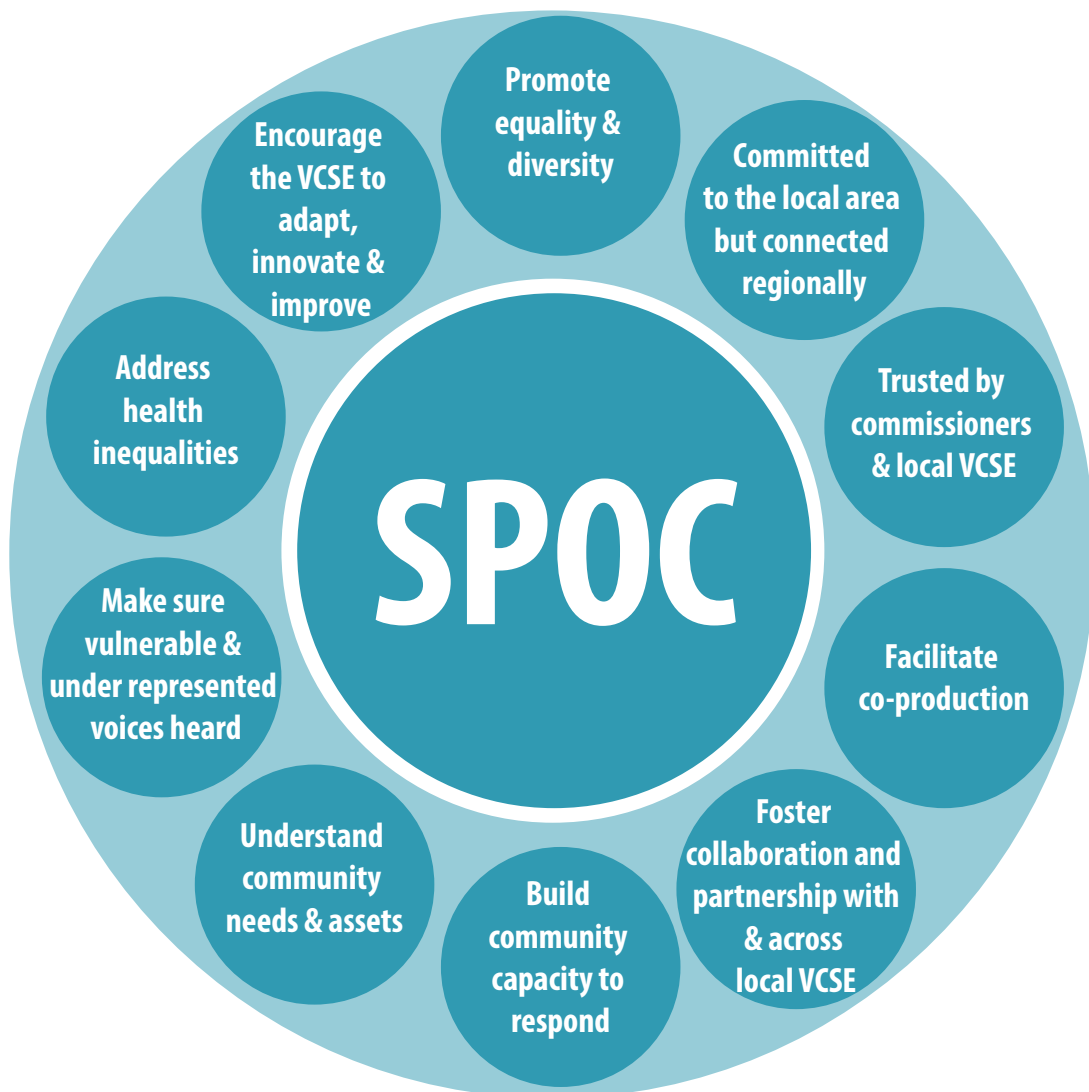




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local focus national voice

Improving Commissioning through a VCSE Single Point of Contact



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Executive Summary

Voluntary, Charity and Social Enterprise (VCSE) organisations play an increasingly vital role in delivering public services. However, by excluding many smaller VCSE organisations, the current system is failing. It is failing to get the best services and outcomes for people and the best value for commissioners. A Single Point of Contact (SPOC) model addresses this failure, as can be seen by the case studies, but the model is not in widespread use. Our aim is to address that.

This report describes the SPOC model, how it works, the value it can bring and the critical elements of a successful SPOC. It also provides examples of where a SPOC is already allowing people to benefit from improved commissioning.

What is a SPOC

A SPOC is a single organisation (or possibly partnership of organisations) through which a commissioner can work with a broad range of VCSE organisations through a single grant or contract. The SPOC enables the commissioner to design services reflecting the needs of local people and communities. The SPOC works with a partnership of local VCSE organisations to deliver the work through contracted arrangements. The SPOC takes on the contract management, monitoring and administration, meaning commissioners only need manage one contract against commissioning outcomes. The SPOC is paid to performance manage the delivery organisations, allowing commissioners to focus on outcomes.

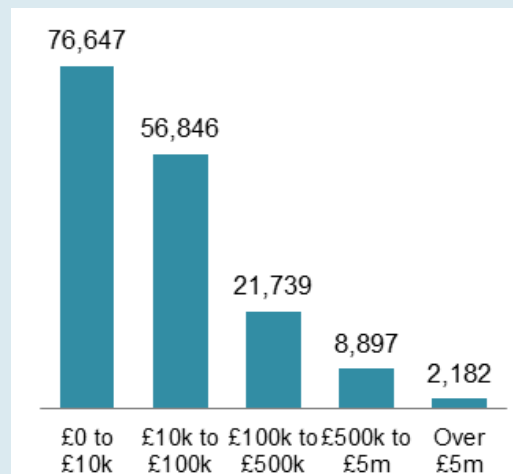
VCSE organisations and public services

VCSE organisations' involvement in public service delivery has risen sharply in the past twenty years. This expansion has been driven by government policies to increase choice by extending the range of providers and a recognition that charities provide distinctive and added value and reach people and communities that state-run services fail to. However, not all charities are involved; smaller VCSE organisations in particular are frequently excluded. The trend towards contracts and away from grants exacerbates this problem. There is growing interest in making sure that

public service delivery involves smaller VCSE organisations, not just the bigger ones. The 2017 Lords Select Committee on Charities reported that, "The transition from grants to contracts, and the challenges for smaller charities bidding for and operating contracts, were frequent topics in the evidence we received." They also found that, "public sector grants have been replaced in most instances with contracts, often with complex commissioning processes. These have

The size and number of charities

The vast majority of VCSE organisations are small. According to the Charity Commission there were 166,311 registered charities in the UK in September 2016. Of these, just 11,079 or 6.7 per cent had income over £500k.



disadvantaged smaller charities, which struggle to bid for services at scale, and constrained the valuable innovation that charities can bring to service delivery.” Research shows that funding from local and central government for small and medium sized charities fell by 44 per cent between 2008/09 and 2012/13.

This trend is obviously harmful to small and medium sized VCSE organisations. More importantly it fails to provide the best outcomes for people using the service or the best value for taxpayers.

Purpose of this paper

This paper aims to widen understanding of the model and help areas who wish to develop SPOC models by outlining the essential elements of a successful SPOC model.

The paper also provides an evidence base to make the case for the value of the SPOC model. It articulates the benefits of improved access to service provision, how co-production, simplified referral on assessment processes and effective communication channels can be achieved by adopting a SPOC model.

Who should read this report?

- Anyone with an interest in public sector commissioning policy.
- Commissioners who want to engage with a wider range of local VCSE organisations.
- Local infrastructure charities or other organisations seeking to establish themselves as a SPOC.
- Those interested in transforming public services to improve outcomes, especially in local government and health and care, where smaller VCSE organisations have much to offer.

Note: This report refers to the ‘SPOC model’ and a ‘SPOC’ or ‘SPOC organisation’. The SPOC model is the commissioning model and the SPOC or SPOC organisation is the body that fulfils the role as a single point of contact, connecting commissioners, VCSE organisations and individuals.

1. The need for the SPOC model

The last twenty years has seen a steep rise in the involvement of charities delivering public services. This expansion has been driven by government policies to increase choice by extending the range of providers and a recognition that charities provide distinctive and added value and reach people and communities that state-run services struggle fail to.

“ Small and medium-sized charities typically started in response to local needs, developing services where there were none and giving a voice to those who were ignored. Embedded in the communities they serve, they are able to deliver high value services, leveraging in extra funding from other sources and working with large numbers of local volunteers. By delivering targeted and person-centred services they are able to avoid the failure-demand that disadvantages so many larger, generic service providers. ”

Commissioning in Crisis, Lloyds Bank Foundation, December 2016

However, not all charities are getting involved. There is growing interest in making sure that not only the bigger charities can be involved in delivering public services but also smaller and local charities. The 2017 Lords Select Committee on Charities¹ found that, “The transition from grants to contracts, and the challenges for smaller charities bidding for and operating contracts, were frequent topics in the evidence we received.” They also found that, “public sector grants have been replaced in most instances with contracts,

often with complex commissioning processes. These have disadvantaged smaller charities, which struggle to bid for services at scale, and constrained the valuable innovation that charities can bring to service delivery.” Research by NCVO², shows that funding from local and central government for small and medium sized charities has reduced by 44 per cent between 2008/09 and 2012/13.

This trend is obviously harmful to small and medium sized VCSE organisations. More importantly it fails to provide the best outcomes for people using the service or the best value for taxpayers. Evidence of the value of person and community centred approaches is provided by the Realising the Value work led by Nesta.³ These approaches rely on their being a multitude of providers, including smaller organisations.

Locality has provided further evidence that involving smaller charities in delivering public services saves money. Their research Saving money by doing the right thing: Why ‘local by default’ must replace ‘diseconomies of scale’ suggests local authorities alone could save as much as £16 billion annually across England if they moved to locality working, which would involve commissioning small and medium sized charities to deliver local services.

The Government’s desire to improve smaller VCSE organisations’ involvement in public services is being driven by a recognition that smaller charities provide value for money, a greater choice for commissioners, effective outcomes and will progress person centred services. They have made several attempts to address this issue in recent years, suggesting it is recognised as an issue that requires fixing. Measures taken by

¹ Stronger charities for a stronger society, report of the Lords Select Committee on Charities, March 2017 <https://www.publications.parliament.uk/pa/ld201617/ldselect/ldchar/133/133.pdf>

² Navigating Change: An Analysis of Financial Trends for Small and Medium-Sized Charities, NCVO 2016 https://www.ncvo.org.uk/images/documents/policy_and_research/funding/financial-trends-for-small-and-medium-sized-charities-ncvo-lloyds-bank-foundation-2016.pdf

³ Realising the Value <http://www.nesta.org.uk/project/realising-value>

the Government since 2010 to tackle this issue include:

- Educating commissioners through the Commissioning Academy.
- Appointing a Crown Representative for the VCSE.
- Cabinet Office ‘masterclass’ workshops to help charities win public sector contracts.
- The Investment and Contract Readiness Fund.
- The Open Public Services White Paper.
- The introduction of Social value.

The most recent attempt is the Government’s Public Services Programme, which “aims to enable more small charities to access the public service market. Government sees accessing their expertise as a key route to improving public services, enabling local people to solve local problems and ensuring that everyone can access public services that effectively address their needs.”⁴ A Civil Society Implementation Group has been established to explore the development of a commissioning quality mark and a placed based Public Service Incubator to increase the number of small VCSE organisations being commissioned.

Engaging with smaller charities is also essential to unlocking the full potential of the VCSE sector. At Acevo’s annual conference in December 2016, Civil Society Minister Rob Wilson said, “small charities are the lifeblood of our communities. They bring local expertise, knowledge and connections to the public services they provide. They have the potential to deliver better outcomes for those in need.”⁵ Larger household name charities are a tiny fraction of the total number of charities in the UK. According to the Charity Commission there were 166,311 registered charities in the UK in September 2016.⁶ Of these, just 11,079 or 6.7 per cent had income over £500k. In addition there are community groups and voluntary organisations that do not register with the charity commission because their annual income is too small or are ‘exempted charities’, these include

“Small and medium-sized charities are a vital part of civil society in Britain today. They make up over 90 per cent of all organisations in the voluntary sector, and with an income of around £7 billion in England and Wales alone they account for one-fifth of the sector’s income. They have played a crucial part in society for centuries, and both helped create and now often deliver many of the services that we have come to regard as essential to the quality of our lives – from education to health to child protection.”

Too Small to Fail, IPPR North, February 2016

“Commissioning is a significant challenge for small and medium sized charities for many reasons but not least their difficulty in competing against large, national and/or commercial providers who typically win larger contracts. These are often priced to work with those with less complex problems and those who are easiest to help – when small and medium sized charities are typically working with those with more complex needs who require more help.”

Expert but Undervalued, Lloyds Bank Foundation, July 2015

“The belief that ‘economies of scale’ are achieved by commissioning large public sector contracts has a number of damaging consequences with no increase in efficiency. One consequence is an increase in costly administrative burdens of tendering, compliance and monitoring, particularly troubling for third sector organisations, who strive to maximise resource allocation to the frontline and away from management and administration. More worrying is the impact on vulnerable people; they are provided with what has been commissioned rather than what they need.”

Saving money by doing the right thing, Locality, March 2014

⁴ Putting small charities at the heart of public services press release, 13 December 2016 <https://www.gov.uk/government/news/putting-small-charities-at-the-heart-of-public-services>

⁵ <https://www.civilsociety.co.uk/news/charities-minister-promises-to-help-small-charities-win-more-contracts.html>

⁶ Charities by income band – 30 September 2016, The Charity Commission <http://apps.charitycommission.gov.uk/ShowCharityRegisterOfCharities/SectorData/CharitiesByIncomeBand.aspx>

scout and guide groups, armed forces charities and many religious charities associated with the mainstream Christian denominations. A National Audit Office report estimated that this was at least a further 180,000 organisations.⁷ By failing to engage with smaller VCSE organisations, commissioners are only working with a fraction of available organisations and unlocking just a fraction of the VCSE sector's full potential. Despite all the attempts by Government to improve commissioning for smaller VCSE organisations, there has been only a limited impact on the volume or value of contracts going to smaller voluntary organisations. The SPOC model provides part of the solution to this problem by introducing a co-ordinated approach to commissioning local small and medium VCSE organisations.

What's stopping smaller charities delivering public services

Commissioning in Crisis, Lloyds Bank Foundation, December 2016

a) Understanding: lack of knowledge by commissioners about the service they are commissioning and the needs of individuals can lead to practices which trivialise local expertise and shut out those with the skills and knowledge to meet needs effectively.

b) Specifications: aspects of contracts and tender specifications can automatically exclude smaller charities.

- (i) Contract sizes unrelated or inappropriate to services being commissioned
- (ii) Disproportionate financial specifications
- (iii) Inappropriate and restrictive payment mechanisms
- (iv) Unclear and underfunded TUPE specifications

c) Processes: the processes commissioners follow can inadvertently impede on providers' ability to bid effectively and successfully, particularly for small and medium sized charities who have very limited resources and capacity.

- (i) Excessive application requirements
- (ii) Tight timescales
- (iii) Shifting goalposts and a lack of communication

⁷ Regulating charities: a landscape review, 2012 https://www.nao.org.uk/wp-content/uploads/2012/07/Regulating_charities.pdf

2. How the SPOC model meets the need

A Single Point of Contact model can help smaller charities engage in public service delivery and support moves to design and deliver services built around individuals. It allows commissioners to work with a breadth of organisations with a range of expertise and knowledge, providing targeted support to specific people and groups. A 2012 IPPR report⁸ said that, “moving towards whole person care and delivering transformational change across the country also requires more integrated providers or networks of providers. Given the diversity of providers that need to be involved in whole person care, it is unlikely that single organisations could cover every aspect of care, however comprehensive and integrated they are.” There is also evidence that Single point of Contact models are popular. National Voices found that, “people know they may need a variety of professionals and support services, but within this they want a single trusted point of liaison.”⁹

There have been attempts to encourage the development of VCSE consortia to achieve this but traditional consortium models are “hard to put in place and have a mixed picture of success”.¹⁰ Traditional options have been to:

1. Form a new legal body for the delivery of a specific contract. Setting up a new organisation is complicated creates a lot of additional bureaucracy. It is also expensive in terms of time and money and needs to be carefully constituted to be able to effectively manage a contract and make decisions.
2. Have a lead body (or prime provider), one designated organisation from a consortium who manage the partners and is accountable for finances and project delivery. This model often creates a perceived unfairness or a power imbalance, as one organisation has the final say on decisions. The lead body also may not have the capacity and resources to manage the contract.

The SPOC model has similarities with the lead body model but rather than one member of a consortia being ‘first among equals’, the SPOC model involves a separation of roles, so the contract management is undertaken by an organisation independent of the delivery. Crucially the SPOC organisation has an interest wider than just the delivery of the contract; it also acts as an advisory hub and a gateway to other local VCSE organisations, particularly smaller specialist charities that are often overlooked. They have an oversight of the wider issues in an area not just an interest in the narrow confines of a single contract. They also are interested in developing services, both existing and new rather than just maintaining the status quo.

“By its very design, the prime provider model excludes smaller organisations from taking on a direct contract with government because of the size of the contracts on offer. Instead, small charities must bid for subcontracts from the ‘primes’ (which are often, but not always, large private companies), with no guarantee of a regular flow of clients. This has significant effects on the capacity of smaller charities to take on such contracts. Because it is not involved in the contract negotiations with the commissioner, a charity in this position may inherit contract clauses that are prohibitively risky or burdensome, or pricing plans that make either a surplus or even a full recovery of costs impossible.”

Commissioning in Crisis, Lloyds Bank Foundation, December 2016

⁸ Towards whole person care, IPPR 2013 <http://www.ippr.org/publications/towards-whole-person-care>

⁹ National Voices (2012) Integrated care: what do patients, service users and carers want? http://www.nationalvoices.org.uk/sites/default/files/public/publications/what_patients_want_from_integration_national_voices_paper.pdf

¹⁰ Expert but Undervalued, Lloyds Bank Foundation, July 2015 https://www.lloydsbankfoundation.org.uk/assets/uploads/Expert_Yet_Undervalued_-_Grantee_Opinion_Survey_2015_WEB.PDF

Benefits

Benefits for Commissioners

- Simplified commissioning, just one contract with an organisation who performance manages many local VCSE organisations. This also promotes efficiency by reducing duplication.
- Provides a bridge between smaller charities and statutory bodies. Helping them work together and overcome any confusion and misunderstanding of each other.
- Saves money through better outcomes and increased focus on preventative and holistic services.
- Increases social value and community resilience by supporting policies that keep resources and employment within a community and increase volunteering.
- Builds intelligence to improve commissioning and the co-design of services

Benefits for the VCSE sector

- A SPOC model increases the number of VCSE organisations who can be involved in designing and delivering public services.
- Encourages a greater funding mix, essential for a thriving VCSE sector.
- Provides support to develop new services and new organisations.
- Supports partnership and co-operation as opposed to destructive winner-takes all competition.
- Encourages proportionate commissioning processes for the value of contracts, including applications and monitoring, and the sharing of good practice, for example with information governance and monitoring.

Benefits for individuals

- A greater choice in their own services and support and avoids the commissioning of large generic services that just means everyone is offered the same.
- A focus on coproduction gives people a greater say in the design of their services at the earliest possible stage.
- Supports policies to promote person centred services and supports self-care by helping individuals connect with a many local VCSE organisations.
- Health inequalities are addressed by giving people more control over their own services, focusing on prevention more and building community resilience and social capital.

3. Development of the SPOC model

The SPOC model can improve the commissioning in a range of public service areas but it is in health and care where the potential of this model has first been recognised and many, but not all, of the early examples of this model are developing. NAVCA has seen a number of our members involved in independently developing and demonstrated success of this model. Recognising the trend and seeing the potential of the model to tackle issues around growing demand for health and care services, NAVCA has sought to better understand the key components of this model.

The National Health Service's interest in the SPOC model comes from it being seen as a potential way to relieve pressure from growing demand for health services, pressure increased by an aging population alongside technological and medical advances. This is most acutely felt by the NHS in the winter months but there remains a more general increase in health and care needs across the population that present within the system year round. There is recognition that the VCSE sector can strengthen the resilience of both individual citizens and the health and care system to manage and reduce system pressures but this potential is not being realised.

Work to evaluate and understand the impact of the Reducing Winter Pressures Fund found that a key lesson was that a 'single point of access' for VCSE sector services can increase the confidence of clinicians that there are viable alternatives to admission.¹¹ NAVCA, along with Volunteering Matters, Age UK and the National Housing Federation formed a sub-group of the Health and Care VCSE Strategic Partners¹² to support the work of the Department of Health, NHS England and Public Health England. The aim of the group was to develop support the voluntary sector to build resilience in the system and prevent short-term pressure points building into future crises. Developing the SPOC model was identified as key.

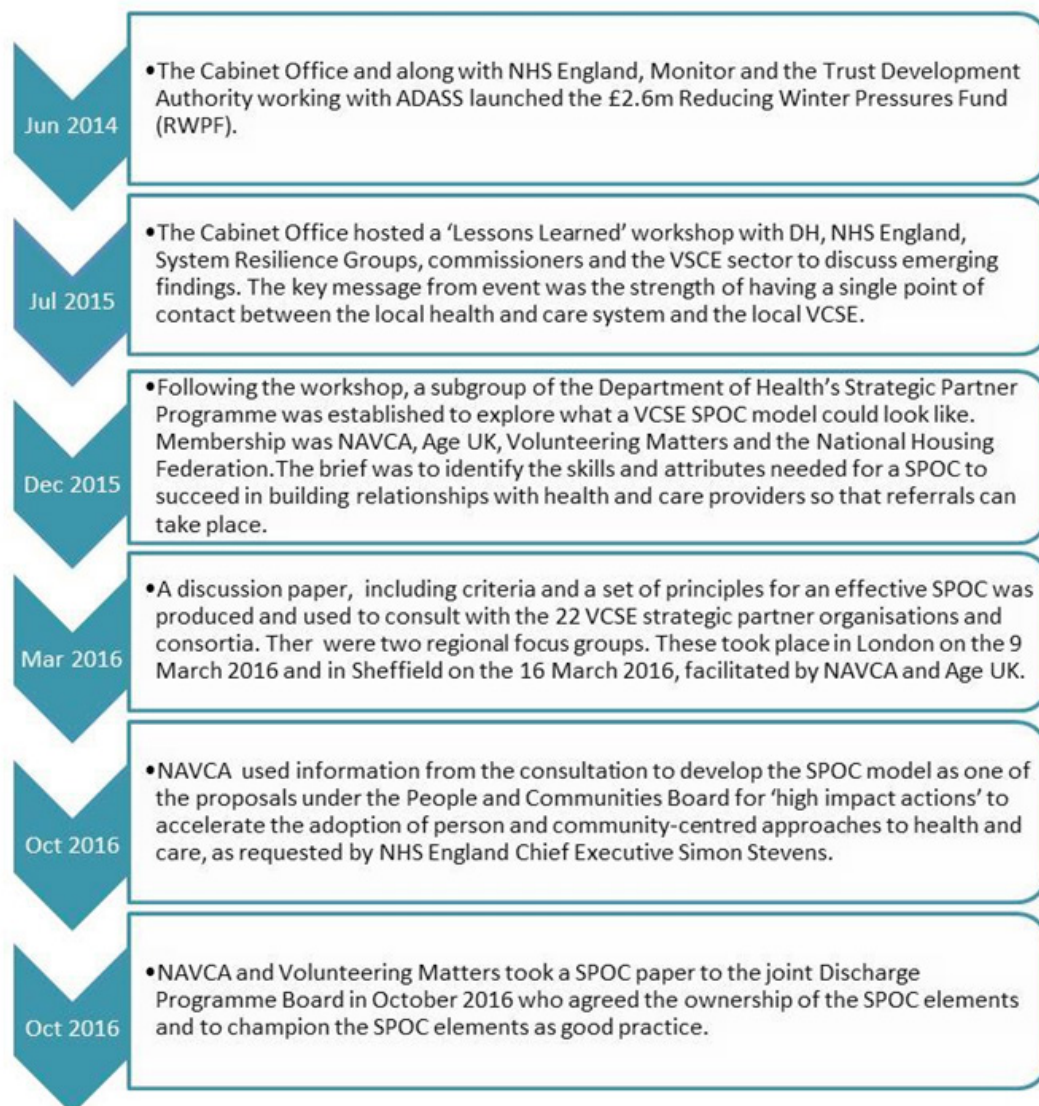
The group established connections between the NHSE Urgent and Emergency Care Performance team, the Commissioning Operations Directorate and Cabinet Office. Through that involvement, members of the working group led and participated in an event organised by the Cabinet Office, the Department of Health and NHS England to learn key lessons from the Cabinet Office Winter Hotspots project. During the autumn a briefing paper was developed for System Resilience Group (SRG) chairs detailing the offer from strategic partners to help SRG's meet their high impact interventions.

The working group knew widespread VCSE sector buy-in was necessary to provide a credible offer to commissioners and statutory partners. They undertook a consultation with the VCSE sector resulting in the development and agreement of ten essential elements needed for an effective SPOC. These elements were taken by NAVCA and Volunteering Matters to the joint Discharge Programme Board in October 2016 who agreed the ownership of the SPOC elements and to champion the SPOC elements as good practice.

¹¹ Harnessing social action to support older people: Evaluating the Reducing Winter Pressures Fund, Nuffield Trust October 2016 <https://www.nuffieldtrust.org.uk/files/2017-01/harnessing-social-action-web-final.pdf>

¹² <https://www.gov.uk/government/publications/the-department-of-health-voluntary-sector-strategic-partner-programme>

Development of the SPOC elements - a time line



4. Defining a SPOC

As already outlined, the SPOC model is a way that commissioners can navigate a VCSE sector comprising thousands of small and medium-sized organisations – a sector that has been described as a ‘loose and baggy monster’.¹³

A SPOC can be described as a ‘Community Navigator’ and act as a:

- single point of contact;
- single point of commissioning;
- single point of access; and
- single point of communication.

A number of places have already adopted a SPOC approach to enable commissioners to harness the power of local social action through a single grant or contract to a single organisation. The commissioner works with the SPOC, in liaison with local people, to design the service. This ensures service design reflects the needs of local people and communities. The SPOC then works with a partnership of local charities and voluntary organisations to deliver the work through contracted arrangements. The SPOC takes on the contract management, monitoring and administration.

This means that commissioners only need manage the one contract against commissioning outcomes rather than many, as the SPOC is paid to performance manage the delivery organisations. This allows commissioners to focus more on outcomes and provides space for more innovative thinking.

This is a very different model to the consortia of the past where new organisations were set up and overheads created before any contracts were available. It is also different to traditional prime contracting models that tend to create financial hardship for smaller charities because they have an in-built power imbalance.

A paper produced to facilitate discussion about

the SPOC model with VCSE Health and Care Voluntary Sector Strategic Partners included a definition of a SPOC.

This paper explained a SPOC as:

- a mandated partner who is part of the planning and commissioning cycle and has provision for sharing contract management data.
- an organisation responsible and accountable to the local voluntary sector, statutory partners and citizens.
- an organisation with an understanding of the social value framework.
- an organisation or a collective of organisations that can satisfy a number of attributes to gain the confidence and trust of commissioners and local VCS organisations.
- an enabler to connect, develop and support other voluntary sector organisations.
- an organisation able to provide assurance that they are competent and well governed.

What does an effective SPOC look like

A SPOC is a single organisation (or possibly a partnership of organisations). It has good relationships with the VCSE sector in their area and as such are able to connect commissioners and individuals to a range of organisations. Rather than a Commissioner seeking individual services they work with the SPOC to benefit from expertise and knowledge from across the VCSE sector. This is used to both design and deliver services to achieve desired outcomes.

To be able to do this a SPOC organisation needs to:

- Have a mandate from the local community and VCSE organisations.
- Be knowledgeable of the local VCSE sector.
- Understand local relationships and politics.
- Be trusted by commissioners as able to fulfil its role.

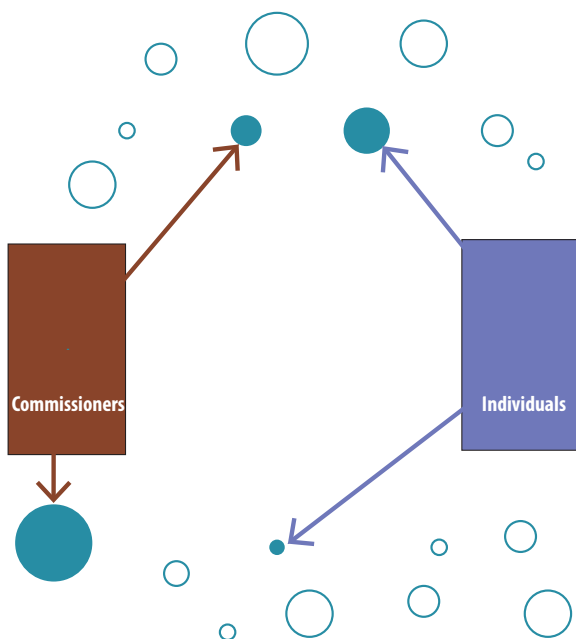
¹³ Kendall, Jeremy and Knapp, Martin R J. (1994) A loose and baggy monster: boundaries, definitions and typologies. In: Hedley, Rodney and Davis Smith, Justin and Rochester, Colin, eds. Introduction to the Voluntary Sector.

This diagram shows how a SPOC can enable both commissioners and individuals to work with numerous VCSE organisations to get the support and service they need. It illustrates how a SPOC organisation brings together a wide range of organisations to help both design and deliver local services, encouraging a more joined up approach.

An area without a SPOC

Commissioners and individuals negotiate their own contact with particular VCSE organisations

Local voluntary organisations, charities and social enterprises

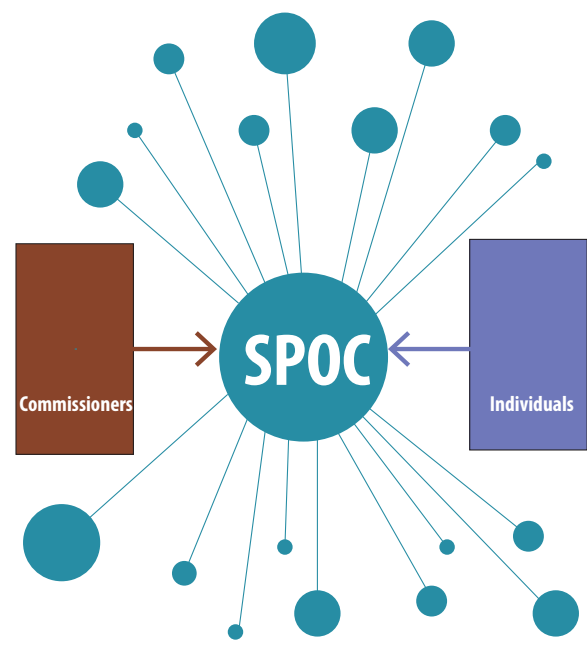


Local voluntary organisations, charities and social enterprises

An area with a SPOC

A SPOC enables Commissioners and individuals to work with a wide range of VCSE organisations

Local voluntary organisations, charities and social enterprises

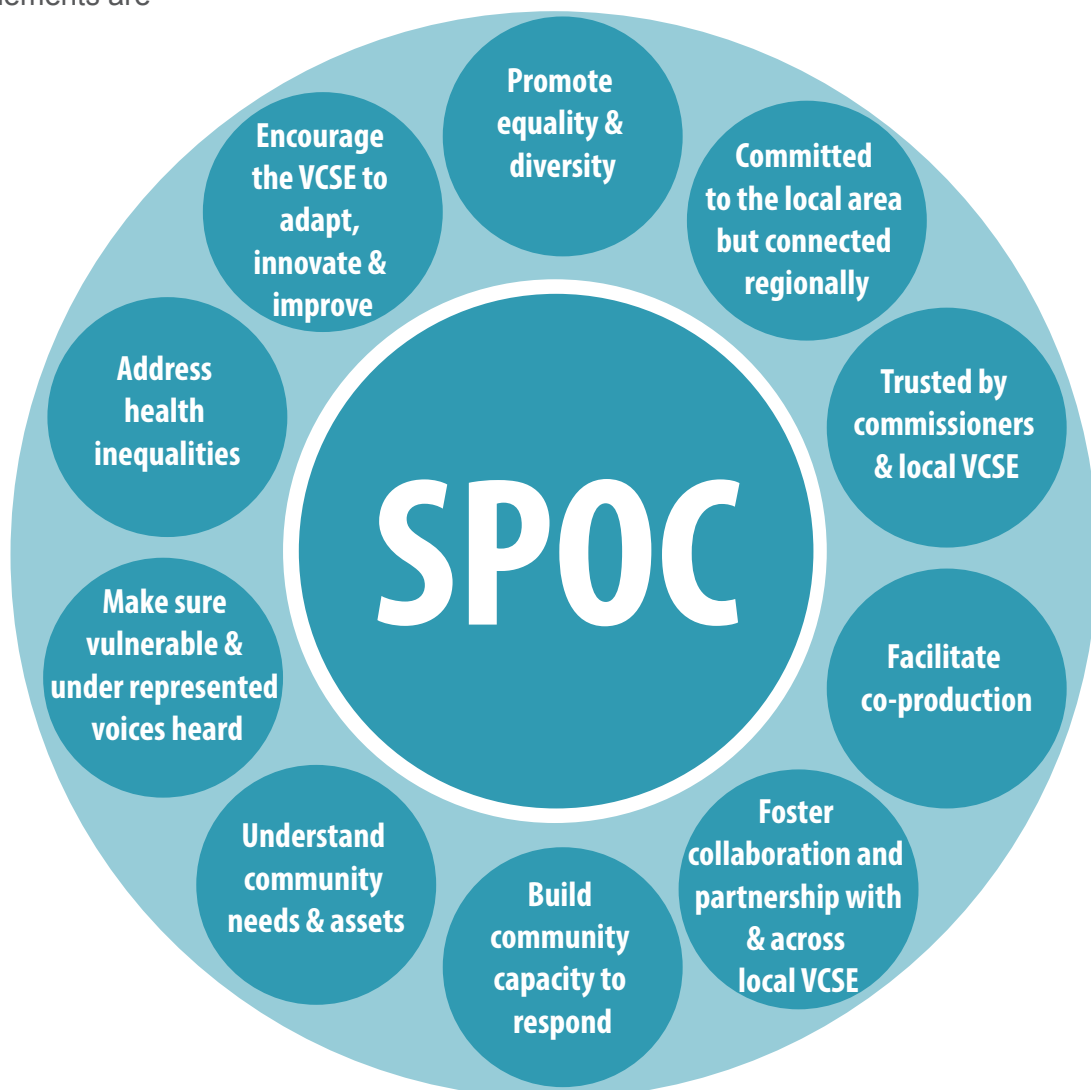


Local voluntary organisations, charities and social enterprises

5. The essential ten SPOC elements

There are several examples of SPOC models that have been developed in different parts of the country (we highlight several of these in Chapter 8). The consultation process led by NAVCA, Volunteering Matters, Age UK and the National Housing Federation identified that although different SPOC models varied to reflect local needs there were a number of fixed elements that are necessary for an effective SPOC model. The consultation with the VCSE Sector established what the key elements an organisation (or partnership) working as a SPOC need to possess. Elements that are crucial for any successful SPOC model. Any area seeking to adopt this model should understand the elements, why they are necessary and ensure their SPOC has these elements.

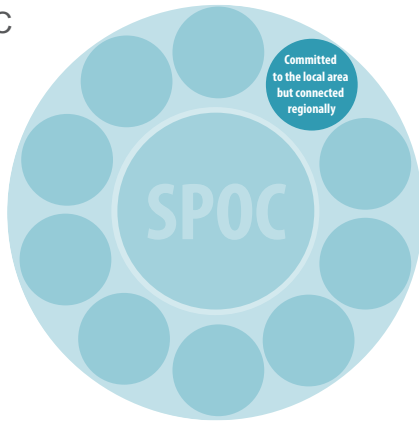
The ten elements are



6. The ten elements explained

1. Committed to the local area, but connected regionally

A successful SPOC needs to be committed to the local area. An organisation just brought in from outside is at a distinct disadvantage when it comes to developing the relationships, trust and knowledge needed to succeed. This commitment to the local area means the SPOC serves the people and communities in an area and focuses on their wellbeing rather than just fulfilling the terms of a contract. It also usually means a greater understanding of the local landscape and environment, across all sectors. This loyalty to the local area will normally be a result of an organisation being set up in a local area and having historical roots in an area. However, it does not follow that all local organisations will necessarily have this.

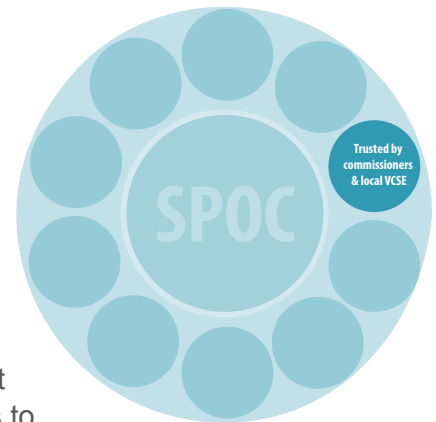


This commitment to a local area is the foundation for the SPOC's legitimacy. Ideally there will be some form of local ownership as well. This may be through the SPOC having elected trustees or through representative structures that give local people and VCSE organisations influence. Local ownership will provide further insurance that the SPOC will be guided by the priorities of local people and communities rather than the political priorities of institutions.

A SPOC should be connected beyond its immediate area to enable it to operate across strategic and operational boundaries. This is important as public services are increasingly designed or commissioned on footprints other than a local authority. A SPOC needs to be aware of and be responsive to changing regional and geographical boundaries, for example devolution areas or Sustainability and Transformation Plan footprints.

2. Trusted by commissioners and local VCSE organisations

A SPOC will not be successful if it is not trusted by both commissioners and local VCSE organisations, the two key stakeholders that the SPOC needs to connect. Mistrust by one or the other will make it difficult for a SPOC to fulfil a brokerage role.



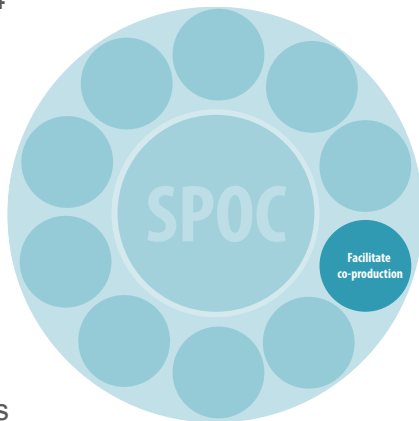
To be trusted by commissioners a SPOC needs to demonstrate a track record in partnership working and provide evidence of managing provider tensions. Commissioners will want to be confident that the SPOC will performance manage and deliver agreed outcomes. A SPOC needs to be able to convince commissioners that they are able to influence, persuade, change hearts and minds and build relationships. They need to be able to manage contracts, decommission if necessary and make sound financial judgments. They will need the sufficient financial cash flow to sustain organisations whilst a contract is being delivered, to help small VCSE organisations deal with delays in payment.

To micro-commission local VCSE organisations a SPOC needs to be trusted and have their interests at heart. It is a major advantage to not be in competition with local VCSE organisations delivering services. If so a SPOC will struggle to be accepted as an honest broker. Local consultation and involvement in agreeing who is most suitable to play the SPOC role provides a stronger long-term foundation for the model.

It is essential that a SPOC is able to provide reassurance that they are competent and well led and governed to get trust from both commissioners and local VCSE organisations. They should also demonstrate an understanding of the history of local relationships and politics.

3. Facilitate co-production

The Care Act 2014 includes co-production in its statutory guidance. The SPOC model does not just provide a gateway to charities who can deliver services, it also stimulates this co-production, a way of delivering better services, while using budgets and resources in a more effective, relevant way. The Social Care Institute for Excellence calls co-production “a key concept in the development of public services” and that “it has the potential to make an important contribution to all of the big challenges that face social care services”.¹⁴



Co-production is the practice of involving people and communities in the creation and design of public policies and services and their delivery. This can be contrasted with a more traditional transaction based model of service delivery in which people and communities are consumers of public services that are conceived of and provided by statutory bodies.

In practice co-production is an acknowledgment that everyone is an expert in their own life and needs, and that enabling people to support each other builds strong, resilient communities. Importantly it also strengthens relationships between people and service providers, improving the outcomes for everyone. Increasingly co-production is seen as an important part of the transformation of public services.

A SPOC needs to be able to facilitate co-production which means having the necessary relationships and skills to be able to get people involved in this process, including those who too often do not get their voice heard and those with lived experience directly inputting information for their own care.

4. Foster collaboration and partnership with and across the local VCSE sector

The SPOC model moves away from the traditional competitive contracting model to a cooperative one. A SPOC model creates benefits by adopting a collaborative approach and building partnerships. Local VCSE organisations work with each other to provide people and communities with a package of support that meets their wants and needs rather than competing to provide a single solution for all peoples' problems.



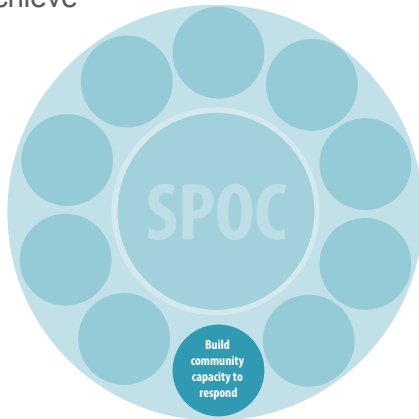
Collaboration fosters a person-centred approach to providing services and support. This is a way of providing services that better reflects the reality that the services people want or need do not always mirror government departments or local authority directorates. It allows a SPOC to offer a more attractive and rounded offer to commissioners. For example information, advice and guidance can be combined in a single package with the management of money in a Personal Health Budget.

As well as having the trust of the wider VCSE sector and be well connected to it, a SPOC requires a good understanding of the local landscape and environment. Again, there are advantages if a SPOC is not in competition with local charities to deliver services as this makes it easier for local VCSE organisations to accept a cooperative model.

¹⁴ Co-production in social care: What it is and how to do it, SCIE 2015 <http://www.scie.org.uk/publications/guides/guide51/at-a-glance/>

5. Build community capacity to respond

A SPOC will not achieve long term success if it only works with existing organisations and services. By doing this the SPOC model can stifle innovation and change.



A SPOC needs to be able to respond to and even anticipate new and emerging needs as well as different approaches to delivering current services. The best SPOCs are able to develop a feedback loop that identifies people's needs and supports organisations to fill gaps in provision.

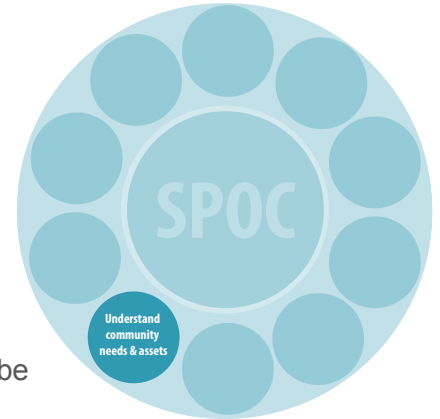
This means that a SPOC cannot just work with existing organisations with existing skills and knowledge it also has to be able to support new organisations and new ways of working. It needs to be able to build capacity.

This requires a SPOC to have organisational capacity building skills to support organisational development, allowing existing groups to adapt and improve their services. They also need to be able to help people set up new groups and organisations to address new and emerging needs.

A SPOC needs to have an awareness of changing trends and developments in policy, service delivery and technology. They need an awareness of these changes from the perspective of commissioners, VCSE organisations and local people.

6. Understand community needs and assets

A SPOC needs to demonstrate knowledge of individuals' and communities' needs and assets and understand the local sector and the range of services that can be offered.



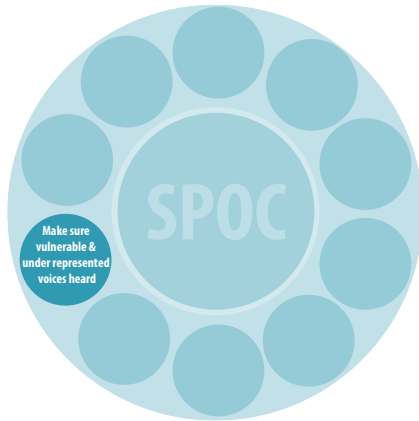
The SPOC itself does not have to be the originator of this information and knowledge of needs and assets but does need to be able to collate and interpret them. As IPPR North's Too small to fail report says, "many smaller charities are rooted or embedded in their local areas, which brings with it an intimate knowledge and understanding of those areas' strengths and needs". A SPOC needs strong relationships with local VCSE organisations to allow them to gather this information and an understanding of the local landscape and environment, to enable them to present it in a useful way for commissioners and other local VCSE organisations. A SPOC should also be able to undertake a gap analysis of need and stimulate activity and social action to fill these gaps.

However, more than just needs, a SPOC should also be able to understand and articulate the strengths or assets of an area. Rather than only look at what people and communities do not have, asset based approaches also seek to understand the strengths and assets of an area. Nesta's Realising the Value¹⁵ program provided evidence of the benefits of this approach. This is important to make the best use of resources, help commissioners understand how to best invest in local services and prevent duplication.

¹⁵ <http://www.nesta.org.uk/project/realising-value>

7. Make sure vulnerable and under-represented voices heard

A SPOC needs to be able to support vulnerable and under-represented voices being heard. It has long been accepted that local VCSE organisations can reach those who

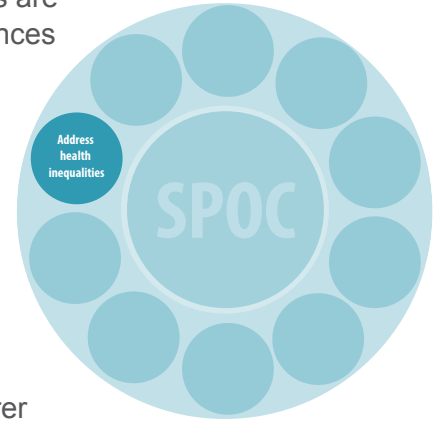


statutory services traditionally fail to. IPPR North's Too small to fail says that, "many smaller charities are considered uniquely placed to engage directly with those who are hardest to reach, because their independence, situation within the community and ability to draw upon local volunteers fosters greater levels of trust." A SPOC has to be able to work with these local VCSE organisations to get the voices of those they represent and support.

Everyone has the right to be heard when it comes to making decisions about local services. More than that, commissioners need these voices to be able to design the most appropriate services. Often exclusion or lack of diversity in those becoming involved is unlikely to be intended, sometimes they are drowned out by a vocal minority, sometimes decision makers are out of reach and sometimes there is a lack of an organised voice. However, it results in those affected by decisions not being able to influence them and risks important insights and experience being missed.

8. Address health inequalities

Health inequalities are created by differences between people or groups due to social, geographical, biological or other factors. They result in people who are worst off experiencing poorer health and shorter lives.



The Kings Fund Inequalities in life expectancy report¹⁶ says, "our health is determined by a complex mix of factors including income, housing and employment, lifestyles and access to health care and other services. There are significant inequalities in health between individuals and different groups in society."

The 2010 Marmot review¹⁷ has shaped all thinking around health inequalities. The Marmot review articulated the costs to society of health inequalities and made the case for tackling these inequalities in terms of the economic benefits and as "a matter of fairness and social justice". The review said that action on health inequalities requires action across all the social determinants of health.

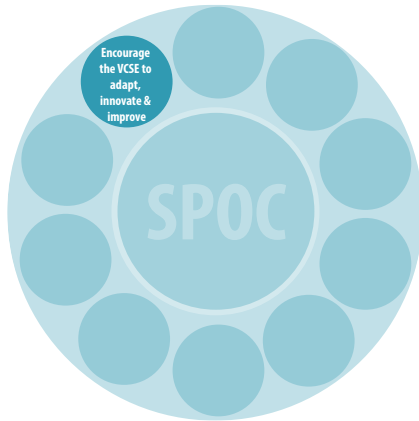
A SPOC has to understand and support work to address health inequalities. By giving people more say over their own services, building local social capital and community resilience and focusing on prevention, it can support the overarching recommendations of the Marmot review.

¹⁶ King's Fund Inequalities in life expectancy Changes over time and implications for policy, Aug 2015 <https://www.kingsfund.org.uk/publications/inequalities-life-expectancy>

¹⁷ Fair Society, Healthy Lives. The Marmot Review. Feb 2010 <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-the-marmot-review-full-report.pdf>

9. Encourage the VCSE adapt, innovate and improve

A SPOC model needs to drive improvement and innovation rather than just maintain the status quo. It has to be able to help VCSE organisations become better at what they do.

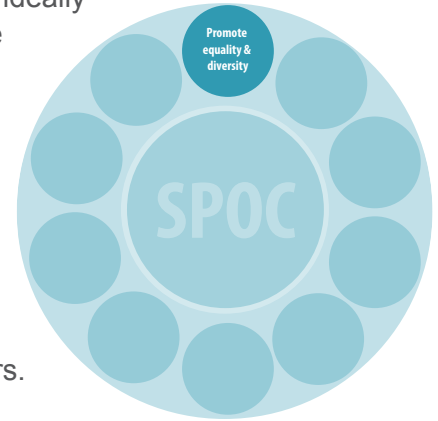


A SPOC can provide quality assurance for commissioners and this may include creating quality marks. A SPOC can also provide risk assurance, providing small VCSE organisations with access to support that may otherwise be beyond them.

A SPOC needs to be able to support information sharing and integrated service provision. Cooperative rather than competitive working makes this possible. Local VCSE organisations will better learn from each other and the SPOC should be at the centre of this knowledge sharing. A SPOC needs to be able to demonstrate sector leadership. It needs to understand wider policy and social trends and lead local VCSE organisations in meeting new challenges. A SPOC should also understand any local social value framework and foster the growth of added social value.

10. Promote equality and diversity

A SPOC model is ideally placed to promote equality and diversity. Current contracting trends have advantaged larger, generic service providers over more specialist providers.



This has had a disproportionate effect on organisations providing support, for example, to BME communities, women and LGBT groups.

A SPOC has to have local knowledge of the organisations providing specialist services and the communities they support. A SPOC model can use grants and spot purchasing to help these organisations be involved in delivering commissioned services and ensure the knowledge and intelligence they have is fed back in to the commissioning process.

As well as being aware of the specific equality and diversity issues in the locality, a SPOC needs to be aware of wider regional and national issues.

A SPOC model can facilitate greater access to services by helping develop, co-produce and promote simplified pathways to services. Referral and assessment processes can be streamlined thereby reducing the times people have to wait before getting the support they need.

7. Wider benefits a SPOC model brings

As well as improving services along with commissioning processes and outcomes, the SPOC model provides additional value by addressing other challenges and providing solutions to a number of challenges that commissioners and VCSE organisations face.

Grants

It can help deliver a renaissance in grant funding. Grants are recognised as vital for smaller VCSE organisations but are difficult for commissioners. A SPOC model allows grants to be provided but commissioners still deal with one body and award one contract.

“ Grant funding from government is essential for communities to thrive, putting people at the heart of everything. It empowers charities and voluntary groups to identify and solve problems, and address needs in a way which is centred around people. Over the last decade, however, this vital resource has been rapidly disappearing, replaced by more restrictive and inflexible contracts. Grants from the public sector now make up only 5.5% of charity sector income, a decline of over 60% since 2004. At the current rate of decline, grants could all but disappear by 2020. ”

Grants for good

<https://www.dsc.org.uk/grantsforgood/>

Social investment

The SPOC model can make social investment more relevant for smaller voluntary organisations. Loans can be taken to support the outcomes of the programme rather than just individual organisations. It allows a range of groups can share the risk and reward of social investment.

Prevention

Commissioners under pressure to make short-term savings often fund a minimum standard of care and ensure statutory obligations are met, rather than invest in preventative and

holistic solutions. A SPOC shifts spending from cure to prevention by supporting smaller VCSE organisations to deliver preventative person-centred services. It also strengthens commissioners' understanding of the role of the VCSE in prevention and in promoting health and well-being.

Person-centred services

As the emphasis is placed on outcomes rather than specific services, the SPOC model supports existing policy moves to more person-centred care. People are put at the heart of thinking rather than services. This model has successfully enabled social prescribing to flourish in a number of areas and can be used to support the expansion of Personal Health Budgets.

Commissioning intelligence

A SPOC engages a range of VCSE organisations and creates processes for feeding intelligence and knowledge from people using services back to those who commission them. In this way, the SPOC model increases commissioning intelligence, which should lead to improved commissioning.

Building community resilience

A SPOC model supports smaller and local VCSE organisations. These organisations build social capital, increase volunteering and increase a community's resilience. By commissioning local VCSE organisations, adopting a SPOC model can support efforts to increase the proportion of money, resources and employment retained within a local community.

Saves money

Commissioning smaller VCSE organisations to deliver public services and focusing on prevention can save money. A SPOC model can also promote efficiencies by encouraging the sharing of information and good practice and reducing duplication and waste. There is robust evidence from Rotherham¹⁸ of the savings this model can make when applied to social prescribing.

¹⁸ Evaluation of the Rotherham Social Prescribing Pilot, <http://www4.shu.ac.uk/research/cresr/ourexpertise/evaluation-rotherham-social-prescribing-pilot>

8. Case studies

Rotherham - Single Point of Contact and social prescribing

Voluntary Action Rotherham use a Single Point of Commissioning model to run an award-winning social prescribing scheme. Social prescribing is a major development in health and care that is recognised as providing solutions to the growing social care crisis. The success of the Rotherham work was praised in the NHS Five Year Forward View. Independent evaluation by Sheffield Hallam University found it achieved a 7 per cent fall in inpatient admissions, an 11 per cent reduction in inpatient spells and a 17 per cent drop in A&E attendances. 82 per cent of service users, regardless of age or gender, also reported a positive change in their well-being within four months of being issued with a social prescription.

The Social Prescribing Service helps people with long-term health conditions by allowing them to access a wide variety of VCSE services and activities. Funded by the CCG, the case management scheme brings together health, social care and voluntary sector professionals, who work together to plan care for people with long-term health conditions. People can access more than 20 projects run by local VCSE organisations ranging from art, befriending and discussion groups to tai chi. The service has been extended to those discharged from community mental health services.

The public sector, hospital trusts and GPs benefit as it addresses inappropriate admissions into hospital and reduces attendance at GP practices. The VCSE sector benefits as it supports their sustainability. Most importantly patients and carers benefit as it improves quality of life, reduces social isolation and moves the patient from dependence to independence.

In Rotherham, more than 2,000 patients with long-term health conditions, and at risk of hospital admission, have been referred for a social prescription.

The evaluation of the work also shows how this model has benefited the local VCSE sector. Organisational sustainability of smaller organisations has been improved by being able to receive funding to deliver services through grants, spot funding and contracts. Local communities have also gained from these stronger local VCSE organisations being in a better position to generate income from external sources including grant funders and national statutory bodies.

Commsortia Northamptonshire

Commsortia has been established in Northamptonshire to allow VCSE groups come together to deliver larger and more complex services and contracts. Commsortia is established as a separate legal entity with VCSE provider organisations taking up joint control and membership of the body.

The model used is a 'hub and spokes' structure. The 'hub' company, Commsortia, provides the central infrastructure of governance and staff resource that acts as the executive engine for the consortium. Its role is to identify opportunities to tender, lead on the co-development and negotiation of tenders, and then sub-let and coordinate the delivery of contracted services, once primary contracts have been won. The 'spokes' are the various individual member service provider organisations whose role is to jointly support the hub in its governance and in its business activities as well as deliver quality services directly to the public under sub-contract to the hub.

Commsortia is governed by a board of eight directors, who are drawn from founding members: Age UK Northamptonshire, Northamptonshire CDA Limited, Voluntary Impact Northamptonshire, Northamptonshire Carers, Northamptonshire Community Foundation, Northamptonshire Credit Union, Northamptonshire Rights and Equality Council and South Northants Volunteer Bureau (SNVB). The founding members included a range of local infrastructure organisations, Groundwork, Nene Valley Community Action and Acre. The board of directors has since been renewed through an election process from its members and now includes Central and East Northamptonshire Citizens Advice Bureau, Community Law and Serve and now has an independent chair drawn from outside the VCSE sector.

Like all SPOC models, Commsortia provides a single point of contracting for commissioners who want to contract out services to local VCSE provider organisations and combines member organisation's expertise, knowledge and experience to benefit local communities.

Success so far

Commsortia, in partnership with The University of Northampton, secured £1.4 million from the European Social Fund and Big Lottery Fund to run holistic services that put people back onto the path to employment. They also won over £7m to deliver a social wellbeing service to combat social isolation and loneliness. They work with people on an individual basis. By assessing social interests, goals and strengths, the service links people with meaningful connections and activities in the community.

The Commissioner said, "In evaluating the responses to the tender it was Commsortia's expertise in bringing together a range of voluntary and community organisations to deliver more complex services that really appealed to us."

Support from Voluntary Impact Northamptonshire (VIN) has been key to Commsortia's success. They provide the management and administrative support. VIN's unrivalled knowledge of local VCSE groups and the environment in which they operate that has been vital to providing strategic support.

As well as benefitting commissioners and local people, Commsortia is giving control to VCSE organisations, allowing them to better plan services and support. Unsurprisingly, Commsortia is growing with more local charities applying to join.

<https://www.commsortia.org.uk/>

The Southern Derbyshire Voluntary Sector Single Point of Access (vSPA)

The Southern Derbyshire vSPA supports greater integration between health and social care and voluntary sector services, such as befriending, volunteer transport schemes, shopping schemes and social activities. It provides a clear and easily accessible referral pathway to voluntary sector services. It helps people to maintain their independence within their own communities. Covering Amber Valley, South Derbyshire Dales and South Derbyshire, it is led by South Derbyshire CVS working with Amber Valley CVS and Derbyshire Dales CVS.

For years South Derbyshire CVS worked to persuade GPs of the benefits of supporting people to access community based services rather than just clinical health and care solutions. South Derbyshire CVS put forward the vSPA model to make this possible.

The Southern Derbyshire vSPA has three Liaison Workers, each based with a CVS or other VCS Infrastructure organisation. Rather than just having a paper or online directory listing hundreds of VCSE organisations, the vSPA model allows these liaison workers to work with people to find the most suitable services. They work face to face with people, often through home visits to learn what help is needed and from that suggest a range of solutions using voluntary sector organisations, from lunch clubs to Befriending, home library service or talking newspapers.

vSPA has also been used for social prescribing, helping people with low level mental health problems, including anxiety, loneliness and social isolation. However, it is more than a single point of contact for health and care, it provides a single point of access to the local VCSE sector for any statutory service that wants it, this may be the local NHS, local authorities or the police service.

Key to the model working is the fact that the Liaison Workers are based within local infrastructure organisations; Amber Valley CVS, Ashbourne Volunteer Centre and South Derbyshire CVS. This is important because it allows the workers to link in with community development teams so that as well as linking people to local services and activities, vSPA is also feeding back where more capacity is needed in the voluntary sector to continue and expand the work of the sector. They also monitor to ensure people get the support needed from the VCSE services they choose.

Big Lottery Fund: Fulfilling Lives

Using a single point of contact is also an approach that the Big Lottery Fund has used for its programmes funded under the Fulfilling Lives umbrella. Collectively these represent a long term investment of over £500 million in England to tackle some of society's most entrenched social problems in preventative and innovative ways. These programmes are designed and delivered by working closely with beneficiaries and service users. For each strand, areas are identified that will receive funding but just one joint bid with a lead organisation is commissioned rather than any competitive process. This approach supports co-operation.

Big Lottery's Fulfilling Lives provides evidence that a SPOC approach can be used to enable smaller VCSE organisations to be part of large, multi-million pound contracts.

Special Purpose Vehicle as SPOC

City and Hackney Together is a Single Point of Contact model that tenders for and manages contracts on behalf of Hackney's voluntary and community sector.

It is a Special Purpose Vehicle (SPV) and a company set up as a trading arm of Hackney CVS. This enables local VCSE organisations to respond to the emerging preference on the part of local commissioners to have fewer or single contracts with larger providers. Its USP is its insight and knowledge into the vast diversity and communities of the London borough of Hackney and the added social value a community-rooted approach affords.

City and Hackney brings a number of separate, independent providers under one umbrella to bid for and deliver services together and combine the benefits of large and small scale approaches. The consortium has a number of overarching policy aims which include ensuring Hackney residents have access to high-quality services, secure funding to support local charities to be sustainable, ensure services are person-centred and create economies of scale and exploit efficiency savings. The SPV provides the commissioner with a diverse set of providers but only one single point of contact. It does not replace the work of individual organisations but supports the sector to work together to deliver solutions. There is an emphasis that the consortium partnership ensures services are wrapped around clients' needs and, ultimately, are user led.

City and Hackney Together has successfully bid for Carers are the Bedrock, a framework of 14 providers delivering a range of services to carers, and One Hackney and City, supporting adults with complex needs who might be vulnerable which lead them to make inappropriate use of Accident and Emergency, GP or other medical services.

Examples of the success of this approach include:

"A 80 year old man, poor food intake and poor living conditions. He would often sit in his GP practice or visit A&E for company. HCT [Hackney Community Transport] provided transport to take him to the North London Muslim Community Centre Men's Club. This resulted in an immediate reduction of GP visits and no inappropriate visits to A&E, and HCT continued to provide transport until he had applied for and received a Taxicard."

"Client was a 44 year old man with a history of drug and alcohol misuse. In November 2015 he had a stroke and underwent major heart surgery. He was assessed for a care package and declined, but has no clear memory of this event. After returning to his bedsit, he was briefly readmitted after a fall and remained at high risk of admission. A Community Navigator took on the labour intensive role of accompanying him to his essential hospital appointments, he was referred to MIND for benefits advice and social services for re-housing."

**For further information about the SPOC model contact:
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