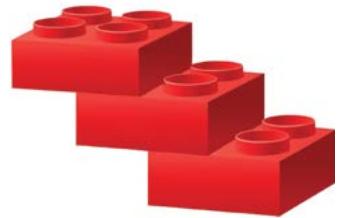


**Researched and written by Sian Williams, on behalf of SENDPO**  
**(South East Network of Disabled People's Organisations)**

# **Confident Commissioning**

**Building relationships  
between local authorities  
and Disabled People's  
User-Led Organisations**

Funded by the Office for Disability Issues' 'Strengthening Disabled People's User-Led Organisations' funding programme



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## Foreword

We are pleased to introduce this publication which shows how local authorities and Disabled People's User-Led Organisations across the South-East are working together in partnership to enable more disabled people to live independently, experience equality of opportunity and be active citizens.

At a time of significant economic challenges in adult social care, it is vital that we learn from the experiences of DPULOs as we seek to develop more effective and efficient services. We need to listen to the personal experiences of service users and their communities to ensure their perspectives are taken into account as we develop our services, policies and strategies. Meaningful involvement is essential.

We welcome this opportunity to not only share our own experiences of commissioning DPULOs but also to learn from other DPULOs who have willingly given accounts of their own successes and challenges. This is an opportunity to reflect on innovative practice and think about how we can do things differently.

This resource introduces a range of commissioning interventions which local authorities can make to support DPULOs at all stages of their development. At the same time we hope that DPULOs will continue to provide commissioners with new ideas and solutions to make our communities, services and the public sector in general more inclusive.

We hope that local authority commissioners and DPULOs alike will find this resource helpful and that, encouraged by the successes you will read about, you will be inspired to build on existing partnerships, create new ones and ensure quality service provision for the future.



Anne Butler



Ruth Dixon

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**Ruth Dixon**, Community Care Services and Commissioning Deputy Director, Hampshire County Council

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# An introduction to 'Confident Commissioning'

## An introduction to 'Confident Commissioning'

### The beginnings of 'Confident Commissioning'

As soon as SENDPO (South-East Network of Disabled People's Organisations) started having conversations with local authorities and Disabled People's User-Led Organisations (DPULOs) across the South-East about their commissioning experiences, it became evident that real change and development cannot be achieved without creating a climate which thrives on strong relationships and partnership working. Rather than focusing on the technical difficulties of contracting, the emphasis of our conversations always shifted to the quality of relationships between DPULOs and their local authorities and how much local authorities value service user involvement and user-led service delivery.

Since the Department of Health's own definition of a ULO includes disabled people, carers and other people who use support services<sup>1</sup>, 'Confident Commissioning' is using the term 'DPULO' to designate a ULO whose decision makers and constituency are disabled people. We do not want to confuse these organisations with groups of other service users.

Although the commissioning cycle presents some very real obstacles, especially for small DPULOs, some local authorities are successfully addressing these. So, what makes these local authorities different? Time and time again good practice seems to be equated with building successful partnerships and relationships and co-production. It is not only about what local authorities need to do to support DPULOs – it is equally about how DPULOs operate: successful commissioning depends on co-production at its best, an approach which thrives on relationships of equal partners. The first step towards building a culture of co-production, however, is a genuine commitment by a local authority to meaningful service user involvement, followed by a recognition of the additional value that service users and ULOs bring to service delivery:

**'By putting users at the heart of services, by enabling them to become participants in the design and delivery, services will be more effective by mobilising millions of people as co-producers of the public goods they value.'<sup>2</sup>**

**'User-led organisations are those where the people who the organisation represents or provides a service to, have a majority on the Management Committee or Board, and where there is clear accountability to members and/or service users.'**

Morris, J. in Woodin, S. (November, 2006) Mapping User-Led Organisations, User-Led Services and Centres for Independent / Integrated/ Inclusive Living: A Literature Review Prepared for the Department of Health (University of Leeds), pp.5–6

## The financial backdrop to 'Confident Commissioning'

Adult social care is in crisis. In 2013 the Local Government Association noted that '**against a backdrop of a 28 per cent reduction to local government budgets and a further reduction by 1.7 per cent, current levels of funding for adult social care are not sufficient**'. The Association of Directors of Adult Social Services' Budget Survey also showed that, in 2011 and 2012, £1.89 billion had been taken out of care and support budgets and that '**the impact of this has, in part, led to reviews of eligibility criteria and the thresholds at which local authorities are able to offer support**'<sup>3</sup>. Furthermore, the National Council for Voluntary Organisations (NCVO) has concluded that 50% of local authorities disproportionately cut voluntary sector grant funding in 2011/12 and it estimates that public funding will be £1.7bn lower by 2017/18 than in 2011/12.<sup>4</sup>

It is hardly surprising, therefore, that many disabled people's organisations are currently facing financial challenges. Research by Inclusion London into the impact of cuts on 54 deaf and disabled people's organisations in London shows that in 2011/12 40 (74%) had experienced cuts in funding, with 12 expecting cuts of 50%+ in 2012/13 and the biggest reductions coming from local authorities. It also confirmed that many of its smaller members are already having difficulty competing for contracts and feel disadvantaged.<sup>5</sup>

SENDPO's own 2012 member survey, completed by thirteen south-east disabled people's organisations, shows a combined annual turnover of approx. £5million. However, although four members have an annual income of £0.5m or more, others are still experiencing challenges trying to get local authority funding. When asked what would help disabled people's organisations 'survive and thrive' in the future, several responses relate to changes in local authority funding practices: '**a more proportionate tendering process**', '**grants rather than contracts are more flexible**', '**greater continuity of contract base**', and '**more tendering on user-led activities rather than the lowest price**'. However, members also identified some organisational development needs of their own, acknowledging that being 'user-led' and strengthening the voice of disabled service users (who may be members, volunteers, staff or board members) are key to achieving organisational success and long-term sustainability.<sup>6</sup>

This challenging financial climate makes it even more imperative that local authorities and DPULOs work together to find solutions to providing high quality, cost-effective services which will not only meet the needs of disabled people but also, simultaneously, build the capacity of DPULOs.

## Meeting the needs of two distinct audiences

This resource, therefore, is aimed equally at commissioners of adult social care services and at DPULOs across the South-East. If one of the keys to successful commissioning is co-production, organisational change is needed in both local authorities and in DPULOs. Our resource has faced the very real challenge, therefore, of trying to meet the needs of two distinct audiences. Some sections will inevitably be, therefore, more relevant to one audience than the other but we hope we have found an appropriate balance and that each will recognise the needs of the other.

Some excellent resources, which will help organisations at different stages of the commissioning journey, already exist. These have been included in the resources listed at the end of each section. Some debates, particularly those around ULOs and what it means to be 'user-led', will be familiar to some readers but we will show why these issues need to remain on the agenda. It is useful to bring these different debates together in one place.

We hope that 'Confident Commissioning' will show what it is really like 'at the coalface' of commissioning. A wide range of people from across the South-East (see 'Acknowledgements') have shared their first-hand experiences of commissioning, and of being commissioned, with SENDPO and told us what they think are the opportunities, challenges and solutions for improved service provision. A selection of these authentic voices, often absent from resources about commissioning, feature in Part 2, our series of 'Spotlight' conversations.

## Navigating this resource

'Confident Commissioning' is a long document but the subject of commissioning DPULOs is equally complex! It is inevitable that certain sections will be more useful to some readers than others but which ones will depend on where the reader is on the commissioning spectrum. For example, an overview of the history of DPULOs and what makes them different from other service providers (Sections 1 & 2) will be useful for emerging DPULOs and commissioners with limited experience of working with DPULOs, whereas understanding the many different stages and procedures in the commissioning cycle (Sections 3) may be more important for DPULOs seeking to engage in co-production and for local authorities which need to truly embed this approach in their own working environment.

It should be remembered that there are still many south-east local authorities which do not have thriving DPULOs, as evidenced in Section 1. Section 4 ('Procurement obstacles') provides many practical examples of changes that local authorities can make to their internal practices, while Section 5 explores how some commissioners are working proactively with local disabled people to support the development of more DPULOs. Section 6 underlines the need to monitor and evaluate services and activities for the benefit of service users, the service provider and the funder, and Section 7 focuses on direct payments.

We do not expect 'Confident Commissioning' to be read from cover to cover! It should be treated as a resource toolkit which can be used in a wide range of situations and one which will complement and add to readers' knowledge and experience, whichever stage of the commissioning journey they are at. It is structured and referenced in a way which will facilitate this – the contents page is detailed and interactive for ease of use

and it will help to navigate the reader. Although we have analysed processes and procedures which will impact on DPULOs seeking to be commissioned, this is not a technical manual. We do not claim to be experts in EU procurement regulations but we do know which local authorities support DPULOs, where DPULOs are thriving and how DPULOs operate!

## Aims of this resource

Our resource has the following aims:

- To share examples of south-east DPULOs being successfully commissioned to provide local services which bring the additional value of being user-led to service delivery
- To show how south-east local authorities are successfully removing obstacles associated with the commissioning process to help capacity build small DPULOs to become 'tender ready' and to develop ways of promoting user-led service delivery

**'User-led organisations (ULOs) play an important role in the commissioning of modern social care services in times of tight budgets. Personalisation, person centred planning and self-directed support all begin with the people who use services. ULOs can help the commissioning process because they understand what users want and need, how people want services to be delivered, and how to make good use of resources.'**

The National Skills Academy for Social Care (2011) User-led organisations and commissioning: 18 good practice learning resources (London, The National Skills Academy for Social Care), p.2

- To explore the different stages of the commissioning cycle and show how south-east local authorities and DPULOs are both achieving their objectives more effectively by working co-productively with each other – i.e. local authorities experience improved performance and practice in relation to user-involvement, diversity and personalisation, while DPULOs deliver improved services and become more sustainable
- To explore the optimum, fit-for-purpose commissioning profile of a DPULO and hear about the opportunities and challenges that south-east DPULOs have encountered on the way to designing and delivering innovative services (e.g. balancing the roles of service provider and campaigner)
- To highlight policy agendas which support the development of adult social care in a way which gives individuals choice and control over their own care and support and positions DPULOs as expert providers

## **SENDPO's research**

Our views and evidence are underpinned by primary research. We used two separately designed online surveys to gather baseline data from south-east local authorities and DPULOs about (a) their commissioning practices and experiences, and (b) issues associated with DPULOs and user-led services. The surveys provide both factual data and personal opinion. We had a 74% response rate from south-east local authorities (14 of 19) and the 15 DPULOs we identified which met our criteria all completed a questionnaire (see Appendix 1). We offered respondents anonymity to encourage more open and honest responses, particularly because we wanted them to discuss problems and challenges they have encountered. We also met with and interviewed local authority commissioners, as well as representatives of south-east DPULOs and other relevant organisations to explore the issues further. Further details are provided in the 'Research strategy and design' section.

## **Our hopes for 'Confident Commissioning'**

Building on an existing body of robust research, we hope that our resource will reinforce, and supplement, that evidence and move one more step towards uniting commissioners in the belief that DPULOs can help local authorities deliver their corporate objectives more effectively. It will also provide many examples of how local authorities are maximising the unique contribution that DPULOs and service users can make to their local communities. It will demystify some of the complexities associated with commissioning and show, through a range of first-hand experiences, just how many opportunities and solutions are available.

We hope that commissioners who are new to commissioning DPULOs will be encouraged to venture into unfamiliar territories that their colleagues have already successfully navigated. We also hope that DPULOs which have not yet been commissioned will be inspired by the successes of their peer organisations to explore new ways of working and extend their influence. We must, therefore, thank all the commissioners and DPULOs who have already trodden this path and have so willingly, and honestly, shared their experiences to make this possible. We would appreciate it if readers can share their commissioning experiences and any feedback on this resource with SENDPO.

We leave the last words of our introduction to Ruth Dixon, Community Care Services and Commissioning Deputy Director at Hampshire County Council:

**'Hampshire has a rich heritage of involving service users and carers in developing services. We are rightly proud of this history and we welcome the opportunity to share good practice. It is important that commissioners and user-led organisations alike take the time to acknowledge their shared history, to celebrate what has been achieved through working together, and to reflect on how past experiences can be applied to current challenges. The future landscape of care and support presents opportunities for us all to think differently about the role we can play in developing more inclusive and supportive communities together. Perhaps the most important thing we can do is to make sure we create time and space to explore new and creative ways of working together. We hope that the positive partnerships featured in this resource will inspire us all to make meaningful involvement and co-production an integral part of adult social care departments, our local authorities as a whole and the wider public sector.'**

## References

- 1 Department of Health (September 2007) User-led organisations project: Policy, p.13
- 2 Leadbeater (2004) in ed. Beresford, P. & Carr, S. (2012) Social care, service users and user involvement (London, Jessica Kingsley Publishers), p.47
- 3 Local Government Association (2013) Joint written evidence submission from the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS), 17 January 2013 ([http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=75fb4bdc-de1b-428f-bdaa-3045c845ef70&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=75fb4bdc-de1b-428f-bdaa-3045c845ef70&groupId=10180)), p.8
- 4 NCVO (2013) Counting the cuts: The impact of spending cuts on the UK voluntary and community sector – 2013 update (NCVO, London), pp.3–4
- 5 Inclusion London (2012) A matter of survival: Funding experiences of London's deaf and disabled people's organisations and implications for disability equality (London, Inclusion London), pp.5–6
- 6 SENDPO (South-East Network of Disabled People's Organisations) 2012 Member Survey, pp.12–16

# **Research strategy and design**

# This resource is built on the findings of SENDPO's research into the commissioning experiences of south-east local authorities and Disabled People's User-Led Organisations (DPULOs).

## The research involved two stages.

### Phase 1

This consisted of two separately-designed SurveyMonkey questionnaires, one for DPULOs that are members of SENDPO and one for south-east local authorities. The purpose of the questionnaires was to gather baseline data about the commissioning experiences of SENDPO members and the current commissioning practices of south-east local authorities. The questionnaires were piloted by a local authority commissioner, a director of a social care organisation and two academics to get objective feedback and they were then amended accordingly. Different styles of questions were used, including 'Likert scales', to assess strength of agreement with certain statements<sup>1</sup>, and open-ended questions.

SENDPO member organisations were surveyed about their organisations and, in particular, their commissioning experiences. Although SENDPO operates a relatively flexible membership scheme, the criteria specified for this particular piece of research were as follows: (a) organisations, of any size, with a majority of disabled people on the management committee, or (b) organisations that are actively taking steps to be led and controlled by disabled people.

- 15 SENDPO member organisations known to (or believed to) fit these criteria were invited to complete a questionnaire. Of these, 13 completed the questionnaire.
- 8 SENDPO member organisations **not** well known to us were contacted to see if they met these criteria and, if so, were invited to complete a questionnaire. Of these, 2 completed the questionnaire.
- So, 15 DPULOs in total completed the questionnaire.

Each local authority providing adult social care in the South-East (19 in total) was invited to complete a survey about their commissioning practices and their views on Disabled People's User-Led Organisations (DPULOs). 14 (74%) completed the questionnaire. We are grateful to Denise D'Souza, Chair of The Association of Directors of Adult Social Services' commissioning and procurement sub-group and Executive Director of Adult Services at Brighton & Hove City Council), for endorsing and circulating this questionnaire.

See Appendix 1 for the names of the respondents.

## Phase 2

We wanted to interrogate the research findings from Phase 1 further and to seek people's views and opinions about what change was needed to increase the number of south-east DPULOs being commissioned by local authorities. So, a mixture of meetings, telephone conversations and/or full interviews, and email correspondence took place with the following people:

- 12 south-east local authority staff working in commissioning / procurement teams
- 5 senior managers in south-east local authority adult social care departments
- 3 south-east local authority staff working in related teams (e.g. equality)
- 3 south-east public sector / voluntary sector professionals
- 18 staff in south-east DPULOs
- 3 staff in non-south-east DPULOs
- 1 non-south-east local authority commissioner

## Anonymity

SENDPO guaranteed that all information provided would be treated as confidential and any data used for our resource would be anonymous, unless respondents specifically gave us permission to use data which would identify them and/or their organisation. The questionnaires themselves were not anonymous, however, because we wanted to be able to cross-reference DPULO responses with those of their respective local authorities for research purposes.

## Reliability of data

Using multiple research methods highlighted some minor data discrepancies which necessitated some data cleaning. However, the ability to cross-reference questionnaire data with follow-up email correspondence, meetings and interviews reinforces the reliability of the findings. Although the samples are relatively small, they are representative of a range of organisations and the findings reveal, nevertheless, some distinct patterns across the data which suggests they are sufficiently 'generalisable' to merit further consideration beyond this study. The conversations and interviews also provide new and trusted information about local authority and DPULO commissioning experiences in the South-East.

## References

- 1 A 'Likert scale' is a means of assessing strength of agreement with certain statements (e.g. How much do you agree with the following statement: 'DPULOs bring 'added value' to delivering services for local disabled people'. Select from: Strongly agree; Agree; Neutral; Disagree; Strongly disagree.)

Part 1

# Commissioning DPULOs: A partnership approach

# Section 1

## **Setting the scene: An introduction to Disabled People's User-led Organisations**

## Setting the scene

This section provides a brief insight into why Disabled People's User-Led Organisations (DPULOs) came into existence, what they are like, and what they were originally set up to do. We will also look briefly at their relevance to government policy on independent living.

### The history of Centres for Independent Living (CILs)

Historically disabled people have struggled to get their voices heard and to be in control of their lives. CILs, which are one type of DPULO, started in the 70s and 80s '**as a means of organising support for independent living**'. They were pioneered by people with physical impairments who needed support services.<sup>1</sup> One of these, the Hampshire Centre for Independent Living (HCIL), was created in the 80s by disabled people who had to fight to leave institutionalised residential care. What distinguished CILs from other organisations was the fact that they were run and controlled by their constituents – disabled people were the decision makers. CILs and user-led services were also seen as very different from both local authority services and charities staffed by non-disabled professionals. Disabled people saw CILs as providing the solutions to being able to live independently.<sup>2</sup>

One of the earliest CILs, the Derbyshire Centre for Independent Living, formulated seven needs of disabled people to live independently and these were subsequently added to by HCIL and Southampton CIL (now SPECTRUM Centre for Independent Living) to create '12 Basic Rights' as follows:

- Full access to our environment
- A fully accessible transport system
- Technical aids – equipment
- Accessible/adapted housing
- Personal Assistance
- Inclusive Education and Training
- An adequate income
- Equal opportunities for employment
- Appropriate and accessible information
- Advocacy (towards self-advocacy)
- Counselling and peer support
- Appropriate and accessible health care provision

As the '12 Basic Rights' show, CILs were not just concerned with health and social care matters, including appropriate assistance for independent daily living, but they also fought for a much broader provision of services which would give disabled people equal rights and full participation in every aspect of society.

One of the key characteristics of CILs that made them different from traditional service providers was that they aimed to bring all the services that disabled people need together and the government has acknowledged the benefits of doing so in subsequent disability strategy:

**'Effective support addresses all aspects of someone's life, instead of fragmenting their lives across different services and/or funding mechanisms.'**<sup>3</sup>

It is also important to note that the founders of HCIL are credited with starting direct payments, originally known as 'Self Operated Care Schemes' (SOCS) in the 80s, which is now cited as '**the most successful public policy in adult social care.**'<sup>4</sup>

While the ability of these earliest CILs to deliver such a wide range of services and activities was clearly dependent on their available resources, these organisations nevertheless highlighted two key issues:

- that disabled people are capable of providing innovative solutions to care crises (e.g. employing their own personal assistants) and access issues, and
- that disabled people need to be involved in all decision-making processes that affect their lives and should be in control of the support and care they receive

**All ULOs share common values:**

- **the right to choice and control**
- **the principle of 'nothing about us without us'**
- **the struggle for full civil and human rights**

Morris, J. (2006), in Social Care Institute for Excellence (2010) A commissioner's guide to developing and sustaining user-led organisations (London, Social Care Institute for Excellence), p.14

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Addressing social exclusion was equally as important as alternative service provision to the earliest CILs, such as HCIL and the Derbyshire Centre for Integrated Living: they were effective at bringing together disabled activists and campaigning to bring about change. The history of CILs is therefore relevant to commissioning DPULOs because it also highlights the ability of disabled people to self-organise, to engage other disabled people and to be a voice for the disabled community. We will see in this resource how some south-east local authorities are now actually commissioning DPULOs to work in partnership with them to, ultimately, achieve full citizenship for disabled people.

## The social model of disability

The social model of disability challenges the traditional 'medical model' view that disabled people's impairments are the reason for the numerous disadvantages they face. Instead it proposes that equality for disabled people could be achieved by removing the many external barriers that disadvantage disabled people. The CIL philosophy of 'independent living' exemplifies the principles of the social model of disability because it **'shifts attention to disabled people's common experiences of oppression and exclusion and those areas that might be changed by collective political action and social change.'**<sup>5</sup>

In order to understand the DPULO organisational profile in more detail, it is useful to revisit the much-referenced government policy, 'Improving the life chances of disabled people' (2005).

### 'Improving the life chances of disabled people' – Why is it important?

Although this government strategy document dates back to 2005, it is still relevant because it put ULOs firmly on the map by articulating what their contribution to improving the lives of disabled people could be. It sowed the seeds for a new approach to service provision which would require DPULOs and local authority commissioners to work together as equal partners. It set out an ambitious vision of independent living, saying that all disabled people should have '**'the same choice, control and freedom as any other citizen – at home, at work, and as members of the community. This does not necessarily mean disabled people 'doing everything for themselves', but it does mean that any practical assistance people need should be based on their own choices and aspirations.'**<sup>6</sup> In fact this definition had been used previously in the Disability Rights Commission's 'Policy statement on social care and independent living' in 2002. It also states that, by 2025, '**'disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society'**'.<sup>7</sup>

One of the recommendations (4.3) in 'Improving the life chances of disabled people' stated that **'by 2010, each locality (defined as that area covered by a Council with social services responsibilities) should have a user-led organisation modelled on existing CILs.'**<sup>8</sup> Run and controlled by disabled people, these local organisations would be part of the new approach to independent living, providing seven services, as follows:

- information and advice
- advocacy and peer support
- assistance with self-assessment
- support in using individual budgets (including cash payments) to meet needs
- support to recruit and employ personal assistants
- disability equality training
- consumer audits of local services

There was an expectation that these new organisations would generate funding for the services from service level agreements and spot purchasing of products such as disability equality training and consumer audits. The report also said that **'disability organisations and disabled people should be involved early on in policy and service development on a systematic basis.'**<sup>9</sup>

This policy is particularly important in the context of local authorities' commissioning DPULOs across the South-East (and further afield) because:

- 1** It uses Centres for Independent Living as the model for these new 'user-led organisations' (ULOs), a type of organisation originally created by disabled people themselves
- 2** It identifies a range of services which disabled people need to live independent lives
- 3** It explicitly commits to establish a ULO in every local authority area by 2010
- 4** It acknowledges that disabled people and their organisations should be fully involved in developing policy and in co-designing and delivering services which disabled people need to live independently and achieve equality

To progress Recommendation 4.3, two pieces of research were commissioned by the Department of Health.<sup>10</sup> These studies largely reiterated the findings of research initiated in 1998 by the BCODP (British Council of Organisations of Disabled People) Research Committee into CIL-type services.

This showed that:

- ULOs offered a '**distinct and preferable approach to disability-related provision and support**', built on social model principles and democratic accountability
- They promoted independent living through widening user choices and control for **all** disabled people
- They had a majority of disabled people on the board and preferred to employ only disabled staff and involved disabled people at every level of the organisation, which is essential and empowering
- Availability of resources (i.e. funding, staffing and suitable premises) inevitably affected their ability to deliver services
- There was often a tension between service provision and charitable status and a CIL's campaigning role
- User-led services were rated more responsive to users' needs than traditional, professionally led services and were valued for their peer support
- '**'Greater publicity for user-led independent living services by statutory agencies, automatic referral by health professionals and more involvement in the assessment, design and evaluation of services generally'**<sup>11</sup>

These findings acknowledge that disabled people need a wide range of services which, with appropriate resourcing, can be better provided by their own peers than by traditional charities. This resource will show how some south-east local authority commissioners have fully embraced this way of working and now involve disabled people in designing and delivering services.

### **Creating the 'ULO Design Criteria'**

Following 'Improving the life chances of disabled people', with its goal to create a ULO in each local authority area by 2010, the Department of Health brought together disabled people, carers and other people who need support in their daily lives, to define what the key requirements of '**a viable and sustainable ULO modelled on existing CILs**' would be.<sup>12</sup> This resulted in a 'minimum' set of nine values (e.g. works from a social model of disability; promotes independent living; and is peer support based, etc.), twelve organisational characteristics (e.g. minimum 75% of the management board reflect the organisation's constituency, likewise many of its paid employees, etc.) and seven services (e.g. advocacy and peer support and assistance with self-assessment, etc.).

The ULO design criteria have provoked much debate among DPULOs because the term 'ULO' is associated with a government agenda, rather than originating from within the disabled people's movement itself. Nevertheless, the criteria focus attention on the defining features of a DPULO: its board, staff, values and ways of working. They therefore provide a useful tool for getting an insight into 15 south-east DPULOs in 2013.

Before assessing them against these criteria, here is a broad organisational profile of SENDPO's research participants.

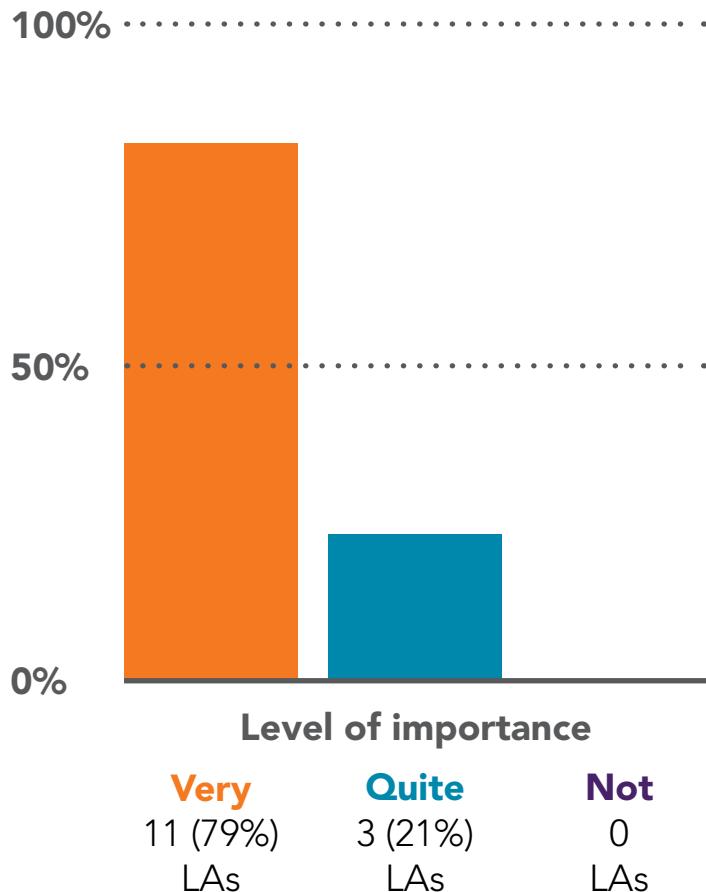
### A snapshot of 15 south-east DPULOs in 2013

To help get an overview of commissioning activity involving south-east DPULOs, we surveyed 15 member organisations of SENDPO, as outlined in the 'Research strategy and design' section and Appendix 1. The sample includes organisations of various sizes (ranging from no staff to fifty), headed by both disabled and non-disabled Chief Executives, with varying numbers of disabled staff, and with a wide range of commissioning experience. The data is correct as of June / July 2013 and provides a useful baseline for this resource.

Some findings:

- **13 of 15 organisations (87%) describe themselves as 'run and controlled by disabled / deaf people' and as a DPULO (Disabled People's User-Led Organisation)**, which we defined at the start of the survey as an organisation in which the majority of the management committee are disabled people and also service users. The reasons given by the two organisations which do not describe themselves as 'DPULOs' were: (i) one organisation also involves carers as trustees and beneficiaries; and (ii) one organisation does not have a majority of disabled staff (even though its CEO is disabled). It should be noted, however, that the boards of both these organisations have a majority of disabled people
- **13 organisations (87%) have 75%+ disabled / deaf board members.** One has between 51% – 74% and one has less than 50% (and, therefore, should have answered 'no' to currently being 'run and controlled by disabled / deaf people') but it is actively working towards having a majority
- When asked if the majority of board members are also service users, the figures reduce slightly, with **11 organisations (73%) having 75%+ disabled / deaf service user board members**, 2 having less than 50% and one 'don't know'

We asked 14 south-east local authorities: 'How important does your local authority consider it to have a thriving DPULO in your area?'



This response is very encouraging. However, this belief in the importance of DPULOs doesn't necessarily translate into funding for our 15 DPULO respondents. We asked them whether they receive local authority funding. By combining this information with the number of staff that DPULOs have, this data shows the size of the organisations and gives one indication, therefore, of their sustainability.

The following illustration shows the DPULOs in order of highest staffing levels.

**DPULO PT FT Local authority funding arrangement  
(as of June / July 2013)**



- |   |           |           |  |
|---|-----------|-----------|--|
| 1 | <b>19</b> | <b>31</b> | Service level agreement with the local authority to provide direct payments advice and support   |
| 2 | <b>18</b> | <b>15</b> | Mixture of grants and contracts (including direct payments), all with an SLA / service specification attached. This local authority is more likely to give a grant than a contract |
| 3 | <b>17</b> | <b>14</b> | Contracts including direct payments  |
| 4 | <b>24</b> | <b>7</b>  | Over 90% of income is from local authority grant funding for various services (not direct payments)  |
| 5 | <b>11</b> | <b>6</b>  | Some grants and contracts to provide services (not to cover core costs), including direct payments   |



- |    |           |           |  |
|----|-----------|-----------|--|
| 6  | <b>4</b>  | <b>10</b> | No local authority funding   |
| 7  | <b>11</b> | <b>2</b>  | Partly through service level agreements  |
| 8  | <b>6</b>  | <b>2</b>  | 3-year commissioned grant for one of its services (not direct payments)          |
| 9  | <b>4</b>  | <b>3</b>  | One-year funding agreement with local authority but aiming towards a 5-year plan |
| 10 | <b>2</b>  | <b>1</b>  | Annual grant to cover core costs   |
| 11 | <b>2</b>  | <b>0</b>  | Annual grant   |



- |    |          |          |                                 |
|----|----------|----------|---------------------------------|
| 12 | <b>2</b> | <b>0</b> | Short-term project funding only |
| 13 | <b>1</b> | <b>0</b> | No local authority funding      |
| 14 | <b>0</b> | <b>0</b> | No local authority funding      |
| 15 | <b>0</b> | <b>0</b> | No local authority funding      |

**PT = Part-time staff**

**FT = Full-time staff**

Of course, most of these organisations receive funding from non-local authority sources as well. However, some conclusions can be drawn nevertheless:

- Of the top five largest organisations (from a staffing perspective) all have direct payments contracts, apart from one which has multiple other local authority contracts
- Of the next six largest organisations (apart from one) all receive various forms of local authority funding, although the amount varies considerably
- Of the remaining four organisations one is receiving short-term project funding and three get no local authority funding at all
- Atypically one local authority (Surrey County Council) has three thriving DPULOs

Based on this minimal data, it is possible to conclude that whether or not a DPULO holds a direct payments contract (or similar disability service) from a local authority is a strong indicator of whether the DPULO is 'thriving' or not. This does not necessarily mean the organisation concerned is 'sustainable', because local authority funding is not guaranteed long-term, but it does contribute to securing a core staff team and overheads.

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### **How many south-east local authorities (19 in total) in 2013 have 'a user-led organisation modelled on existing CILs'?<sup>13</sup>**

- Only 5 local authorities have a firmly established Centre for Independent Living (Brighton & Hove, Isle of Wight, Milton Keynes, Southampton and Surrey)
- 1 CIL is currently surviving on short-term project funding only
- 2 areas have established DPULOs which do not describe themselves as CILs
- 2 areas have small, very under-funded DPULOs
- 9 local authority areas do not have 'a user-led organisation modelled on existing CILs' (i.e. pan-impairment organisations that are, or aspire to be, run and controlled by disabled people and offer CIL-type services).

(Figures based on SENDPO survey data and additional desk research)

## Applying the ULO design criteria to 15 south-east DPULOs: Findings

We asked the DPULOs to assess themselves against the ULO design criteria by indicating which values, organisational characteristics and services they meet and provide

ULO Values	
works from a social model of disability perspective	93%
promotes independent living	100%
promotes people's human and other legal rights	83%
is shaped and driven by the initiative and demand of the organisation's constituency	97%
is peer support based	80%
covers all local disabled people, carers and other people who use support either directly or via establishing links with other local organisations and networks	93%
is non-discriminatory and recognises and works with diversity in terms of race, religion and belief, gender, sexual orientation, disability and age	93%
recognises that carers have their own needs and requirements as carers	93%
engages the organisation's constituents in decision-making processes at every level of their organisation	80%

### ULO Organisational Characteristics

provides support to enable people to exercise choice and control	93%
is a legally constituted organisation	80%
has a minimum of 75 per cent of the voting members on the management board drawn from the organisation's constituency	73%
is able to demonstrate that the organisation's constituents are effectively supported to play a full, active role in key decision making	67%
has a clear management structure	87%
has robust and rigorous systems for running a sustainable organisation (e.g. financial management / contingency planning)	73%
is financially sustainable as there will be no ongoing central government funding	47%
has paid employees, many of whom must reflect the organisation's constituency	80%
identifies the diverse needs of the local population and contributes to meeting those needs	73%
is accountable to the organisation's constituents and represents their views at a local level	80%
supports the participation of its constituents in designing, delivering and monitoring of the organisation's services	73%
works with commissioners to improve commissioning and procurement	87%

<b>Minimum ULO Services</b>	
Information and advice	<b>93%</b>
Advocacy and peer support	<b>73%</b>
Support in using direct payments and/or individual budgets	<b>67%</b>
Support to recruit and employ personal assistants	<b>47%</b>
Assistance with self-assessment	<b>47%</b>
Disability equality training	<b>47%</b>
Support the implementation of the Disability Equality Duty by public sector organisations in the locality (including consumer audits)	<b>67%</b>

The findings highlight some issues associated with the ULO design criteria, as follows:

- There is a huge disparity between the number of criteria met (ranging from 11 to 28), confirming the different stages of development that south-east DPULOs are in. Only one south-east ULO meets the full 28 design criteria (SPECTRUM CIL). In 2009 three south-east ULOs were assessed as being 'established' or 'flagship'.<sup>14</sup> In 2010 three south-east ULOs assessed themselves as 'established', with four 'emerging'<sup>15</sup>
- Some 'ULO characteristics' are typical milestones that any voluntary sector organisation works towards during its development (e.g. having clear management structures and robust planning systems). Given that ULOs are at different stages of development, this should be taken into consideration when assessing whether an organisation is user-led or not

- This confirms, therefore, the National Centre for Independent Living's (NCIL) view that there should be more flexibility around the criteria and a more nuanced approach to categorising organisations based on the criteria. NCIL suggested a range of terms to convey different stages of organisational development ('embryonic', 'emerging', 'established' and 'flagship'<sup>16</sup>)
- The 'Minimum ULO Services' criteria, unjustifiably, prohibit many DPULOs from meeting the overall ULO criteria.<sup>17</sup> They do not reflect what the original CILs were set up to do and provide (see Section 1, p.25). Nor do they provide an accurate indication of the range of services that DPULOs are currently providing anyway (see Section 1, p.36). The ability to deliver certain services is also subject to resources (funding and time) and some DPULOs have lost major contracts to bigger, national, non-user-led providers. Therefore, provision of certain services should not determine whether an organisation is considered to be a genuine DPULO or not
- 53% of 15 south-east DPULOs do not consider themselves to be 'financially sustainable' but this is not unusual for many voluntary sector organisations in the current economic climate

- In its 2011 research NCIL considered that providing information, advice and peer support, as well as assistance with self-assessment, were the most essential services for DPULOs to provide.<sup>18</sup> Assistance with self-assessment involves disabled people defining their own needs based on interacting with others with similar impairments. Sue Bott, Director of Policy and Development, Disability Rights UK, a national disabled people's organisation, argues, therefore, that, by definition, a user-led organisation would do this because its users would give each other peer support. Yet only 7 of 15 south-east DPULOs say they offer this. However, clearly this service criterion can only be achieved if disabled people are represented throughout the organisation
- Being 'pan-impairment' remains important, with 13 (out of 15) respondents saying they are 'pan-impairment.' Sue Bott also notes that being 'pan-impairment' is 'absolutely critical' since it challenges the social care and health way of thinking which defines people by impairment, rather than focusing on discrimination and lack of opportunity

**Examples of services currently not included in the 'Minimum ULO Services' criteria:**

- Involvement and engagement work (influencing strategies and services and empowering disabled people)
- Payroll and Supported Bank Accounts
- Employment interventions (e.g. training for employers; supporting disabled people in the workplace and those trying to get back to work)
- Building partnerships between disabled people and local activities, services and organisations
- Counselling
- Shopmobility
- Venue hire
- Welfare benefits advice
- Home visiting basic foot care service
- Working to improve access to local facilities and services and address inadequacies

## Current views on the ULO design criteria

### South-east DPULOs reflect on the relevance of the ULO design criteria

Despite these shortcomings, interviews with senior members of staff (seven in total) from south-east DPULOs all confirm that the criteria are still relevant, the most important being:

- a disabled majority on the board (the criterion specifies at least 75%)
- the social model of disability
- disabled staff (the criterion specifies 'many'), and
- a commitment to the principles of independent living

This confirms that the 'values' and 'organisational characteristics' (e.g. around governance and staffing) are considered more important than the type or quantity of services being delivered. In addition many aspects of the original CILs are reflected in the ULO design criteria.

### How to spot a DPULO...

Interestingly, when we asked south-east DPULOs, **'How do you define a DPULO and what do you think are its most important characteristics?'**, the responses collectively replicate the ULO design criteria:

### According to south-east DPULOs,

a DPULO is an organisation run, managed and controlled by disabled people (or by a majority of disabled people) for the benefit of other disabled people.

#### Values

- works from a social model of disability
- non-judgemental and non-discriminatory (accessible to everyone)
- inclusive and representative of all disabled people ('pan-impairment' and all ages)
- peer-led so it understands people's needs
- decision making is as a result of proper consultation with, and involvement of, all members and service users

#### Organisational characteristics

- majority of the board members are disabled (ideally 75%)
- majority of the staff (50%+) are disabled, including senior staff
- full voting membership open to disabled people only
- the organisation and its decision makers reflect the constituency – they are also service users (or have been, or may be, in the future) or have 'lived experience'
- disabled people at the centre all activities and involved in everything

Please note: In compiling this overview we focused on those responses that are most representative of the overall feedback to ensure we have identified the key criteria.

## **South-east local authority commissioners reflect on the relevance of the ULO design criteria**

Responses vary dramatically: one commissioner actually references the criteria in a ULO's funding agreement, while others barely acknowledge their existence. However, despite this inconsistency, the 'collective view' of 15 south-east local authorities on **what defines a DPULO and its most important characteristics** also mirrors the ULO design criteria, as did the DPULO responses above. A full analysis of their responses is included in Appendix 2 to provide further insight. In summary, the distinguishing features are as follows:

**According to south-east local authorities,** a DPULO is a local organisation, run and controlled by disabled people, for the benefit of disabled people.

### **Values**

- representative of disabled people and understands their needs
- shaped and delivered by service users
- based on mutual support

### **Organisational characteristics**

- the majority of management committees and decision makers (including staff) are people who are representative of those the organisation supports
- people supported by the organisation can influence its strategy and vision

### **Services, activities and ways of working**

- promotes the voice of disabled people and service users to influence local policy and service development
- a valuable forum for information gathering and sharing
- co-design, produce and monitor services
- supports service users to live fulfilling lives following the principles of the social model of disability, and offers peer support and information based on an 'expert by experience' approach
- enables service users and carers to have a voice and acts as an engagement mechanism

While this data reveals broad consensus among south-east commissioners and DPULOs over what characterises a DPULO and its values, the key difference which emerges is the issue of activities and services. When defining a DPULO, south-east DPULOs do not mention specific areas of work, whereas some commissioners do, which raises questions around whether they actually resource DPULOs accordingly. It also highlights a possible tension that can arise between a DPULO fulfilling (a) the original aims of a CIL and (b) its role as a potential local authority service provider. The next section of this resource will explore how DPULOs can help commissioners meet their corporate objectives and generate additional social value while doing so.

## References

- 1 Woodin, S. (November, 2006) Mapping user-led organisations, user-led services and centres for independent / integrated / inclusive living: A literature review prepared for the Department of Health (University of Leeds), p.2
- 2 Barnes, C., in Beresford, P. & Carr, S. (ed., 2012) Social care, service users and user involvement (London, Jessica Kingsley Publishers), p.176
- 3 Prime Minister's Strategy Unit (2005) Improving the life chances of disabled people, p.88
- 4 Ibid., p.84
- 5 Oliver, M. & Barnes, C. (2012) The new politics of disablement (Hampshire, Palgrave Macmillan), p.22
- 6 Prime Minister's Strategy Unit (2005) Improving the life chances of disabled people, p.70
- 7 Ibid., p7
- 8 Ibid., p.91
- 9 Ibid., p.65
- 10 (i) Woodin, S. (November, 2006) Mapping user-led organisations, user-led services and centres for independent / integrated / inclusive living: A literature review prepared for the Department of Health Department of Health (University of Leeds) and (ii) Maynard Campbell, S., Maynard, A. and Winchcombe, M. (May 2007), Mapping the capacity and potential for user-led organisations in England: A summary of the main findings from a national research study commissioned by the Department of Health. Executive Summary (Department of Health)
- 11 Barnes and Mercer, 2006, in Beresford, P. & Carr, S. (ed., 2012) Social care, service users and user involvement (London, Jessica Kingsley Publishers), pp.183–188
- 12 Department of Health (September 2007) User-led organisations project: Policy, (Annex A, Definitions, p.29)

- 13 Prime Minister's Strategy Unit (2005) Improving the life chances of disabled people, p.91
- 14 Maynard, A., Bott, S. & Winchcombe, M. (April 2009) ULO Baseline Project: Final report, pp.30–31
- 15 NCIL National Centre for Independent Living (February 2011) ULO sector audit 2011 (for the Department of Health), pp.14–15
- 16 Maynard, A., Bott, S. & Winchcombe, M. (April 2009) ULO Baseline Project: Final report, pp.30–31
- 17 Ibid., p.42
- 18 NCIL National Centre for Independent Living (February 2011) ULO sector audit 2011 (for the Department of Health), p.27

## Resources

A commissioner's guide to developing and sustaining local user-led organisations:

<http://www.scie.org.uk/publications/guides/guide36/video/all.asp>

These video resources on ULOs include interviews with Sue Bott (now Director of Policy and Development, Disability Rights UK, then Director of the National Centre for Independent Living) who explains what a ULO is and what it does, and Professor Peter Beresford (Chair of the national ULO Shaping Our Lives), who explains the benefits to commissioners of working with ULOs.

Barnes, C. & Mercer, G. (2006) *Independent futures: Creating user-led disability services in a disabling society* (Bristol, Policy Press)

Beresford, P. (2011), 'User-led service providers need more support from the Government if its commitment to 'independent living' for disabled people is to be achieved', British Politics and Policy at LSE, 7 July 2011 (online), [http://eprints.lse.ac.uk/38031/1/blogs.lse.ac.uk-Userled service providers need more support from the Government if its commitment to independent livi.pdf](http://eprints.lse.ac.uk/38031/1/blogs.lse.ac.uk-Userled%20service%20providers%20need%20more%20support%20from%20the%20Government%20if%20its%20commitment%20to%20independent%20livi.pdf)

Mason, P. (1992) The representation of disabled people: a Hampshire Centre for Independent Living discussion paper, *Disability, Handicap & Society*, Vol. 7, No. 1, pp.79–84

Morris, J. (2005) 'Independent Living: The role of evidence and ideology in the development of government policy', Cash and Care Conference, Social Policy Research Unit, University of York, 12–13 April 2005, (online), <http://disability-studies.leeds.ac.uk/files/library/morris-cash-and-care-conference.jennymorris-paper.pdf>

Morris, J. (2004). Independent Living and Community Care: a disempowering framework. *Disability and Society*, 19(5), pp.427–442

Shakespeare, T. & Watson, N. (1997) Defending the social model, *Disability & Society*, Vol. 12, No.2, 1997, pp.293–300

## Section 2

**Why local  
authorities need  
DPULOs:  
Policy drivers  
and additional  
social value**

## Why local authorities need DPULOs

**'We have long recognised the value and need for strong Disabled People's User-Led Organisations (DPULOs). Organisations run by, and for, disabled people play a vital role in making sure disabled people have their voices heard at every level, and that their needs are recognised throughout the development and implementation of policies and services that affect them. We believe this is fundamental to helping achieve our aim of supporting disabled people to fulfil their potential.'**

Department for Work and Pensions  
(July 2013) Fulfilling potential: Making it happen action plan (London, Department for Work and Pensions), p.18

### Legislation, policy and research: The context

There is a multitude of legislation, policy agendas and research which enshrines the valuable role that DPULOs can play in delivering services for disabled people and supporting disabled people to achieve equality in all aspects of their lives. This section will provide some examples which highlight the potential for DPULOs to be essential partners of local authorities, subject to adequate resourcing. This will be followed by an analysis of how local authorities can make use of the Public Services (Social Value) Act 2012 to support this process.

### 1 'Improving the life chances of disabled people' (2005)

As we saw in Section 1 (pp.27–28), this strategy document positioned ULOs as a key partner for providing a range of services and support for disabled people, such as direct payments support and advocacy. It also advised that a 'User Involvement Protocol' should be developed by public bodies for commissioning and monitoring services, in recognition of the importance of involving disabled people in service design.<sup>1</sup> This resource will show how various south-east DPULOs are successfully fulfilling these roles.

### 2 'Putting people first' (2007) and personalisation

First referred to by the government in 'Putting people first' (2007)<sup>2</sup>, personalisation is a transformative approach to social care which aims to give people choice and control over the care and support that they receive. The government describes it as '**the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage.**'<sup>3</sup>

From the very beginning there was an acknowledgment that implementation of this programme could be greatly facilitated by ULOs whose outlook, ways of working and services complemented this agenda: 'Putting people first' stated

that there should be '**support for at least one local user-led organisation and mainstream mechanisms to develop networks which ensure people using services and their families have a collective voice, influencing policy and provision.**'<sup>4</sup> This reiterates the government's belief in the values of ULOs as expressed in 'Improving the life chances of disabled people' (2005). (See Section 1, pp.27–28)

Engaging and involving service users in planning, designing and delivering services is considered to be essential to successfully implementing the personalisation agenda. As co-producers, ULOs bring knowledge of the needs of local service users and can provide user-satisfaction feedback on the impact of services in their local community. They understand the issues, the needs and the solutions and are natural problem-solvers, bringing innovative solutions to care challenges that local authorities simply do not have:

**'The central idea in co-production is that people who use services are hidden resources, not drains on the system, and that no service that ignores this resource can be efficient. Co-production shifts the balance of power, responsibility and resources from professionals more to individuals, by involving people in the delivery of their own services. It recognises that 'people are not merely repositories of need or recipients of services', but are the very resource that can turn public**

**services around. Co-production also means unleashing a wave of innovation about how services are designed and delivered and how public goods are achieved, by expecting professionals to work alongside their clients.'**<sup>5</sup>

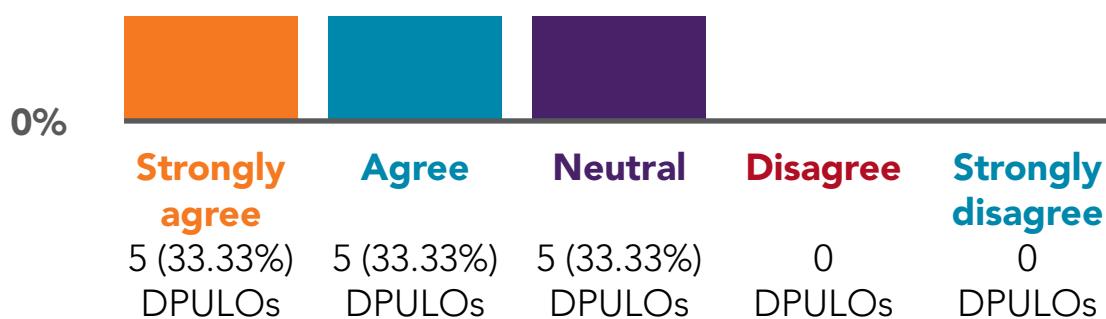
Two years later in 2009 the government once again advised local authorities to work with ULOs, emphasising the additional value that they bring to service development and delivery:

**'Involve ULOs in delivering programmes in which they add value: independent living, health prevention and promotion, employment, carers strategy, community empowerment, social inclusion, the Disability Equality Duty and, importantly, personalisation. (Remember that personalisation is about the whole of people's lives and is an issue all local authorities need to address.)'**

**'Allocate champions to support ULOs. Ensure that the added value that ULOs offer is considered when commissioning and procuring services, and encourage the participation of users, carers and officers to work alongside ULOs. Embed participation throughout corporate priorities (not just social services), promote broader partnership working, and review the COMPACT (the agreement between local authorities and the voluntary sector),<sup>6</sup> specifically how it can be made more effective in terms of working with ULOs and other third sector initiatives.'**<sup>7</sup>

We asked 15 south-east DPULOs: 'How much do you agree with the following statement? The personalisation agenda in adult social care and an increased emphasis on service co-production have helped to improve our relationship with our local authority.'

100% .....  
.....



This policy agenda is extremely promising in terms of positioning DPULOs as a vital, long-term partner of local authorities.

Responses were split equally across 'strongly agree', 'agree' and 'neutral' (33.33% / 5 organisations for each response), showing that personalisation has resulted in improved working relationships between the majority of DPULOs and local authorities, but there is still scope for improvement in some areas.

John Woods, Assistant Director for Policy and Strategy in Adult Social Care at Surrey County Council, believes that the arrival of personalisation agenda marked the start of a new relationship between Surrey County Council and its ULOs: ULOs became a key partner that the local authority collaborated with and this new approach to co-design and co-delivery championed by adult social care actually started to expand into other departments as well. The underlying driver for this new

approach was the recognition that, in order for the local authority to achieve its desired outcomes, it simply made sense to involve the very people who have direct experience of the issues in the process of service design and, who therefore, know what types of changes are required.

The current challenges facing adult social care require local authorities to work differently and develop new structures which can meet emerging needs. ULOs are now, therefore, perceived as being a new and vital partner in this process.

John adds:

**'The reason we are doing it is because we have learned that this is a good thing to do. If you want to solve the problem you need to go to the best kind of people that will help you solve the problems. They will try to help you and realistic ideas can be then put in practice.'**

### **3 Independent living strategy (2008)**

The definition of independent living used in 'Improving the life chances of disabled people' (2005) continued into subsequent government strategies, such as its five-year independent living strategy. The government acknowledged that independent living is not just concerned with adult social care:

**'The Government is therefore committed to delivering on full and equal citizenship for disabled people and sees independent living as being part of the way we advance this. Independent living enables disabled people to fulfil the roles and responsibilities of citizenship.'**<sup>8</sup>

This outlook mirrors the ethos of the original CILs which were concerned with disabled people's full participation in society, not just as service users of adult social care.

### **4 'A Vision for adult social care: Capable communities and active citizens' (2010)<sup>9</sup>**

This long-term government vision also identifies ULOs as a specific type of organisation which can help to deliver a new approach to adult social care. It argues that empowered people and strong communities contribute to maintaining people's independence by, for example, engaging people in community and volunteering activity. It also emphasises the 'preventative' role that local support networks can play in reducing social isolation and vulnerability by enhancing people's quality of life and well-being. While the impetus behind this vision is certainly to (partially) reduce social care expenditure, rather than originating from fundamental principles of equality, choice and control, the approach shares some similarities with DPULOs in terms of their focus on independent living (see Section 1) and various other outcomes, such as enhanced well-being and increased self-esteem. DPULOs can support disabled people (including self-funders) to explore their options to remain independent and active members of the community by providing the very services DPULOs excel at, such as peer support, advocacy and brokerage services. A need to capacity build ULOs is also mentioned in the Department of Health's 'Practical approaches to improving the lives of disabled and older people through building stronger communities' (2010, p.13).

**'If you look at the history of ULOs and DPOs (disabled people's organisations), part of their strength has been in developing networks. Way before social networks, like Facebook, we had our own networks and part of the reason why the Independent Living Movement flourished in this country is that it quickly developed networks, not just in Hampshire or the South, but throughout the whole of the country and that was even before the internet. Those networks are so cohesive and so strong and the backbone of those networks is peer support and that is why peer support is so important in terms of sharing that expertise, advice and information, and passing it on.'**

John Evans, one of the founders of the Independent Living Movement in the UK (SENDPO's conference on 13 November 2013 entitled 'User-Led Organisations: The future of commissioning')

### 5 The importance of peer-led service delivery

There is a wealth of evidence confirming the important role that ULOs play in providing personalised services, such as support for people using direct payments and peer support.<sup>10</sup> As long ago as 2006, the 'Joint protocol between National Centre for Independent Living (NCIL) and Association of Directors of Social Services (ADASS) for the provision of centres for independent living (CILs) and user-led support services', also stated that '**7 out of 10 of the top performing local authorities on Direct Payments contract with a user-led support service.**' (p.2)

**'Small scale, qualitative research consistently shows how much people appreciate peer support and, even where a user-led organisation's service is formally labelled as advocacy, or information and advice, it would appear that it is this peer to peer aspect which is a key part of the value to the individuals concerned.'**

Greene (1999) in NCIL National Centre for Independent Living (2008) Review of peer support activity in the context of self-directed support and the personalisation of adult social care (for the Department of Health), p.6

This success is largely due to the fact that ULO services are peer-led:

**'The independent living movement has long asserted the value of peer to peer support, insisting that disabled people are experts in the barriers which face them and how to tackle such barriers. Peer support has been, and continues to be, a key part of disabled people's own organisations.'**<sup>11</sup>

To harness this extra value, it is essential, therefore, that disabled people are involved in delivering DPULO services:

**'The defining feature of Peer Support is that it refers to relationships and interactions between people who are peers, and who are equal in ability, standing, rank, or value.'**<sup>12</sup>

The Office for Disability Issues' report in 2011 on support planning and brokerage concluded the following: a preference among service users for ULO service delivery, increased direct payment 'take-up' when service users are supported by ULOs, and the importance of peer support in ULO-led support planning and brokerage.<sup>13</sup> Liz Sayce also identified a role for DPULOs to provide services and peer support for people using Access to Work,<sup>14</sup> as did the 'Right to Control' evaluation which concluded that increased involvement by DPULOs in supporting customers would make the initiative (which aims to give disabled people more control over the support they receive) more effective.<sup>15</sup>

### 6 The Equality Act 2010 (including the Public Sector Equality Duty)

This legislation requires local authorities to consider the needs of all disabled people when developing policy and delivering services and have 'due regard' to the need to eliminate discrimination and promote equality. This can be partly achieved by building equality requirements into procurement processes (see Section 4, p.102). DPULOs are also an effective partner when local authorities are designing policies, services or communications, as they provide a voice for local disabled people and can offer expertise in equality matters and access. DPULOs are well-positioned to provide training, share information and work collaboratively with other providers, all of which can result in more services becoming inclusive. They also support community cohesion by doing outreach to support involvement and engagement and connecting people into networks. Using these skills and experience, they can, for example, support the delivery of personalisation. SCIE (The Social Care Institute for Excellence) notes that, under this legislation and as part of the personalisation agenda, everyone should have access to the right information, advice and advocacy to make good decisions about the support they need, and have a wide choice in terms of the services they would like to use. In addition service providers have a responsibility to ensure that their services are available and

accessible to anyone who would like to use them (something that can be included in local authority service specifications). Therefore, where certain service users are under-represented, organisations may need to undertake 'specific outreach activities and service user and carer participation initiatives' to address this.<sup>16</sup> Once again, these are roles which DPULOs have the necessary experience and expertise to fulfil.

## **7 Health and Social Care Act 2012**

This legislation also requires local authorities to provide information and advice. As a result of recent changes to health and social care generally, there is an increased need for local authorities to ensure that people can access the appropriate support in relation to different options for living independently, financing care and advocacy. The emphasis on choice and personal budgets generates a need for good quality guidance and tailored support. Surrey County Council has responded to this challenge by, for example, investing in its 'Hubs' service (see Spotlight 1).

## **8 The Care Bill 2013-14**

Although not yet law, the Care Bill emphasises the need for anyone with care and support needs to be able to access suitable information and advice, with a focus on promoting independence, prevention and personal budgets. The emphasis is on providing 'universal services' that everyone can access, regardless of whether they fund their own care or not, nor whether they are eligible for adult social care services or not. There should be a range of providers so that people can choose how their needs can be met and care and support planning should be available to everyone. Local authorities will also be required to provide advocacy for people who have difficulty being involved in their assessment, care-planning and review processes. Although the Bill does not specifically mention ULOs, the type of services that the Bill requires local authorities to provide are very much what DPULOs have expertise in, such as information, advice and preventative, community-based services.

### 9 'Fulfilling potential' (2013)

The view that DPULOs have a distinct role within the community and as an essential local authority partner is further evidenced by the Department for Work and Pensions' current disability strategy, 'Fulfilling potential', which includes a £3 million facilitation fund **'to build the sustainability of local grass-roots DPULOs and provide a voice for disabled people in their local community.'**<sup>17</sup>

### 10 The Public Services (Social Value) Act 2012

This Act requires local authorities to consider:

- A** how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and
- B** how, in conducting the process of procurement, it might act with a view to securing that improvement.<sup>18</sup>

This means that commissioners and procurement teams should consider the additional value that service providers can bring to service delivery, over and above the benefits of the goods or services themselves. Examples could include involving service users in service delivery, more employment and training opportunities for local people and increased community cohesion.

Social value should be considered before the actual procurement process begins and it should remain on the agenda until decisions are made about who will be awarded contracts. Price and quality should no longer be the only deciding factors. NCVO (The National Council for Voluntary Organisations) also notes that voluntary organisations can also use the legislation to hold local authorities to account if social value is not considered during the commissioning process.<sup>19</sup> The Act does not define 'social value', which provides an opportunity for local authorities and the voluntary sector to reach a shared understanding of what it represents. There is also flexibility around how local authorities actually meet these legislative requirements.

Before exploring how some south-east local authorities are embedding the principles of social value into their procurement procedures, we will look at why DPULOs are such an important partner for local authorities.

### The social value of DPULOs: Additional benefits for commissioners

Building on the many government agendas identified above, SENDPO asked 14 south-east local authorities:

**'How can DPULOs help your local authority to deliver its corporate objectives?'** We also asked them:

**'How much do you agree with the following statement: 'DPULOs bring 'added / social value' to delivering services for local disabled people?'**

57% (8 of 14) strongly agree and 43% (6) agree. None responded 'neutral', 'disagree' or 'strongly disagree'. They further clarified their responses.

We have combined the research data from these two questions to provide a picture of the many benefits that local authorities gain from working in partnership with DPULOs, as follows:

#### DPULOs – Challenging, Supporting and Innovating Increasing the quality and choice of services

##### Service innovation, development and delivery

- DPULOs inform, shape and co-design services with adult social care
- DPULOs help to identify service gaps in the market, co-produce strategies and service specifications and help with tender evaluation and contract monitoring
- DPULOs help to deliver strategies and achieve outcomes
- DPULOs provide a unique insight into issues and can work with local authorities to offer solutions based on user / expert experience and knowledge
- DPULOs encourage and support local authorities to trial new innovative approaches and do things differently
- DPULOs provide flexible and creative support to people in the community

##### Economic benefits

- DPULOs ensure funding is spent effectively and lever additional resources
- DPULOs provide targeted, cost-effective services to meet identified local needs
- DPULOs create more employment and volunteering opportunities for disabled people

### **Service user engagement and involvement**

- DPULOs promote equality of opportunity and anti-discriminatory practices
- DPULOs provide opportunities for customer and resident feedback above and beyond contract requirements
- DPULOs provide a voice for their members and service users at a local level

### **Community development**

- DPULOs know the community strategies and can help to deliver them
- DPULOs promote and support the development and capacity building of other ULOs
- DPULOs are well-connected to local disabled people and support the growth of strong communities by linking people into wider networks, services and support

### **Empowering individuals**

- DPULOs support disabled people to be independent and have control over their lives (a 'preventative' role)
- DPULOs increase the confidence and skills of disabled people
- DPULOs work with local authorities to help minimise any negative impact of changes on local disabled people

Given the many different ways in which DPULOs can help local authorities to deliver their corporate objectives, it is in commissioners' interests to ensure that they have thriving DPULOs.

However, despite this evidence and the multitude of government agendas and policies which support the commissioners' views, many DPULOs are still inadequately resourced.

## The problem of price-driven procurement

One south-east commissioner optimistically observes that

**'Social care services are Part B (and therefore subject to fewer regulations) so there is more flexibility and, if DPULOs can meet the requirements to deliver a quality service at an affordable price, they should be able to win business.'**

One would hope this is the case. However, DPULOs are often small and can be more expensive to run, due to their need for accessible premises and the additional access and support costs that they incur. This means it is difficult for them to compete price-wise with larger organisations which have proportionately lower overheads, etc.

**It is essential, therefore, that commissioners include social value as a funding criterion as the evidence shows that DPULOs bring many additional benefits to service delivery and this provides them with an opportunity to excel during the tendering process.**

Once the additional value of being a user-led service is taken into account, the smaller provider may well represent better value for money overall. This, of course, requires the additional value to be properly evidenced (see Section 6).

**'The [Social Value] act represents an opportunity for the local authority to commission innovative services that demonstrate more emphasis on social value than a lowest price wins approach.'**

South-east local authority survey respondent

## Embedding social value across local authorities

The Social Value Act represents an ideal opportunity to increase the importance attached to the many benefits that small, local community-based organisations, such as DPULOs, bring to service provision. NAVCA (The National Association for Voluntary and Community Action) has produced various briefings about translating the Social Value Act into local authority commissioning and procurement procedure.<sup>20</sup> The key issues in these briefings that need to be considered are as follows:

- A** The voluntary sector should be involved in developing social value outcomes and these should already be incorporated in local authority policy before a procurement process begins.
- B** The Act says that social value outcomes included in a contract must relate to what is being procured and must be relevant to the delivery of the service; if not, there is a risk of legal challenge. A commitment to developing SMEs (small and medium enterprises), for example, would not be considered relevant to delivering a domiciliary care contract.

- C** However, if the social value outcomes are part of a local authority's overarching, corporate strategy and policies (e.g. building the local economy), they can be included in the contract as a core part of what is being purchased. So, if supporting SMEs is part of local authority policy, a domiciliary care contract could include both domiciliary care outcomes and outcomes supporting SMEs.
- D** Other examples of wider policy goals may include seeking to reduce local unemployment, promoting a thriving voluntary sector, improving the local environment and increasing apprenticeship opportunities, etc.
- E** Social value outcomes should be specific and it should be clear how they will be evaluated during the contract delivery.
- F** Under procurement regulations a tender cannot be advertised to local providers only but it can emphasise the importance of 'local knowledge.'
- G** Re-commissioning contracts provides an opportunity for commissioners to make social value a core part of the new contract, in a way which can be properly evaluated.

**'Commissioners can integrate the principles of sustainable development in the procurement process by taking into account the social, economic and environmental impact of the activities they purchase, at the start of the procurement. This can be consistent with achieving value for money and meeting EU procurement rules.'**

Anthony Collins Solicitors LLP, 'Pathways through the maze: a guide to procurement law' (2nd edition, October 2010, NAVCA & NCVO), p.9

Some examples of local authority ‘overarching’ corporate policies and plans which would justify the inclusion of social value outcomes in contracts include the following:

- Challenging poverty
- Supporting vulnerable people in our communities
- Improving the life chances of disadvantaged people
- Contributing to economic, environmental and social sustainability<sup>21</sup>

If a tender included these, or similar outcomes, an organisation which can deliver the following types of benefits, in addition to (or as part of) the actual service itself, would score higher on social value questions than other providers:

- generating social capital through volunteering
- increasing local roots in the community
- creating access to wider social networks
- levering other forms of funding (e.g. matched funding)
- creating opportunities for community-led design and co-production practices<sup>22</sup>

Assessing the social value of any service usually involves focusing on how service providers actively engage with and involve the local community and what the benefits are for local service users and the locality.

However, how a service provider maximises social value will vary according to each service being. We talked to Nadia Stockdale, Procurement Improvement Officer at Surrey County Council, about how they are approaching this issue. They consider what the potential for social value is for each service prior to the procurement process. This will be proportionate to each contract and will not, therefore, represent a fixed percentage in every contract. A social value question will be asked at the PQQ stage (pre-qualification questionnaire) and more detailed questions will be asked at the ITT (invitation to tender) stage, for example:

- Please outline what percentage of work you will be subcontracting to Surrey suppliers?
- Please define how many work opportunities will be offered to Surrey residents as a result of this contract and how you will be recruiting for these positions?
- Please describe your organisation’s policy on employee volunteering. If none currently exists, would it be something that you are willing to implement?
- Outline which (services / facilities / resources) you are able to offer the Surrey Voluntary, Community and Faith Sector (VCFS) and how you will actively engage with them to provide, for example, monthly training on HR policies, allowing access to meeting room facilities and so forth.

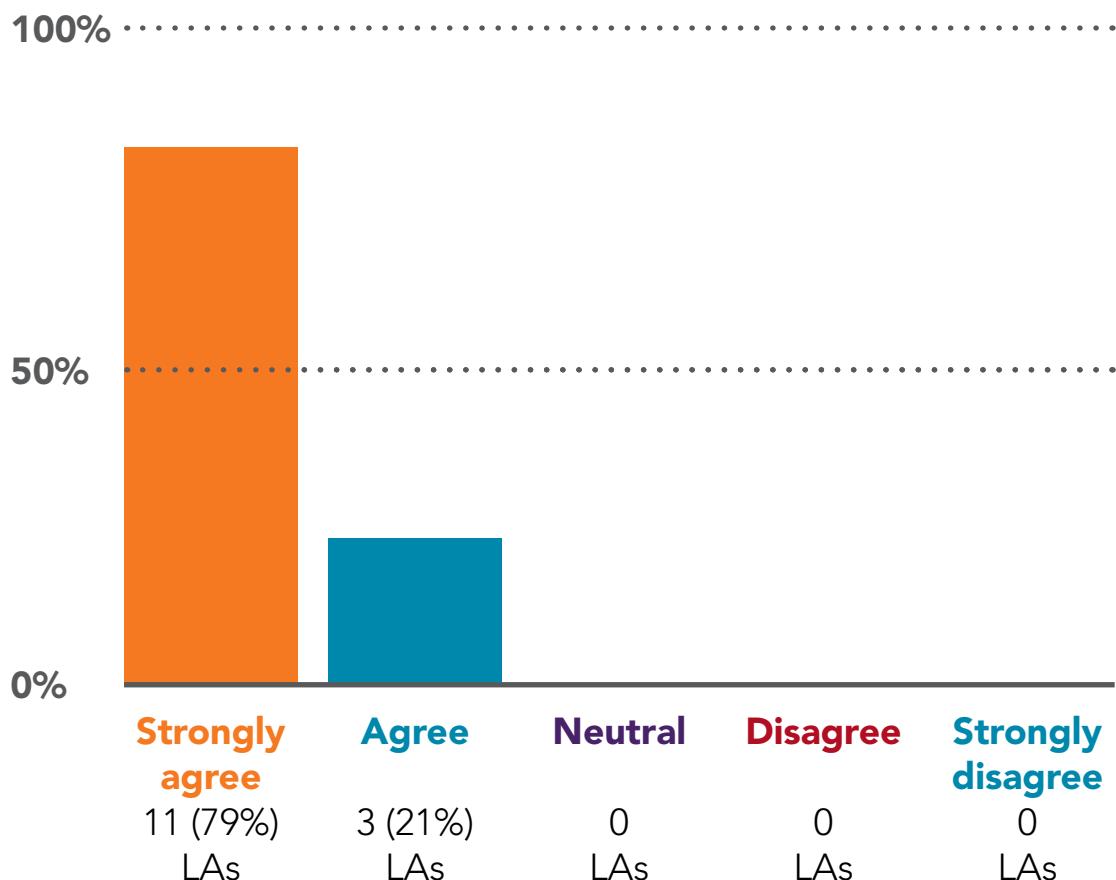
**'The Social Value Act is not about compliance and ticking boxes, but a long-term approach to change behaviour and practice.'**

NAVCA (August 2013) Social Value: Summary: Learning from the maximising social value road-show, p.3

It is, therefore, important for DPULOs to identify what types of social value their respective local authorities prioritise and how they evaluate it, in order that they can produce strong evidence-based tenders which show how their proposed delivery methods will achieve this. In the case of Surrey County Council, for example, the following have been identified as key social value aspirations, in line with both their corporate and procurement strategies:

- A strong and competitive local economy
- Community well-being
- An engaged and resilient Voluntary, Community and Faith Sector
- Innovative prevention and demand management

## The value of the 'user-led' perspective and experience



There are ways that DPULOs and disabled people can influence the specification of local authority services to reflect different forms of social value. SENDPO asked 14 south-east local authorities:

**'How much do you agree that 'lived experience' of disability is valuable when determining the specification of services for disabled people?'**

79% (11 of 14) of the local authority respondents '**strongly agree**' that 'lived experience' of disability is valuable when determining the specification of services for disabled people and 21% (3) 'agree'.

This confirms the importance of ensuring that disabled people have the opportunity to influence the design of services. One local authority says:

**'We would wish to go further and say that, not only is lived experience of disability valuable when determining the specification of services for disabled people, it's vital.'**

This particular stage of the commissioning process (i.e. determining the service specification) receives more attention in Section 3. What is most important here is the fact that some local authorities believe that 'lived experience' (in the form of 'peer support') can enhance the quality of service delivery:

- **"Lived experience' makes up a significant part of the scoring criteria in the Prospectus and also plays a significant part in tendering opportunities.'**
- **'This 'lived experience' forms part of our specification for Direct Payment advice and support which includes peer support.'**

This contrasts with the Department of Health's 'Adult social care outcomes framework 2013/14' (2012) which does not present user-led services as one solution to achieving increased service user satisfaction. If commissioners are genuinely co-producing outcomes with service users and local DPULOs, this will provide an opportunity for building 'being user-led' into the service specification which will, in turn, increase the likelihood of a DPULO being awarded the contract. Social value outcomes which DPULOs are well positioned to deliver include independent living outcomes and many other social benefits such as increased social inclusion and community cohesion, increased wellbeing and increased skills development.

## The importance of local knowledge

**'When DPULOs are well connected to local communities of disabled people, they can be well placed to better understand and provide the types of services that local people want. They can also be good at linking disabled people into wider networks, services and support and can empower local people to make their voices heard in an effective way.'**

Angela Yphantides, Strategic Commissioner (Physical Disabilities and Sensory Impairment), East Sussex County Council

We asked 14 south-east local authorities: **'What emphasis does your local authority place on local knowledge in the commissioning process and how does it require bidders to demonstrate that they will meet local needs?'**

Responses confirm that local knowledge is an important factor in many local authority commissioning processes.

This is crucial because it increases the likelihood of local providers (including small, local DPULOs) being commissioned. Such is the case with Surrey's direct payments contract, which the Surrey Independent Living Council (SILC) has successfully retained for many years. Richard Davy, its Chief Executive, explains:

**'The specification that they have drawn up reflects the service that has been developed over a number of years and has an emphasis on involving local disabled people. The specification does fit the profile of a local DPULO and it would be more difficult for a large national provider to come in from outside Surrey and provide this service.'**

## From metrics to 'outcomes-based commissioning'

**Outcomes:** the changes, benefits, learning or other effects that happen as a result of services and activities provided by an organisation.

**Outputs:** the activities, services and products provided by an organisation.

(Charities Evaluation Services)

Traditionally commissioning has focused on outputs (e.g. the number of hours spent providing home care under a home care contract or the number of tasks completed). However, 'outcomes-based commissioning' focuses on the desired outcomes and impact of a service (e.g. the effects of the home care service, such as whether a client feels in control of the support received and feels s/he is treated with dignity and respect). This approach requires the service provider to consider how these outcomes can be achieved and gives providers flexibility around how they deliver a service.

'An outcome is the thing you get right at the end, which is the change in people's lives and the difference it has made to them. We need to talk to each other and have a really clear understanding of what we mean by outcomes and how you measure them. Empowering service users to have that discussion, and define outcomes, is the way to do it and they need to be measured in a way that relates to what people think is important in their lives.' Deborah Sowerby, Development Manager at the West Berkshire Independent Living Network (SENDPO's conference on 13 November 2013 entitled 'User-Led Organisations: The future of commissioning')

Despite agreement that focusing on outcomes (after co-designing them with service users) is the way forward for commissioners, the degree to which this is reflected in local authority practices varies significantly. SENDPO asked 14 south-east local authorities, '**How can more emphasis be put on the outcomes of delivering services rather than the inputs, outputs and processes that organisations need to follow?**'

While some local authorities regularly co-produce service 'outcomes' with service users (e.g. Surrey County Council, see Section 3), other local authorities admit to still having difficulty adjusting to this new approach:

- **'This is a developing area. We are focusing more on outcomes in contracts but it isn't easy as most outcomes have a myriad of contributing factors. Also there are some things (like safe practice, health and safety, etc.) that need to be monitored as it is too late by the time you get a bad outcome.'**
- **'There should be more emphasis (on outcomes), but it is hard to shift as they are harder to collect evidence against.'**

One of the resources that commissioners have highlighted as supporting this transition from outputs to outcomes is 'Making it Real'. It was published in 2011 by Think Local, Act Personal (TLAP) which is the national, cross-sector leadership partnership focused on transforming adult social care through personalisation and community-based support.

'Making it Real' is a set of markers, co-produced with service users and carers, to help the sector measure its progress on making personalisation a reality. The full set of 'progress markers' for six adult social care themes can be downloaded from the TLAP website.<sup>23</sup> Sector organisations, including local authorities, are encouraged to sign up to 'Making it real' to demonstrate their commitment to embedding personalisation across their services. However, as of February 2014, only 8 of 19 south-east local authorities have signed up.

One funding mechanism which has successfully addressed concerns associated with outcomes-based commissioning is the Commissioning Prospectus.

## **Maximising the scoring criteria for social value: The 'Commissioning Prospectus'**

The Commissioning Prospectus (run by Brighton & Hove, East Sussex and the Isle of Wight) is now a well-established means of embedding the social value generated by the community and voluntary sector into the commissioning process. The tendering process is designed to ensure that smaller organisations are not discouraged from taking part. A significant emphasis is placed on building social capital into the scoring criteria (33%) which is sufficiently large to influence the overall scoring process.

**East Sussex County Council describes social capital as 'the connections among people and their social networks, a willingness to do things for each other and a sense of trust coming from this.'**

(East Sussex Prospectus 2013, p.5)

Community participation can generate feelings of 'belonging' and wellbeing and provides structures and opportunities for people to be more engaged and active in their community. East Sussex notes that this is distinct from 'the state' and 'the private sector' and it is supported by making the most of:

- local knowledge and experience
- community engagement
- client and/or carer-accountable structures (for example, user-led organisations)
- networks
- volunteers
- access points or bases

**The 2011 East Sussex Prospectus (p. 7) notes that added value can be found in the following areas:**

- Increased choice and control – making sure there are a range of options to suit individual care and support needs.
- Social capital – service models where there is ownership and leadership by the people who need and use the services. These models may use volunteers and will make the most of the connections between groups and services and the knowledge held in local communities to create healthy, engaged and inclusive neighbourhoods, villages and towns in East Sussex.
- Early intervention and prevention – services that can support people to stay independent and healthy and stop situations getting worse.
- Universally accessible services – enabling people to get the right information, advice and support easily, often based on the knowledge and experience of local communities' needs, and the current support available to them.

This approach to commissioning favours user-led services, to such an extent that East Sussex County Council commissioned a ULO toolkit, developed by ESDA (East Sussex Disability Association) and promoted by NCIL (National Centre for Independent Living) as part of a support package offered to organisations applying for Prospectus investment.<sup>24</sup>

## DPULOs: Essential local authority partners

Although SENDPO's research findings confirm the valuable role that DPULOs fulfil in relation to supporting the work of local authorities, there seems to be a mismatch in terms of how this translates into local authorities actually funding and contracting DPULOs. However, this section alone has shown that, by making simple amendments to embed social value in commissioning and procurement processes, local authorities can increase the likelihood of DPULOs being funded. The rest of this resource will continue to illustrate how DPULOs are working successfully with commissioners and procurement staff, especially when they are supported by commissioning processes which involve disabled people at every stage and have been made accessible for small providers. Section 6 will show how DPULOs are evidencing their additional social value to funders.

## References

- 1 Prime Minister's Strategy Unit (2005), Improving the life chances of disabled people, pp.90–91
- 2 HM Government (December 2007) Putting people first: a shared vision and commitment to the transformation of adult social care
- 3 Ibid., p.1
- 4 Ibid., p.4
- 5 Stephens, L. et al. (2008), in Boyle, D. & Harris, M. (2009) The challenge of co-production: How equal partnerships between professionals and the public are crucial to improving public services (London, NESTA), pp.11–12
- 6 For further information on the Compact, please see Section 4, p.99
- 7 HM Government (2009) Putting people first: working together with user-led organisations, pp.3–4
- 8 Office for Disability Issues (February 2008) Independent Living: A cross-government strategy about independent living for disabled people (HM Government, London), p.9
- 9 Department of Health (2010) A Vision for adult social care: Capable communities and active citizens
- 10 Social Care Institute for Excellence (2012), Personalisation: a rough guide (Social Care Institute for Excellence), p.53
- 11 NCIL National Centre for Independent Living (2008) Review of peer support activity in the context of self-directed support and the personalisation of adult social care (for the Department of Health), p.5
- 12 Fulton, K. & Winfield, C (2011) Peer support: a discussion paper from The Centre for Welfare Reform published in association with Paradigm (Sheffield, The Centre for Welfare Reform), p.5
- 13 Office for Disability Issues (May 2011) Independent living strategy – Support planning and brokerage: Final report from the support planning and brokerage demonstration project 'Summary' (London, Office for Disability Issues), pp.6–7

- 14 Sayce, L. (June 2011) Getting in, staying in and getting on: Disability employment support fit for the future (Department for Work and Pensions), p.20
- 15 Prepared for the Office for Disability Issues (July 2013) Evaluation of the Right to Control Trailblazers: Synthesis Report (London, Office for Disability Issues), p.4
- 16 Social Care Institute for Excellence (April 2011) Personalisation briefing: Implications of the Equality Act 2010 ('At a glance 41'), p.7
- 17 Department for Work and Pensions (July 2013) Fulfilling potential: Making it happen action plan (London, Department for Work and Pensions), p.71
- 18 <http://www.legislation.gov.uk/ukpga/2012/3/section/1/enacted>
- 19 Charlotte Stuffins on the Public Service (Social Value) Act 2012, <http://blogs.ncvo.org.uk/2012/07/02/what-is-the-social-value-act/>  
The Localism Act 2011 aims to get local authorities and the voluntary sector working more in partnership with each other and also gives the community and voluntary organisations the right to challenge a local authority if they want to provide a particular local service.
- 20 See 'Resources' for further details of NAVCA social value briefings.
- 21 East Sussex Procurement Hub: Guide to the Public Services (Social Clauses Act 2012) by Ian Roadnight, pp.1–2 (available from <http://www.navca.org.uk/search>)
- 22 NAVCA (August 2013) Social Value: Summary: Learning from the maximising social value road-show
- 23 Think Local, Act Personal (2011), Making it real: Marking progress towards personalised, community based support <http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/MakingItReal.pdf>
- 24 ESDA's 'ULO toolkit' is designed to support organisations to become user-led: <http://www.esda.org.uk/userledorganisations/index.php?pageID=1960>

## Resources

Charities Evaluation Services: <http://www.ces-vol.org.uk/>

The Care Bill 2013-14: <https://www.gov.uk/government/publications/the-care-bill-factsheets>

Legislation (existing, new and changes to): <http://www.legislation.gov.uk/>

Social value:

<http://www.navca.org.uk/socialvalue>

<http://www.navca.org.uk/socialvaluebriefings>

- NAVCA (August 2013) Social Value: Summary:  
Learning from the maximising social value road-show
- NAVCA (August 2013) Social Value: Section 2: Procurement and Legal:  
Learning from the maximising social value road-show
- Andrea Westall, for NAVCA (January 2012) Social Value: Briefing 2:  
Measuring social value, social outcomes and impact
- NAVCA (March 2012) Social Value: Briefing 3: East Sussex –  
a case study of putting social value and commissioning into practice

Department for Work and Pensions (July 2013) Fulfilling potential:  
Making it happen action plan (London, Department for Work and Pensions)

Department for Work and Pensions (February 2013) Fulfilling potential:  
Building a deeper understanding of disability in the UK today  
(London, Department for Work and Pensions)

Equalities and Human Rights Commission (2013) Buying better outcomes –  
Mainstreaming equality considerations in procurement:  
A guide for public authorities in England

Government Equalities Office (2011) Equality Act 2010: Public Sector Equality Duty  
what do I need to know? A quick start guide for public sector organisations

# Section 3

## Laying the foundations for commissioning DPULOs

## How can local authorities create the optimum conditions for commissioning DPULOs?

This section will provide an overview of the ways in which local authorities can actively involve disabled service users and DPULOs in the development and delivery of adult social care. We will see how meaningful involvement complements the different stages of the commissioning cycle.

In Section 2 we outlined the additional social value that DPULOs bring to service delivery, as well as the many different ways in which DPULOs can help local authorities to deliver their corporate objectives (see pp.51–52). Yet despite this, ULOs in general are remarkably absent from many local authority corporate and commissioning strategies. There are some noteworthy exceptions, however, which we will highlight in this section as examples of good practice.

### Leadership

Throughout our research both commissioners and DPULOs stressed that firm foundations for commissioning DPULOs begin with a particular local authority outlook. Strong leadership within adult social care senior management teams can engender a local authority culture which values meaningful service user involvement and the principles of co-production, leading to some of the

most successful commissioning relationships between local authorities and DPULOs. For example, Surrey County Council firmly believes in the valuable role played by ULOs in service development and delivery:

**'Surrey County Council's corporate strategy, 'Confident in our future', sets out our vision. We are committed to working in ways which support co-design and co-production because we believe that user-led services are more innovative and, ultimately, more effective. We have made it our priority in adult social care to ensure that we all involve, and work in partnership with, the very people who have direct experience of the issues because they know what changes are required. We give our staff the time, space and confidence to build those relationships. This is how we work to translate our vision into reality and it is the only way we can achieve success. If our senior management team didn't also believe in the value of user-led organisations, we simply wouldn't achieve our goals.'**

Anne Butler, Assistant Director, Commissioning, Adult Social Care, Surrey County Council

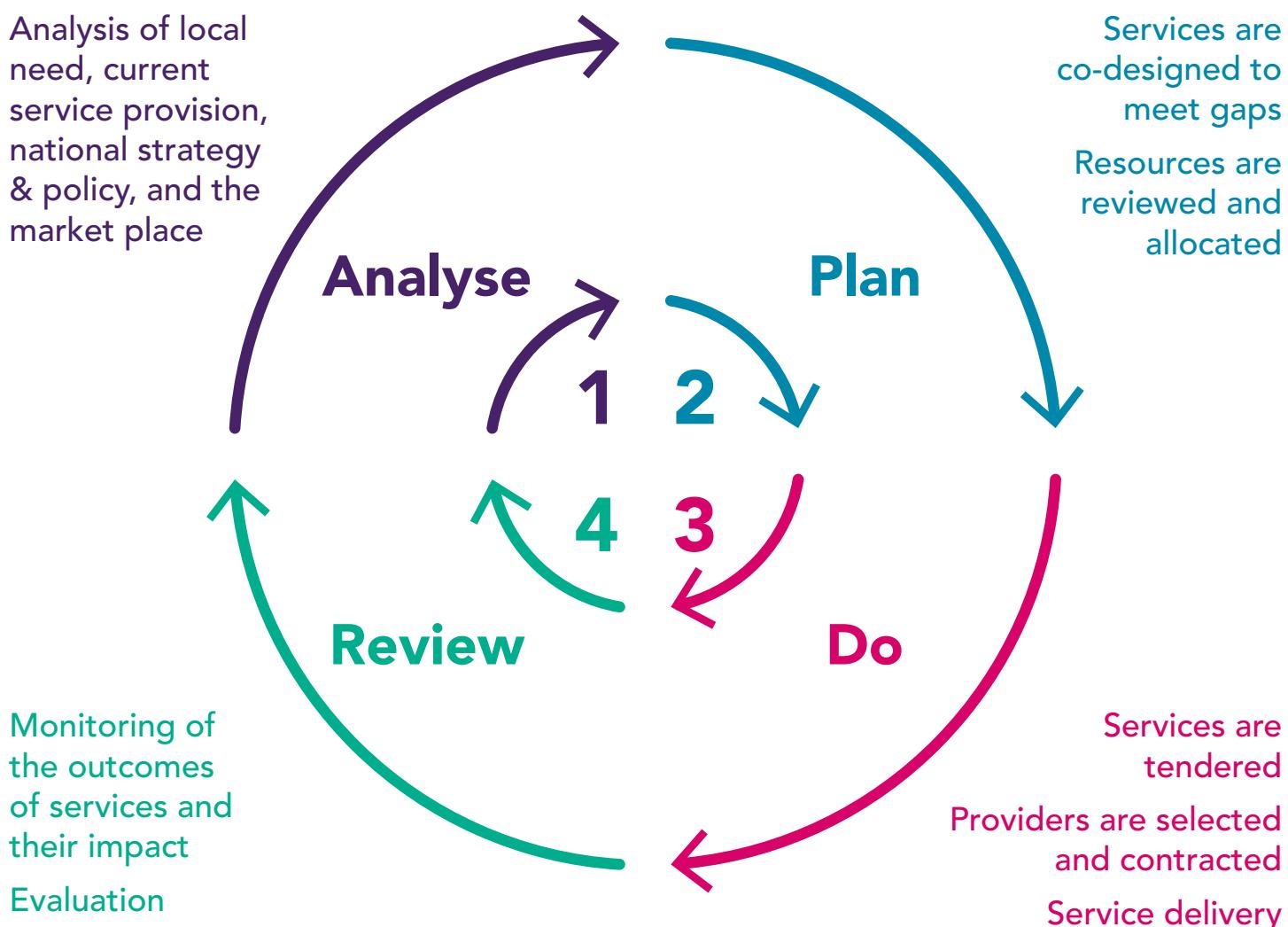
In this section we will see how this belief has translated into the commissioning intentions of this local authority.

## The Commissioning Cycle: An overview

The National Audit Office describes commissioning as '**the cyclical process by which public bodies assess the needs of people in an area, determine priorities, design and source appropriate services, and monitor and evaluate their performance.**'<sup>1</sup> The following simplified diagram illustrates the key stages of the commissioning cycle and provides a snapshot overview of the process.

Each stage feeds into the next and the process is ongoing.

This section will explore what happens during each of the four commissioning stages ('Analyse', 'Plan', 'Do' and 'Review') and highlight local authority practices which ensure that ULOs and service users are fully involved throughout the process.



## Service user involvement in local authority strategy and service design

We asked 14 south-east local authorities how they involve service users in their decision-making processes.

Some examples are provided in this table (which is informed by Arnstein's 'Ladder of citizen participation'<sup>2</sup>).

### Citizen power – Control and delegated power

- DPULOs are commissioned to deliver services (although they remain, ultimately, accountable to local authority commissioners)
- DPULOs are funded to chair expert panels on specific policy areas (e.g. personalisation)
- DPULO representatives are in the majority on boards / panels which make funding decisions
- DPULOs distribute grants to individual service users on behalf of adult social care
- DPULOs are funded to develop / design new, user-led services

### Meaningful involvement – Partnership

- Service co-design between commissioners and DPULOs, reflecting genuine co-production (= a partnership of equals)
- Partnership work is undertaken through accountable structures (e.g. DPULOs) which are adequately funded
- Service user representation on tendering / procurement panels (following training of service users to score proposals and award investment)
- On-going service user involvement in contract review / monitoring processes
- User-led commissioned research

### Tokenism – Placation, consultation and informing

- DPULOs and service users are invited to attend meetings and join / advise panels and boards etc. which do not influence resource allocation or service design / delivery
- Satisfaction surveys (with no follow-up)
- People are informed about decision-making processes, with little or no opportunity to influence them (i.e. one-way communication flow)
- One-off opportunities (involvement should be ongoing, not occasional)

The diagram shows clearly that, while some 'citizens' are excluded from decision-making processes, changes in policy and process can successfully reverse this situation. For example, one local authority says, '**We invite service users to take part in the process from the earliest stages where possible, service design, assisting with gaining service user feedback, evaluation of service tender applications and taking part in interview panels with potential providers.**'

However, the **impact** of different types of involvement varies considerably. One commissioner says, very honestly, '**This is only partly achieved at present, but it is acknowledged that customers need to be involved in co-production of specifications and development of outcomes. Again the involvement of a co-production officer will enable us to improve practice in this area and raise the standards of services as a result.**'

Another admitted, '**We do not always succeed, but we do try to include user experience in the commissioning and tendering process.**' These responses highlight two key issues:

- A** Meaningful involvement is a process that needs careful planning and implementation in order to ensure that service users genuinely affect local authority decision-making processes
- B** Some local authorities have still not truly embedded the principles of co-production across their adult social care departments: it seems unlikely that a single dedicated post would achieve the necessary transformative change.

Nevertheless, in some local authorities meaningful involvement of disabled people has translated into a commitment to the principles of co-design and co-production and high quality, user-led services. One of these is Surrey County Council.

**'There is a critical difference between going through the empty ritual of participation and having the real power needed to affect the outcome of the process.'**

Arnstein, S.R. (1969) 'A ladder of citizen participation'<sup>3</sup>

## Embedding ULOs in local authority policy and strategy

ULOs are a key part of Surrey County Council's (SCC) overarching corporate strategy, 'Confident in our future'. It sets out a vision for 2018 which will enable the Council to continue providing services to its residents in most need and secure strong economic growth. It reveals a commitment to providing user-led services and working in ways which support co-design and co-production:

- We will continue to involve service users in designing and delivering innovative and effective services
- We will continue to develop effective partnerships to reduce costs and improve services

This view is reflected in the Council's Adult Social Care Directorate Strategy 2012/13 – 2016/17 which aims for '**a personalised, more preventative, community-based care and support system, empowering the residents of Surrey to shape their own lives and the services they receive.**' One of its strategic objectives is: '**Work with partners to co-design and deliver services which are local, universal and preventative.**' This will be achieved by ensuring that '**people who use services and carers drive and co-design all that we do.**' (p.7)

**'Wherever possible projects are co-chaired with our partners and they represent a long-term commitment to working with partners to secure sustained change.'**

Surrey County Council

Surrey's three key DPULOs (Surrey Coalition of Disabled People, Surrey Independent Living Council and Surrey Disabled People's Partnership) are represented on SCC'S Adult Social Care Implementation Programme Board, which is co-chaired by the Cabinet Member for Adult Social Care and Health and the Chair of Surrey Coalition of Disabled People. This means that they are at the heart of SCC's change programme which is driving through fifteen projects (focusing on Prevention, Plurality & Partnership, Productivity, Protection, People and Personalisation) to achieve a strategic shift in SCC's delivery of adult social care (ASC) services. Progress against SCC's ASC Service Delivery Plan is also monitored by, and reported on, to the Implementation Programme Board on a monthly basis.

## Involvement in the commissioning cycle

Surrey County Council has also embedded the principles of involvement throughout its commissioning cycle ('Protocol for involving the people we serve, carers, partners and other stakeholders', Commissioning and Procurement in Adult Social Care, 2011). This protocol exemplifies the key role that ULOs can play in local authorities' commissioning processes:

- ULOs are highlighted as a specific type of organisation that the Council needs to involve in its commissioning process
- There is an expectation that the approach to involvement in adult social care could be replicated across the Council, to ensure a common approach to stakeholder involvement
- Stakeholders will help to '**shape, co-design and co-produce**' services
- In addition service users, carers, partners and providers must represent the services being commissioned and '**be able to demonstrate how they will ensure that their views represent those of a range of service users / carers'**

It is believed that this approach will ultimately contribute to improved service outcomes. These principles are also a reminder that ULOs need to be representative of their constituencies, hence the importance of DPULOs ensuring their membership is culturally diverse and pan-impairment: if they want to be a key partner of the local authority, they need to be able to evidence how they are connected into their locality. This also highlights the additional value of involving ULOs rather than lone individuals in commissioning processes. By their very nature ULOs will be able to represent different viewpoints and contextualise service provision more effectively than an individual who is not networked into a much wider group of service users, with different needs and life experiences. Investing in ULOs to undertake involvement work is also an effective way of building the sustainability of the organisations concerned.

**'Ignore service users at your peril – they are right at heart of what we do, the very reason we are here.'**

Anne Butler, Assistant Director, Commissioning, Adult Social Care, Surrey County Council

## Commissioning involvement work

Surrey County Council (SCC) commissions a local DPULO, Surrey Coalition of Disabled People (SCDP), to fulfil two key roles:

- To be the central point of contact for engagement with disabled people by public and voluntary sector organisations in Surrey; and
- To ensure the involvement of disabled people (of all ages and with any impairment) in the co-production of strategies, policies and services which impact on their lives, including commissioning strategies and procurement of adult social care services

SCDP is grant-funded (£117,831 per year) and has a service level agreement in place to safeguard it from the competitive tendering process associated with contracts. This funding covers SCDP's core operating costs (i.e. staff, office and board costs) and the costs of member activities, which include member expenses incurred when attending events and co-production activities organised by public bodies (estimated £14,500).

SCDP has a membership of over a thousand individual members and ten organisational members, all of which are DPULOs. Its board of twelve directors, all of whom must be disabled people (i.e. people with any impairment or long-term condition), is elected by the membership. SCDP has three staff, a Chief Executive (Carol Pearson) and two part-time staff and it is committed to the social model of disability and the principles of independent living. Its organisational priorities are influenced by the '12 Basic Rights' of disabled people (see Section 1, p.25).

Through its engagement and involvement work, SCDP supports, empowers and enables disabled people to assert their rights, to be involved and to have influence through a network of organisations and involvement processes at local, county, regional and national levels. It takes the lead in ensuring that the voices of disabled people in Surrey are heard, listened to and acted upon by public, independent and voluntary sector organisations across Surrey. For example, it ensures that disabled people are involved in the implementation of strategies and in monitoring the quality and delivery of services by having representatives on Special Interest Groups and review panels which monitor contract performance. SCDP also monitors Surrey County Council's progress in six areas identified as priorities by disabled people in 2012, based on the 'Making it Real' markers (see Section 2, p.61 and Section 6, p.143).

As the central point for involvement and engagement work in Surrey, SCDP genuinely knows the most about what disabled people in Surrey really want and can, therefore, have a significant influence on Surrey County Council's portfolio of services. While SCDP fulfils this role,

Surrey's two other DPULOs (Surrey Independent Living Council and Surrey Disabled People's Partnership) bid to actually deliver the services. This 'tripartite' approach gives Surrey an exceptional DPULO infrastructure.

In 2013/14 SCDP involved disabled people in the co-production of multiple commissioning strategies and the procurement of adult social care services, including:

- Implementation of 14 recommendations of the Public Value Review of Mental Health Services, including the Social Inclusion Strategy co-produced during 2012/13
- Implementation of the Ageing Well Strategy
- Implementation of the Public Value Review of Learning Disability services and the Autism Strategy
- Implementation of the Joint Strategy for People with Long-term Neurological Conditions
- Implementation of the Information and Advice Strategy, to ensure universal access through Citizen's Hubs, Surrey Information Point etc.

**South-East DPULOs do not distinguish between 'lived experience' of disability and 'service user experience', although one organisation is 'trying to move public bodies away from using 'service user' and refer more to 'experience of', which seems appropriate given that service eligibility criteria are becoming tighter.**  
(SENDPO research findings)

## In The Spotlight



## Surrey Coalition of Disabled People and Surrey County Council Creating the optimum conditions for co-productive commissioning

### Key themes:

Co-production between a DPULO and a local authority is about:

- building an effective commissioning engagement strategy, based on meaningful involvement
- investing in a DPULO to provide leadership around involvement
- changing the working culture and embracing new strategic partnerships of equals
- the importance of investing in the development of service users to fully participate in the commissioning cycle

**Carol Pearson**, Chief Executive of Surrey Coalition of Disabled People, and **Jeremy Taylor**, Surrey County Council's Procurement and Commissioning Partnership Manager, outline their work on involvement and co-production in Surrey.



Carol Pearson



Jeremy Taylor

This presentation was given at SENDPO's conference on 13 November 2013 entitled 'User-Led Organisations: The future of commissioning'.

**Carol Pearson:** How have we achieved involvement in co-production in Surrey?

**We come from a culture which values ULOs and user involvement.** This new approach was led from the top by Sarah Mitchell, Strategic Director of Adult Social Care. We are also fortunate in Surrey to have a long history of strong, robust ULOs in Surrey: Surrey Independent Living Council, Surrey Disabled People's Partnership, Action for Carers Surrey and ourselves, Surrey Coalition of Disabled people. My organisation leads on user involvement, with Action for Carers, and the other two organisations provide a wide range of services for people. **I think we have worked really hard to build strong relationships and partnerships which are based on openness and trust and shared values and I think those are the things we need to be successful.**

The process that we follow is that the Council commissions us, Surrey Coalition of Disabled People (SCDP), to be the central point of engagement with disabled people in Surrey and to ensure the involvement of disabled service users in the co-production of strategies, services and policies which affect their lives.

### In The Spotlight



We do this in a number of ways.

Co-design and co-production can involve individuals and groups and sometimes we also run specially organised events.

**We have over many years developed a number of user-led groups that work on pan-impairment issues and also issues concerning the barriers that we all face.**

Because the Council commissions services for different impairment groups a number of people have come together to run groups which influence what goes on in the Council, not just in terms of the development of strategies but also the ongoing monitoring of their implementation. These include a number of groups ranging from Empowerment Boards to the Surrey Deaf Forum, to a recently formed Forum for people with long-term neurological conditions, and others. These are the processes we have developed. Jeremy will now tell you about how the Council helps us to achieve co-production and what resources they provide to enable this to happen.

**Jeremy Taylor: First of all Surrey County Council values involvement, right from the top all the way through the organisation.** Within the procurement team we are trying to engage more people, to put their minds at rest about what is involved in the evaluation process and being involved in creating specifications. **We try to work quite closely with user-led organisations and users and carers in Surrey to understand what is needed from us to be able to get involved.** We use the four user-led organisations as our key link into those

groups and we invite people to be part of that process. Surrey supports these organisations to help us work through this: **we have worked in partnership to get more users and carers au fait with how things work.** We got feedback from people asking '**what would be involved in service evaluation and producing specifications?**' To help them we developed and ran workshops to explain what we are looking for and why it is crucial for service users to be involved. And we are not expecting service users to stand in front of providers and challenge providers – you can tell us what your concerns are and we can have that conversation on your behalf, or you can be involved as well, if need be.

We are also looking at how we can make sure things are accessible. In the past we have had sessions at County Hall on the second or third floor but now we look at everyone's requirements and we have an accessible venue so that people can be involved in that process. As I said we provide training – actually, it is more of a workshop so that people can ask questions. **We want people to be involved and our procurement team is finding it really useful to get involved earlier in the commissioning process** so that we can fully understand what it is we are going out to the market for, and this makes the process easier and better for us. In the past we have made mistakes where we did not understand what was needed. But now we have a better understanding and it means we can do things more effectively.

**In The Spotlight**

**Carol Pearson:** Thank you. Norah and Clive will tell you in more detail about the commissioning process and how co-production works throughout it (see Spotlight 5, pp.209–211). I will give you an example of the four stages of the commissioning cycle and how people in Surrey are involved in each stage (see Section 3, pp.69, 73 and 80–82). In April this year a new service called 'Community Connections' began – it provides support to people with self-defined mental health needs to achieve social inclusion.

- 1** It started with the 'Analyse' stage when you are identifying needs – we had a very wide range of mechanisms from workshops to focus groups to talk to people about what it was they wanted to live a full life in their community.
- 2** Then, at the 'Planning' stage, during which we design the service, service users were involved in producing a specification and determining the outcomes they want to be delivered through the new service.
- 3** The third phase of 'Doing' is about procuring the services. You have heard from Jeremy how a number of people have been trained to be part of the evaluation process and ensure that the providers that were selected are people who are capable of delivering it.

- 4** And then, of course, the stage of 'Review'. It's still early stages but we are working again on a number of ways of making sure the monitoring of the outcomes involves the people who are receiving the services, so that feedback is given directly by the service users to ensure that the outcomes are being delivered and that services are what people want and need and not what somebody else determines.

I just wanted to go on briefly to talk about the impact of involvement in co-production in terms of enabling more services to be more user-led. **Through involvement we now have specifications for services that are about delivering outcomes, not outputs – the outcomes show the difference a service can make on people's lives.** We have developed a means of achieving this by including particular questions in the tender documents for new services: for example, how the social model of disability is put into practice by the organisation submitting the tender, how service users and carers will influence the way that the services are provided, how peer support is used to ensure take up of the service and to achieve the outcomes, and, perhaps most crucially, what is the added value that can be brought to the service by a user-led organisation.

### In The Spotlight



**In terms of making services more user-led, the specifications for grants and contracts in Surrey are more frequently now encouraging bids from partnerships, often with a lead provider. This enables smaller user-led organisations and smaller voluntary organisations to be part of the bid** and they can be supported by larger disabled people's organisations who perhaps take the lead role and can demonstrate the benefits to the users of the services. The lead provider concept requires organisations to work together to deliver the services in a more joined up and equitable way.

Lastly, just to reflect on the successes so far and what needs to happen next. **I think that service users now feel much more in control of what is happening; there is a feeling of sharing power with professionals, that they are definitely involved in the decision making and that people aren't procuring services for them without asking them what they want.** The service users involved have also taken ownership of the services and take responsibility for promoting take-up so that the maximum number of people can benefit, and they engage directly with the new services.

I hope we have demonstrated we have achieved a lot in Surrey. We have done a lot in terms of achieving implementation of this approach but achieving it in a consistent way is still a challenge. Some commissioners have clearly understood the issue much better than others. The involvement of disabled people has raised expectations they are going to be involved and things will happen. Inevitably it can be frustrating if there are not enough resources and time to implement the strategies they have co-designed. That is another challenge we will have to take forward together. Thank you very much.

## The Commissioning Cycle: Surrey County Council: Involving ULOs and service users at every stage

**Surrey has been nationally recognised for its excellence in the co-design approach, and was awarded the 'Best Commissioner' award at the Laing & Buisson Specialist Care Awards national event in March 2012.**

Surrey County Council works with ULOs and service users throughout the four stages of its commissioning cycle ('Analyse', 'Plan', 'Do' and 'Review', as illustrated in Section 3, p.69).

### 1 Analyse

Surrey County Council (SCC) core-funds Surrey Coalition of Disabled People (SCDP) to ensure the meaningful involvement of disabled people, of all ages and with any impairment, in the co-production of commissioning strategies and procurement of adult social care services.

This first stage requires service users, carers and partners (including ULOs) to:

- Reflect on needs and current service provision
- Analyse gaps, successes and areas for improvement in existing or proposed provision
- Begin to input into the shape of the future service and the required outcomes (what people want to lead a full life in their community)

This results in a commissioning plan, giving the Council an opportunity to share its intentions and ensure that user involvement can be properly planned for every stage of the process.

This may include workshops and focus groups. The costs associated with user involvement activities (e.g. accessible venues, information, support and expenses) are all met by SCC.

At the same time commissioners liaise with current and potential service providers ('the market') about SCC's upcoming commissioning activity. Providers:

- Begin to develop new and innovative ideas and feed these into the process
- Offer their own views on current services and areas of success and future opportunities
- Provide information on other potential delivery models

DPULOs have gained a reputation for finding innovative, cost-effective solutions to care challenges, providing another reason for ensuring they are involved at the beginning of the commissioning process.

This stage of the commissioning process is also informed by an analysis of available data on the services in question (including information gained during Stage 4 – 'Review' of the commissioning cycle).

**2****2 Plan**

ULOs and other groups contribute to developing a communication strategy to ensure relevant people know about the upcoming commissioning process.

Surrey's procurement team provides training for disabled service users on designing specifications and evaluating tenders and bids.

Participants (service users, carers and partners) are engaged, their roles agreed and tasks designated:

- Attend focus groups to identify the priorities and goals of the service being tendered for
- Support commissioners and procurement staff to develop the service specification
- Propose which aspects of the service could form part of the evaluation criteria
- Use their knowledge and experience of what makes good quality services to contribute to designing the way the service provider will be required to report on qualitative aspects of service delivery

SCC ensures services are more user-led by basing the service design and specification on delivering outcomes. Questions asked in tender documents may include:

- How the service reflects the values of the social model of disability
- How service users influence the way services are delivered
- How peer support is used to enhance service take-up and outcomes
- What is the added value that a user-led service or organisation can provide

While this is happening, SCC will also:

- Inform current and potential service providers (= 'the market') about the proposed procurement process and timescale and seek, and incorporate, any feedback
- Seek input from providers on any training they may need related to the proposed procurement route (e.g. e-procurement)
- Contribute to the design of qualitative reporting on the service to be delivered

Tenders and bids for grants or contracts encourage partnership bids with lead providers, which enable:

- Small ULOs to be part of bid
- Larger ULOs to take a lead role and promote the value of user-led services
- Organisations to work together to deliver more equitable, joined up services

**3****3 Do**

During this stage service users, carers and partners are involved as agreed in Stage 2 (non-disclosure agreements are signed). This stage represents minimal involvement as commissioning and procurement teams are simply implementing the formal commissioning processes. Providers are now developing and submitting their tenders.

The sourcing team that runs SCC's tendering process checks whether disabled service users involved in the commissioning processes (e.g. on the evaluation panel) have any access requirements that need to be met (e.g. copies of the tenders in braille).

SCC operates a 'buddy system' during the tender evaluation process. This involves partnering each service user with one of the professionals on the evaluation panel, such as a commissioner or a procurement specialist. 15 service users have been trained so far, although many more are involved throughout the other stages of the commissioning cycle.

**4****4 Review**

Commissioned services are now being delivered and service users, carers and partners are involved in contract management, quality assurance and review meetings.

Providers facilitate qualitative reporting from service users and carers. The monitoring of services focuses on measuring outcomes and case studies. Although it is early days SCC and SCDP are looking at how people using the service can be involved in monitoring the outcomes and at what can be done to ensure services are what people want and need.

Some participants may also be involved in reviewing the service in relation to adult social care's overall strategy and how it complements the bigger picture, as well as contributing to qualitative reporting.

## The challenges of meaningful involvement and co-production

Despite pockets of good practice, meaningful involvement across all levels of south-east local authority decision making remains an aspiration for many. Some DPULOs still report frustration with involvement which is 'a bit ad hoc' and a feeling among service users that 'nothing ever changes or nothing happens', despite significant engagement. The CEO of one DPULO suggests that, as staff changes in local authorities mean that involvement initiatives break down and keep needing to be reinvigorated, funding a DPULO to coordinate and convene local authority representatives and service users would at least provide some continuity. One DPULO also reported poor involvement and consultation practices, while noting that the same local authority does excellent work with other client groups! One south-east commissioner openly acknowledges the varying quality of different levels of involvement:

**'There is room for improvement – more meaningful, alternative methods of engagement could be developed which would more accurately evaluate service quality and promote engagement with customers at all stages of the commissioning cycle'.**

The 'Surrey Coalition of Disabled People model' is clearly exceptional and it exemplifies the difference that genuine financial investment on an ongoing basis can make.

Although local authority policy and procedure is a strong indicator of a commitment to work co-productively, this alone will not generate transformative change and guarantee positive working relationships between commissioners and DPULOs. Surrey County Council is also fortunate to have three leading DPULOs which are all long-established, with skilled, experienced staff and strong leadership; this, combined with the hands-on involvement of Surrey's adult social care senior management team, contributes to these DPULOs having a distinct and valued role within the county's commissioning landscape. However, our research shows nevertheless that **policies which recognise the value of DPULOs, combined with structures which give DPULOs a direct line of communication to decision makers, are much more likely to result in effective co-design and co-production of services.**

The transition to a genuinely co-productive approach to service provision represents a significant shift in thinking to one which recognises the potential of DPULOs to actually deliver services as well. John Woods, Assistant Director for Policy and Strategy in Adult Social Care at Surrey County Council, is realistic about the degree to which commissioners engage in co-design and co-production:

**'It is a constant battle. People need to sign up to co-design and must engage with potential service providers – they are stakeholders but can also help to deliver quality services as equal partners'.**

However, although this need to actively engage and work co-productively can sometimes slow working processes down, dialogue must continue because staff must remain connected to the people who are (or could be) delivering the services. Commissioners also need to ask themselves what they can do to develop the market and enable local and regional DPULOs to become vital players in the field of adult social care.

Fortunately our research has found examples of local authorities and DPULOs working in partnership together, leading to more innovative and better quality service provision. Before looking at these in detail, how do DPULOs get to the point of actually being commissioned? How do they get 'tender ready'? And, how are local authorities addressing the various procurement obstacles en route?

## References

- 1 <http://www.nao.org.uk/successful-commissioning/successful-commissioning-home/glossary-of-terms/>
- 2 Arnstein, S.R. (1969) 'A ladder of citizen participation', in Journal of the American Institute of Planners, Vol. 35, No. 4, July 1969, pp. 216–224 (<https://www.planning.org/pas/memo/2007/mar/pdf/JAPA35No4.pdf>)
- 3 Ibid., p.216

## Resources

The National Audit Office's 'Successful Commissioning Guide':  
<http://www.nao.org.uk/report/successful-commissioning-toolkit/>

Peter Beresford (2013) Beyond the usual suspects: Towards inclusive user involvement (Shaping Our Lives)

Beresford, P. & Carr, S. (ed., 2012) Social care, service users and user involvement (London, Jessica Kingsley Publishers)

Office for Disability Issues (2010) Involving disabled people: an introduction (HM Government): <http://odi.dwp.gov.uk/docs/reso/idp-intro.pdf>

## Section 4

# **Addressing procurement obstacles**

## Addressing procurement obstacles

In Section 3 of this resource we looked at how Surrey County Council successfully involves service users in every stage of its commissioning cycle, supported throughout the process by the Surrey Coalition of Disabled people, a local DPULO commissioned to do involvement and engagement work. This section will focus on the experiences of DPULOs that want to submit tenders with a view to being successfully commissioned to deliver services.

Now that the bulk of local government funding is distributed in the form of contracts, this can present various challenges for small voluntary sector organisations (including DPULOs). Procurement procedures can present various obstacles. Fortunately we will see that there are many solutions to counteract these challenges, most of them involving simple (and legal) changes to local authority processes and procedures. A willingness on behalf of commissioning and procurement staff to make these changes will make the tendering process a lot easier for DPULOs.

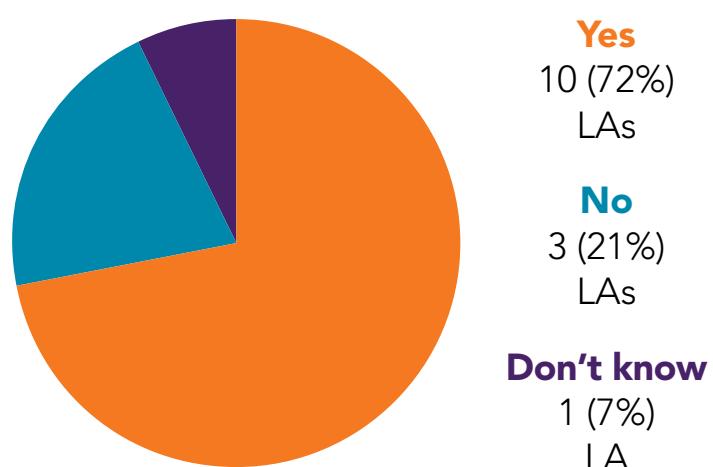
**'Procurement is the specific aspects of the commissioning cycle that focus on the process of buying services, from initial advertising through to appropriate contract arrangements.'**<sup>1</sup>  
ACEVO, The Complete Dictionary of Commissioning and Procurement

### Procurement obstacles and solutions, as identified by south-east local authorities

**'The current procurement rules present barriers, including financial threshold and lack of turnover. Lack of legal structure can also present difficulties for ULOs, as many are small groups and lack resources and experience for tendering.'**

James Gagliardini, Service User Involvement Officer, Integrated Commissioning Unit, Portsmouth City Council & Portsmouth Clinical Commissioning Group

SENDPO asked 14 south-east local authorities: **'Do you think that procurement rules (including European laws) present any obstacles to commissioning DPULOs?'**



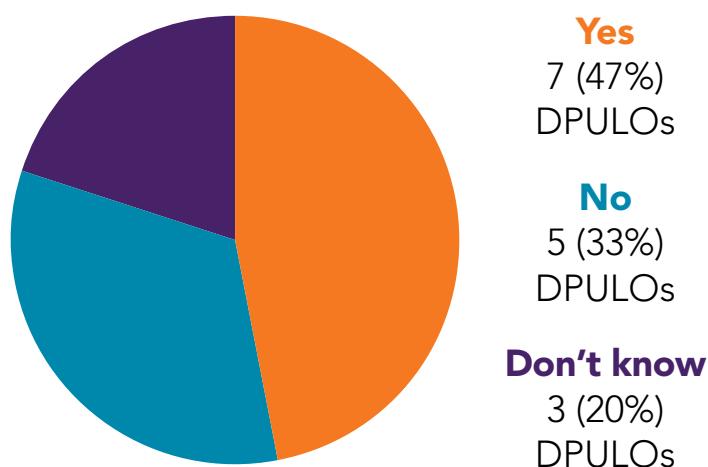
72% (10 of 14) of south-east local authorities think that DPULOs, especially new and emerging ones, face very real 'procurement' challenges.

**'The complexity, cost and levels of risk associated with procurement laws are a big problem.'**

Vicky Gainey, Think Local Act Personal Lead, Community Wellbeing and Social Care, Isle of Wight Council

We also asked south-east DPULOs:

**'Do you think that procurement rules (including European laws) present any obstacles to commissioning DPULOs?'**



Interestingly, 33% of DPULOs (five of 15) think that procurement rules do not present obstacles to commissioning DPULOs. This means that some local authorities are clearly finding ways of overcoming these obstacles. Not surprisingly, most of the five DPULO 'no obstacles' respondents are based in areas where commissioners and procurement staff have made significant steps to transform local authority procurement process and procedure. Our 'Commissioning and Procurement Interventions' table shows the solutions that south-east local authorities have developed, some of which are clearly more radical than others. We hope it will encourage more sharing of good practice.

**'There are ways to work within the rules to overcome obstacles.'**

Carol Pearson, Chief Executive, Surrey Coalition of Disabled People

**Procurement obstacle****'Commissioning and Procurement Interventions'  
– as described, developed and implemented by  
south-east local authorities**

DPULOs are not familiar with local authority commissioning processes

- A clear market position statement (i.e. a statement which describes the demand for services, current supply, future trends and forthcoming changes)
  - A summary guide giving information about commissioning priorities
  - Services are 'categorised' in a more streamlined way, with lead-in time, so that small organisations will know which type of services are being reviewed when
  - Co-produce the whole commissioning process with DPULOs
  - Each commissioning process has a clear and jargon-free communication strategy so that DPULOs understand exactly what sort of service the local authority wants to commission. Commissioners ensure that contracts and tenders are advertised to DPULOs
  - Training in the commissioning process is provided
  - Where appropriate commissioners advise and support DPULOs to position their own services in relation to local authority commissioning intentions
  - Commissioners are willing to meet with potential bidders and answer questions about procedure and process
  - DPULOs are invited to participate in 'provider forums' around the development and commissioning of services (including the development of service specifications)
- SENDPO note: All interventions should be fully accessible (e.g. accessible venues are used; communication needs are met, such as BS1 interpreters, etc.)

Lack of support during the commissioning process

- A Procurement & Commissioning Partnership Manager who works with CVS and Coalition groups to provide support, build partnerships and simplify procedures

The move from grants to contracts makes it difficult for 'new starts' and smaller organisations to compete with organisations who have a bidding arm or specific capacity to bid for contracts

- Some local authorities provide small or project-based grants that fledgling DPULOs can apply for
  - For larger amounts of funding, grants programmes which are targeted at the voluntary sector are more suitable for fledgling and smaller organisations (e.g. the Commissioning Prospectus)
  - Although most local authorities are actively moving away from grants, others recognise that grants are one solution to building the capacity of the voluntary sector and diversifying the market
- 

It is difficult for smaller organisations to compete against large, national providers

- The shift from block contracts to more individualised care and services, with a greater emphasis on personalisation and direct payments, will advantage smaller, local organisations
  - Commissioning mechanisms which emphasise the importance of local knowledge and the additional social value that ULOs bring to delivering services for local people (e.g. the Commissioning Prospectus) inevitably disadvantage large, national providers (see Section 2)
  - The additional social value of local, user-led services needs to be an integral part of the scoring criteria and must be considered as important as the price of the service. (NB This process will have begun, pre-procurement, with building social value outcomes into the local authority's overarching corporate strategy and policy – see Section 2, pp.54–56)
  - Article 19 allows local authorities to reserve contracts for organisations that employ at least 50% disabled people (see Section 4, pp.103–104)
- 

Large contracts present obstacles for smaller organisations, such as DPULOs

- Larger contracts can be broken up (when re-commissioning or de-commissioning) to enable smaller organisations to bid to deliver particular elements of the overall service
- How we use 'lots' to break up contracts and support smaller providers will hopefully mitigate some of these challenges
- Commissioners proactively support the development of consortia which involve smaller providers

Tender specifications do not advantage DPULOs

- Seek the views of service users when designing service specifications, including the outcomes, so that they reflect the needs of disabled people (e.g. the social model of disability)
- 

Unnecessarily complex and excessive administrative burdens for small organisations like DPULOs (e.g. the PQQ [‘Pre-Qualification Questionnaire] and monitoring requirements)

- Simplified application forms to help smaller organisations
  - A one-stage application process with no PQQ (like the Commissioning Prospectus)
  - Extending the deadline for the PQQ from three to six weeks, making the process easier for small organisations
  - Minimising the number of times the same or similar document has to be submitted
  - Adjusted monitoring systems, like the PQQ, to reflect the scope of the service and the administrative capacity of the service provider
  - The size, value and nature of all contracts are taken into account when designing monitoring procedures
  - Where there is good reason monitoring arrangements can be reviewed and amended during the life of the service
  - Monitoring is proportionate – case studies and outcome measures are monitored more than numbers
  - Share a better understanding of how monitoring is used to improve performance and ensure safety and quality and help develop a rationale for continued investment
- 

Payment schedules can present cash-flow problems for small organisations

- Simple invoicing requirements or automatic / scheduled BACs payments
- Payment more quickly or in advance can help smaller organisations with start-up costs, cashflow and service sustainability
- Online payment systems are being used to ensure regular payments are made to support smaller organisations
- Payment and performance schedules are proportionate to risk / volume / impact

Local services do not meet the needs of disabled people

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- Ensure that service users are involved in evaluating the quality of services commissioned, as a means of influencing future service provision

CVS organisations (Councils for Voluntary Services) do not always provide appropriate support to DPULOs

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SENDPO findings:

- There are mixed views from both commissioners and DPULOs about how useful CVSs are to DPULOs. Some commissioners report that they are currently reviewing the role and function of their respective CVSs
- As some CVS organisations have limited understanding of the issues facing DPULOs, hands-on local authority interventions seem to be more effective than trying to capacity build DPULOs through a third party. This approach also strengthens the relationship between the DPULO and the local authority
- Local authorities can also fund established DPULOs to support fledgling DPULOs

Inaccessible procurement portals

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SENDPO recommendation: Systems are audited to review accessibility standards and 'reasonable adjustments' are made to address any shortcomings

See Appendix 3 for details of south-east local, regional and national commissioning / procurement portals

## Some of these interventions require more detail:

### 1 Breaking up large contracts

79% (11 of 14) south-east local authorities said they '**break up large contracts to enable smaller organisations to bid to deliver particular elements of the overall service.**' As shown in the table, this is achieved by various ways, including dividing contracts into 'lots by locality' so that a wider range of providers can bid to deliver parts of larger services in a particular area, and no longer using block contracts. One local authority actually specifies that large providers should commission from smaller, local organisations. This different approach to procurement reflects the current emphasis on providing local, personalised services and increasing service user choice.

As a means of commissioning the most effective way of delivering high quality and cost-effective services, Hampshire County Council has just started implementing the principles of category management. As part of its commitment to collaborating with stakeholders, it worked with various partners, including the Personalisation Expert Panel which is run by its regional DPULO, SPECTRUM (see Spotlight 4), to plan the different categories of services it would commission.

This new approach means that all services of a similar type are reviewed, and re-designed if necessary, at the same time, before they are re-commissioned. As part of the commissioning process, lead providers are expected to demonstrate in their tenders how they are engaging with smaller providers (e.g. ULOs) in the locality in which they will be delivering services. It is hoped that this will provide more opportunities for smaller providers (including ULOs) to be engaged in consortia bids and be sub-contracted, as bidders will be scored on how well they are engaging with local partners. It is also hoped that this approach will lead to improved signposting between local services and other forms of support and activities within particular areas.

### 2 Spot purchasing

The shift from block contracts to spot purchasing, as a means of increasing service users' choice of service provider, represents significant progress from traditional services which gave service users very little control over how their support needs were met. However, it has a mixed effect on DPULOs. For DPULOs which already have core staff teams with the necessary skills (e.g. a DPULO which has a direct payments contract that includes support planning) this new approach to service delivery can provide a very useful way of providing, and charging for, services as and when disabled people require them.

However, one DPULO told SENDPO about the challenges it has experienced providing support planning as part of a framework agreement it has with its local authority. Although the DPULO has trained some external people to deliver this service on its behalf when needed, the number of referrals is so minimal that they cannot always be immediately available to undertake this work. The spot purchasing business model definitely works better if there is a permanent staff team in place and is, therefore, much more challenging for a small DPULO with limited staffing capacity.

### 3 The importance and value of grants

Further exploration of this particular commissioning intervention is needed. There is no doubt that awarding large grants, rather than contracts, is one of the most significant and radical interventions that local authorities can make. Of 14 south-east local authorities, 85.71% (12) still provide grants, although the majority of these distribute relatively small grants, rather than large-scale grants for the delivery of key local services (e.g. through a Commissioning Prospectus programme).

The Prospectus provides large-scale grants and this investment is resulting in more thriving DPULOs and it is delivering strategic benefits, as the following comments by commissioners show:

- **'We use a Prospectus approach to deliver outcomes-based commissioning, allowing flexibility and creativity. We are able to use this in areas of service or need that require development (i.e. not a fully established market).'**
- **'Through the Prospectus, we can enable 'new starts' to gain funding.'**

It would be naïve to suggest that contracts do not have any benefits, as one commissioner remarks:

**'We offer a mixture depending on the service. Grants give freedom for ULOs to use money flexibly. Contracts give security and equality of status with other providers, where specific services or requirements need to be met.'**  
(See 'Resources')

However, our research has highlighted some concern associated with awarding grants rather than contracts in some local authorities. One local authority highlighted a wide range of issues that can arise:

**'We are starting to see more challenges from organisations asking why we did what we did – i.e. followed a grants process, awarded to organisation A and not organisation B. I am assuming that soon we will be asked (from private companies) why we are choosing a grants process over a contract process. Other areas of conversation include HMRC and the treatment of grants and contracts and if services are actually grants in VAT terms.'**

The list of potential issues is daunting. In some local authorities there is an expectation of being challenged during the grant-making process, more so than during a typical contracting process:

**'I think the Prospectus feels more risky for us. In the contract process we don't talk to contractors very much, we don't help them, we don't feed back to them. Whereas with the commissioning process, if someone asks me a question that I think will be useful for other people, then I need to publicise it and I'll put in on the portal. But it's a judgement call: we probably get it right most of the time but it's always a risk as the Prospectus is more likely to be open to challenge. It's easier not to be open to challenge but, at the same time, it makes sense to have grown-up conversations... We have had difficult questions asked but you get these anywhere in the contract process – people who are unsuccessful want to know why. Questions can be a challenge, and difficult questions, yes, because it matters.'**

Jane MacDonald, Commissioning Manager, Brighton & Hove City Council

Interestingly, however, an evaluation of East Sussex County Council's Commissioning Grants Prospectus 2011 by the Institute of Public Care found that there was little national and regional interest in applying to the programme, 'contrary to early fears'<sup>2</sup>, adding that maybe the emphasis on social capital (i.e. local knowledge and local community engagement) discourages non-local organisations from applying.

**Fortunately the Local Grants Forum, run by NAVCA (National Association for Voluntary and Community Action), continues to challenge the myth that grants are no longer possible because of competition law and European regulations (see 'Resources'). It argues that grant aid is an essential part of the funding mix and is vital for thriving local communities. It offers a concise reminder of the value of grants to public bodies:**

### Community-led

Grants enable a truly bottom-up approach to service development that is free from the constraints of pre-determined contract specifications.

### Flexible and responsive

Grants provide the flexibility to respond to changes in demand and local circumstances. This means less waste and fewer inappropriate or poorly used services.

### Create social value

Grants stimulate community engagement and active citizenship. These are at the core of self help and grassroots activity, helping to build capable, resilient communities.

### Inward investment

Grants put organisations in a strong position to attract other funds, bringing new income into the local economy, offering stability and providing confidence to funders.

### Cut red tape

Grants are less bureaucratic to manage and evaluate. They are not bound by regulations that apply to competitive tenders.

### Local growth

Investing in groups with local roots is more cost effective than bringing in new providers from outside the area and supports the local economy.

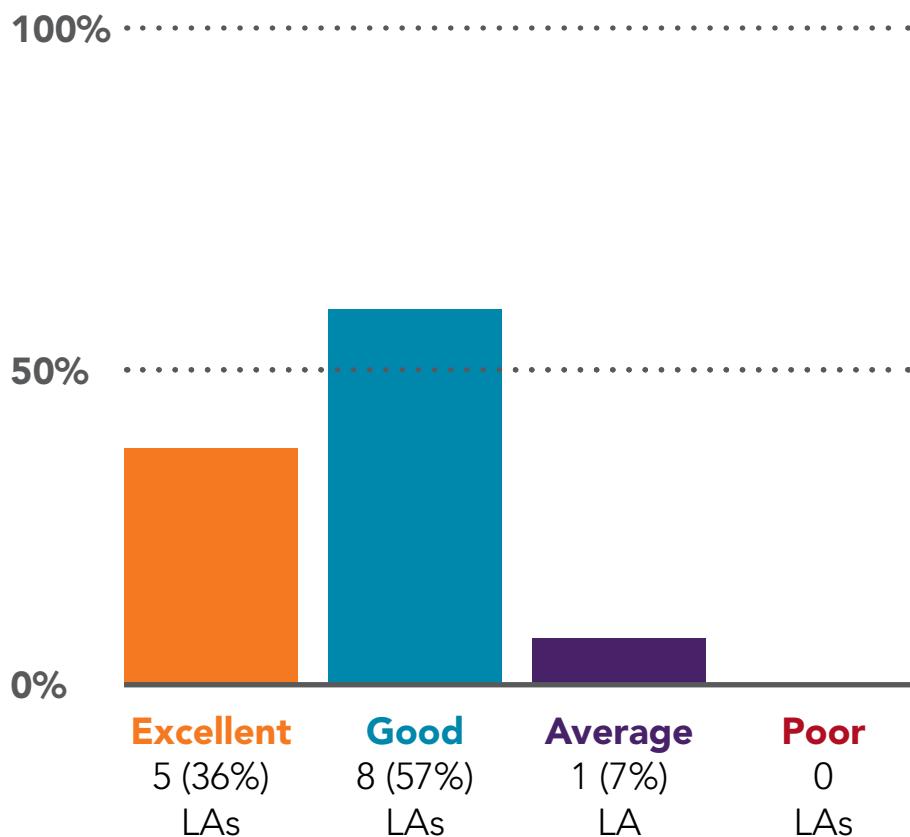
### Promote innovation

Grants work well for one-off pieces of work or pilot initiatives. They enable the cost-effective management of risk for both public bodies and providers.

### Engage local people

Grants enable local groups to offer community voice, representation and advocacy. They support community engagement in service planning, providing local decision makers with vital intelligence.<sup>3</sup>

## Relationships between commissioning and procurement teams



We asked 14 south-east local authorities, **'How would you describe the relationship between the commissioning and procurement teams in your local authority?'**

Although several local authorities told us anecdotally that there is scope for improvement, virtually all the survey respondents think that relationships between their commissioning and

procurement teams are at least good, if not excellent! One respondent said:

**'We are part of the same team and have very close working relationships. The procurement team see their role as supporting commissioners to deliver the commissioning strategies in the most effective way within the constraints of the law and best practice.'**

**'There needs to be good communication between commissioners, social services staff and procurement – they all need to be supportive of ULOs.'**

Denise D'Souza, Executive Director of Adult Services,  
Brighton & Hove City Council

However, the relationships between south-east DPULOs and their procurement teams are far less positive than with their commissioners. We asked 15 DPULOs, **'How would you describe your organisation's relationship with your local authority's procurement team?'**

<b>Excellent</b>	<b>1 – 6.67%</b>
<b>Good</b>	<b>4 – 26.67%</b>
<b>Adequate</b>	<b>4 – 26.67%</b>
<b>Poor</b>	<b>4 – 26.67%</b>
<b>Very poor</b>	<b>2 – 13.33%</b>

Some DPULOs report that the relationships are 'Poor – don't really know them', 'Very poor – actually non-existent.'

While we have numerous examples of extremely effective partnerships between DPULOs and commissioners, more progress needs to be made in terms of building equivalent working relationships with their procurement colleagues. One DPULO comments, 'Relationships are variable with different members of the team, leading to inconsistencies in practice', while another observes:

**'They are catching up with their commissioning colleagues! The key issue has historically been that they have had no understanding of local services for disabled people and they have had poor relationships with their commissioning colleagues.'**

If a DPULO is experiencing significant difficulty in engaging with its local authority around the commissioning process, one step forward is to review the local authority's Compact (see 'Resources'), which represents its commitment to working in partnership with its voluntary / community sector. Hampshire's Compact, for example, includes a section specifically on commissioning and procurement.

**'Feedback from service users, both individuals and communities, will be used to challenge and scrutinise service provision, and lessons learned will inform the commissioning process; there should be transparency about how feedback has influenced the way services are re-commissioned or de-commissioned.'**

**'One Compact for Hampshire', Hampshire County Council<sup>4</sup>**

## Bridging the gap between procurement teams and DPULOs

Our research identified an exceptional approach to partnership working between procurement staff and DPULOs in Surrey. Jeremy Taylor is Surrey County Council's Procurement and Commissioning Partnership Manager. He ensures that there is effective working between both teams internally and that there is a corporate commitment to ensuring that Surrey's 'Voluntary, Community and Faith Sector' (VCFS) is an integral part of its overall commissioning strategy. This means that he meets regularly with Surrey's DPULOs (as relevant parties in co-design) to discuss their service provision and keep well-informed about their areas of expertise and experience. This engagement is an integral part of supplier relationship management since, ultimately, it contributes to building Surrey's capacity to deliver personalised services. Jeremy's role is wide-ranging and some of his other responsibilities are of particular relevance to this resource:

- Develop a strategic grants programme which identifies the most appropriate procurement methods for developing innovative service delivery models, such as social enterprises and User-Led Organisations
- Identify collaborative commissioning and procurement opportunities between Surrey County Council, the NHS and other local authorities
- Create clear, easy to understand, outcome based templates that can be used as a basis for all agreements with the VCFS and contribute to developing a performance framework based on outcomes for the VCFS
- Promote the development of support arrangements and services which allow people maximum choice and control over their care and support, including support planning and brokerage, Individual Service Funds, Direct Payment Cards and Managed Accounts

These objectives show that **traditional commissioning and procurement systems are limited in their ability to maximise the contribution that DPULOs can make to service delivery** across the county. A dedicated post is therefore needed to:

- Actively engage with ULOs to explore how they can contribute to delivering personalised services
- Increase understanding of the added social value associated with ULO service delivery
- Provide grants, rather than contracts, and develop procurement methods which will support ULOs' innovative ways of delivering services
- Identify ways that Surrey ULOs could access other sources of funding in collaboration with other organisations
- Simplify monitoring processes and focus on outcomes-based systems
- Promote services which are personalised and maximise user-control, an approach typical of the ethos of ULOs
- Liaise with ULOs to identify service gaps that need to be addressed and the type of personalised services needed for the future
- Support the development of services which simultaneously develop community networks and resources (a feature of ULOs' ways of working)
- Work with the Commissioning for Personalisation project to ensure these services are included in commissioning strategies

This type of post is incredibly helpful for Surrey's DPULOs because it gives them a direct line of communication into the Council's procurement team which has an overview of the different contracts and grants that are coming up for commissioning or re-design and renewal. Jeremy also works closely with the Surrey Coalition of Disabled People ensuring that service users are represented at every stage of the commissioning process, from the design specification through to evaluation (see 'In The Spotlight', Section 3, pp.76–79). The post endorses the need for local authorities to 'level the playing field' in order to maximise the contribution that DPULOs, as an essential strategic partner, can make to local service delivery.

## Equality considerations

Fulfilling the requirements of the Public Sector Equality Duty during the procurement process provides local authorities with numerous opportunities to ensure better service outcomes by meeting the needs of the whole community. Providing inclusive public services, in which core values of choice and equality are embedded, ultimately represent better value for money. The relevance of the equality duty will be proportionate to the nature of the contract (e.g. the equality implications of delivering a direct payments contract are significantly greater than when procuring a service not delivered directly to the public, such as waste management). The development of the service specification provides procurement teams with an ideal opportunity to include equality issues as a core requirement (e.g. providing a service which is fully accessible to a wide range of service users with different access and support needs). Service specification and evaluation criteria can also require the service provider to improve equality in relation to the performance of the particular contract being tendered (e.g. by taking positive steps to increase employment opportunities for people under-represented in the workplace). These equality requirements need to be actively managed and monitored.

SENDPO asked 14 south-east local authorities, **'How does your local authority show 'due regard' to the elimination of discrimination and'**

**promotion of equal opportunities for service users in general when commissioning services?'** Although Equality Impact Assessments are not a legal requirement, several local authorities still undertake these when commissioning or re-designing new services as they are an effective way of highlighting equalities issues and getting the views of service users and communities. Interestingly Hampshire County Council refers to these as 'People and Community Impact Assessments' since this encourages **'a greater understanding of what 'due regard' is all about.'** (Ed Walton, Senior Community Development Officer.) Some local authorities also ensure that equal opportunities and anti-discriminatory practices are included in the evaluation of service tenders. However, there seems to be a disparity between local authorities in terms of how proactively local authorities are engaging with equality issues. Some, seemingly, meet minimal procedural requirements ('Equalities can be a bit of tick box exercise', says the CEO of one south-east DPULO) while others, for example, are very actively trying to increase supplier diversity by supporting smaller organisations, as this resource shows (see pp.90–93) and by co-designing specifications and performance indicators with service users and carers. It should also be noted that, if the tender process scores bidders according to how well they embed equality principles into their service provision, this requirement will give DPULOs an advantage over other providers.

## Article 19: A means of avoiding the competitive tendering process?

Sometimes a commissioner may be fully committed to supporting the development of a local DPULO and want to award them a contract but the competition from other providers can be insurmountable.

However, Article 19 of the Public Sector Procurement Directive (2004/18/EC) provides a solution because it allows local authorities to reserve contracts for organisations where 50% or more of the workforce are disabled people (known as 'supported businesses'). Since most DPULOs employ 50% or more disabled staff, they would therefore fit the criteria.

However, there is limited awareness of Article 19 among south-east local authorities and DPULOs: 64% (9 of 14) of local authorities said they are familiar with it. Although two local authorities say confidently that they have made use of it, they couldn't provide further details. 60% (9 of 15) of south-east DPULOs are not familiar with it and none, as far as they are aware, have been awarded a contract under Article 19. SENDPO has yet to identify a DPULO that has received funding under Article 19.

It is difficult to find comprehensive, up-to-date information about Article 19. The most detailed document about Article 19 we have identified is the '**OGC Guidance on reserved contracts for supported factories and businesses**' (Office of Government Commerce), although it dates back to 2009.<sup>5</sup> However, as of February 2014, the Cabinet Office confirms the following:

- Article 19 only applies to contracts above the (current) EU threshold of £172,514
- The Cabinet Office is not aware of a specific provision for supported businesses to be given the opportunity to match other bids (and the logistics of trying to do so would be challenging anyway, in terms of transparency, etc.) but nor is this necessarily 'impermissible'
- The fundamental principles of EU law still apply to below-threshold contracts so it should be possible to apply the Article 19 provision to those contracts as well

The directive describes the disabled people who make up 50% of the workforce as '**disabled persons who by reason of the nature or severity of their disability are unable to take up work in the open labour market.**' Although formal registration as a supported business is not necessary, we nevertheless anticipated that this view that some disabled people cannot work in a mainstream work environment may discourage DPULOs from accepting funding under Article 19.

However, although one DPULO argues that '**Article 19 ignores the need to change the discrimination experienced by disabled people in the 'open labour market' and by employers,**' several said they would nevertheless accept a contract on this basis, albeit reluctantly, because they need the funding! Interestingly one established DPULO fears that the qualifying criteria could restrict their employment practices too much:

**'Although we positively encourage applications from disabled people and have a shortlist guarantee policy, we would not want to be in a position in which we were restricted in our recruitment process.'**

To conclude, therefore, this directive could certainly be a means for a DPULO to avoid the competitive tendering process (unless several 'supported businesses' submit a tender for the same contract) in local authorities which want to have thriving DPULOs but are struggling to find ways of investing in them. However, there is still a lack of knowledge and mixed feelings about Article 19. Our research has also identified a range of DPULOs being very successfully commissioned without recourse to this directive anyway. It is also worth noting that current policy about disabled people and employment focuses on the inclusion of disabled people in the wider labour market and not in specialist, segregated work environments.<sup>6</sup>

### **When DPULOs are not yet 'tender ready'**

This section has highlighted different ways in which procurement obstacles can be overcome. However, it also shows that fledgling DPULOs may need 'pre-procurement' support before they can even contemplate being commissioned. Fortunately there are examples of local authorities which are supporting new and emerging DPULOs and these will be explored in the next section.

## References

- 1 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 2 Institute of Public Care (October 2011) East Sussex County Council, Commissioning Grants Prospectus 2011: Evaluation report (Oxford Brookes University), p.4
- 3 Local Grants Forum (2012) '5 ways to protect grant funding', available from NAVCA: <http://www.navca.org.uk/stratwork/natpolicy/localgrants>
- 4 <http://www3.hants.gov.uk/voluntarysector/compact.htm>
- 5 [http://webarchive.nationalarchives.gov.uk/20110601212617/http://ogc.gov.uk/documents/Supported\\_Factories\\_Businesses\(1\).pdf](http://webarchive.nationalarchives.gov.uk/20110601212617/http://ogc.gov.uk/documents/Supported_Factories_Businesses(1).pdf)
- 6 Sayce, L. (June 2011) Getting in, staying in and getting on: Disability employment support fit for the future (Department for Work and Pensions)

## Resources

For further information about the differences between grants and contracts, visit:

[http://www.sayervincent.co.uk/Asp/uploadedFiles/File/Publications/MadeSimpleGuides/Grants\\_Contracts\\_Made\\_Simple.pdf](http://www.sayervincent.co.uk/Asp/uploadedFiles/File/Publications/MadeSimpleGuides/Grants_Contracts_Made_Simple.pdf)

(NB Sayer Vincent only provides consultancy and audit services to not-for-profit organisations)

The Compact <http://www.compactvoice.org.uk/>

Anthony Collins Solicitors LLP (2nd edition, October 2010) Pathways through the maze: a guide to procurement law (NAVCA & NCVO), available to download from <http://www.navca.org.uk/publications/maze>

Equalities and Human Rights Commission (2013) Buying better outcomes – Mainstreaming equality considerations in procurement: A guide for public authorities in England

Equalities and Human Rights Commission (May 2013) Guidance on Human Rights for Commissioners of Home Care

Sayce, L. (June 2011) Getting in, staying in and getting on: Disability employment support fit for the future (Department for Work and Pensions)

# Section 5

## The DPULO journey: Building relationships with local authorities

## The DPULO journey

We have now highlighted many reasons why local authorities benefit from having strong and sustainable DPULOs in their localities. This section will focus on different ways that commissioners are proactively supporting DPULOs across the South-East to develop from being fledgling organisations to becoming tender ready. The degree to which local authorities get proactively involved varies from one area to the next but a co-productive approach contributes to the success of many of these interventions. We will also see how some commissioners continue to be supportive of DPULOs as their journeys progress.

### Establishing a baseline and getting an overview

There are many stages of development before DPULOs are ready to be commissioned to deliver local services. Firstly, commissioners need to get an overview of DPULOs in their local area. The Social Care Institute for Excellence (SCIE) has developed a self-assessment framework to support this process. Although it is designed for all types of ULOs, it is equally suitable for focusing purely on DPULOs. The answers to a wide range of questions will provide commissioners with a comprehensive overview of whether there are genuine DPULOs in the area, how sustainable they are, their existing relationships with the local authority and the degree to which they are (or not) already involved in

co-production (see Appendix 4). SCIE acknowledges that this process may take time to complete but it is an effective first step. There are also several websites which may help commissioners to start researching DPULOs in their areas, such as SENDPO (for south-east DPULOs), the Shaping Our Lives Network (SOLNET), and Disability Rights UK.<sup>1</sup> (NB Some members of these organisations do not yet meet the key DPULO criteria of 75% board membership of disabled people, so attention is required to identify them.)

After going through this process, commissioners are likely to find that ULOs in their area broadly fit one of the following four scenarios:

- 1** Group of committed individuals or a ULO in the very early stages of development
- 2** One 'embryonic' ULO that has been developing for some time but still has some way to go
- 3** There is a well-established ULO that has been around for many years
- 4** There are two or more well-established, well-networked ULOs<sup>2</sup>

Commissioners can then consider which interventions may be most appropriate to support organisations at different stages of their development.

## Building relationships: Finding the right balance

DPULOs need to steer their own paths. Commissioners can make their journeys significantly easier and smoother, however, by actively engaging with them and ensuring that they are fully informed of current priorities and development opportunities. Ed Walton (Senior Community Development Officer, Hampshire County Council) notes that these relationships are mutually beneficial, in terms of what both parties can learn from each other:

**'A big part of encouraging collaborative working between user-led organisations and local authorities is about relationship building. Each relationship will be different, depending on which stage of development the organisation is at, and the dynamics of the relationship will change as things progress. Ultimately, how ULOs want to position themselves should be up to them but there are also various ways the local authority can support them at different stages. To avoid developing paternalistic relationships, it is important that the options are clearly communicated so that ULOs can choose the path that's right for them. When it comes to securing funding, ULOs working more closely with commissioning teams has mutual benefits. Commissioners can learn how to make opportunities more accessible to ULOs and ULOs can learn how to identify the sorts of services that commissioners are likely to fund. In the long run this approach helps to build capacity for self-determination within ULOs which, in turn, offers a broader range of options for service delivery.'**

## Examples of interventions

### 1 Group of committed individuals or a ULO in the very early stages of development

At this stage, ULOs are likely to have limited resources (in terms of people and funding) and lack business skills and infrastructure such as premises and office equipment. SCIE suggests that the following types of support from commissioners would be helpful:

- Support individuals, through providing meeting spaces and their travel / personal assistant (PA) costs, to meet and explore their ideas
- Provide administrative support to set up more formal governance arrangements
- Provide pump-priming (i.e. investment to stimulate activity) to enable dedicated staff to take forward key strands of work
- Ensure your approach is based on flexibility and open dialogue so that the emerging ULO suits local circumstances<sup>3</sup>

**'As a new, small DPULO, with no core funding, paid staff or premises, it is proving very difficult and slow to become established... We were not able to secure local authority funding because we were too new and could not demonstrate enough actual service provision.'**

South-east DPULO survey respondent

Support at this stage will be more effective if a local authority is committed to the development of user-led services. It is essential, however, that the members of the ULO remain in control of its direction and are facilitated to move forward according to their own agenda and priorities. During our research we got very mixed views from both local authorities and DPULOs on the value of voluntary sector infrastructure organisations (e.g. Councils for Voluntary Service) working with DPULOs in these early stages. Among DPULOs the overwhelming preference is for local authorities to provide them with development support directly, rather than relying on a third party. This approach also provides an opportunity for commissioners to think strategically about how they can benefit from the relationship and meet their own corporate objectives as well.

Here are some examples of how south-east local authorities have supported south-east DPULOs during the first stage of their development:

### **Example 1:** Portsmouth Independent Living Network (PILN): in-kind support

The Portsmouth Independent Living Network (PILN) is still in its early days of development but its aim is to be a central 'hub' in Portsmouth to support disabled people to make the best possible choices to live full and independent lives.

Portsmouth City Council (PCC) supports PILN's development with 'time and resources', notably a project officer secondment (Niamh Murray) from the Transformation and Business Development team in Adult Social Care which works on furthering the personalisation agenda. This in-kind support represents one way of supporting the development of a DPULO when local authority budgets are tight and finding new funding is a challenge. PCC has also bought laptops for PILN and covers access costs and travel expenses, as well as supporting them to recruit members by helping with marketing materials and creating opportunities around the city to advertise the network.

**'From day one Portsmouth City Council has been extremely helpful with any problems, big or small – they are always on hand to help and support PILN. I believe we are an asset to the Council and vice versa.'**

Rebecca Grout, Chair of the Portsmouth Independent Living Network (PILN)

Members have also had some training provided (e.g. around data protection). PCC and PILN co-produced PILN's website and have got the 'Portsmouth PA (Personal Assistant) Noticeboard' up and running (a concept originally designed by the Brighton-based DPULO, The Fed).

Although the Council has been actively involved in supporting the early development of the PILN, it is understood that PILN must determine its own priorities and the direction it takes in the future (e.g. if it wants to be commissioned to be a service provider). This commitment to ensuring that service users set their own agenda is reinforced by the Council funding another established DPULO, SPECTRUM CIL, based in Southampton, to do some organisational development work with PILN.

Note: At least five south-east local authorities have seconded staff to local DPULOs. Six of 11 south-east DPULOs (55%) who haven't hosted secondments said they would be interested in this opportunity. The primary purpose of any secondment should always be to help capacity build a DPULO to achieve its own objectives more effectively.

### **Example 2:** SPECTRUM Centre for Independent Living: ULO development project

This project represents an alternative approach to developing ULOs. Rather than providing in-kind local authority staff support, Hampshire County Council has funded SPECTRUM to support ULOs across the region over a three-year period. The aim is to support the development of four or five new ULOs (see 'In The Spotlight', Section 5, pp.118–124).

**'The other commitment that we are beginning to do with our learning disability groups is to pump prime new entrants into the sector. High risk but, if we don't encourage, support and put our money where our mouth is, what's the real opportunity of growing new services?'**

Christopher Esson, Assistant Senior Manager, Commissioning (People with Learning Disabilities), Surrey County Council

### **2 One 'embryonic' ULO that has been developing for some time but still has some way to go**

At this stage ULOs are functioning, but with very limited resources, and may have difficulty building their capacity and progressing further without additional support. SCIE suggests that the following types of support from commissioners would be helpful:

- Identify key areas of work that the emerging ULO can undertake uniquely, and fund it to do these
- Provide as much infrastructure support for as little as possible
- Provide core-grant to the emerging ULO, aligned to outcomes of a robust business plan
- Support external ULOs to provide expert advice and mentoring
- Ensure your role is one of facilitator: ULO members must be firmly in control<sup>4</sup>

### **Example 1:** Centre for Independent Living Kent (CILK) and the Simon Paul Foundation: key areas of work (user-led research)

Kent County Council (KCC) is currently in transition, transforming its provision of adult social care. As part of this organisational change KCC has commissioned two local DPULOs, the Centre for Independent Living Kent (CILK) and the Simon Paul Foundation to research the views and opinions of people with physical impairments on adult social care services. It is hoped the findings will support the development of their new commissioning strategy and encourage the local authority to use DPULOs to deliver services in the future.

This intervention shows a genuine commitment to engaging with DPULOs and finding out what local disabled people really think about current service provision. Despite being a fixed-term project, this commission has also provided a much needed injection of funding for these two DPULOs. It is hoped that, by leading this research, the DPULOs will be well-positioned to deliver future related pieces of work in partnership with KCC.

**'I like to think that they'll use more user-led organisations in the future to do this sort of work so that they can actually find out the truth of what people really believe and hopefully make changes for the better.'**

Sophie Turley, Project Manager, Centre for Independent Living Kent

**Example 3:** People Matter, Isle of Wight: core grant and ongoing support

Isle of Wight Council proactively supported the establishment of a ULO by assisting with the merger of four organisations. Since supporting the initial set-up, the Council actively seeks opportunities which further its aims and objectives and build its capacity (e.g. funding sources, partnership opportunities, pilot projects, etc.):

**'People Matter IW has been involved in several commissions and we anticipate that, as its capacity increases, so will the involvement with commissioning services.'**

Vicky Gainey, Think Local Act Personal Lead, Community Wellbeing and Social Care, Isle of Wight Council

**Example 2:** Recovery Partners: key areas of work (peer support and others)

Recovery Partners started as an in-house service at East Sussex County Council, mainly providing peer support for service users affected by the closure of residential homes. This was followed by development funding which enabled the organisation to become more self-sufficient and to provide support planning and brokerage. These opportunities provided Recovery Partners with the necessary experience to submit a (successful) tender during the next commissioning round (see Spotlight 7).

### 3 There is a well-established ULO that has been around for many years

At this stage ULOs are sufficiently well-established to bid to deliver services alongside other providers. They have good relationships with commissioners and their experience and expertise has strategic value (e.g. they can provide development support to other ULOs). SCIE suggests that the following types of support from commissioners would be helpful:

- Encourage the ULO to bid for larger local services under contract (for example, direct payments/personal budgets information)
- Share contact details of the ULO with as many service users as possible
- Ensure ULO representatives have appropriate opportunities to represent their members / users at commissioner meetings
- Commission other services from the ULO (for example, training, access audits) on appropriate basis
- Research whether there are any groups that fit scenario one, and encourage these to network with the established ULO<sup>5</sup>

#### **Example 1:** SPECTRUM Centre for Independent Living: strategic opportunities

SPECTRUM is now regularly commissioned to deliver various contracts. For example, it facilitates a 'Personalisation Expert Panel' for Hampshire County Council which provides opportunities for service users and ULOs to engage with commissioners. Its knowledge and expertise are recognised and it has also been grant-aided to provide strategic development support to other ULOs over a three-year period (see 'In The Spotlight', Section 5, pp.118–124).

#### **Example 2:** Milton Keynes Centre for Integrated Living (MKCIL): development opportunities

Although MKCIL is already delivering multiple contracts, one commissioner is actively supporting it to achieve its other aspirations:

**'We have a new commissioner who is working hard to understand us and what we wish to achieve. We have recently received good support to pursue development opportunities to allow co-production to take place.'**  
Milton Keynes Centre for Integrated Living (MKCIL)

#### 4 There are two or more well-established, well-networked ULOs

Commissioners view ULOs as equal partners with a strategic role to play in their area. Their collective knowledge and expertise is valued and they are actively encouraged and supported to increase their influence. SCIE suggests that the following types of support from commissioners would be helpful:

- Facilitate networking between existing ULOs, including any newly emerging ULOs
- Request established ULOs provide mentoring support to emerging and embryonic ULOs
- Encourage joint working across social care and health
- Share contact details of the ULOs widely
- Consider releasing local authority staff (who have a strong understanding of the unique value of ULOs) on secondment, and employing service users in ULOs on local authority contracts<sup>6</sup>

**Examples:** Surrey Independent Living Council, Surrey Disabled People's Partnership and Surrey Coalition of Disabled people: equal partners

Surrey County Council brought together its ULOs to form a 'ULO Project Board' which has overseen investment in new and emerging ULOs (Spotlight 1). SCC continues to facilitate development opportunities which will further enhance their sustainability (e.g. bids for joint sources of funding and new partnerships).

**'My support is often exaggerated by the ULOs because the people who developed the services were the people in the ULOs themselves. They came up with ideas. I just gave them legitimacy by giving them a direct route into our SMT – I could champion them. I went to the relevant meetings and, when necessary, I encouraged them to do different things. I ride on their tailcoats most of the time! My main role was being like an advisor: I could tell them this is the challenge, this is what the directors are worried about, or maybe we need to adapt our presentation, use the right phrases, and I could help in that way.'**

John Woods, Assistant Director for Policy and Strategy in Adult Social Care, Surrey County Council

## The importance of building relationships between local authorities and DPULOs

We asked 15 south-east DPULOs, '**How would you describe your organisation's relationship with your local authority's commissioning team?**'

<b>Excellent</b>	<b>2 – 13.2%</b>
<b>Good</b>	<b>9 – 59.4%</b>
<b>Adequate</b>	<b>2 – 13.2%</b>
<b>Poor</b>	<b>2 – 13.2%</b>

Although the responses are positive overall, CEOs of DPULOs are mindful of the need to 'work' on developing local authority relationships. Clive Wood, Chief Executive of Surrey Disabled People's Partnership, notes: **'This good relationship has taken considerable time to develop and this has been achieved by DPULOs and a Carers ULO in the county working together to promote co-design in service development.'**

However, changes of local authority staff can have a significant impact on a DPULO. This is why Ian Loynes, Chief Executive Officer of SPECTRUM, ensures that he always maintains a high profile for

his organisation among local authority senior staff:

**'It always comes down to human beings and whether they understand what you do – whether they see you as an asset or a liability to what they are doing... We have a good relationship with key decision makers and that's valuable for us. We work hard at being useful to them. But local authorities have a transitory nature and you need to accept that they change periodically. That's why I make it my business to be in the face of new directors, to always be part of their induction process and to make sure they come and talk to us during the first stage of their employment. Occasionally I have been involved in their interview processes. It is an investment of time and energy but it's a good way for them to get to know who you are and that you are genuine. The people in senior positions have to be very positive and progressive and that is what we are, so I think they pick up on that.'**

**'You only achieve influence through developing good relationships. Sometimes you have to keep chasing to get the information you need but this is part of the process of building relationships with your local authority and it is worth investing the time in doing this. I also ask for regular meetings between the Council and other voluntary sector providers to ensure that they are kept informed about policy and service provision developments. Sometimes the opportunities can be a bit adhoc but it is important to keep going!'**

Carol Pearson, Chief Executive, Surrey Coalition of Disabled People

Nick Tapp, Chief Executive of ESDA (East Sussex Disability Association) talks of one commissioner who regularly told organisations to liaise directly with the regional user-led network and also ensured that there was ongoing resourcing of engagement work. Commitment from a single member of staff to promoting the importance of ULOs and supporting their involvement in the bigger picture can actually have a significant impact on a DPULO's status within the locality.

Fortunately hard work by commissioners and DPULOs alike to build strong working relationships does pay off and some local authorities are now fully engaged in co-production with south-east DPULOs.

For example:

- Brighton & Hove City Council is '**engaging right from the word go'** and seeking input on designing service specifications and corporate strategies (Geraldine Des Moulins, Chief Officer, The Fed Centre for Independent Living)
- Ian Loynes, Chief Executive Officer of SPECTRUM, notes that Hampshire County Council ensures that service users are '**involved in all stages in the design and evaluation of their services**', adding that whenever co-production works, '**you've had the right people on both sides of the fence prepared to work together on an equal basis and respecting each other**'
- Surrey ULOs are now seen by their local authority as '**a key part in not only service provision but through the whole process of developing services from... the aspect of engagement, co-design, service specifications to tendering process**' (Clive Wood, Chief Executive, Surrey Disabled People's Partnership)

We will now see why Hampshire County Council is funding SPECTRUM to capacity build other ULOs.

**'Open dialogue is crucial because, if there is trust in the relationship, you can be open about what is working and what isn't. Also, in Surrey there is a recognition that we are the experts in what we do to a certain extent and this informs the conversation.'**

Richard Davy, Chief Executive, Surrey Independent Living Council

## In The Spotlight



## SPECTRUM Centre for Independent Living CIC and Hampshire County Council: Co-producing ways of developing new ULOs

### Key themes:

- A strategic partnership between a well-established DPULO and a local authority, built on trust and shared values, especially a belief in the additional social value of ULOs
- Investment in capacity building a well-established DPULO and in the long-term sustainability of ULOs generally
- The benefits of a thriving DPULO providing development support to fledgling ULOs
- Developing the market by building community capacity and local knowledge

**Ian Loynes**, Chief Executive Officer of SPECTRUM, and **Ed Walton**, Senior Community Development Officer (Service User Involvement), Hampshire County Council, discuss a new way of developing ULOs.



Ian Loynes



Ed Walton

This three-year project is still underway so we do not yet know its full impact. Nevertheless it provides an excellent example of commissioners working in partnership with a DPULO to maximise the unique contribution that all types of ULOs can make to the community.

**'Commissioning for personalisation does not just mean commissioning for individual service users but commissioning for the whole community. Personalisation will require investing and commissioning universal services that help us all lead fuller lives as citizens and improve our health and wellbeing, such as transport, leisure and learning opportunities. Such services are not only an integral part of the move towards prevention and providing greater choice and diversity in how people wish their support needs to be met, but also provide an opportunity for engagement and involvement in the local community.'**<sup>7</sup>

NCVO (The National Council for Voluntary Organisations)

## In The Spotlight



## The planning process: A coming together of minds

**Ian Loynes, Chief Executive Officer of SPECTRUM, outlines the origins of this project:**

'The ULO development project was initially our idea. Although ULOs have operated in Hampshire since the 1980s and the days of Self Operated Care Schemes (SOCS), fewer ULOs exist today than ten years ago. We wanted to ensure that more people in Hampshire see the value of being involved in ULOs and **I believe that the only way you can really empower people is through small ULO-type organisations which are run autonomously, not in big monolithic organisations that do everything.** So, we were keen to support the development of more ULOs.'

A few years ago a contract that SPECTRUM (then Southampton CIL) had with Hampshire County Council was coming to an end so we needed to consider how we would continue to operate in Hampshire. We started discussing with Hampshire what the basic concept of a new project could be. It took us two or three years to develop a project that we wanted to deliver and that the Council wanted to see happen. We went through significant negotiation before we were actually ready to start working on a funding proposal.'

'Hampshire's Adult Social Care team wanted to find ways of creating a market place for personalised services which would give service users enhanced choice and control, greater involvement in service design and delivery, promote prevention and early intervention and capacity build the community. We were keen to support the development of more ULOs. We never intended to spend three years planning but you have to spend time working with local authority staff to understand what motivates them, what frustrates them, and how you can provide a solution. Everyone wins if we can provide a service which everyone wants and which makes their lives easier. **This planning work was actually one of the easiest things we have ever done because we just built on the relationship we already have with Hampshire County Council, which is one of mutual trust.'**

So, Hampshire produced a Position Statement on ULOs (see Appendix 5) and invited SPECTRUM to make an offer that would support its own aims and those of the ULO movement and the local authority.

## In The Spotlight



## The project outline: More than just adult social care

Following negotiations, it was agreed that a ULO development project, with three-year grant funding (£100,000 per year) from adult social care services, would build on Hampshire County Council and SPECTRUM's long history of working with ULOs and encouraging the strategic involvement of users and carers in adult social care. The project is a strategic way of building networks and partnerships across the county which, over time and with support from SPECTRUM, may be able to become more self-sustaining user-led service providers. It is about simultaneously developing and capacity building a well-established DPULO, while acknowledging the organisational development needs of less-established ULOs. The overall agenda of this initiative is much broader than just social care – it represents Hampshire's desire to ensure all its citizens can participate fully in all aspects of public life, as Ruth Dixon (Community Care Services and Commissioning Deputy Director, Hampshire County Council) explains:

**'Currently we are trying to develop our approach to cover a diverse range of service users and carers and be as inclusive as possible. That is about recognising diversity of impairment. It is also working across all of our communities, recognising black and minority ethnic communities, LGBT communities in Hampshire, making sure that we address the public sector equality duty and advance equality of opportunity within the county and promote active citizenship. In recent years we have engaged and had dialogue with service user organisations as part of our personalisation expert panel. That has opened up a whole range of discussions around how ULOs can make a contribution to community services and the public sector in general. As we move forward we are really determined in Hampshire to make meaningful involvement count at all levels.'**

Although SPECTRUM already has a reputation as an established ULO in the region, this project also aims to maximise its existing partnerships with other Hampshire ULOs (see 'Resources').

### In The Spotlight



SPECTRUM describes its role in this project as:

- **co-ordinating** a range of activities to support the development of a sustainable network of ULOs in Hampshire
- **facilitating** networking between a diverse range of user-led and community groups to share ideas and to build a greater collective voice, and
- **supporting** both new and existing user-led groups with information, advice and guidance, as well as shared resources

**The project has three distinct areas of development and impact, as follows:**

#### 1 Building the capacity of a regional ULO

**'Part of the ULO project is also about SPECTRUM re-organising and re-structuring itself to be a facilitating body for other ULOs, to give us the sustainability we need. That's why we changed our name from Southampton CIL: it's all part of a deeper strategy. We need to get SPECTRUM into a position where it can be successful and then we can keep on supporting, and helping to create, other small ULOs in the future.'**

Ian Loynes, Chief Executive Officer of SPECTRUM

By supporting other ULOs, SPECTRUM will enhance its profile as a Hampshire-wide organisation that has the expertise and infrastructure needed to provide organisational development support:

- It will develop its capacity to offer guidance, advice and training for existing and emerging ULOs and service users who would like to set up a ULO
- It will disseminate learning and best practice by facilitating local, regional and national networking opportunities for other Hampshire ULOs
- Over time SPECTRUM will nurture a network of existing and emerging ULOs across Hampshire, maximising existing relationships with partners, community development officers and other agencies to build its own capacity and increase opportunities for service user involvement. Ultimately the ULO network will be able to respond to the diverse needs of all service users
- SPECTRUM will also maximise its own influence and build its own sustainability by broadening its own understanding of different decision-making processes, including political structures (local, regional and national) and directorates throughout Hampshire County Council, not just adult social care

**'This project aims to create a culture for ULOs to thrive and represents peer support operating at an organisation level.'**

Ed Walton, Senior Community Development Officer (Service User Involvement), Hampshire County Council

### In The Spotlight



#### 2 Benefits to other ULOs and individual service users

Working with its partners, SPECTRUM will lead on developing a ULO sustainability strategy, which will include ways of promoting, informing and expanding the reach of the ULO network across Hampshire:

- ULOs will share their ideas and expertise with each other and be supported to work with Hampshire County Council to co-produce future strategies and policies which will meet their service users' needs
- A 'bank' of knowledge, training and guidance will be developed to support new and emerging ULOs and help them become more sustainable (e.g. by developing projects that generate income; by diversifying income streams; by partnership working, by sharing back-office functions, etc.)<sup>8</sup>
- Various training, empowerment and outreach initiatives (e.g. peer mentoring and personal development action planning) will be organised for individuals interested in developing ULOs. This will build their confidence, develop new skills and help them to get ULOs more involved in decision-making structures and co-production processes
- Service users will be more informed about personalised local services which will enable them to live more independently

- Working in partnership with Hampshire County Council, SPECTRUM will ensure that all users reflecting the diversity within Hampshire are empowered and supported to get involved in policy and service development at all levels within the Council
- Service users will be supported to become active citizens by encouraging involvement in local democratic structures and public appointment opportunities

#### 3 Benefits to Hampshire County Council, in terms of impact on adult social care

SPECTRUM will continue to provide strategic ULO policy advice to Hampshire County Council and facilitate high quality user and carer involvement and advice. This project will enhance this role further:

- As a co-ordinating body for many ULOs, SPECTRUM will be ideally positioned to develop a wide range of engagement options for even more users, carers and partner ULOs to help commissioners in shaping future policy and service delivery (especially by promoting the principles of co-production)
- As more service users are inspired and empowered by this project, more innovative and dynamic solutions to the care and support challenges facing local authorities will be generated
- With its increased knowledge and expertise of ULOs, SPECTRUM will be able to co-produce ULO strategies and advise on the best use of resources

## In The Spotlight



## Reflections on the Hampshire ULO development project so far

SENDPO talked to **Roger Fenn**, Networking and Development Officer, SPECTRUM, and **Ed Walton**, Senior Community Development Officer (Service User Involvement), Hampshire County Council about some of the issues this project has raised in its first two years.

### A Membership, information channels and funding

From a ULO perspective, Roger emphasises the ongoing need to '**diversify the ULO membership**:

'We really do need strong networks representing all diverse community groups so that we can have conversations on a wide range of subjects, including what we really mean by 'a user-led organisation'.'

'Maintaining and diversifying membership remains a challenge – ULOs are enthusiastic but they have limited capacity: sometimes it is a struggle just to contact an individual service user so we need to find ways of getting information to our full membership in a clear and transparent way. **As our ULO network develops we hope to create hubs of ULOs which will be able to pass information out to other groups and individuals, as well as be a route back to county policy makers to make sure they consider the perspective of service users and carers when decisions are being made.** We hope the impact of doing this will build trust and encourage more people to participate as they will see that change really is possible. **Funding also remains an issue, particularly for start-up groups who have no track record yet and are unable to apply for funds through the most recognised channels.** Existing groups need to rethink how they go about their business and consider applying to funding streams they may not have previously been attracted to, such as commercial contracts, and also consider being part of consortia made up of non-ULOs and commercial / statutory organisations. This may require some training and mentoring to gain the necessary skills.'



Roger Fenn

### In The Spotlight



#### B What makes a ULO?

Another issue causing debate is the Department of Health's ULO design criteria (see Section 1), in terms of whether they reflect what SPECTRUM and other ULOs want to do and where they want to go. It was always intended that, during this project, SPECTRUM would promote these criteria to ensure that new and emerging ULOs meet the same core principles and values (e.g. a non-discriminatory approach to age, gender, religion, race, sexual orientation and impairment). However, two years into this project, Roger now asks:

'Should we be more open to accepting that other groups we want to work with and build strong links with may have different approaches? **We cannot compromise our core values but, if small groups are to survive in the future, we must be flexible in our approach to helping them develop and get involved in all stages of the commissioning process.'**

#### C Learning points

The project is still ongoing so we do not know yet what the final evaluation will show. Nevertheless, we asked Ian Loynes, SPECTRUM's Chief Executive Officer, what his top learning points about this project are so far:

**'Setting up a ULO is very difficult, not just because of the funding situation but because it's about working with people who are quite disempowered to the point that they are struggling to live a life at all.** Many of these people do not have the skills and life experience that business people do. **And it's a long-term objective – you can't just magic half a dozen new ULOs out of thin air!** We set a target of initiating four or five new ULOs across the county in three years. It's quite a modest target but you have to do the ground work and work with individuals on their own agenda, not your own. Having a meeting to set up a new ULO doesn't work because it takes time to understand what people want from their lives, and more time to pitch something that will help them solve their issues and is compatible with their lives. It's about working with like-minded people.'

## ULO design criteria: The debate continues

Despite broad agreement between south-east DPULOs and local authorities about what defines a DPULO and its key characteristics (see Section 1, pp.37–38), SPECTRUM’s ULO development project and SENDPO’s commissioning ULOs conference (Nov. 2013) show that the ‘28 ULO design criteria’ still generate debate and disagreement.

### Are the ULO criteria still important?

Commissioners need to know what types of organisations they are funding:

**‘From a local authority perspective, particularly in our tendering and grants processes, we need to think about how we can spot a genuine ULO and distinguish them from those organisations which have heard the buzz term and think it might add value to their tenders.** We also need to think about how we can measure the social value that ULOs can offer, both in terms of delivering services and also, at a political level, ensuring our elected members know the views of local communities. We are also considering whether local authority contracts are really a sustainable source for the future and what our alternatives might be. And, finally, **how we can adapt our grant and contract systems to enable ULOs to win funding and deliver services.’**

Ed Walton, Senior Community Development Officer, Hampshire County Council

Research shows that genuinely user-led services generate additional value / social capital (see Section 2), hence the need for local authorities to be able to identify them. However, SENDPO has also been told of funding being awarded to non-user-led organisations, despite funding criteria explicitly stating a commitment to ULOs, leading one CEO of a south-east DPULO to say: **‘User-led organisations are still only given crumbs, with very little chance of a slice of the cake.’**

While a set of organisational criteria seems restrictive and exclusive, it would help commissioners if they could clearly differentiate DPULOs from other non-user-led service providers who are also competing for funding.

### Current views on the ULO design criteria

During its ULO development project, SPECTRUM has found that the existing ULO design criteria can be **‘extremely off-putting for organisations, even well-established ones’** because they are so demanding. We identified the four key ULO criteria in Section 1 (p.37):

- a disabled majority on the board (the criterion specifies at least 75%)
- the social model of disability
- disabled staff (the criterion specifies ‘many’), and
- a commitment to the principles of independent living

**The debate about what makes a ULO usually focuses on where the decision-making power lies.** On the whole there is agreement that boards determine organisational strategy and, therefore, must be representative of disabled people. However, there are different views on the importance of having disabled staff. Some people argue that it is still the staff who are at the frontline, making daily decisions, and should, therefore, also be representative of the organisation's constituency. On the other hand our research among senior managers in DPULOs about increasing the number of disabled employees in DPULOs (and the possibility of employing disabled people **only**) reveals a **tension between principles and pragmatism:** while all the senior staff we interviewed would prefer to appoint disabled employees, this does not always happen in practice and there is concern about whether they will be able to find suitably experienced and qualified disabled people.

In Section 1, we flagged up various concerns with other ULO design criteria (see pp.35–36), such as the inappropriate 'services' criteria. Other issues which arose when debating the criteria at SENDPO's conference (Nov. 2013, 'User-Led Organisations: The future of commissioning') include the view that '**organisations should be self-determining and decide themselves what a ULO looks like.**' Since commissioners need to know what types of organisations they are funding, it is in the interest of DPULOs to provide this clarity themselves and, ideally, a unified view as well. There was also discussion about the word 'user', which cannot be concluded here! Does this term mean users of the services provided by the organisation in question or users of any local authority services? How strict should DPULOs be about whether disabled people are also service users or not? Can the 'lived experience' of disability give someone sufficient insight into the issues DPULOs are concerned with? Also, what about disabled people who are likely to become service users in the future?

Interestingly this tendency to focus on 'people with experience of disability', rather than on whether someone is a 'service user' or not, is gaining popularity, maybe in view of the fact that eligibility criteria for adult social care services are getting increasingly tighter and therefore excluding many disabled people.

## ULO design criteria: A valuable organisational development tool

**'What is the right way to set this? If we set it too loose, then everybody is a ULO; if we set it too tight, it is an elite club!'**

Delegate at SENDPO's conference on 13 November 2013 entitled 'User-Led Organisations: The future of commissioning'

However, despite these debates about the ULO design criteria, the overwhelming view among senior managers of DPULOs is that the criteria are comprehensive and still capture the essence of what a ULO is.

Geraldine Des Moulins recalls the criteria as being incredibly useful when she began working as the CEO of The Fed:

**'I had a standard, which I needed to get the organisation to... it actually laid down some mechanisms, which were helpful as well, about what a user-led organisation should look like.'**

They could be, therefore, a useful organisational development tool. Although, ultimately, ULOs can only be judged by what they actually deliver and their impact, re-visiting what makes an organisation genuinely user-led could be helpful.

As part of its ULO regional development project, SPECTRUM CIL has reviewed the criteria and divided them between 'essential' and 'desirable' to create a more appropriate framework. This allows organisations to prioritise different stages of their development and represents the criteria as something to work towards and aspire to. Deborah Sowerby, Development Manager at the West Berkshire Independent Living Network, emphasises **the importance of using criteria which pave the way towards a 'gold standard' for everyone, rather than creating 'an exclusive club'**. There is also an acknowledgement that some criteria will certainly be more challenging for some organisations than others, such as those involving service users in service delivery and as employees. However, the criteria can also be helpful as a means of measuring an organisation's progress and development in becoming a DPULO:

**'There needs to be some timeline or some key points within that journey to become user-led that people need to achieve within a certain time.'**

Clive Wood, Chief Executive, Surrey Disabled People's Partnership

The beginnings of a framework to help DPULOs become ‘fit-for-purpose’ organisations are included as Appendix 6. SENDPO’s local authority checklist on ‘creating a climate for successfully developing and commissioning DPULOs’ could be an equivalent tool to help commissioners monitor their own progress and see whether their commissioning interventions are increasing local DPULOs’ ability to successfully gain investment (see Appendix 7).

**'We don't want non-user-led organisations to suddenly all disappear as there would be huge gaps in services but there should be less carrot and more stick.  
Commissioners should now say to organisations who want to continue to be funded, you either show us how you will make improvements over the next twelve months and how you will become user-led, say, within two years, otherwise you will not get any funding. We worked really hard to convince our trustees that we needed to become user-led but it was hard for them to see the benefits and some would say 'The others are taking grants anyway and we don't get them, so what's the point?'**

Nick Tapp, CEO of ESDA  
(East Sussex Disability Association)

**SENDPO**

### The way forward

This section has illustrated a range of ways in which local authorities are supporting the development of DPULOs, ranging from in-kind support to commissioning targeted pieces of work and strategic investment. SPECTRUM’s ULO development project is also an example of capacity building ULOs on multiple levels: built on the co-productive relationship of equal partners between Hampshire County Council and SPECTRUM, the project represents a belief and confidence in the ability of ULOs to empower individuals in all aspects of their lives and to transform communities. The investment is also a testimonial to the expertise of a well-established DPULO to realise this change on the local authority’s behalf.

## References

- 1 <http://www.sendpo.org/>  
<http://www.solnetwork.org.uk/members.asp> and  
<http://disabilityrightsuk.org/membership/our-members>
- 2 Social Care Institute for Excellence (2010) A commissioner's guide to developing and sustaining user-led organisations (London, Social Care Institute for Excellence), pp.37–40
- 3 Ibid.
- 4 Ibid.
- 5 Ibid.
- 6 Ibid.
- 7 <http://www.ncvo.org.uk/component/content/article/25-content/practical-support/public-services/personalisation/223-implications-for-commissioners?highlight=WyJvdXRjb21lcY1iYXNlZCIsImNvbW1pc3Npb25pbmciLCJvdXRjb21lcY1iYXNlZCBjb21taXNzaW9uaW5nIi0>
- 8 As one of the Department of Health's ULO Action & Learning Sites during 2009/10, SPECTRUM CIL developed a range of 'toolkits' to help itself and other ULOs improve the services they provide, increase the diversity of the people they support and improve ULO sustainability generally. Although some of the references within these are now out-of-date, the principles and concepts described are nevertheless still relevant for developing ULOs:  
<http://www.spectrumcil.co.uk/adviceandguidance/>

## Resources

### **Some examples of Hampshire ULOs**

Hampshire Centre for Independent Living: contact John Evans, c/o SPECTRUM

Carers Together <http://www.carerstogether.org.uk/>

RAISE <http://www.raise.org.uk/>

Eastleigh Advocacy <http://www.hampshirelearningdisabilitypartnershipboard.org.uk/local-info/news/eastleigh-advacacy-project/00183.html>

Eastleigh Southern Parishes Older People's Forum <http://www.espopf.org/>

Disabled People's Voice Hampshire

<https://www.facebook.com/DisabledPeoplesVoiceHampshire/timeline>

Local Treasures <http://www.local-treasures.co.uk/>

### **DPULO organisational development**

National Council of Voluntary Organisations <http://www.ncvo.org.uk/>

KnowHowNonProfit <http://knowhownonprofit.org/>

DisabilityLib <http://www.disabilitylib.org.uk/>

ESDA's (East Sussex Disability Association) 'ULO toolkit' is designed to support organisations to become user-led:

<http://www.esda.org.uk/userledorganisations/index.php?pageID=1960>

SPECTRUM toolkits for ULOs, developed in 2009-10 as part of SPECTRUM's ULO development work: <http://www.spectrumcil.co.uk/ulohome/ulo-project-advice-guidance/spectrum-toolkits-for-disabled-peoples-ulos/>

Department of Health (2010) Sharing the learning: user-led organisations action and learning sites 2008-2010

The Social Care Institute for Excellence website has many additional resources on 'developing and sustaining user-led organisations' which further explore issues raised in this section: <http://www.scie.org.uk/publications/guides/guide36/>

Pilotlight provides mentoring and strategic business planning to charities and social enterprises which tackle social disadvantage, free of charge: <http://www.pilotlight.org.uk/>

## Section 6

# **Maximising their competitive edge: How DPULOs are evidencing their social value**

## Maximising their competitive edge

Measuring the value of services and the impact of social interventions is a discipline in itself, with numerous organisations, such as the New Economics Foundation, dedicated to finding ways of quantifying and qualifying what service providers do. DPULOs are no different from other voluntary sector organisations, in the sense that the economic climate currently requires all such organisations to demonstrate the benefits of what they do and show what gives them a competitive edge over their peers.

However, our research suggests that this process is not embedded in DPULO working practices. Indeed, the Office for Disability Issues (through its 'Strengthening Disabled People's User-Led Organisations' funding programme) has partly funded an initiative by Inclusion London to pilot a bespoke toolkit to support DPULOs to identify and evidence **the added value (both social value – often referred to as 'social capital' – and monetary value)** they bring to service delivery (see 'Resources'). Given the similarities between services offered by different DPULOs and the issues they are tackling, this will be an incredibly useful resource.

In the meantime, this section will show how south-east DPULOs are using a range of monitoring methods and tools to measure the success of their work, with a view to evidencing the impact of their work and translating this into successful tenders.

### The current perception of DPULOs and their added value

As we showed in Section 2, many commissioners now look beyond whether or not a service provider meets its delivery targets and outputs. The way in which a service is delivered, the additional social value it generates and its longer term impact on the community are increasingly important, as Ed Walton, Senior Community Development Officer (Service User Involvement) in Hampshire County Council, explains:

**'One of the questions that Hampshire County Council has asked itself is how ULOs can build their capacity and provide an alternative place for people to go, rather than the local authority being the first port of call...'**

**'Social capital: A concept that encompasses the strength of relationships between people, including features of social life – networks, norms and trust – that enable participants to act together more effectively to pursue shared objectives.'**

New Economics Foundation (2005) Knowledge: quality and impact toolkit for social enterprise 1, p.39

...The challenge is to build a network of community organisations, voluntary groups and social enterprises, that can support people, that thrives on early intervention and preventative work, building social networks, information and advice sharing, and engaging with disenfranchised people. It is not about looking for services on the cheap and exploiting goodwill but it is about looking at how things can be done differently.'

The following 'keyword' summary of the value that DPULOs bring to service delivery reflects SENDPO's research findings (see Section 2, pp.51–52) and our conversations with commissioners and DPULOs. It shows that DPULOs are well positioned to rise to this challenge and provide new approaches to service delivery:

This represents the essence of what DPULOs can offer local communities and what differentiates them from other service providers (see Appendix 8 for DPULOs' views on their 'added / social value'). It shows how multi-faceted the social value of DPULOs is. The task facing DPULOs is how to evidence this, by quantifying and qualifying what their organisations do, without getting overwhelmed. **The easiest approach is to look at the separate elements that make up a DPULOs total offer and treat the process as a systematic exercise in robust monitoring and evaluation, the results of which will collectively build up a total picture of their social value.** This section will also show how some commissioners are actively supporting DPULOs to achieve this goal.

**accessible** 'authentic voice' **advice** 'build skills'  
**'choice and control'** **confidence** **community** 'consultative voice'  
**employment** **empowerment** **engagement** **experience**  
**expertise** 'face-to-face contact' **familiarity** 'independent living'  
**information** **involvement** 'lived experience' 'local knowledge'  
**networks** '**new skills**' **one-stop-shop** **peer-led**  
**'quicker service delivery'** '**reach seldom-heard service users**'  
**represents** '**right outcomes for users**' '**service, policy and strategy input**'  
**'service users groups'** '**tackle social exclusion**' **trust**  
user-experience **user-led** **volunteers** **welcoming**, etc.

## The importance of evidencing

In order to achieve maximum effectiveness, any organisation must be able to monitor the effects of what it does. **Without setting quality standards, an organisation cannot know if it is delivering better services.** Regardless of its additional social value, the most important thing for a DPULO which has been commissioned, or hopes to be, is still whether it can meet service performance requirements. However, the two are inextricably linked: **by monitoring and evidencing what it does, DPULOs can achieve both – i.e. they can deliver effective services and maximise their additional social value.**

**If DPULOs want to increase the likelihood of being commissioned, they need to prove and improve what they are doing so they can show that they meet the needs of beneficiaries and that change is happening as a result of investment.** Although each DPULO will have its own unique characteristics, there are multiple issues common to DPULOs so we have identified some useful examples from south-east DPULOs which show the benefits to be gained from effective performance management.

(It should be noted that no south-east commissioners interviewed for this resource have said they want or expect DPULOs to quantify the **monetary** value of their services, although being able to provide this data would certainly bolster the evidence in favour of DPULOs.)

### The first step towards demonstrating social value

DPULOs need to establish what the social value outcomes of their respective local authorities are. In Section 2 we provided some examples of local authority ‘overarching’ corporate policies and plans which justify the inclusion of social value outcomes in contracts, such as challenging poverty, increasing community wellbeing and contributing to economic, environmental and social sustainability. We showed that, in a commissioning process which includes social value outcomes, bids which deliver benefits above and beyond the service itself (e.g. generating volunteering and employment opportunities, building social networks in the locality and increasing engagement) will score well.

**‘Improving quality is essentially about learning about what you are doing well and doing it better. It also means finding out what you may need to change or improve to make sure you meet the needs of your users. It is about working towards excellence.’**

Charities Evaluation Services (2010), First steps in quality (London, Charities Evaluations Services), p.4

In order to demonstrate that a DPULO adds value to service delivery, it needs to:

- A** Work towards achieving the optimum DPULO organisational profile  
(by focusing on being genuinely user-led and peer-led)
- B** Draw on, and build on, existing evidence about the added value of user-led services (as outlined in Section 2)
- C** Monitor and evaluate its services and activities, using a range of performance management tools and evaluation techniques

### 1 Representing an inclusive constituency

Local authorities want to, and need to, work in partnership with organisations that represent disabled people in their locality. In order to enhance their credibility as being truly representative of disabled people, DPULOs need to diversify and develop their constituency. While some DPULOs are skilled at community engagement, others openly acknowledge the challenges this can present. Peter Beresford's recent publication, 'Beyond the usual suspects: Towards inclusive user involvement' (2013) explores why so many people are still excluded from involvement processes and the barriers that people encounter. Although not specifically about building DPULO membership, it suggests ways of working that DPULOs could implement to ensure they are inclusive of disabled people from different cultural groups, of different ages and with a range of access needs, etc. This publication is, of course, very useful for commissioners who also need to ensure that their own involvement and engagement processes are fully inclusive and meaningful.

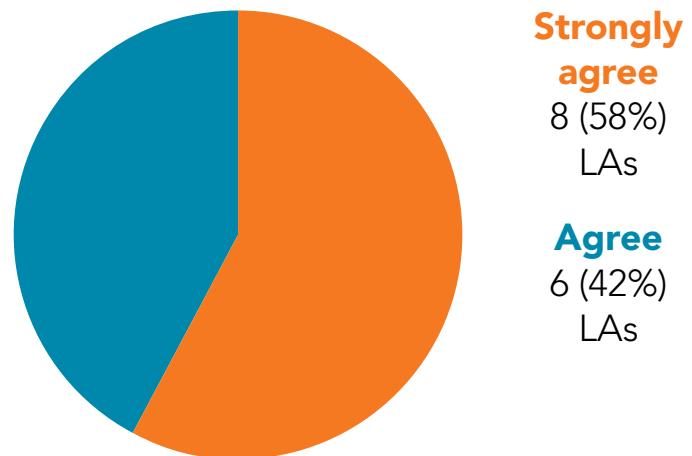
#### Achieving the optimum DPULO organisational profile: Strengthening the case for funding

In Section 5 we saw how important it is for local authorities to be able to distinguish ULOs from other service providers. Although all providers will ultimately be judged on their performance and what they actually deliver, **the profile of a DPULO (i.e. what it looks like and who it represents) is essential to maximising its 'competitive edge' over non-user-led and profit-making companies.** Our research data and conversations with local authorities and DPULOs confirm that certain organisational values and characteristics can enhance the social value that DPULOs generate: being inclusive and involving disabled people at every level of the organisation is one way of maintaining their unique profile amid non-ULOs.

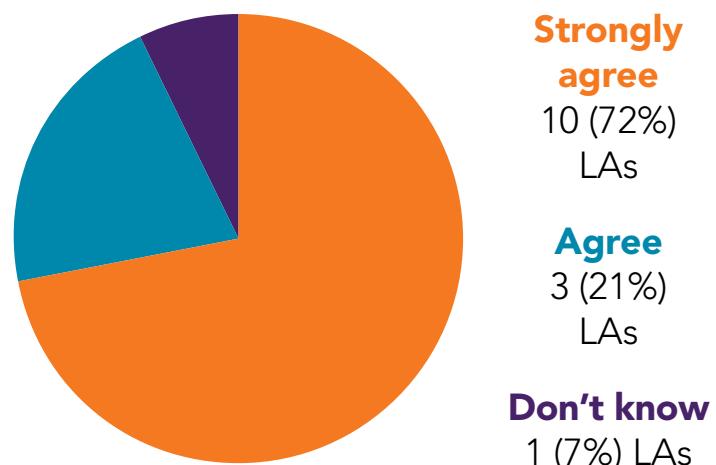
## 2 Involving disabled people in service delivery and as employees

**Being genuinely user-led across every aspect of the organisation (not just the board) enhances the competitive edge of a DPULO – it is a major factor in what makes it unique.** Section 2 cites various examples of legislation, policy agendas and research studies that highlight the additional value of user-led service delivery.

**SENDPO's own findings endorse these research studies:**



57% of south-east local authorities (8 of 14) 'strongly agree' that DPULOs bring added social value to delivering services for local disabled people and 42% (6) agree.



**'As a disabled person it's a relief to meet another person who truly understands the issues and the challenges that you face and can really appreciate what you're going through. I think that's something that only another disabled person can really truly understand. I think the peer support aspect of a user-led organisation is something that is really one of the key values of a ULO.'**

Sophie Turley, Project Manager, Centre for Independent Living Kent

Comments from local authority respondents about DPULOs employing disabled people include:

- In an ideal situation DPULOs should lead by example
- Empowering and sets good example
- It is important and, in terms of the ULO-led specifications we have drawn up, we have indicated that peer support is an important factor in service delivery

One south-east local authority points out that, if it moved its direct payments contract from its local DPULO, it would then need to consider how the existing disabled employees could be redeployed to preserve the investment made in creating employment opportunities for them. Renewing a contract with the existing provider also provides benefits in system continuity and reduced change management costs.

**One commissioner observes that 'DPULOs offer an alternative style for delivery of services', while two others include 'lived experience' as a funding requirement in their contracts**  
(see Section 2, pp.57–58).

**'What makes user-led services different from what other providers offer?'**  
**'Well, essentially it's having the experience of actually using services and an in-depth knowledge of what it is like on the other side. Mental health user-led services are important because they show other people that mental health, as a condition, should not prevent people from becoming leaders or supporting other people in the community, in business and in employment, etc. It is important to set an example and show that people who have used mental health services still have lots of skills and experience to bring to the table. Culturally, in the past, it was believed that we had to help these 'poor individuals' and this approach disempowered people in the system. So, it's about re-empowering them – this is the main driver. It is important to see service users as a valuable commodity, in a way that puts them in the driving seat of how services are delivered. It is a way of showing that mental ill health is something that can happen to an individual but this should not put you in a position of disadvantage throughout your life. It's also about appreciating the expertise and knowledge that individuals hold as well.'**

Kenny Mackay, Strategic Commissioning Manager (Mental Health), East Sussex County Council

Not surprisingly, SENDPO's data from DPULOs replicates the views of commissioners: 93% of south-east DPULOs (14 of 15) think it is 'very important' for disabled people to be involved in 'delivering their services'. We asked 15 south-east DPULOs: **'Some DPULOs actively seek to employ disabled people to deliver the services they offer. Do you agree it is important for DPULOs to employ disabled people?'** 67% (10 of 15 organisations) of DPULOs 'strongly agree' that it is important for DPULOs to employ disabled people (4 'agree'; 1 is 'neutral'). The responses reflect the view that **peer support lies at the heart of a DPULO:**

- If they do not, they simply are not a DPULO!
- Information, advice and support given by people who have a shared life experience is invaluable and at the heart of the services we provide
- We would look for the skills identified in a person spec for any position but recognise the value of life experiences and using services enhances the support provided for our Service Users
- People trust others who can fully understand and appreciate their situation. They trust other people with lived experience
- Provides positive role model for other employers

**We raise this issue of employing disabled staff in DPULOs because 'peer support' is clearly one of the key factors that distinguishes DPULOs from non-ULOs in the eyes of commissioners.** Interestingly, in the USA, the law requires at least 50% of the staff in CILs to be disabled people and 50% of the directors in order to get state funding, as well as the organisation to be pan-impairment.<sup>1</sup>

**'Our staff team should properly represent the diversity of the service users that we actually support and they should look like the service users that we support; anything else then we're not a peer-based organisation.'**

Ian Loynes, Chief Executive Officer,  
SPECTRUM Centre for Independent Living

Out of 13 south-east DPULOs which have paid staff, 69% (9 of 13) have 50% or more disabled or deaf paid staff, with 38% (5) having 75% or more:

<b>Less than 50%</b>	<b>4</b>
<b>50%</b>	<b>1</b>
<b>51% or more</b>	<b>3</b>
<b>75% or more</b>	<b>5</b>
<b>N/A – no paid staff</b>	<b>2</b>

However, when we asked 15 south-east DPULOs, '**If disabled people are involved in delivering your services, please describe how they are involved**', the responses vary considerably: while some DPULOs involve disabled people in all aspects of service delivery, a few DPULOs still do not have many disabled staff delivering their services and rely on alternative mechanisms for capturing first-hand experience (e.g. via voluntary peer support groups). These working practices lack the additional value that comes from disabled people managing and delivering the services themselves.

Furthermore, only 46% (6 of 13 south-east DPULOs, as far as they are aware) have senior staff / a senior management team in which the majority of its members (i.e. more than 50%) are disabled or deaf. Even fewer (23% – 3 of 13) have a senior management team in which the majority are also known to be service users.

Sue Bott (Director of Policy and Development, Disability Rights UK), who was involved in developing the ULO design criteria, argues that the power within an organisation rests with the senior management team, which should, therefore, be made up of disabled people: '**A DPULO should be led by disabled people – it's the lived experience of being a disabled person that makes the crucial difference in the leadership of the organisation.**'

**'If all your senior managers are non-disabled people, so all your chiefs are non-disabled people and all your Indians are disabled people, that doesn't send out a particularly good message either, does it, because it says, well, you can get so far within this organisation but no further.'**

CEO of one south-east DPULO

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We asked south-east DPULOs, '**What, if anything, is your organisation doing to increase the number of disabled and deaf employees in your organisation?**'

Standard responses include positive encouragement in job adverts, signing up to the 'two ticks' scheme, and guaranteed shortlisting / interviews if an applicant meets the minimum criteria. However, some DPULOs go further:

- We have 'pathways to employment' through volunteering and then a bank staff system; we recruit internally wherever possible
- Most of our roles are designated for Disabled People (all decision makers and front line support worker type roles)
- We actively recruit disabled people as staff, volunteers and Trustees and would accept a non-disabled person only in exceptional circumstances

One south-east DPULO re-designed a post to employ a person with a learning disability, as a means of delivering better services:

**'Recently an admin post became available. As an organisation we were missing practical day-to-day experience of what living with a learning disability is like, so we carved the job up so that somebody with a learning disability could do it in a real way, not a tokenistic way. We appointed someone with a learning disability and, although this person doesn't lead on peer support, he can give us additional ideas on how we can develop and improve our services.'**

Another DPULO, SPECTRUM Centre for Independent Living, has been built on the principle of employing disabled people only, as Ian Loynes (Chief Executive Officer) explains: **'We don't just expect people to come to our door work-ready ... our job is to help empower and prepare and build confidence in people so that, when we do advertise for staff, they think actually I could do that... We have a good track record of supporting the empowerment of volunteers and staff to progress their chosen career paths.'**

SPECTRUM also 'mentors' and does 'lots of personal and development type work' with junior staff to encourage them to progress their careers internally. **This approach has resulted in very low staff turnover, which is cost-effective.**

When we asked 15 south-east DPULOs, **'Is your organisation doing any succession planning for when key board members and staff leave?'**, responses focus more on board development than on staffing issues. There is recognition that it is essential to have disabled people / service users represented on boards (e.g. 'We have such initiatives as a buddy scheme where more established Trustees support new and upcoming Trustees in their role.'). **However, despite having established that disabled staff bring additional value to DPULOs, specific interventions to increase the number of disabled managers are limited.**

Some exceptions include:

- We have extended our management structure to allow for potential succession
- Planned training and skills development and encourage all staff to do some project management, small projects to start with, steadily getting bigger

**Ways of transferring knowledge and experience from senior staff to more junior disabled staff who want to progress need to be embedded into DPULOs.** Unless this happens DPULOs may face a potential leadership deficit. **Disabled staff that want to progress need 'exposure to formative experiences', a term used in relation to developing senior leaders.<sup>2</sup>**

**Internal shadowing, mentoring and 'cross-team' opportunities are some of the best ways of supporting this transfer of skills and experience within an organisation.** Interestingly research on developing disabled leaders reiterates the value of 'mentorship, networking and experiential learning'<sup>3</sup> but also argues that a collective approach to leadership within the disability movement built on a 'more integrated, action learning approach'<sup>4</sup> would yield better results.

The data confirms that the first-hand experience and knowledge of service users is valued by local authorities: their full involvement in service development and delivery makes good business sense, therefore, for DPULOs. **To not harness this, by ensuring that disabled people are involved and employed throughout the organisation at every level, is to dilute the optimum DPULO organisational profile and the unique additional value that DPULOs offer as service providers.** Sometimes a DPULO may do everything in its power to recruit a disabled person and still fail to do so but **the purpose of sharing this data is to show that some DPULOs are successfully recruiting, and developing, more disabled staff than others.** It is also very straightforward to monitor a staffing profile and demonstrate how genuinely user-led a DPULO is, as well as how representative of its constituency it is, as we will see below.

### How DPULOs are capturing and evidencing the value of their activities and services

As well as taking steps to achieve the optimum DPULO organisational profile, DPULOs need to position themselves as 'deliverers'. Some south-east DPULOs have successfully embedded ways of monitoring their service delivery, and gathering evidence of the difference they make, into their organisational practices. In addition some local authorities have developed new ways of evaluating services which are more 'outcomes-based', representing a shift from focusing on inputs, outputs and processes. As we will see, some 'metrics' data is still usually necessary to create a baseline for the monitoring process but qualitative data is increasingly more appropriate for illustrating the real outcomes of user-led services.

#### Indicators

Charities Evaluation Services define an indicator as 'well-defined information which shows whether something is happening.' **Indicators show a DPULO knows what it is doing and whether it is achieving its goals.** In terms of monitoring how effective services are, it is generally necessary to have a combination of **quantitative indicators** (How many? How often? How much?) and **qualitative indicators**, which help to demonstrate, describe or measure that something has happened (How? When? Who? Where? Which? What? Why?).<sup>5</sup>

Ideally indicators also need to be specific, measurable, achievable, realistic and time-based (= SMART), in order to obtain the necessary information.

**Qualitative indicators are usually needed to demonstrate the social value of an intervention and they tend to focus on people's perceptions and experiences.** There are different ways of gathering this information, such as questionnaires, surveys, interviews, focus groups, case studies and also IT systems which can enable data to be routinely collected. **The aim is to measure progress against set objectives and to help identify if outcomes are being met (i.e. 'the changes, benefits, learning or other effects that happen as a result of services and activities provided by an organisation' – Charities Evaluation Services – see Glossary).**

There is a wide range of tools and methods that DPULOs can use to measure their performance, in terms of the quality and impact of their services.

A useful place to start is [www.proveandimprove.org](http://www.proveandimprove.org), an online version of the New Economics Foundation's toolkit resource for charities, voluntary organisations and social enterprises seeking to prove and improve the quality and impact of their work.<sup>6</sup> It features twenty different ways of measuring quality and social impact. If these are too complex, see 'Resources' for some alternative places to start. The toolkit also provides an 'Indicators Bank' which includes sample indicators for measuring:

- social benefits for individual people (wellbeing, skills development and health)<sup>7</sup>
- social benefits for communities (social capital and community needs)<sup>8</sup>
- economic impacts (on the individual and at a local level)<sup>9</sup>

These are cited here simply as a starting point and, like any tool, they will need to be adapted to suit the project, activity or service and the particular DPULO.

**'Ideally, deciding which indicators are useful to your organisation should be a group exercise done through discussions with your colleagues and board or through a wider stakeholder consultation with your target group or your funders.'**  
<http://www.proveandimprove.org/meaim/samplendicators.php>

### Personalisation: 'Making it Real' markers

The personalisation agenda requires that local authorities work closely with ULOs, partners and the voluntary sector to put people in control of care and support services they receive. 'Making it Real', published in 2011 by Think Local, Act Personal (TLAP), is a set of markers which helps the adult social care sector to measure its progress on making personalisation a reality (see Section 2, p.61). It consists of four or five 'I' statements for six adult social care themes, which express what service users want to experience and what commissioners of services would expect to find if personalisation is really working well.<sup>10</sup> The themes include 'Information and advice', 'Active and supportive communities' and 'Personal budgets and self-funding' which are all typical DPULO services. **The 'Making it Real' markers provide, therefore, an example of a monitoring framework against which DPULOs can measure how successfully their own services are meeting the aims of the personalisation agenda**, while simultaneously helping local authorities to meet their own corporate objectives (see 'Resources').

**Example:** A holistic approach to evidencing value: The Fed Centre for Independent Living

Brighton & Hove's commitment to maximising social capital through 'city engagement' and community-based service delivery bodes extremely well for ULOs which want to work co-productively with the Council, such as The Fed Centre for Independent Living.

The Fed provides a wide range of services for disabled people, including information and advice, a direct payments service, a supported bank accounts service and payroll, training, Shopmobility, Brighton & Hove's Accessible City Guide and many others. It also has a 'Get Involved Group' which supports disabled people to get their voices heard on issues that concern them, such as when services are being planned and re-designed. Everything that The Fed does aims to create social change and enable disabled people to live independently.

**'We want to build stronger, healthier, more active and productive relationships between the council and people who live and work in the city. We will provide more opportunities for co-production and invest in building social capital and promoting volunteering. Involving and working as equal partners with citizens and communities is how we do business.'**

Brighton & Hove City Council's Corporate Plan 2011-2015 (Annual Update 2013-14), p.41

As one of SENDPO's largest member organisations, The Fed inevitably has more resources (both human and financial) to support its monitoring systems than smaller DPULOs have. However, **it provides an excellent example of a DPULO which has harnessed a range of systems and processes to evidence the value of what it does, such as demonstrating the impact of its services on people (e.g. changes in attitude, behaviour and quality of life).** The Fed also uses different systems to monitor its progress on work plans and outcomes achieved. These include questionnaires, interviews, focus groups, social media and meetings, involving many stakeholders (service users, staff, volunteers and many more). These systems are supported by a web-based database ('Charitylog') which enables The Fed to collect and monitor performance data against key measures and indicators across the organisation, including progress on the following outcomes:

- Addressing social inequality and exclusion of key groups
- Safeguarding against abuse, discrimination and unfair treatment
- Improving access to local services and information, and increasing social capital
- Working towards solving specific individual problems and increasing control

All of this data feeds into The Fed's system of **Social Accounting and Audit**, a framework which helps an organisation prove, improve and account for the difference it is making. **It enables an organisation to build on existing documentation and reporting systems and develop processes which will prove the social, environmental and economic impact it is having, improve its performance and be accountable to its stakeholders.** This process, which the Social Audit Network can provide support with, requires the accounts to be externally audited for quality assurance purposes so that an organisation's claims can be proved to be credible and used to demonstrate organisational development and improvement (see 'Resources').

We will now look at some other monitoring systems and processes used by The Fed.

### 1 Practical Quality Assurance System for Small Organisations (PQASSO)

One way in which organisations can measure performance and the quality of their services and activities is through '**externally accredited standards**'.

PQASSO addresses every aspect of an organisation, including evidence about social outcomes and impacts, looking at how improvements can be made (see 'Resources'). The Fed achieved PQASSO Level 1 in 2012, by self-assessment.

However, it has also achieved the PQASSO Quality Mark (valid for three years) which is an indicator to commissioners of an organisation's quality and credibility. The external assessment was carried out by a PQASSO Quality Mark peer reviewer, who observed:

**'The organisation has some very strong and transparent practices in place. The direction and performance of The Fed are shaped heavily by the Trustees who are mostly users. The Fed has also undergone a significant journey of change over the last few years, through the implementation of Social Accounting. Improvements achieved and others still in progress were apparent throughout the visit. Finally The Fed uses an empowering approach not just with users, but also with its staff and volunteers as most of them have developed and evolved during their experience with the organisation.'**

These comments confirm the collective value of The Fed's many different ways of adding value to its ways of working, for example, by ensuring its decision makers are themselves service users and by using social accounting to capture additional data which demonstrates the impact of its services.

## 2 Other Quality Marks

The Fed has other Quality Marks, including the two ticks 'positive about disabled people' symbol, the Advice Quality Standard (AQS, for advice, benefits and casework), STEM Environmental Management System (showing it has reached the first stage of developing an EMS) and CHAS, a health and safety assessment scheme (see 'Resources').

It is also working towards Action for Advocacy's Quality Performance Mark which has seven quality indicators in year one of the project: Independence, Clarity of purpose, Confidentiality, Empowerment and 'Putting people first', Equality, Accessibility and Diversity, Accountability and Complaints, and Supporting Advocates. **The QPM focuses on how principles and procedures turn into actual practice and performance.**

This Quality Mark is already held by Surrey Disabled People's Partnership (see Spotlight 5). It is important to note that many of the principles and values of the Advocacy Charter (e.g. promoting independence, 'Putting people first' and empowerment) also characterise an approach to service delivery which is typical of a successful, fit-for-purpose DPULO.

### 3 Volunteering

The contribution of volunteers to the economy is massive. If the number of people in England who volunteered once a month (10.6 million people) in 2010/11 had been replaced with paid staff it would have required 1.1 million full-time workers at a cost of £19.4 billion to the economy (based on the median hourly wage).<sup>11</sup>

**With their limited resources, DPULOs have always relied on volunteers, many of them disabled people, to bolster their paid workforce. Local authorities value the contribution of volunteers to building local social capital so it is important that DPULOs evidence this aspect of their work.**

Although it has been difficult to establish a standard way of measuring the monetary value of volunteers because organisations vary so much, the Statement of Recommended Practice (SORP), which provides charities with recommendations for accounting and reporting, nevertheless encourages charities to provide information about the contribution of their volunteers, quantify their time and provide 'an indicative value of this contribution' in their accounts (2005 SORP guidelines, paragraphs 51 and 134<sup>12</sup>).

Volunteering England, now merged with the National Council for Voluntary Organisations (NCVO), proposes that the simplest way of calculating the economic value of volunteers' time exist is to multiply the 'number of volunteers X average number of hours X average hourly wage'.<sup>13</sup> Alternatively the VIVA method (the 'Volunteer Investment and Value Audit'), developed by the Institute for Volunteering Research, uses the hourly rates of professional people undertaking similar tasks on a paid basis to calculate the monetary value of volunteers involved in a specific service.<sup>14</sup> The Charity Commission notes, however, the difficulty of reliably assessing economic value as a charity would still need to demonstrate it would have otherwise purchased the service from elsewhere; this can be done fairly easily for people representing a trade or profession but it is harder for 'general' volunteers.<sup>15</sup>

**There are ways of calculating and analysing the real value of volunteers beyond economic value.** For example, the Institute for Volunteering Research (IVR) has developed a Volunteering Impact Assessment Toolkit which highlights five different types of impact that volunteering has: **economic, physical, human, social and cultural.**<sup>16</sup>

**'What's the true value of our volunteers? Without robust data about the contribution of its volunteers, how can an organisation avoid the risk of underestimating the full costs / value of its services?'**

Verney, H. (2010) 'What's the true value of our volunteers? Nobody knows', Third Sector<sup>17</sup>

The IVR also has an 'evidence bank' which contains research material about the impact of volunteers in a range of settings and activities.<sup>18</sup>

**The Fed has a thriving volunteering programme which provides disabled people with opportunities to get work experience, in a supportive, fully accessible environment.** This increases the participants' wellbeing and confidence (evidenced by using the Outcome Star) and has led to them successfully applying for jobs both in The Fed and externally. As a result, The Fed is successfully increasing its number of disabled employees.

By monitoring the number of volunteers, The Fed can show how, in one year, 50% of its staff used to be volunteers (compared to 35% in the previous year). **The added social value of this volunteering strategy was acknowledged in The Fed's PQASSO review** (see p.145). The Fed is now working towards Investing in Volunteers, a UK quality standard for organisations which involve volunteers in their work; this will further evidence the effectiveness of The Fed's work in this area (see 'Resources'). Another DPULO service which illustrates the impact of volunteering and the benefits of a peer-led service is the Surrey's Hubs project (see Spotlight 1).

For a detailed example of how The Fed successfully articulated its contribution to building social capital in its proposal for Brighton & Hove's advocacy contract, see Spotlight 2.

**Example:** The East Sussex Commissioning Grants Prospectus: How Recovery Partners meets the social capital objective

The Prospectus is an outcomes-based commissioning model. East Sussex defines outcomes as 'the desired impact, or the things that will be different, for service users, carers and the wider community as a result of delivering the service.'<sup>19</sup> Recovery Partners, a user-led, not-for-profit mental health and wellbeing organisation in East Sussex (see Spotlight 7), has been funded to provide a 'Peer Support Specialist Service' which achieves the following outcome: **'People with mental health problems are supported to develop their own recovery plans, pursue interests and aspirations to create or re-establish social networks and live as independently as possible.'**

**The East Sussex Commissioning Prospectus requires service providers to show they are contributing to 'building social capital objectives', in the following ways:**

- To provide and manage information and advice to support local people in a timely way, increasing independence, making the best use of local knowledge and networks
- Engaging with local communities and commissioners in a way that improves your effectiveness

- Ensuring staff (and volunteers, where appropriate) have the right skills to support beneficiaries to achieve the outcomes they need
- Using structures to provide opportunities for local people to become engaged in their communities
- Service users are employed or volunteer within the service, or are involved on Management Boards, where possible
- Using a cost-effective local access point or base to build locally-accountable social capital

In addition providers must demonstrate that they understand and respond to service users in a way that builds trust and confidence.

Criteria against which successful applicants are monitored during the lifetime of the grant include whether service users feel they are 'treated as unique individuals' and 'connected and engaged with each other': **this is the essence of peer-led services.**

East Sussex's social capital objectives are hugely significant for ULOs because they value the aspects of ULO service delivery which differentiate ULOs from other service providers. **Recovery Partners describes its service model as being based on peer support and being shaped by the principles of prevention, personalisation, choice and control: it facilitates improvements in clients' lives that empower them and it treats clients as equals.** It can apply all the benefits of being user-led to maximising social capital in East Sussex, as follows:

**'There is no big difference between the outcomes of user-led services and more traditional types of services – the outcomes are more people getting back to work, more people living independently, etc. but it's the quality of the services that makes the real difference. Recovery Partners is very effective at engaging with individuals who may have found the traditional types of services unapproachable and difficult to discuss their hopes and goals with. However, thanks to Recovery Partners, these people can now engage with someone who has been down the same path and they realise they can decide for themselves where they want to go: they might want their own place to live, seek employment and develop links with their families. We want to see that change in their way of thinking but it's easier for people to open their minds and hearts if they have someone in front of them who can say: 'I know how you feel, I have been there'. This is what peer specialism is all about and this is the real quality offer that has made such a difference.'**

Kenny Mackay, Strategic Commissioning Manager (Mental Health), East Sussex County Council

- All of its staff are service users in Sussex, mostly in East Sussex, bringing local knowledge and experience to everything it does
- Peer support is at the heart of the organisation, encouraging new relationships, connections with others and community participation
- Drop-in services, also overseen and run by service users themselves (staff and volunteers), further encourage relationship-building and wider community participation amongst the beneficiaries
- An emphasis on recovery planning encourages service users to connect with others and contribute to society – this is also an empowering process, intensified by the fact that it is delivered by service users with experience of similar issues themselves
- Peer support and recovery planning are built into the community engagement events that Recovery Partners organises
- It has created an advisory group, which includes people who are service beneficiaries, thus further developing its user-accountable structures
- Having used other mainstream and specialist services and resources themselves, its staff and volunteers are naturally connected into a wide range of opportunities for people who are new to mental health services

Recovery Partners uses a range of methods to gather both quantitative and qualitative data to show commissioners how its Peer Support Specialist Service builds social capital. The quantitative evidence (the ‘metrics’) includes data about service users, their ethnicity and gender, etc., which provides an overview of the service user group and demonstrates delivery of equitable services to a diverse group of people across East Sussex. **Indicators which relate to how service users feel as a result of the service (e.g. pre-service and post-service levels of wellbeing and whether people feel included and empowered, etc.) can only be evidenced by gathering qualitative feedback (e.g. by using satisfaction questionnaires and the Outcomes Star).** Service users also make use of various mental health recovery planning tools, such as the Recovery Star and Wellness Recovery Action Plans (see ‘Resources’).

These methods allow Recovery Partners to monitor and demonstrate its additional value as a ULO, something which quantitative data alone cannot achieve. **By using these different tools, Recovery Partners can demonstrate clearly that the fact that it is user-led contributes significantly to the ways in which it develops social capital.**

**Example:** Surrey County Council and the Surrey Hubs: A flexible approach to monitoring user-led services during the development phase

The Surrey Hubs is a network of drop-in shops on local high streets providing information, advice, advocacy and other services which help disabled and older people to stay independent. The Hubs are user-led services, managed and run by disabled people. This project is featured in Spotlight 1 but, in this section, we focus on how Surrey County Council is monitoring this new, user-led service, partly with a view to capturing its additional social value.

As the Surrey Hubs service is still in development, Surrey County Council is showing some flexibility in its monitoring requirements. There are mechanisms in place for monitoring its performance (e.g. how many people visit the Hubs and what sort of advice is provided). However, John Woods, Assistant Director for Policy and Strategy in Adult Social Care at Surrey County Council, considers that this type of monitoring 'measures' a service more than it evaluates the actual quality of the service and this is 'why the local authority does not establish outcomes in terms of numbers.' **A metrics approach to monitoring, for example, would value twenty people visiting a Hub and picking up a leaflet, even if they throw it in a bin, more than one service user being supported to make a choice which actually changes his/her life for the better.**

John's primary concern is 'quality of service' outcomes so there is a reluctance to apply detailed targets at this stage. **Instead the focus is on the extent to which the Hubs support the social capital agenda and the quality of the advice that service users get and these are not fixed targets. There is also a recognition that the number of visitors to a Hub may be low to begin with (and therefore represent significant expenditure per head) but this will change as the Hubs develop and increase their profile.** We asked John whether Surrey County Council now has sufficient evaluation material to show that the Hubs are successfully delivering Surrey's adult social care agenda:

**'It is too soon to say for the Hubs but we do have some great case studies from the two Hubs in Redhill and Epsom since they opened in 2011 and 2012. For example, twenty-eight people have moved on from being volunteers in the Hubs to paid employment – a number of them had never had a job but being at the Hubs developed their confidence and they have since got jobs. The Hubs also have sixty-four volunteers working in them. So, overall, I remain confident that service take-up in the Hubs will grow and will meet their quality outcomes.'**

### **Example:** Surrey County Council and its advocacy service: Using case studies

Surrey County Council's advocacy service is delivered by a consortium of organisations, managed by Surrey Disabled People's Partnership (see Spotlight 5). Although the Council has successfully embedded the principle of monitoring by outcomes in many adult social care services, it is using its advocacy contract to pilot the use of case studies as a means of capturing the full impact of services it funds.

Surrey took a joint approach to the development of the commissioning strategy for Advocacy 2012-2016, with its key partners being NHS Surrey and Surrey Coalition of Disabled People (see Spotlight 5). A co-design methodology was adopted: people who use advocacy services, carers, providers and others developed the commissioning strategy. The needs analysis for people with a physical, sensory or cognitive impairment revealed the importance of advocacy providers working within a social model of disability and of the service being user-led. **Surrey Disabled People's Partnership won the contract not because the Council favoured a DPULO per se but because the scoring process for this service largely favoured user-led providers, rooted in the local community.**

This highlights the importance of ensuring that service users and DPULOs are involved in developing service design criteria, including the outcomes.

The advocacy service is now monitored through an independent review group. This consists of representatives from Surrey County Council and NHS Surrey (who chair the group), user voice representatives (trained by the Surrey Coalition of Disabled People to be involved in the Council's monitoring processes), Surrey's Business Intelligence Manager and Procurement Category Specialist, and the advocacy service provider itself. Norah Lewis, Assistant Senior Manager, Commissioning, at Surrey County Council, comments: **'This, we feel, gives a balanced approach to monitoring and feedback about the service from a diverse group of people.'**

The group looks at figures (the quantitative data / the 'metrics') to ensure the service is achieving good coverage across Surrey and reaching all parts of the community (e.g. culturally diverse groups of people and all impairment groups). Examples of data gathered include:

- Referral acceptances and the source of referrals
- Turnover of service users
- Geographical spread
- Client group and age
- Number of sessions
- Type of advocacy service
- Actual spend versus contracted spend

This performance-related data shows that a significant number of referrals come from the Surrey Hubs, proving the 'knock-on' effect of investing in user-led services. It also demonstrates whether cases are being processed more quickly as the service becomes more established and which types of issues take longer to be resolved than others.

**However, the main focus is on service satisfaction outcomes so, at its quarterly monitoring meetings, the review group also looks at case studies which follow enquiries from start to finish, as a means of illustrating the full impact of the service on individual service users.** This 'case study' approach to monitoring requires advocacy staff to complete a 'Provider Evidence Template'. The questions gather information which cannot be captured through quantitative monitoring data alone: they focus on the service outcomes as experienced by each individual service user, thus emphasising how much the principles of personalisation are embedded in this service:

### Provider Evidence Template

- **What was the situation before?**  
(= details about the service user's situation at the point of accessing the advocacy service, i.e. the key issues of concern and the service user's feelings about the current situation)
- **What did you do or change that made a difference? What was your input into the situation?**  
(= the type of help and support provided)
- **What difference has been made? What outcomes were achieved as a result of your input?**  
(= the financial impact of benefit applications; the results of accessing new services and getting different types of support; the impact on the service user's emotional well-being, etc.)
- **Who did this affect?**  
(e.g. an individual service user; family or carer; a professional body; the provider organisation, etc.)
- **If a service user, please give the client group**
- **Did you get any feedback? If so, what was it?**
- **Notable quote(s) in relation to evidence submitted**

Case studies are always anonymised and consent to share the information for surveys and as feedback on adult social care services is also requested from the service user. The terms of reference for the monitoring group include the following:

- To provide ongoing co-design and involvement in new arrangements for Surrey-wide provision of advocacy services
- To take part in grant monitoring and ensure user voice is integral to service monitoring and improvement
- To receive, comment and act on issues relating to advocacy as raised by a variety of user action groups in Surrey (e.g. empowerment boards)

There is a determination to ensure co-design and user involvement across all aspects of the advocacy service. **It is anticipated that using case studies will provide more evidence of disabled people experiencing higher satisfaction levels using services provided by DPULOs, as well as showing how peer-driven services are helping more disabled people to become more independent.**

**Example:** Preventative work and early intervention – how to measure the impact

In the current climate local authorities need to identify services which will save money. Some south-east local authorities are confident that user-designed and user-led services are preventative. As we saw in Section 1, DPULOs are characterised by values, organisational characteristics and services which are rooted in the principles of independent living and, therefore, reduce dependency on statutory services. For example, Surrey County Council believes that the Surrey Hubs further the Department of Health's personalisation agenda by being universal, local and preventative (Spotlight 1). DPULOs offer a more holistic approach to service delivery by building long-term relationships with their service users and by maximising the benefits associated with being peer-led (e.g. by drawing on, and sharing, their wealth of 'lived' experience). Examples of how the Hubs provide **preventative services** include the following:

- They already support people using direct payments or personal budgets but it is envisaged that, in the future, they will be able to help people through the self-assessment process and signpost them to appropriate preventative support services at an earlier stage, thus reducing the amount of avoidable contact with, and dependence on, statutory services

- They support the increased focus on integration, prevention and support for self-funders by offering access to ADL Smartcare, Smart Assist, Telecare Demonstrators and items of OT equipment
- They increase the take-up of Advocacy Services, Welfare Benefits Advice and Right to Control

The key to providing preventative services is to maximise local resources. DPULOs understand the local community, have first-hand experience of what disabled people need and know what the solutions are to local issues. They bring local intelligence to service delivery and a significant amount of added value (see Section 6, p.133). **As organisations which further the personalisation agenda, they are part of the solution to the challenges facing adult social care.** For some examples of how the economic value of preventative services can be costed, see 'Resources'.

### Concluding thoughts

As well as highlighting the many similarities between DPULOs, this section has shown how each DPULO needs to find its own appropriate ways of evidencing the additional social value of what it does. For some organisations, particularly smaller DPULOs with limited infrastructure, this may be a challenging process to begin with. However, once in place, these systems will help DPULOs to show commissioners how they can increase the value of limited local authority resources by investing in user-led services. On the other hand, a local authority's monitoring requirements should always be proportionate to each organisation, in terms of its size and the scale of work it is undertaking. We have, nevertheless, identified a wide range of performance management and monitoring tools and systems which south-east DPULOs are using to successfully evidence different aspects of their added social value and this is crucial to them being commissioned to provide services. It is also encouraging that some south-east local authorities are working closely with DPULOs, especially new and emerging ones, to set up monitoring systems which meet the needs of both service providers and commissioners.

## References

- 1 Heumann, J. (2012) Special Advisor on Disability Rights for the US State Department, speaking at the Disability and HIV Leadership Forum held in Washington, D.C. on July 21, 2012 (online),  
[http://www.youtube.com/watch?v=UM\\_dielOiPE](http://www.youtube.com/watch?v=UM_dielOiPE) (Published on 20 December 2012)
- 2 Clutterbuck, D. (2012) The talent wave: Why succession planning fails and what to do about it (London, Kogan Page), p.9
- 3 Foster-Fishman, P., Jimenez, T., Valenti, M. and Kelley, T. (2007) Building the next generation of leaders in the disabilities movement, 'Disability & Society', Vol. 22, No. 4, June 2007, p.353
- 4 Ibid., p.341
- 5 New Economics Foundation (2005) Resources: quality and impact toolkit for social enterprise 3, p.7 (Part 3 of New Economics Foundation (2005) Proving and improving: a quality and impact toolkit for social enterprise – London, New Economics Foundation)
- 6 New Economics Foundation (2005) Proving and improving: a quality and impact toolkit for social enterprise (London, New Economics Foundation)
- 7 <http://www.proveandimprove.org/meaim/individuals.php>
- 8 <http://www.proveandimprove.org/meaim/SocialIndicators-Communities.php>
- 9 <http://www.proveandimprove.org/meaim/economicindicators.php>
- 10 Think Local, Act Personal (2011), Making it real: Marking progress towards personalised, community based support' <http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/MakingItReal.pdf>
- 11 <http://www.3rdsectorworkforce.org.uk/what-is-the-contribution-of-volunteers-to-the-voluntary-sector/>

- 12 <https://www.charitycommission.gov.uk/detailed-guidance/money-and-accounts/charity-reporting-and-accounting-the-essentials-2009-cc15b/sorp-documents/>
- 13 <http://www.volunteering.org.uk/component/gpb/is-there-any-way-of-measuring-the-economic-value-of-the-work-our-volunteers-are-doing>  
According to the Office for National Statistics, the median gross hourly earnings (excluding overtime) in the UK in 2013 was £13.13:  
<http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings/2013-provisional-results/stb-ashe-statistical-bulletin-2013.html#tab-Hourly-earnings--excluding-overtime->
- 14 Gaskin, K. (2011), 'VIVA – The Volunteer Investment and Value Audit: A self-help guide' (second edition) – Institute for Volunteering Research, London  
[http://www.ivr.org.uk/images/stories/Institute-of-Volunteering-Research/Migrated-Resources/Documents/V/VIVA-bulletin-\(second-edition\).pdf](http://www.ivr.org.uk/images/stories/Institute-of-Volunteering-Research/Migrated-Resources/Documents/V/VIVA-bulletin-(second-edition).pdf)
- 15 Charity Commission, Statement of Principles for Financial Reporting Interpretation for Public Benefit Entities, June 2008
- 16 Stuart, J., 'Key issues from research and IVR's approach to volunteering impact assessment' (online), Institute for Volunteering Research,  
<http://www.gcu.ac.uk/ukhrg/documents/IVRHILFpresentation.pdf>
- 17 Verney, H. (2010) 'What's the true value of our volunteers? Nobody knows', Third Sector, 23 November (online)
- 18 <http://www.ivr.org.uk/ivr-evidence-bank>
- 19 East Sussex Commissioning Prospectus (2011), p.11

## **Resources**

The Office for Disability Issues (through its 'Strengthening Disabled People's User-Led Organisations' funding programme) has partly funded an initiative by Inclusion London to pilot a bespoke toolkit to support DPULOs to identify and evidence the added value they bring to service delivery (both social value and monetary value). The toolkit provides a step by step guide to identifying and evidencing added-value in 5 key DPULO service areas: (i) User voice and engagement; (ii) Advocacy and casework; (iii) Support for Direct Payments; (iv) Information and advice; (v) Core. Feedback on the toolkit so far has been very positive with many DPULOs citing the evidence gathered from using the tool as being key to successful bids and fundraising applications. Inclusion London is currently seeking further funding to refine the tool and then roll it out to a wider group of DPULOs in London. For further details please contact: Tracey Lazard ([Tracey.Lazard@inclusionlondon.co.uk](mailto:Tracey.Lazard@inclusionlondon.co.uk)).

### **Monitoring and evaluation**

Simple tools to help DPULOs get the basics right:

- CES Planning Triangle <http://www.ces-vol.org.uk/about-performance-improvement/about-monitoring-evaluation/ces-planning-triangles>
- Outcomes Star <http://www.outcomesstar.org.uk/>

<http://www.charitylog.co.uk/>

(an example of a charity database which monitors service delivery and measures project outcomes)

### **Measuring the social value of services and activities and their impact**

- Charities Evaluation Services <http://www.ces-vol.org.uk/>
- New Economics Foundations (NEF) <http://www.neweconomics.org/>
- Social Return on Investment: <http://www.sroi-uk.org/>
- New Philanthropy Capital <http://www.thinknpc.org/>
- New Economics Foundation (2005) Proving and improving: a quality and impact toolkit for social enterprise (London, New Economics Foundation)
- Cabinet Office (2009) A Guide to Social Return on Investment (Society Media)
- Measuring social impact: the Foundation of Social Return on Investment (New Economics Foundation, 2004)

## **Social accounting**

- Social Audit Network  
<http://www.socialauditnetwork.org.uk/getting-started/what-is-social-accounting-and-audit/prove-improve-account-new-guide-to-social-accounting-and-audit/>
- Community Matters <http://www.communitymatters.org.uk/content/494/Demonstrate-your-social-impact-with-Your-Value>

## **Personalisation and 'Making it Real'**

- Making it Real <http://www.thinklocalactpersonal.org.uk/Browse/mir/>
- For an example of how a local authority uses 'Making it Real' to measure its own performance against quality standards, see: <http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/adult-social-care-strategies-policies-and-performance/making-it-real-personalised-and-community-based-support>

## **Some examples of Quality Marks**

- PQASSO <http://www.ces-vol.org.uk/PQASSO/pqasso-the-basics>
- The Two Ticks symbol  
<https://www.gov.uk/recruitment-disabled-people/encouraging-applications>
- The Advice Quality Standard <http://www.advicequalitystandard.org.uk/>
- STEM Environmental Management System  
<http://www.brighton-hove.gov.uk/content/council-and-democracy/contracts-tenders/steps-environmental-management-stem>
- CHAS, a health and safety assessment scheme <http://www.chas.co.uk/>
- The Advocacy Quality Performance Mark: <http://www.qualityadvocacy.org.uk/>
- Investors in People <http://www.investorsinpeople.co.uk/>

## **Volunteering**

- Institute for Volunteering Research <http://www.ivr.org.uk/>
- The Institute for Volunteering Research's 'Volunteering Impact Assessment Toolkit' is now available as a PDF from: <http://www.ncvo.org.uk/component/redshop/1-publications/P78-volunteering-impact-assessment-toolkit>
- Investing in Volunteers <http://iiv.investinginvolunteers.org.uk/>

**Mental health resources**

- Recovery Partners <http://recovery-partners.co.uk/>
- The Outcome Star – Mental Health <http://www.outcomesstar.org.uk/mental-health>
- Wellness Recovery Action Plans <http://www.mentalhealthrecovery.com/>

The Surrey Hubs <http://www.thesurreyhubs.org.uk/>

**Preventative services**

- Melanie Henwood (2012) Empowering communities: Community skills development and neighbourhood workforce planning (Skills for Care)
- 'Taking stock: assessing the value of preventative support' (British Red Cross, 2012)  
– five case studies which the New Economics Foundation assessed as a means of preventing costs
- 'The economic impact of care in the home services' (Deloitte, a report commissioned by the British Red Cross, 2012)
- Social Care Institute for Excellence  
<http://www.scie.org.uk/topic/careservices/preventionreablement>

# Section 7

## Rising to the challenges of a changing market

## The impact of personalisation

Local authorities face the ongoing challenge of developing the market to meet the requirements of the personalisation agenda which generally means finding ways to manage the development of suppliers so that they can provide local, personal and responsive services, and do so at a good price. This process should be part of the local authority's commissioning strategy and investment in the development of DPULOs should be one part of it.

Most local authorities are seeking to widen the range of service providers so that service users have greater choice. However, at SENDPO's conference in November 2013, entitled 'User-Led Organisations: The future of commissioning', Peter Beresford observed that, although numerous governments and policy makers have talked about the importance of 'plurality of provision', in reality this new market does not represent all parts of the community. There are some huge providers that dominate the market and small, local ULOs struggle to survive and maintain their place. In addition, while opportunities are being created for new providers to enter the market, this also means that providers who have traditionally held contracts for many years (e.g. DPULOs and direct payments contracts) now face more competition.

### DPULOs and direct payments contracts

The key contract (and often the first one) for many DPULOs has always been the direct payments contract. Its importance cannot be underestimated. Not only is it fundamental to enabling DPULOs to fulfil many of their aims, in terms of enabling service users to have the necessary choices and control to live independently, but it also provides a firm foundation on which DPULOs can build other services and activities. However, our conversations with south-east DPULOs show that being awarded this contract is not something that they can take for granted. We share some of the challenges that DPULOs are now grappling with.

**'The most important contract for a DPULO is the Direct Payments Support Service – it's the absolute key, and the most influential, contract. That was the key contract we retained when I came on board. This enabled us to commence our social enterprise activities which include Payroll Services, our Supported Bank Account service and our PA (Personal Assistant) Noticeboard.'**

Geraldine Des Moulins, Chief Officer,  
The Fed Centre for Independent Living

## Contract restrictions: a reality for DPULOs

We asked 15 south-east DPULOs: '**When commissioning your services, has your local authority ever included any contract restrictions to not engage in advocacy, supporting complaints, campaigning, etc?**' 40% (6 of 15) of south-east DPULOs have experienced contract restrictions. Out of these six, at least four relate to not providing advocacy alongside a direct payments contract (e.g. '**Direct Payment advice contract requires a clear distinction between that contract and any advocacy support, so that neither informs the other.**') This problem is on-going for DPULOs – it was flagged up back in 2007<sup>1</sup> and was still an issue in 2012 (Inclusion London).<sup>2</sup> One DPULO told us:

**'Our Direct Payments services barred advocacy because it resulted in extra costs to the local authority if people were supported to get their rights!'**

For many DPULOs this scenario presents a major ethical challenge – one says, '**This is the main reason why we declined to be commissioned.**' Clearly there can be a tension between fulfilling the requirements of a funder, as a service provider, and remaining committed to the independent living principles originally defined by CILs (see Section 1, pp.25–26), particularly in relation to advocacy and campaigning. However, since most DPULOs still want to deliver the direct payments contract and consider it an essential part of what they do, it is important to find ways of overcoming this challenge.

### The importance of diversifying income sources

One solution to this dilemma is to diversify sources of income, as this will enable DPULOs to continue to provide advocacy (as a service distinct from the direct payments contract) and it will make them less dependent on local authority income. Although some DPULOs are generating some income from certain contracts to support other activities, this is increasingly hard when budgets are tight and it is more competitive to win contracts in the first place. DPULOs have to, therefore, find alternative sources of income. This resource shows some of the ways south-east DPULOs are successfully doing so, by, for example, developing social enterprises (e.g. SPECTRUM, Spotlight 10, pp.264–266), and by generating trading income (e.g. payroll services for direct payments clients).

**'It's very important that user-led organisations aren't over-reliant on funding from one single source, especially where funding is at risk from central and local government cuts. At Independent Lives we've worked hard to diversify our income streams. We need a business model that means we can be self-sufficient because we can't rely on government funding in the future.'**

Philippa Thompson, Chief Executive, Independent Lives

These alternative business income streams are enabling some DPULOs to continue to do what they want to, i.e. a combination of campaigning and service provision. This is essential if DPULOs want to continue to provide the services disabled people need to achieve full equality.

Surrey is unique in this respect because it has three leading DPULOs. Although they all represent the views of their members and service users to decision makers, one of the three, Surrey Coalition of Disabled People, takes the lead on involving disabled people in developing policy and decision-making processes and is therefore well-positioned to fulfil a campaigning and lobbying role.

Alongside SCDP, the other two DPULOs (Surrey Disabled People's Partnership and the Surrey Independent Living Council) can focus on providing high quality, user-led services.

**'We do campaign but we call it other things, like involvement and giving a voice to disabled people.'**

Geraldine Des Moulins, Chief Officer,  
The Fed Centre for Independent Living

**SENDPO**

### Costing and pricing services

**'We couldn't negotiate contracts without knowing all our costings and being able to show why it is reasonable to make the charges we do. It is time-consuming to do these detailed costings the first time but it is invaluable. We did detailed costings a number of years ago for a West Sussex bid, so we had looked at how many hours it took to deliver their contract and we had broken everything down at that stage so it can be costed separately if needed. For any new contract or opportunity we look at this again to ensure it is still sustainable. On one occasion, for example, we were offered £10 per hour for a piece of work but to pay a member of staff at an appropriate rate, plus employment costs, equipment, training, management delivering the service at this rate would be a cost to us. Giving the commissioner a clear breakdown of how much it costs to provide an hour of direct support helped them to understand why we needed to charge the rate we did.'**

Rebecca Smicle, Head of Direct Payment Support Services, Independent Lives

In order to bid for contracts and diversify income sources, however, DPULOs need to be skilled at costing and pricing their activities and services.

DPULOs need to be able to calculate all the costs that are involved in delivering a service or a product (e.g. an advocacy session or payroll per client) in order that they do not undercost their services in an attempt to win a tender. This can happen if an organisation does not allocate its overheads properly across its different services. This process is also known as 'Full Cost Recovery' and there are various resources available to help organisations through this process (see 'Resources'). Like any service provider DPULOs will need to establish unit costs and unit prices.

**Unit cost** is what it actually costs you to run a service, including management time, rent, insurance and any other cost that has to be paid for or used. It is determined by calculating how much it costs to run a service and then distributing that cost proportionately over the activities, or outputs, of the service or the number of clients served.<sup>3</sup>

**Unit price** is what you choose to charge, based on the unit cost and what you think the procurer will pay. The difference between price and cost can be used to make a surplus that can be put into other services and activities or as a contingency to cover something that may, unexpectedly, go wrong – often this is calculated by charities to be about five per cent of the cost. This contingency can be an effective part of your approach to risk management.<sup>4</sup>

Although initially time-consuming, this is a useful exercise for any DPULO which needs to get to grips with its finances and be able to budget accurate tenders. Although local authorities should respect the principles of 'full-cost recovery' in the tendering process, DPULOs should familiarise themselves with their local authority's view on this as not all funders take this approach. A good place to start is a local authority's Compact which outlines its commitment towards the voluntary sector, including commissioning and procurement protocols which must be followed.<sup>5</sup>

### Losing contracts: The challenges

We asked 15 south-east DPULOs whether they have '**ever lost a local authority contract to another provider?**' Out of 12 that have been commissioned, 42% (5) have lost contracts for a range of reasons, including losing contracts to larger national providers, as well as due to cessation of a service and by declining to re-tender for an existing contract. This is unfortunate because the direct payments contract has helped to provide a firm base upon which many DPULOs have then built other services, as it has increased their organisational profile and significantly contributed towards their overheads.

One of the greatest challenges facing DPULOs is other competitors for the same contracts, usually large, non-user-led, national providers ('outside predators').

Although some DPULOs are successfully winning direct payments contracts through standard tendering process, this process can be difficult for smaller organisations. For example, in one local authority the direct payment support contract is not included in its Commissioning Prospectus, which would reward the additional social value that a DPULO can offer (see Spotlight 2):

**'The usual traditional tendering process is worse than the Prospectus – it really puts us at a disadvantage. They expect the same from you as from big national organisations. They have no ability to negotiate and there can only be one winner.'**

Nick Tapp, Chief Executive, ESDA  
(East Sussex Disability Association)

It must be noted, however, that, in some local authorities, such as Surrey County Council, the specification of the direct payments contract is written in such a way that it would be virtually impossible for a national provider to bid successfully because it emphasises the importance of the service being peer-led and user-led and local knowledge is also valued in the scoring process.

The difficulty in competing price-wise remains an issue, with all contracts, not just direct payments. Larger providers can generally provide services more cheaply and take more risks because they have more resources to support them if a

problem arises. The experience of ESDA (East Sussex Disability Association), which submitted a tender to deliver a contract in partnership with another established organisation, illustrates this problem. Prior to submitting the bid, it became clear that, if ESDA won the contract (and existing staff transferred with it) but then lost it again three years later, ESDA would have been liable under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 2006 (see 'Resources') – for the redundancy costs (in this case, £35,000) which had accumulated under the previous contract-holder. It would also have inherited all other existing employment conditions, such as pension arrangements. The local authority would not accept these costs being included as part of the bid, which led Nick Tapp, ESDA's Chief Executive, to say: '**This makes it difficult or even impossible to bid to take over many existing contracts, as trustees could be left facing large redundancy bills if a contract is not renewed.**' In this case a possible solution to the 'TUPE issue' would have been for the commissioner to look favourably at ESDA's bid and allow the additional costs to be included in the overall budget. This example highlights how much more difficult it is for small providers to cushion financial risk in the way that much larger providers can. It is also, of course, a harsh reminder that any provider taking on existing contracts will be subject to the TUPE requirements, including redundancy costs.

Interestingly, Rich Watts (now Programme Lead for Mental Health at the National Disability Team for Inclusion, previously of the Essex Coalition of Disabled People) advises that, **if a DPULO loses a contract to another provider, its main focus should be on strengthening the organisation and not complaining**, in case the new provider does not successfully deliver the contract and it has to be re-tendered.

**ESDA (East Sussex Disability Association) provides a good example of a south-east DPULO successfully rising to this challenge**, by working in partnership with a larger DPULO. ESDA lost its direct payments contract five years ago to a national provider and tried to re-bid when the contract came up for renewal but was beaten on price and was also considered to no longer have sufficiently recent experience. However, as a means of increasing service user choice, East Sussex County Council decided to establish two more providers for direct payment support and support planning. So, The Fed Centre for Independent Living submitted a joint bid with ESDA as a partner. Because The Fed provides the direct payments service in a neighbouring local authority (Brighton & Hove) it already has the necessary infrastructure in place (e.g. supported bank account system and payroll etc.).

The tender was successful and, eventually, as The Fed and ESDA build up the number of direct payments service users once again (referred to as their 'market share'), it is hoped that ESDA's role will grow as the work increases. There will be a 'framework agreement' in place with East Sussex County Council, which is typically used when a local authority knows there will be a need for the service but is unsure of the extent or schedule. It sets out the terms and conditions under which services can be purchased during the period of the agreement. This arrangement gives the local authority more flexibility because it means that service users can purchase support from a number of suppliers, giving users increased choice. However, payment is usually by results (and in arrears) which will be problematic for some DPULOs but the local authority has indicated it will negotiate this (e.g. the funding may go directly to the service users for them to buy the support from The Fed and ESDA).

We will now see what DPULOs can do to increase the likelihood of being commissioned, as well as maintain their position (if they have already been commissioned) as capable of successfully delivering contracts.

Note: In a show of solidarity we would recommend that DPULOs bidding for contracts in neighbouring areas, in which other DPULOs are operating, should actively engage with, and where possible involve, those DPULOs in their bids.

## Winning and retaining contracts: South-east DPULOs explain how they do it

We asked south-east DPULOs, '**What do you do, if anything, to reassure your local authority that your organisation can be successfully commissioned?**'

Here are the responses of DPULOs with successful commissioning experience:

- We have ISO 9002 quality accreditation, we have 3 years audited accounts, have charitable status, insurance to the required levels, a good track record of having delivered against a variety of contracts, references, etc.
- We provide accurate and detailed performance information, including outcome and quality of service
- We have rigorous contract monitoring in place but also have a good day-to-day working relationship over current pilot opportunities
- We ensure that we can evidence the quality of delivery. Meeting targets. Reporting on time. Being open and transparent if things aren't panning out. Working closely with commissioners and contract managers on SLA / service specifications. Having evidence of good business and employment practices. Business planning
- We have an effective line of communication with both commissioning and procurement. We provide quality services which are reflected in the monitoring information we provide for all our local authority-funded services on a quarterly basis

To be able to work in these ways requires DPULOs to have robust organisational practices. These responses therefore represent a set of goals which fledgling DPULOs need to work towards in the long-term.

### Building relationships with commissioners and negotiating contracts

Some south-east DPULOs have increased their success in keeping existing contracts and winning new ones by developing strong relationships with their funders. Geraldine Des Moulins, Chief Officer, The Fed Centre for Independent Living, stresses how important this is: **'We had had the direct payments contract since '96 but it wasn't being delivered well. I had to negotiate with Brighton & Hove – initially it was just for adults but I managed to get a secondment to support us and we expanded our client base to include children, people with learning disabilities and people with mental health issues.'**

**'Regular contact with the commissioners is key to a successful service, as well as an openness to negotiate and make changes to the contracts.'**

Rebecca Smicle, Head of Direct Payment Support Services, Independent Lives

The Fed still has the direct payments contract. Geraldine also has experience, however, of closing services and turning down some contracts and consultation opportunities, if they are not viable for the organisation or do not fit its ethos. She is honest about services that are not working as well as they could be and, by proposing alternative ways of service delivery, this has actually resulted in increased funding opportunities. This way of working has positioned The Fed as an organisation that wants to engage and work collaboratively with the local authority and can help to meet their needs as well.

**'You have to build a relationship with your commissioners. Commissioners are always worried when people come to see them with their hands held out, so a good starting point is to say, 'This is what I can do for you'. They commission services so they want to know what you can offer. I could have gone out and said you are not doing this and that for us but, actually, it is about presenting yourself from a position of strength, not weakness, to get yourself more noticed. It's all about being strategic.'**

Geraldine Des Moulins, Chief Officer,  
The Fed Centre for Independent Living

### Proactive commissioners

SENDPO has also heard about south-east commissioners actively seeking to support the development of DPULOs through various means:

- **'One of our commissioners really understood user-led organisations. He would tell organisations they needed to work with us. We could also have a chat with him over a cup of coffee about what we could do and where we could get support from'**
- **'We work quite closely with [one commissioner]. She is the only one who understands what we are about and what we want to achieve... She suggested that we did some BME outreach work this year, actually she 'tipped us off' and it was up to us whether we picked up on the hint – we read between the lines. She also helped us to find ways of diversifying so that we are not dependent only on tenders. She knows very well what we do and makes sure the right people know about [us]... She travels in circles and bumps into people we don't know and she tells us who may be helpful. So, human relationships are critical and we work hard to maintain and extend links as best as we can'**

DPULOs appreciate commissioners who familiarise themselves with their work so they can promote them, who readily discuss current agendas and strategic priorities, who alert them to development and funding opportunities and who sow the seeds for potential partnerships. These all contribute to supporting DPULOs to position themselves in an increasingly competitive market so they can respond to emerging opportunities.

### **Developing the market: Diversifying users of direct payments**

Currently commissioners emphasise the need for direct payments to reach the full range of service users. Some commissioners note that their providers do not seem to be reaching several client groups, including people who are over 65 (who in one south-east local authority, account for over 80% of the total adult social care budget), young people, people with mental health issues, people with sensory impairments and people with autism (as well as self-funders). We reference this view as it raises important issues for both commissioners and for DPULOs. Firstly, DPULOs need to be mindful of the need to diversify the overall profile of people who could benefit from direct payments and increase take-up among people who are not traditionally users of direct payments.

Secondly, however, commissioners need to recognise that cost can sometimes present a barrier to diversifying service users, if people require sign language interpreters, for example:

**'Some groups aren't hard to reach but simply expensive to reach, such as the deaf community'**

Chief Executive of a south-east DPULO

This means that all commissions / contracts need to include realistic budgets to meet people's access requirements. It must be noted, however, that some DPULOs are very successfully reaching a wide range of people and, in some cases, experiencing frustration that their respective local authorities are not readily referring clients to their service or seem reluctant to refer people from particular client groups, as one south-east DPULO explains:

**'With mental health we originally started with a small cohort of service users who went onto direct payments as part of a pilot. But then no one else came through. There was huge resistance, particularly among the teams which were a mixture of health and social care professionals, about giving certain individuals direct payments. In the last couple of years that has started to change and it's now about winning the argument that non-traditional services are a positive alternative for people and can be a better service.'**

## Need help with a tender? Consider engaging a consultant!

Preparing a tender can be daunting but engaging the support of a consultant is an option, if a DPULO has the available resources. Geraldine Des Moulins shares how she worked with a consultant on The Fed's direct payments / self-directed support contract:

**'This contract is absolutely key to our success so spending money on a consultant was a good investment.'**

I wanted somebody who had previously worked in the contracts department, who used to be on the other end of tenders. It was a case of talking to people and making connections in both the voluntary and public sectors – I got names, I had conversations – and I was lucky to find that person! Once you have spotted a potential consultant, the next step is to ask the consultant about his or her record of success. **I am fortunate because I have now found people that I can trust, but I have to say it was difficult in the past and we even lost a contract the first time we tried this.** On that occasion my mistake was that I did not do enough investigation, it all happened too quickly and they just weren't up to scratch. The first time we needed a lot of support, about five days consultancy, but the second time it was only two days because we had already done the spade work. **But it's not a case of leaving someone to get on with it – you have to be very involved because you know your organisation best, so it is a collaborative process.'**

SPECTRUM has also just won a direct payments tender, which they worked on with a consultant. Ian Loynes, SPECTRUM's Chief Executive Officer, says they had difficulty with previous bids as they didn't seem to 'speak the same language as the commissioners' but hopes that their recent success means they 'now know how to do it better in the future'.

By focusing on south-east DPULOs' experiences of direct payments contracts, this section has highlighted some of the challenges that still face DPULOs in being commissioned but also emphasises the importance of DPULOs and commissioners working in partnership to further mutual agendas.

**'We discuss our tenders with staff, service users and volunteers because the more collaborative a bid is, the better it will be – they want innovation and the user-voice.'**

Geraldine Des Moulins, Chief Officer,  
The Fed Centre for Independent Living

## References

- 1 Department of Health (September 2007) User-led organisations project: 'Policy'
- 2 Inclusion London (2012) A matter of survival: Funding experiences of London's deaf and disabled people's organisations and implications for disability equality (London, Inclusion London)
- 3 At Your Bidding: Tendering for Public Services A Guide for Charity Trustees (Local Government Group, 2011), p.19
- 4 Ibid.
- 5 <http://www.compactvoice.org.uk/about-compact>

## **Resources**

### **Full cost recovery**

The Big Lottery Fund provides a spreadsheet to help organisations with this process:  
<http://www.biglotteryfund.org.uk/fcr>

Full Cost Recovery: A guide and toolkit on cost allocation Version 2 (Understanding the Full Cost Business Planner), by Caroline Fiennes, Cathy Langerman and Jeni Vlahovic (first published 2004, updated 2009; London, ACEVO) ISBN 1-900685-56-6  
(<http://www.acevo.org.uk/publications/full-cost-recovery-version-ii-full-cost-business-planner>)

### **The Compact**

<http://www.compactvoice.org.uk/>

<http://www.compactvoice.org.uk/blogs/daniel/2012/03/29/funding-fairly-using-compact-get-full-cost-recovery>

### **TUPE – Transfer of Undertakings (Protection of Employment) Regulations 2006**

When taking over a contract, if the arrangement involves the transfer of any staff, the TUPE regulations will ensure that employment conditions for transferring staff are protected. For further details:

<https://www.gov.uk/transfers-takeovers/transfers-of-employment-contracts>

<http://knowhownonprofit.org/how-to/how-to-tupe>

Social Care Institute for Excellence (2013) Improving personal budgets for older people: A research overview (London, Social Care Institute for Excellence)

ADASS The case for tomorrow – Facing the beyond:

<http://www.adass.org.uk/AdassMedia/stories/Policy%20Networks/Older%20People/Key%20Documents/TheCaseForTomorrow080312.pdf>

# Part 2

**A series of  
Spotlights:  
Conversations  
with DPULOs  
and commissioners**

## Surrey County Council's ULO Project Board and the Surrey Hubs project: Developing new ULOs to deliver universal, local and preventative services

### Key themes:

- DPULOs working with local authorities as equal partners and agents of change in the transformation of adult social care
- Established DPULOs overseeing the development of newly emerging ULOs
- User-led services providing a new approach to service delivery and representing an effective response to multiple government and policy agendas, such as personalisation, the Care Bill and the Health and Social Care Act

**John Woods**, Assistant Director for Policy and Strategy in Adult Social Care at Surrey County Council, discusses his role working in partnership with Surrey's ULOs. In particular he talks about the Surrey Hubs, a user-led project which represents Surrey's commitment to supporting, and working in partnership with, ULOs.



John Woods

### Setting the context

'Our relationships with Surrey's ULOs have changed dramatically over the last few years. **The current challenges facing adult social care require local authorities to work differently and develop new structures which can meet emerging needs and ULOs are a new and vital partner in this process.** If you want to solve the problem, you need to go to the best kind of people that will help you solve the problems – they will try to help you and realistic ideas can then be put into practice.'

**As our personalisation Transformation Programme developed and our involvement with the Surrey ULOs had increased, we joined the newly formed ULO Project Board** – four ULOs are represented on it (Surrey Coalition of Disabled People, Surrey Disabled People's Partnership, Surrey Independent Living Council and Action for Carers), as well as myself and Norah Lewis, a senior commissioning manager. **It does not monitor the Council's service delivery but it does give ULO representatives a direct line of communication into the Council's senior management team. Its focus is primarily on the performance and development of the ULO Hubs but it also takes a wider view of ULO development and involvement.'**

**The Surrey Hubs (originally known as 'Citizen Hubs') is a flagship network of accessible drop-in shops on local high streets in the heart of the community.**

They provide a range of services (including information and advice, peer support, advocacy, brokerage, direct payments support and employment advice, etc.) to help disabled people of all ages, with any impairment or long-term condition, and older people, make informed choices about services and support they may need to stay independent and become more active citizens. They are user-led and confidential, with the information and support being provided by trained and knowledgeable volunteers, many of whom are disabled people, older people or carers themselves.

**The Hubs provide a non-threatening environment where people can drop in without having to make an appointment or give lots of personal information to a health or social care professional.** Many of the Hubs host regular drop-in sessions with specialist advisers from other organisations and act as gateways to information, advocacy and other services in many other areas (e.g. eligibility to social care, benefits, adaptations and Telecare, legal advice, employment issues, volunteering, etc.). The Hubs also support disabled people into voluntary and paid work and provide a venue for other partner organisations (e.g. the Stroke Association and Action for Carers) to meet and advise individuals in a welcoming, confidential and supportive environment. **They collectively represent a network of ULOs across Surrey, with a shared set of values and goals.** The aim is to have one in each of the eleven district and borough areas.

Surrey has been nationally recognised for its work in redefining quality in adult social care, being nominated for the Municipal Journal (MJ) Achievement Awards in this area for its work with its Citizen Hubs.

**'After being diagnosed with Parkinson's at the age of 39 I didn't know where to start, but with the help of the Hub who were very friendly and knowledgeable, I received information to help me now and in the future, should I need it.'**

Respondent to a survey about the Surrey Hubs – 100% of respondents said they would use the service again

## Managing the Hubs

Since the ULO Project Board has determined the strategic direction of the Hubs, it seemed sensible for the ULOs to continue to manage the project so, rather than commission the service, Surrey County Council decided to award service level agreements to Surrey Disabled People's Partnership and Surrey Independent Living Council to manage the Hubs. During the early phase of developing the Hubs, the Surrey Coalition of Disabled People also employed staff funded by the ULO Project but, now that most of the Hubs are up and running across the county, the Coalition has reverted to its role of monitoring the Hubs service. **As a well-established and experienced DPULO itself, the Coalition originally supported the newly emerging Hub ULOs to become established organisations.**

**'A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.'**

A definition of co-production, from 'Co-production in mental health: A literature review' (New Economics Foundation, 2013), p.3

For example, it helped with setting up the governance arrangements and developing a business plan for the Epsom Hub and has also helped other Hubs to become operationally sustainable by identifying premises and funding sources.

**It also fulfills a strategic role by reviewing how volunteers are becoming more active citizens by engaging in voluntary or paid work, and is identifying how ULOs and self-advocacy groups across Surrey are structured and funded and, where appropriate, how they can be strengthened.**

## The Hubs and finance

The Hubs have received financial support from a range of sources. In 2009 Surrey's ULOs were awarded £40,000 from the Department of Health South East to pilot the first Hub in Epsom and Surrey County Council contributed a further £96,975 from the Social Care Reform Grant towards the lease of the building and set up costs. It opened in September 2010, coinciding with the roll-out of self-directed support across Surrey. The second Hub in Redhill was set up and funded as part of the Right to Control Trailblazer project in 2010, with additional support from the Social Care Reform Grant. Several years on Surrey County Council is now providing annual revenue funding to two ULOs (Surrey Independent Living Council and Surrey Disabled Peoples' Partnership) of approx. £250,000 each, to cover the operational costs (rent, staffing costs and

all Hub expenses) of existing Hubs in East Surrey and West Surrey. There is also an additional capital budget of £150,000 from Surrey County Council available each year from April 2013 – 2017 to set up the remaining Hubs, with expenditure being agreed by the ULO Project Board.

### A new approach to service delivery

John believes that '**there is still stigma around approaching a local authority for information and advice so it is necessary to support the development of other outlets which can meet this need. People are more likely to walk in to, and link up with, a ULO because they identify with it – they will understand, they have been through it, they are experts by experience.'**

Once people's information and advice needs are met, a local authority can build on this and improve its engagement, followed by involving these ULOs in a further level of planning / collaboration, such as getting involved in assessment and support planning: '**Essentially it is about supporting the development of services which can help people to come to terms with a situation, look at what it means, learn from each other and make their own choices.'**

He observes that this approach to service provision represents a shift in thinking:

**'Structures should be in place now which enable disabled people to explore what they can and want to do themselves and, in order to work these things out, they need to get the information and advice from trusted sources in a way which doesn't ghettoise people. ULOs are perfectly placed to meet these needs.'**

As well as supporting the development of ULOs up to the point that they are ready to be commissioned as service providers, John continues to work with them as an 'expert' partner on developing adult social care policy and how it can be most effectively implemented. He adds:

**'Once ULOs start providing commissioned services like the Hubs, they are effectively doing part of their work with and for us. We need to work together, particularly in the current climate with increasingly limited budgets. However, ULOs also need to exist outside of this and continue to be a place where people can join and have a voice and, in doing so, they can work as our partners to develop our strategy, policy and implementation plan.'**

## The long-term picture for the Surrey Hubs

The Hubs represent a comprehensive response to numerous government and policy agendas, such as personalisation, the Care Bill and the Health and Social Care Act (see Section 2, pp.43–49). It is hoped that this user-led project will realise numerous benefits for Surrey's disabled community and older people:

- Every district and borough in Surrey will have an accessible and visible Hub, providing a 'one stop shop' for the local community to find out about available services, self-directed support and the impact of changes on adult social care policy
- The Hubs will provide good quality, user-led services in a welcoming and supportive environment, where customers will feel respected and receive appropriate information and support
- The information and support service will be provided by volunteers, supported by paid staff, and this will provide a gateway to advice, advocacy and other services
- Information will be available to disabled people of all ages and with any impairment (including self-funders) about services which support independent living; information and support will also be available for carers

- The Hubs will provide opportunities for disabled people to become Hub volunteers and gain the confidence, skills, knowledge and experience to become active citizens through voluntary and paid work
- Increased engagement with the local community will maximise the concept of social capital leading to enhanced 'universal services' (i.e. which everyone can use), by gathering and sharing intelligence about existing sources of information and support, by networking and by working in partnership with other providers to meet local needs (see Section 6)

For further details on the evaluation and monitoring of the Surrey Hubs, see Section 6 (p.150).

## Resources

<http://www.thesurreyhubs.org.uk/>

For a video about the work done by volunteers at the Hub, Woking, see:  
<http://www.youtube.com/watch?v=do4NhYV7DWM>

## East Sussex, Brighton & Hove and Isle of Wight: The Commissioning Grants Prospectus – a more flexible approach to developing strong and sustainable user-led services

### Key themes:

- A means of providing strategic investment in the voluntary sector, especially in ULOs and user-led services, which supports innovation and creativity
- An acknowledgement that standard commissioning frameworks disadvantage smaller providers
- A funding mechanism which looks beyond the price of a service to the collective benefit to a community that services can bring and rewards the additional social value provided by user-led services
- An effective way of pump-priming fledgling ULOs and building local knowledge and community capacity

The Commissioning Grants Prospectus is a more flexible approach to funding than the standard commissioning (contracts) framework and, as an outcomes-based model, allows more innovation and creativity. The Prospectus generally favours DPULOs because it rewards the additional value that organisations which are accountable to their beneficiaries bring to service delivery, such as their experience in working with diverse communities, their commitment to equal opportunities and their local knowledge. Generally local service users and carers also play a key role in evaluating bids. It is worth noting that several DPULOs based in local authorities which have adopted the Prospectus commissioning model do not consider that procurement rules present obstacles to being commissioned.

**Example 1:** The East Sussex approach: Developing a Commissioning Prospectus

The East Sussex Commissioning Prospectus first appeared in 2011 and is a joint approach to investing by East Sussex County Council and NHS Sussex. In July 2013 almost £3 million was awarded to provide services which improve the health, social care and wellbeing of local children, families and adults and to strengthen local communities. ESDA (East Sussex Disability Association), a leading DPULO, has, for example, received £416,888 over three years through the Prospectus towards its Daily Living Centre, which provides a range of information, advice and support to help with independent living.

**Angela Yphantides**, now the Strategic Commissioner for Physical Disabilities and Sensory Impairment in East Sussex County Council, previously led on the development of the East Sussex Commissioning Grants Prospectus.



Angela Yphantides

She talked to SENDPO about the programme and how ULOs and service users influenced its development.

'In 2009, at the same time as local authorities were starting to move away from grants into the more competitive process of commissioning, the personalisation agenda required that services should be provided differently and should be personalised for individual service users. However, in East Sussex, **the traditional commissioning cycle was particularly challenging for small, local voluntary sector organisations (especially newly-formed organisations)**. Some had insufficient funding levels to qualify because the value of the funding sought could not represent more than 25% of the organisation's total annual income – for example, to apply for funding of £10,000, an organisation's annual income would need to be at least £40,000. Others struggled with providing competitive unit costs through lack of accounting experience and some were not used to selling their services and were put off by the competitive nature of the commissioning process. Meanwhile, bigger organisations were skilled at competing for contracts and easily able to bid to deliver services and projects. **There was a risk that, with the change from grants to contracts, many local voluntary sector providers could be lost.'**

### A new way forward

However, it was also acknowledged that **the voluntary sector makes a significant contribution to people's health, social care and wellbeing through the 'social capital' that they bring to communities.** This is defined in the East Sussex Prospectus for 2013 as '**the connections among people and their social networks, a willingness to do things for each other and a sense of trust coming from this.**' (p.5) In order to make this more sustainable, it was recommended that a new approach to commissioning was needed which was proportionate to the level of investment available, as well as being transparent and streamlined, and one which would unify different funding streams available across the Council and the local NHS into a single programme, to be known as the Prospectus.

Extensive consultation with users of services, carers and service providers followed, looking at how personalised services could be commissioned in the future, and how different organisations could be involved. This included a series of learning networks in October 2010 to support voluntary and community organisations to think about how they could take forward the different areas of personalisation. One of these, the South East Regional User-Led Organisations Event, focused on the important role of ULOs and ways of building their capacity (see 'Resources'). **East Sussex was also interested in looking at changes that organisations could make to become more user-led – they wanted to see what organisations could do to become more attractive to users, believing that increasing user-involvement in the development of services would lead to greater innovation in service delivery.** As part of this work ESDA (East Sussex Disability Association) produced a 'User-led organisations support pack', a toolkit to help voluntary sector organisations wanting to become ULOs (see 'Resources').

**'The Prospectus provides a safety net for voluntary sector organisations and it's a fairer way of distributing money.'**

Angela Yphantides, Strategic Commissioner (Physical Disabilities and Sensory Impairment), East Sussex County Council

## Developing criteria and outcomes

The East Sussex commissioning strategies (some of which are joint between East Sussex County Council and the NHS) are developed following considerable engagement and development work with local service users, carers and wider stakeholders. It was agreed to pilot the Commissioning Prospectus as a means of delivering some of the outcomes within these strategies. In December 2010 ESCC and the local NHS hosted a joint 'Meet the Commissioners' event to test the draft outcomes and objectives planned for inclusion in the Prospectus.

Angela explains:

**'All of this work confirmed the benefits and value of ULOs and user involvement generally and had a significant impact on how the Prospectus funding criteria were developed.'** The scoring criteria are divided equally across quality (34%), social capital (33%) and value for money (33%). **'18% of the 'social capital' scoring criteria are allocated to how well the applicant contributes to developing social capital in East Sussex and the remaining 15% focus on how well an organisation understands and responds to the needs of local people using their services, in a way that builds trust and confidence.'** This latter question was developed by local service users and carers and they continue to score the responses to this question during the actual application process.'

## Evaluation and successes

Angela describes the impact of the Prospectus in East Sussex:

'The scheme has been evaluated and some of the desired outcomes have been achieved. **The rule around having certain levels of funding in order to submit a bid has been waived and any risk is now assessed by senior finance managers.** Two new ULOs, Recovery Partners (see Spotlight 7) and ICE Pro (an organisation which supports carers of people with mental health issues), both with no previous trading history, are now receiving substantial funding and providing services. Bigger profit-making organisations also find it difficult to demonstrate they can meet criteria which require them to be responsive to local service users and contribute to social capital, through involving volunteers, developing networks and using local knowledge. A feedback system has also been created so that local service users can provide opinion on the services being delivered; this has contributed to providers needing to change the way they work in order to ensure their feedback meets required standards and response rates. To date, each Commissioning Grants Prospectus has been different because the outcomes and objectives have varied. We have also tried to respond to evaluation and feedback and so the Prospectus documentation and the application forms have developed.'

Angela finishes by saying:

**'There is no doubt that typical procurement processes lack flexibility due to legal restraints and change happens slowly over a long period of time, so the Prospectus approach is one way of ensuring that small voluntary sector organisations can still get funded.'**

## Resources

A report of the South East Regional User-Led Organisations Event, which focused on the important role of ULOs and ways of building their capacity, is available:

<http://www.eastsussex.gov.uk/NR/rdonlyres/1C21A934-5881-42BA-9790-7649364C542A/0/SouthEastRegionalULOreport.pdf>

The 'User-led organisations support pack', a toolkit produced by ESDA (East Sussex Disability Association) to help voluntary sector organisations wanting to become ULOs, is available from:

<http://www.esda.org.uk/userledorganisations/index.php?pageID=1960>

For further details about The East Sussex Commissioning Grants Prospectus see:

<http://www.eastsussex.gov.uk/socialcare/providers/funding/cgp/background/default.htm>

NAVCA (March 2012) Social Value: Briefing 3: East Sussex – a case study of putting social value and commissioning into practice  
(<http://www.navca.org.uk/socialvaluebriefings>)

Institute of Public Care (October 2011)  
East Sussex County Council,  
Commissioning Grants Prospectus 2011:  
Evaluation report  
(Oxford Brookes University)

**Example 2:** The Brighton & Hove approach:

The Fed Centre for Independent Living and winning a three-year advocacy contract

**The context**

Brighton & Hove's Commissioning Prospectus brings together investment from Brighton & Hove City Council and the local NHS to develop services which promote and improve the health, social care and well-being of people living in the city. It has learnt from East Sussex County Council's experience of running a Prospectus funding programme and has worked in partnership with the Community Voluntary Sector Forum in Brighton & Hove to develop its own. The Prospectus aims to commission services that:

- improve the lives of local people
- develop partnership arrangements
- ensure that local people have choice and control over the services they need

**Brighton & Hove's commissioners have achieved a balance between a fair and transparent procurement process and agreed outcomes and objectives by engaging with, and working in partnership with, a wide range of people and local groups in order to inform the development, design, commissioning and review of services.**

Brighton & Hove City Council defines social capital as:

**'...citizenship, 'neighbourliness', social networks and civic participation: it is the connections among people and their social networks (giving rise to a feeling of 'belonging' and well-being), a willingness to do things for each other and a sense of trust coming from this.'**

As a way of maximising the social return on its investment, 33% of the scoring criteria are allocated to the contribution that service providers can make to building Brighton & Hove's social capital. Successful bidders to the Prospectus must show that their proposed services are accessible and reflect the need of the city's diverse communities. **This means that local DPULOs are well-positioned to submit competitive bids because what makes these organisations unique (see Section 2, pp.51–52) is valued significantly by this funding programme.** It is therefore essential that applicants convey how they maximise social capital. We will now look at how The Fed has successfully risen to this challenge.

**The third sector 'plays a vital role in informing and leading service delivery innovation to better meet demand and build resilience of both individuals and communities. The sector's focus on prevention and involvement reduces downstream costs throughout public service provision and delivers additional returns on this investment – social economic and environmental. Many organisations are already exploring more flexible working models and structures to facilitate service delivery. These activities therefore directly support our work around the delivery of excellent services, value for money and modernisation.'**

Brighton & Hove Policy & Resources Committee, Agenda item 26, 11 July 2012, Assistant Chief Executive

One of Brighton & Hove's commissioning opportunities in the 2013 Prospectus was 'Independent, free, local Advocacy Services, to support adults using or seeking to use Adult Social Care and Health services'. Brighton & Hove did not prescribe a model of provision when commissioning this service but was interested in networks of advocacy support which would signpost individuals to the most appropriate specialist provider. **It was also committed to increasing social capital and therefore encouraged advocacy services to embrace volunteering, peer advocacy and self-advocacy, as well as using a variety of advocates, ranging from professionally qualified to volunteer advocates.** It did not specify models for measuring and monitoring the impact and outcomes of the service but wanted to see **robust systems for evidencing its effectiveness.**

SENDPO talked to **Geraldine Des Moulins**, Chief Officer of The Fed Centre for Independent Living, about how The Fed conveyed the additional social value it brings to service delivery in its successful bid for this advocacy contract.



Geraldine Des  
Moulins



## Measuring the impact of The Fed's services

**'At The Fed we have developed various systems to track progress on our work plans and the outcomes achieved, in relation to changes in attitude and quality of life, for example.**

This includes questionnaires, interviews, focus groups, social media and meetings, and we involve many stakeholders, such as service users, staff, volunteers and many more. We use a web-based database ('Charitylog') which enables us to collect and monitor performance data against key measures / indicators across the organisation and identify areas of need and attention. If there is evidence of underperformance, we can plan action to address any problems. All of our services are subject to internal quality and performance monitoring as part of the PQASSO quality assurance system, for which we achieved Level 1 in 2012' (see Section 6, pp.144–145, and 'Resources').

'The Fed also has the Advice Quality Standard (AQS, for advice, benefits and casework) and is working towards achieving Investing in Volunteers, a UK quality standard for organisations which involve volunteers in their work. At the time of bidding we did not meet an advocacy quality standard, so we expressed a commitment towards achieving Action for Advocacy's Quality Performance Mark in our proposal. However, many of the principles and values of the Advocacy Charter (e.g. promoting independence, 'Putting people first', empowerment and equal opportunities) are typical of a DPULO's approach to service delivery anyway so we knew this would also help us during the scoring process' (see Section 6 and 'Resources').

## How The Fed contributes to developing social capital in Brighton & Hove

The Prospectus asks: '**How will your proposal contribute to developing social capital in Brighton & Hove? How does it add value and benefit local people?**' (Score: 18%)

This question requires the applicant to evidence several distinct areas / issues which Brighton & Hove City Council believes contribute to achieving this goal. The following 'key points' are edited and provide highlights only of The Fed's response to this social capital question. They also illustrate how **much of its expertise and experience is, in fact, characteristic of any well-run, fit-for-purpose DPULO.**

- The partners' collective knowledge means clients can be signposted and referred to the most suitable services, ensuring high quality service provision
- It has a reputation as being knowledgeable, friendly and approachable and the partner organisations have a high profile, which will give hard-to-reach service users the confidence to use the service
- In 2010 The Fed was endorsed as Brighton & Hove's CIL (Centre for Independent Living), demonstrating a confidence in its ability to lead and deliver services for disabled people
- It is experienced at empowering all disabled people to get their voices heard and at increasing their confidence and well-being
- It has the experience and infrastructure to meet all disabled people's access needs

### A Local knowledge and experience – key points:

- The Fed leads on equality matters, working from the social model of disability
- It can apply its skills of working collaboratively with other local organisations to working with partner advocacy providers
- It already has extensive knowledge of, and relationships with, other well-known and trusted local advocacy providers, enabling it to share expertise, information, best practice and resources (i.e. Mind Brighton & Hove, Speak Out, Impetus, Age UK and Brighton & Hove Carers Centre)

### B The Community Engagement and Networks – key points:

- The Fed is part of a network of informal and formal support across Brighton & Hove (which includes service users, carers, the statutory and voluntary sectors, etc.)
- It networks with other disability groups and undertakes involvement work
- It has experience of actively engaging with its membership

- It is a member of the Equalities Engagement Consortium and its CEO chairs Brighton & Hove's Community Engagement Partnership
- It uses social media to disseminate information

### C Service user and/or carer-accountable structures (e.g. ULOs) – key points:

- The Fed involves service users at all levels of the organisation and in everything it does (e.g. on its board, in steering and peer support groups, as volunteers, in consultation events and service evaluation processes, etc.)
- 'Putting people first' and 'Choice and Control' (see 'Resources') are guiding principles in everything The Fed does

### D Volunteers – key points:

- The Fed already has experience of recruiting, training, supervising and retaining volunteers and is working towards getting a Volunteering Quality Mark from Volunteering England
- It plans to recruit volunteer advocates for this project
- It will share its knowledge and experience of providing good quality volunteering opportunities for disabled people with partners, thereby increasing volunteering activity among disabled people across Brighton & Hove

### E Access points or bases

- The Fed works citywide and has four accessible offices / venues.

**Brighton & Hove believes that how an organisation responds to need and delivers services is also crucial in terms of generating additional social value.**

The Prospectus, therefore, includes a second question which addresses these issues, as follows: **'Explain and show how you would know and demonstrate that your organisation understands and responds to the needs of local people who need your support most, in a way that builds trust and confidence?'**

**(Score: 15%)**

Answers to this question are scored by clients and carers. **Once again this particular question is an opportunity for DPULOs to shine, as it touches on many core characteristics and values of a DPULO.** We present here some of the key points of The Fed's response to this question, supplemented by SENDPO's findings, with a view to demonstrating how well-positioned DPULOs are to meet the needs of local service users:

**A Being person-centred (individual experiences are valued and respected as experts and services are tailored to meet individual needs)**

- Like all DPULOs, The Fed is committed to promoting independent living for all and engages with each service user on an individual basis to ensure his/her needs are met, following the 'Putting people first' principles
- It involves local disabled people, many of whom are also service users themselves, in its decision-making structures and in service design
- The proposed service will include peer support structures and will use accessible and varied methods (e.g. questionnaires and focus groups) to record service user feedback
- The Fed monitors where there is scope for service development and improvement

**B How the service is run (the service is well run, reliable and responsive; works with other service providers to reduce isolation)**

- The Fed involves disabled people at every level of its organisation, as board members, staff and volunteers, thus building trust and confidence in service delivery
- It has multiple performance management and quality assurance systems in place to ensure effective service delivery

- Peer support structures and mechanisms for capturing service user feedback are built into the overall service design
- The service will be a citywide partnership model
- Volunteers involved in service delivery will receive training and supervision

**C Involvement and networking (clients and carers are actively involved in planning, running and evaluating services and can influence change)**

- The Fed has existed for over thirty years and has built strong networks with local authorities, health services and the voluntary and private sectors
- Disabled people, many of whom are also service users themselves, are involved at every level of the organisation, as board members, staff and volunteers, contributing to decision making and service design
- It undertakes involvement work (e.g. its 'Get Involved Group') and has a wide network of member organisations and individuals for whom it provides information and support

**D Information, communication and engagement (networks are established to connect people; communication is personal, accessible, timely and offered to people in the format they need; local groups work together as partners, targeting people who are excluded)**

- The Fed is experienced at meeting everyone's access and communication needs (e.g. sign language interpreters, providing information in different formats and / or pre-meeting support, if the agenda is complex and full of jargon, etc.)
- It provides peer support structures and delivers services in a supportive and accessible atmosphere, publicising these through a range of accessible media
- It supports a network of member organisations and individuals

**How Brighton & Hove's Commissioning Prospectus has made itself easier to navigate than the traditional contracting process**

Brighton & Hove has taken various steps to simplify its Prospectus application process. For example:

- The 2013 Prospectus offered funding on a three-year basis so that voluntary sector organisations would have improved capacity to develop their services and meet emerging needs

- The Community and Voluntary Sector Forum in Brighton & Hove can give Prospectus applicants advice and support on their applications
- Guidance notes on completing the form are provided, including how to use Brighton & Hove's contracts portal, and contact details are provided for the relevant commissioners and procurement staff
- Instead of a pre-qualification questionnaire (PQQ), which can exclude small and medium-sized organisations from the commissioning process (see Section 4), Brighton & Hove's Prospectus only has a small one-page, self-assessment eligibility form to determine an applicant's suitability for the funding programme, with an invitation to contact the procurement team with any queries. Applicants have to indicate whether they have a range of policies and procedures in place; this 'checklist' varies, depending on the nature of each contract
- There is also flexibility around the number of sets of audited accounts required
- If any information requested has already been provided during the three months before submitting a Prospectus application, Brighton & Hove will transfer the information internally to support the new application
- A small representative group of local service users assists with the evaluation of Prospectus bids; their role includes scoring one social capital question from the service user's perspective

**One of the biggest differences between Brighton & Hove's Prospectus and its other system of contracting services is its 'clarification and negotiation meetings'.** Following scoring, applicants may be invited to discuss any aspect of their application form. Where there is any overlap or duplication the strongest application will be chosen to provide the services but, in some cases, a process of negotiation may take place. Brighton & Hove tells applicants beforehand what the key negotiation themes will be so that they can decide who to bring to this discussion. **Discussions focus on identifying further creative and innovative solutions to delivering outcomes more effectively and efficiently, including potential collaboration opportunities.**

Applications may need to be resubmitted with amendments. These meetings are essential as they can impact on final funding decisions, as Jane MacDonald, Commissioning Manager at Brighton & Hove City Council, explains:

'We once had a very strong bid except for its finances! We thought they were probably ok but they were expressed in such an appalling way that, if it had been a contract, the organisation would not have got through the first cut. In the clarification meeting we said that to them and gave them the opportunity to re-do the finances and they were successful, they won the contract.'

**'If it had been an ordinary contract, the finance officer would have looked at it and recommended that it was taken out.** We have also used clarification and negotiation meetings to facilitate partnerships and we have asked bidders to do more than they were going to and so forth.'

## Resources

Measuring the impact of services:

- <http://www.charitylog.co.uk/>
- <http://www.ces-vol.org.uk/PQASSO/pqasso-the-basics>
- <http://www.advicequalitystandard.org.uk/>
- <http://iiv.investinginvolunteers.org.uk/>
- Action for Advocacy – Assessing the quality of advocacy provision (Quality Performance Mark):  
[http://a4a.uk.net/opendocs/QPM\\_Workbook.pdf](http://a4a.uk.net/opendocs/QPM_Workbook.pdf)

HM Government (December 2007)  
Putting people first: a shared vision and commitment to the transformation of adult social care (London, HM Government)

Choice and Control  
<http://www.in-control.org.uk/>

### Example 3: The Isle of Wight approach

SENDPO talked to **Terri Baker**, Manager of People Matter IW, and **Vicky Gainey**, the Think Local Act Personal Lead at the Isle of Wight Council, about how the Prospectus provides support for the Island's only ULO.

#### A developmental approach

As in East Sussex and Brighton & Hove, the Prospectus grant funding process is **an equally essential way of building community capacity in the Isle of Wight**. Its commissioners believe that this approach provides fair and transparent access to grant funding, as it recognises and encourages diversity and is '**easy to use and geared to the needs of those bidding for funding**'. The process even provides commissioners with opportunities to negotiate with successful bidders before and after a funding

agreement is made to shape proposals to make sure the required outcomes can be delivered. For example, in one of its Prospectuses ('My Life, A Full Life Grant Programme: 2013 – 2015 Prospectus'), the Council encourages applicants to submit their ideas, even if a project proposal is not 100% 'complete' / ready for implementation, saying, '**...we will then support you to try and engage the additional partners. This funding is to help find and enable new ways of working and it is acknowledged that barriers may exist that need to be overcome prior to implementation.**'

This hands-on, developmental approach would be extremely helpful to new and emerging ULOs trying to get started and build their capacity.

People Matter IW was set up in 2011, when the Council successfully got a Transforming Social Care Reform Grant to commission the development of a ULO. Four existing independent organisations, led by Age UK, came together as its 'founders' and continued to provide governance for People Matter until it was sufficiently established to get its own charity status. However, **once this initial funding finished, the Council started to core-fund People Matter £60,000 per year through its Prospectus scheme**.

Vicky Gainey, the Think Local Act Personal Lead at the Isle of Wight Council, told us:



Terri Baker



Vicky Gainey

**'Where there is a development need, we use the Prospectus approach to commissioning services – this is an outcomes-based approach which enables innovation and creativity. It is also much less restrictive than traditional commissioning as it is a grant making-process rather than a formal commissioning process... We are able to use this in areas of service or need that require development, that is, which do not yet have a fully established market.'**

### A focus on outcomes

Vicky acknowledges that the monitoring systems and payment schedules usually associated with contracts can be difficult for smaller organisations so the Council has also taken steps to simplify this:

**'In order to overcome these problems we have implemented the Prospectus approach with the funding agreement being two sides of A4. There is an increasing focus on outcomes-based measures being attached to the funding agreement rather than the metrics usually associated with larger contracts.** We have been working on this approach for three to four years now. Metrics are being replaced by outcomes-based measures. This is work in progress but we have some good examples of how an emphasis on outcomes can produce greater benefits.'

'For example, asking People Matter to deliver against outcomes, rather than specific metrics, has proved hugely successful. The Prospectus outcomes are set for the year but we discuss them and quality-assure them on a quarterly basis and, if required, timescales and priorities are amended, ensuring that the outcomes are achieved in a timely manner. **It is important to build a good relationship with the ULO and get agreed outcomes for development.** This process has enabled People Matter to develop services that meet the outcomes we require but also align them with what service users and carers want and need, to the point where we can discuss gaps in provision and work with People Matter to fill those gaps. It fits with the outcomes they're looking to deliver for us.'

Terri explains how this is working in practice: **'One of our outcomes, for example, is to support people who are looking to be a PA (personal assistant) and people who are looking to hire a PA. However, one problem our steering group identified is that they cannot get DBS (Disclosure and Barring Service) checks done, so we have worked with the Council and we are now setting up a personal assistance recruitment agency which will be able to do them. We hope this will fill the gap – we're doing a six-month trial to see if it is self-sustaining financially.'**

**We have a great relationship with our commissioning manager, Vicky – she is a staunch supporter of People Matter. We work closely to ensure that we achieve our outcomes and the flexibility around how they are achieved really helps us to respond to needs that arise unexpectedly.'**

### Strategic support

Vicky believes in the strategic value of a ULO:

**'I have supported People Matter to meet with key directors to ensure that it has a service user voice on the Health & Wellbeing Board Executive, where key decisions are made. It is also able to support the local authority, health and others, in shaping services to better meet the needs of people who use them.'**

People Matter is meeting these expectations – for example, it has received CCG (Clinical Commissioning Group) funding for 'Your Say', a project which provides training and support for service users and carers to speak out on issues related to Health and Wellbeing, and for a Mobile Independent Living Centre project. It has also received funding for other projects, such as advocacy services, through the Prospectus.

Terri notes the challenges that face People Matter, like any other emerging ULO: '**We need to show funders that our services can be sustainable but, as a new organisation, it's hard if you only have one set of accounts. Currently it is particularly hard to apply for large amounts of funding.**'

However, **there are other ways in which commissioners can support the development of emerging ULOs**

(see Section 5). Vicky has helped People Matter to open up the Independent Living Centre and to get health funding for an OT, supporting the prevention agenda. She also provided in-kind development support from the local authority in the form of seconded administrative support, with all costs being retained by the local authority, and she looks for opportunities to capacity build People Matter, such as recently helping them with extending the premises to increase their office space to accommodate more staff.

Terri adds, '**Another example is that Vicky supported us to get funding for a pilot project called TAP (Team Around the Person) which involves working with adults who do not meet the adult social care criteria but have support needs nevertheless, to see what sort of support they need to live the life they want to and how this can be achieved. These one-off strategic pilot projects are an important contribution to**

**ensuring that People Matter increases its capacity to become a sustainable organisation. We are still developing but our track record so far shows that we can successfully deliver our outcomes and they are happy to commission us to do further projects. Vicky and her commissioning colleagues also make sure we are represented at the right meetings and create access for us to the right people. This is enormously helpful and helps People Matter to continue to build its profile and position itself as a strategic player in adult social care across the Island.'**

### **The Prospectus: Concluding thoughts**

Questions arise over how decisions are reached about which contracts are included in the Prospectus and more clarity around this would be appreciated by some DPULOs. There is also an issue about how DPULOs, especially new and developing ones, can compete with existing traditional organisations that may describe themselves as ULOs but are not genuinely user-led (this receives more attention in Sections 5 and 6, in which the importance of agreeing ULO criteria is explored further). However, **the Prospectus approach to commissioning has been designed to be a more supportive funding response to the needs of the community and voluntary sector and the evidence confirms this aim has been achieved.**

For example, it has been a crucial mechanism for supporting the development of new ULOs in East Sussex and the Isle of Wight. Furthermore, the opportunity for applicants to have a frank discussion with commissioners about their bids and go away and revise them accordingly is described by the CEO of one south-east DPULO as being 'very grown-up' and warmly welcomed. The East Sussex evaluation and SENDPO interviews also confirm that local authorities which have adopted the Commissioning Prospectus approach are not being challenged by for-profit organisations in relation to this way of allocating investment.

## Wokingham Borough Council and Support Horizons: Piloting new approaches to personalisation in partnership with a DPULO – Individual Service Fund contracts

### Key themes:

- Local authorities piloting new approaches to service provision and transforming social care in partnership with DPULOs
- Extending cost-effective models of service provision tried and tested with DPULOs to other providers of adult social care
- Commissioning DPULOs to provide personalised services which build relationships between service users and providers and increase service user choice and control
- Levelling the playing field by adapting commissioning and procurement processes

SENDPO talked to **Mike Stillman**, Strategic Commissioning Officer at Wokingham Borough Council, about how he worked with **Tim Holland**, Managing Director of Support Horizons, to promote the take-up of individual service funds (ISFs) among its existing and new clients and how this resulted in the organisation being commissioned under a spot contract to deliver this service to individuals with personal budgets. The contract is now worth £40,000 a month.

### The context

Support Horizons CIC is a community-owned, user-led social enterprise providing social care which Wokingham Borough Council helped to set up in 2006. Tim Holland, its Managing Director, remembers that '**they were very supportive and helpful in terms of finding grants. As a CIC it would have been difficult for us to raise the initial capital needed so this support was essential.**' However, by the end of the second year Support Horizons was already entirely self-sufficient and, in 2008, won Berkshire's 'Best Social Enterprise' award. It now has an annual turnover of £1m, 16 staff, 75 support workers and 120 clients. It provides each client with support to live independent, fulfilling lives, ranging from help with selecting staff and planning a support schedule to helping clients come up with ideas of how they can get the most from their budgets.



Tim Holland



Mike Stillman

**Support Horizons is a truly user-led organisation.** Its service users are encouraged to get involved in the running of the organisation and everyone who works for Support Horizons is interviewed and selected by someone with experience of receiving support themselves; the induction training for staff is also designed and facilitated by people who receive support. **50% of Support Horizons' office staff are disabled people**, including people with learning disabilities, people with autism and people with mental health issues, fulfilling a range of roles in finance, administration and recruitment. These are genuine work roles that need to be filled and are funded by the profit generated by Support Horizons. **The board is also made up of at least 50% of people who are either service users (largely people with learning disabilities) or could be.**

**'We make sure we do everything in an inclusive and user-led way.'**

Tim Holland, Managing Director,  
Support Horizons CIC

### Individual service funds (ISFs): A new approach

Mike Stillman explains:

**"Putting people first" identified individual service funds (ISFs) as an effective way of progressing the personalisation agenda.** Traditionally, once social services had assessed someone as having a support need, service providers would then be commissioned to deliver a fixed schedule of support for them. However, **an ISF can offer customers who need a more personalised and flexible service much more choice and control, without the responsibility of managing a direct payment.** The customer still has an agreed number of hours of support a month but, instead of having a regular, inflexible schedule of fixed hours, times and days, an ISF allows him or her to do different things on different days, according to the service user's specific needs at a particular time. The service provider can be very flexible about how the service is delivered – for example, hours can be carried over to the next week or even the next month, if the service user needs less support one week than the next. **This also gives customers flexibility for those times when they unexpectedly need more support due to circumstances beyond their control.'**

'We really liked the concept of ISFs and, as part of the personalisation agenda, James Burgess, our Social Care Commissioning Manager, was keen for us to offer ISFs to customers as a way of using their personal budgets which was different from traditional models of service provision. At our regular provider briefings we invited providers who were interested in trying ISFs to approach us. **Support Horizons felt ISFs would work well with their existing services**, particularly their very popular service which assists people to access activities in the community. We agreed that it looked like a good match and, as they were very enthusiastic from the outset, **we were confident that we would be able to work with them to develop a support service which could be really flexible. So, we set up a pilot and it went very well.** The process involves a support broker working with the customer to identify which services he or she would like to use and how the customer's annual personal budget will be allocated. Once this has been agreed social services then transfers the funding to Support Horizons at the start of each month. **Support Horizons agrees with the customer how the support will be used to meet the aims of their support plan and keeps them up to date on the money they are spending**, in terms of any underspend or overspend, so that they use the allocation appropriately.'

### Changing local authority practices

**'As well as getting buy-in from Support Horizons, we also needed to get our own finance team on board as ISFs are a different way of providing and arranging services.** It was all about preparing the ground so that everybody was happy with what they were doing. We then had to get the right systems and processes in place, provide some staff training so they knew how it would work and develop literature for customers so they knew what that service would look like. Oldham and Leicester were already doing similar things and were a little bit ahead of us so, fortunately, we were able to do some cherry picking from documentation and processes that had been used elsewhere!'

'We had to work closely with our contracts team because we needed a different type of contract and had to develop alternative payment clauses. **The service specification was quite simple to design because it needed to be broadly-based so that it could be very flexible.**'

### 'What makes a good commissioner?

**Well, Mike Stillman is very committed, very keen, good at trying new ideas and things, and good at trying to solve problems, rather than putting up barriers.'**

Tim Holland, Managing Director,  
Support Horizons CIC

**'It took a little longer to sort out things with our finance team because their systems were not set up to make payments to providers before the service had been provided and initially services were provided flexibly but paid for in the traditional way. For a true ISF we had to find a way of releasing the funds to the provider in advance on a regular basis, rather than them having to submit invoices and soon we were able to set this up.** Once these technicalities were sorted out, we then did some work with the support brokers to make sure they understood how the service would work; they, in turn, then needed to coach their customers to ensure they understood what it would involve and the increased control they would have over how the service was delivered.'

**'We didn't need to find additional investment for the pilot project because it simply involved Support Horizons providing their existing service but under a new ISF contract,** which meant that it was already being paid to deliver the service and funding for additional customers would come naturally through the use of personal budgets. The service was an important income stream for Support Horizons. Once we had set up the parallel contract using the ISFs, most of its service users wanted to switch to ISFs so their payments were simply made through the new contract. We were not sure whether ISFs

would cost more in terms of admin and management. However, Support Horizons were happy to see how the pilot went and it turned out **it did not cost any more to run the service as an ISF contract than it did to run it in a traditional way.** This was one of the most important things we learnt from the experience because **we could then reassure other providers that it would not cost more to work in this way.** In fact it is easier in many ways because, once the payments are set up, they are made automatically to the provider and there is no need to chase invoices, etc., providing a reliable and consistent cashflow.'

**'Although we had to find ways of changing council procedures to work a bit differently, we were lucky because senior management was very keen to adopt the personalisation agenda and we had a lot of buy-in at a senior level. We have always had a strong customer focus. Our learning disability team was very supportive in helping Support Horizons to be set up. The Head of that team is now our Director of Health and Well-being, Stuart Rowbotham, and he was very positive about embracing 'Putting people first'. Our work on personalisation gave us the feeling that we could do things differently and we were supported to challenge how things were done traditionally. It is all about 'transforming' social care, not just tinkering at the edges!'**

## Building on a successful pilot project

'As soon as Support Horizons started to have successes with ISFs, we found that **support brokers were interested in using the learning and the model we had co-produced with Support Horizons with providers of other services**, such as domiciliary care and supported living. The pilot allowed us to address teething problems around things like managing and recording payments and how the money was allocated, etc. **Because customers don't need to come back to us every time they want to change their support schedule, individual service funds have proved to be a good way of promoting strong relationships between customers and providers.**'

'After completing the pilot project, we didn't need to do a formal procurement exercise and advertise the contract because, as we were moving towards personalisation anyway, we now tend to provide services on a spot-contract basis. So, **rather than having block contracts we now spot-contract with providers who can meet our contracting standards** – the broker works with the customer to identify a suitable provider and then a spot contract with that provider is put in place. **We have a lot of contracts for domiciliary care and supported living and, in some cases, providers, brokers and customers have**

**got together and decided it would be better if the services were delivered through ISF contracts.** We now have ten or twelve providers using ISFs on this spot-contract basis. **Because an ISF service has to be flexible, it means that providers do need to have capacity to meet changing needs.** However, we usually find that providers and customers work together to agree suitable staffing and scheduling arrangements and are able to find a solution which is more flexible than the traditional services they have been used to.'

## The benefits of working with a DPULO

'This model of service provision has worked really well with Support Horizons. There was particular value in doing the pilot with a DPULO because it saw the advantages of ISFs to service users straight away. As a DPULO it bought very quickly into the underlying ethos and approach of ISFs which put control into the hands of the customer and require providers to be more responsive to the customer rather than to the commissioner. This fitted with its approach to everything, as a DPULO. Support Horizons was therefore an excellent and natural partner for the pilot because they fully understood what it was about and were really enthusiastic right from the start. This helped me on a personal level because we were totally committed to making it work together.'



Taking the risk proved beneficial for Support Horizons: it became **the first organisation in Wokingham to work successfully with ISFs**, raised its profile as a service provider and had the chance to offer a new and distinctive service.'

'Support Horizons provides work opportunities for disabled people in their office and this creates a different organisational culture, different approaches to service delivery and generates different feedback – it can get views from its own staff about whether these new ideas will work or not. **When I go into its office and see all the different staff working there, it is like walking into a different type of organisation from those we usually work with and, as a commissioner, it gives me confidence to present them with a new idea** – I know I won't have to hard-sell it as they will either understand it or will want to understand it. **They're keen to try different ideas and they will want to work together with us. The benefits of their ways of working are evidenced in the end product because their services are very popular.**'

'Now personalisation is more mainstream, my role is more broadly strategic. It is still about making sure we do things differently and in a way that delivers better outcomes for customers and better value for us. Generally speaking **I think there is a good match between these two outcomes because more traditional services are often more expensive to deliver.** We find that services which involve more customer choice and control are more likely to be about people being supported in the community, accessing mainstream services, and these can deliver better value because they often result in better and more sustainable outcomes which stop people from needing more intensive services. As a local authority, we are more keen on supporting people in their own homes with community-based services than traditional residential placements, for example.'

**'Sometimes you have an idea but you are unsure about putting it into practice, because you are afraid it may not work. But, if you are working in partnership with a provider who shares your desire to make it work, then it makes your work much easier.'**

Mike Stillman, Strategic Commissioning Officer, Wokingham Borough Council

## Levelling the playing field

'Generally speaking, when it comes to commissioning specific services from the third sector, we now tend to use contracts more than grants; they put these services on a more secure footing in the long run, because a contract usually lasts two to three years. We also feel that contracts create a more, professional and mutual business relationship. Of course, contracting often involves an element of competitive tendering and there is usually a lot of paperwork and various technical criteria and procedural steps to be followed. However, **there is scope within our procurement and finance regulations to be flexible when we commission services from third sector organisations, including DPULOs**, which can bring additional local value. For example, for some services we have rolled the pre-qualification questionnaire (PQQ) into the main tender document, making a simpler one-stage process.'

'A lot of our contracts are below the EU threshold anyway and are for small-scale, localised services so, in some cases, we have been able to frame the procurement process in a way which we think would encourage smaller providers. This was an attempt to level the playing field a bit and I think it has made the process a bit friendlier and less daunting now. Bigger organisations may be more skilled at putting together a bid but, when it comes to actually providing the service, smaller organisations can often do this just as well. That's why we have been happy to adapt our processes.'

## Resources

<http://www.support-horizons.co.uk/>

## SPECTRUM Centre for Independent Living CIC and Hampshire County Council: Strategic investment – the Personalisation Expert Panel (PEP)

### Key themes:

- Strategic investment in a DPULO to help a local authority achieve its corporate objectives around personalisation
- A partnership of equals, creating the optimum conditions for co-production and facilitating a cultural shift in commissioning practices
- Raising the profile of, and building the capacity of, new and emerging ULOs by enabling networking and dialogue with commissioners

Hampshire's Personalisation Expert Panel is run by SPECTRUM, a well-established DPULO with a strong infrastructure (it is the only south-east DPULO that self-assesses itself as meeting the full 28 ULO design criteria). Local authority investment in this strategic initiative is a testimony to the strong, long-term working relationship between Hampshire County Council and SPECTRUM.



Robert Droy

SENDPO talked to **Robert Droy**, Chair of the Hampshire Personalisation Expert Panel, about its background, challenges and successes.

### The background

'In 2008 Hampshire County Council (HCC) initiated a 'Commission on Personalisation' to look at how adult social care would be delivered over the next five to ten years. Apart from Peter Beresford, Chair of Shaping Our Lives (the national organisation and network of disabled people and service users), there were no other disabled representatives from local or regional Disabled People's Organisations (DPOs), including SPECTRUM (then Southampton CIL), involved. Because of this DPOs were quite cynical about the initiative as we felt excluded from discussions about us: it felt very 'top down' rather than 'bottom up' and created a bit of a gulf between Hampshire County Council and DPOs and ULOs. However, Hampshire County Council soon realised that DPOs should have been involved from the beginning. So SPECTRUM and the Hampshire Centre for Independent Living made an alternative proposal to Hampshire County Council to set up a panel of experts from different organisations – **we asked for funding and a commitment from Hampshire County Council to come to the panel on a regular basis, with a view to working co-productively.**

The Head of Social Care wanted to promote a more collaborative way of working so Hampshire County Council agreed to fund the panel initially to meet every three months but, as there was so much to discuss, this changed to monthly.'

### Membership and funding

'Currently the PEP consists of a core group of eight to ten people and others that come and go. Hampshire County Council staff are not actual members of the panel – they come to listen and input their opinions on matters being discussed.

Member organisations include SPECTRUM, Hampshire CIL, Carers Together, All Inclusive (a Hampshire-based training consultancy) and a number of independent service users. Previously we have also had representatives from the Learning Disability Partnership Board and RAISE, a user-led mental health organisation, but membership and attendance does vary. SPECTRUM receives about £16,000 per year to be the secretariat, chair the meetings, cover room hire, refreshments and other expenses, such as travel, as well as attendance fees for panel members (£50 per 3.5-hour meeting). The budget does get gobbled up quite quickly as we are a large county! We also organise an annual conference for disabled people and carers, with workshops on current issues; for example, the last time the Law Commission did a workshop on adult care reform.'

### Aims and remit of the PEP

**'The PEP aims to ensure that disabled people are involved in every aspect of adult social care, in designing, implementing, delivering and evaluating services** (see Appendix 9 for the PEP Terms of Reference). Every new 'personalisation initiative' is usually discussed with the panel as well. **It's much more than consultation – it's about being round the table when Hampshire County Council is thinking about getting a project off the ground, the whole way through and not just at the last minute. It should be 'true co-production'.** Discussing new initiatives with the PEP is pretty much engrained now with Hampshire County Council senior management. As the PEP has limited capacity, we cannot engage on everything and sometimes we have to prioritise what we think is most important to influence. Recently, for example, we prioritised work around personal budgets.'

'I set the agenda, after talking to panel members and Hampshire County Council staff about what projects are going on. Hampshire County Council is good at bringing ideas for projects to the panel which it knows the members will be interested in discussing, and contributing to the development of, before they start. Some examples include the paperwork around personalisation and helping to develop self-directed support training for care managers.'

'We also invite different guest speakers along to tell us about projects they are working on which will be of interest to the PEP and we discuss how the PEP could support them in the future; for example, we recently hosted the new chair of the Safeguarding Board, which has an active service user forum. **We keep an eye on policy development and think about how national agendas will impact on Hampshire; for example, we did some work with the Cabinet Office on the Big Society and we ran some workshops around health care reform and CCGs (Clinical Commissioning Groups), the Health & Social Care Bill and welfare reform and how all this applies to Hampshire. It is a very strategic approach.'**

'It's important that SPECTRUM chairs the PEP. **It must be led by a DPO. Our experience and expertise give us gravitas and we are a role-model for a lot of disabled people – that's the reality, and it is a powerful message for me to be chairing the PEP, rather than Gill Duncan, the Director of Adult Services.** The PEP feels very different from traditional local authority service user forums – often these are run by local authority staff who set the agenda and don't even share the material in advance; service users have no influence over the and it is little more than a rubber-stamping exercise. **With the PEP, however, although Hampshire County Council has some influence in terms of what we discuss – an essential part of co-production – Hampshire County Council certainly doesn't dictate the agenda.'**

### Challenges

'The PEP has helped Hampshire County Council to understand DPOs and the challenges and sometimes there are conflicting agendas. But we also appreciate that Hampshire County Council has to meet the demands of government agendas, as well as manage a tough financial climate.

Hampshire County Council has gone from being fairly well off to having to make substantial cuts. This did cause a problem for the PEP when Hampshire County Council decided to review its charging policy. We couldn't engage with this –

**'For me, the PEP is a reference point for our management team to know what we need to take into account for our strategies. Our commissioning process has strong user involvement and the PEP has helped us to get there: as far as disabled people are concerned, it represents high quality engagement.'**

Ed Walton, Senior Community Development Officer (Service User Involvement), Hampshire County Council



### it was so contrary to SPECTRUM's principles that we couldn't compromise

and we didn't want to be seen as approving, so we had to pull out from that process. Hampshire County Council, however, understood the difficulty of us supporting a policy change which could be detrimental to disabled people and didn't put barriers up in terms of us engaging on other matters, which we felt was a mature response.'

'We are involved in influencing commissioning policy but not in actually making commissioning decisions. For example, we have worked with Hampshire County Council on its procurement practices and its category management; rather than commissioning nearly two hundred individual services separately, Hampshire County Council has now grouped different services together into similar or related products, known as 'product categories', which will hopefully result in more holistic services (and about forty contracts overall). However, this way of working could present a bigger challenge for smaller DPOs trying to win contracts so they may need to get together and bid for contracts as partnerships. We need ways to link them together and it's possible in the future that the PEP, as a coordinator and facilitator, could bring ULOs together to bid for work. We also need to look at how ULOs can be more involved in helping to draft service specifications.'

### Leadership

'In many ways our success is down to our relationships with local authority staff. Individual leadership is crucial and Gill Duncan, the Director of Adult Services, is totally committed to the principles of personalisation. **It is vital to embed the right approach into policy and procedure but it is still fundamental to have staff with the right attitude.** Unfortunately, if staff are not committed at the top, after a while **they will simply stop coming to meetings and stop engaging, even if the policy is right.** I know this has happened in other areas. There are times when our PEP can feel a bit tokenistic as some people who come aren't very interested. Of course, staff will be naturally defensive if their policy is criticised but we have to focus on making people understand that we genuinely want to try to help them to do a better job. **Trust is essential and Hampshire County Council staff trust that the PEP will do the right thing; they view the PEP as a critical friend and, while we may sometimes be confrontational, they know we will not deliberately cause problems.**'



## Successes

'We have had some PEP successes. For example, we had to look at the issue of personal budgets, known as self-directed support in Hampshire County Council. Frontline practitioners didn't really understand why they were doing it. They needed training to understand the importance of looking at the whole person and not just the impairment. So, a couple of PEP members, who are also service users, co-delivered training with the Council to social workers, staff from day centres and other healthcare providers. We wanted to encourage them to get their clients interested in personal budgets and this training has helped them to understand the importance of doing an assessment in the right way, making the process much less of a tick-box approach.'

## What would happen if the PEP ceased to exist?

**'Without the PEP we would start to lose the service user voice.** We need to think about the possibility that the PEP may not exist in the future, if policy changes in the local authority, and we need to think about alternative ways of keeping the good work going. The most important thing is to maintain positive relationships with Hampshire County Council, especially when the financial situation is so critical. The cuts will affect some disabled people very badly – some will only have minimal support to get up in the morning and go to bed and it shouldn't just be about feeding and watering people! If there is no money for services, what will the PEP do?'

## Resources

For further details about Hampshire's PEP, visit [www.spectrumcil.co.uk](http://www.spectrumcil.co.uk) and see the following video: <http://www.scie.org.uk/publications/guides/guide36/video/sustaining.asp>

- Hampshire CIL, c/o SPECTRUM  
<http://www.spectrumcil.co.uk/>
- <http://www.carerstogether.org.uk/>
- <http://www.allinclusivecic.com/>
- <http://www.hampshirelearningdisabilitypartnershipboard.org.uk/>
- <http://www.raise.org.uk/index.html>

## Surrey County Council, Surrey Disabled People's Partnership and Deaf Positives: Partnerships and consortia – being a lead provider and being subcontracted

### Key themes:

- DPULOs responding to service specifications co-designed with service users and building partnerships of minds and shared values
- DPULOs successfully meeting the professional responsibilities and challenges of being lead providers and subcontracting multiple partner organisations
- Using grants to support more flexible funding arrangements and helping to stimulate innovation in service provision
- Collaborative working relationships between lead providers and commissioners which maximise the quality of service delivery and monitoring processes

**'Partnership is a big thing out there these days so you need to make those connections. Commissioners like that.'**  
Geraldine Des Moulins, Chief Officer,  
The Fed Centre for Independent Living

Many south-east local authorities want to see voluntary organisations working in partnership with each other, rather than in isolation. **When done properly this approach to service provision can capture the specialist experience and expertise of each individual partner, provide a unified way of working and contribute to minimising gaps in service provision.**

SENDPO asked 14 south-east local authorities if they have provided support to organisations developing consortia bids, which involve DPULOs. Although 71.43% (10 of 14) said they have, the degree to which they get involved varies considerably: **some have dedicated staff who proactively develop partnerships and even support the actual development of consortium tenders**, while other local authorities simply rely on third party organisations (e.g. a local CVS – Council for Voluntary Service) to provide support.

Some DPULOs are frustrated by the demands that partnership bids can present:

**'Sometimes there is a lack of understanding of how tricky partnerships can be and how long it can take to establish them and work effectively.'**

The process of preparing joint bids can be massively time-consuming for under-resourced DPULOs and some have reported being actively encouraged by funders to develop them, only to find that funding is then not awarded to any partnerships. Several DPULOs also report that their local authorities still do not provide application forms which can accommodate partnership bids, meaning that multiple applications still have to be submitted.

However, **the consortium partnership approach to bidding can keep back-office costs down and there is evidence**

## of successful consortium bids when local authorities have committed staffing resources to help develop proposals for specific funding opportunities.

In this section we will highlight some examples of services which illustrate both the opportunities and the challenges that a consortium approach to service delivery can present for DPULOs.

### 1 Surrey Disabled People's Partnership and Surrey County Council: Being a lead provider of a countywide advocacy service

The following feature is based on a presentation given by **Clive Wood**, Chief Executive of Surrey Disabled People's Partnership, and **Norah Lewis**, Senior Manager, Commissioning, Adult Social Care, Surrey County Council, at SENDPO's conference in November, 2013 ('User-Led Organisations – the future of commissioning') and additional interviews.



Clive Wood



Norah Lewis

### Setting the context

Norah Lewis is the lead commissioner for advocacy at Surrey County Council. She began by explaining how the co-design process was managed, supported by Nicola Sinnott in procurement:

'Previously advocacy was provided in Surrey in an ad hoc way: we had advocacy for people with learning disabilities, maybe a little bit of advocacy for older people, we might have had some for people with the mental health issues, etc. It certainly was not joined up and it was not countywide, as was helpfully pointed out when we had our last CQC inspection. So, we listened and thought we had better do something about this.'

'We started off the process by looking at what there was out there and, as there was no additional funding, we used the existing advocacy budget. First of all we thought how are we actually going to provide non-statutory advocacy that is countywide and that meets all the needs of everybody in Surrey who needs advocacy, from the age of sixteen up. We were also aware that some geographic areas of Surrey were not getting services at all – it is a big county. **We also joined up with NHS Surrey, as previously we had commissioned advocacy services separately; we wanted to jointly commission and take a strategic approach to reduce gaps, improve quality and prevent double-buying.**'

## Co-design

**'We started with the co-design, which involved using all the various fora that already exist in Surrey. This meant we didn't have to spend money on organising additional events to get people together – we simply used what was there already.** We used the disability fora, older people's fora and we spoke to social care teams and our contact centre; we also included other professionals and we spoke to people who provide services. **We wanted to make sure that we had a broad brush approach to finding out exactly what it was that people wanted.** We then developed a strategy for advocacy: the strategy is that everybody in Surrey is eligible for advocacy, particularly before the assessment process takes place (not only later on when people may need support to manage their budgets after the assessment process). **So it was for people who might not even be eligible for services from our social care teams but they may still be in need of advocacy.'**

**'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.'**  
Action for Advocacy's Charter

It should be noted that Surrey Disabled People's Partnership was not involved in the co-design stage of the commissioning process, as Clive explains:

**'As we were already providing an advocacy service in Surrey and were planning to bid for the contract, we made a conscious decision not to get involved in the development phase. We did encourage our members to get involved through Surrey Coalition of Disabled People (SCDP) but it would have been inappropriate for us to be involved as an organisation. **This can be a challenge in areas where there is a single ULO providing services that also works as a conduit in terms of co-design and user engagement because there can be issues around conflict of interest.** In Surrey we are lucky because we have organisations like SCDP which are there to encourage disabled people to participate actively in co-design, and then we have others like ourselves and the Surrey Independent Living Council who provide services.'**

Norah explains why they wanted the service to be a grant and not a contract: **'A grant allows for greater flexibility.** With a contract you have to be specific about what is needed – for instance, a group for people with autism in the east of the county, one in the north west and two in the south west. However, with a grant the provider can say to us there is greater need for three groups in the



north-west as opposed to the south; that is why we thought it was best to provide the advocacy service through a grant.

**Also we trust the providers out there delivering the service already. We know that they are working with people delivering advocacy on a day-to-day basis so we need to take the lead from them and listen to what they say.'**

**'We also wanted partnership working because it was very unlikely that one organisation in Surrey would be able to deliver advocacy for all the needs of the people in the county, as well as in all of the areas.**

For example, Age UK Surrey cannot support people under the age of fifty so they could not deliver this type of service on their own. We then developed the advocacy specification.

**People told us how they wanted the service to work and this is what informed the specification.** So we are delivering a wide range of advocacy services – we have Professional Advocacy, Citizens Advocacy and Peer Advocacy.

**We are making sure that the service meets the needs of the people with different impairments:** we need to be aware of communication needs so people can text in a referral to Surrey Disabled People's Partnership, for example. We also need to address accessibility issues so, if somebody wanted a home-visit, we would do that.'

### **One to One Professional Advocacy:**

This is when a paid Advocate supports someone with a specific issue / issues.

**Citizens Advocacy:** This type of advocacy is provided by trained volunteers. This type of support can be longer term.

**Self-Advocacy Groups:** These are groups run by people who have joined together to have their voices heard and support each other.

'We wanted the service to be flexible and therefore able to deliver value for money. We looked at how the bidders would structure their time so, for instance, in the first year it would be more expensive to deliver the service than during years two and three. **In the tendering documentation we also included the monitoring document so that everybody who was tendering could see what the performance monitoring requirements would be.**

We had a Provider Open Day so that anybody interested could come along and ask us questions – we would tell them about the specification. Colleagues from Procurement and our project support were there to explain about procurement and the portal and how the Bravo system (a procurement process) works. **The main thing we wanted to get across is that we didn't want a big national organisation saying, 'Right, we will provide advocacy for Surrey...' We wanted people who know the locality,**

know the strengths of the organisations that are there and are able to then work in partnership to develop that because they are going to trade on each other's strength.'

### Choosing partners for a consortium bid

'Before this tender went out', Clive explains, 'our organisation was already providing advocacy across Surrey to people with a physical and sensory impairment, and cognitive impairments as well. We looked at the specification for this tender and decided that we wanted to work with partners. **I must emphasise to other ULOs that choosing the right partners is key to providing a good service. You need to be very sure from the outset that all your potential partners have the capacity to deliver the service, have the same ethos and approach as your own organisation, and are reliable and effective.** This is absolutely key because, despite it being a partnership project, as the lead provider you are still ultimately responsible for the overall service. We needed to make sure that we could work well together with the organisations for three years, hopefully longer, to provide a free, confidential and totally independent service. We were already familiar with advocacy providers in Surrey so we knew which ones provide a good service. **Although we wanted to work with organisations that are user-led or aspiring to become user-led, this was not the deciding factor because, at**

the end of day, it was more important for us to ensure we can provide a good quality, independent advocacy service. There are some organisations whose structures and governance make it difficult for them to be user-led but they nevertheless take a user-led approach to their services. So we did speak to organisations that actively engage with their service users through user forums, for example. We also talked informally to people who use these services, as we can reach them through the Surrey Hubs services (see Spotlight 1), as well as to colleagues from other organisations across our networks. We really wanted a 360 degree view of our potential partners. It is a big responsibility to be accountable to Surrey County Council for what our partner organisations are doing, so I had a few restless nights during the tendering process, wondering whether we were working with the right people! **But we are confident that we chose the right advocacy partners – being confident you have an open, transparent and honest relationship with partners is the key thing.**

'Now we have been commissioned to deliver Surrey's advocacy service, we are working with several organisations: Age UK Surrey, KAG Advocacy, Surrey Association for Visual Impairment, Surrey Supported Employment and Deaf Positives Action (see 'Resources'). As Norah said, the partnership provides various types of advocacy and the providers who work

with us have expertise in a range of areas, including learning disability and hearing loss, for example. **When we looked at the service specification it was clear Surrey wanted one key provider and one central point of access**, with a phone number, text, email and website, and a referral process that was straightforward and easy to access for everyone, **so service users did not have to go to various providers**. Professional colleagues use the online secure process so that self-referring customers can use the telephone line or text number to have longer discussions with people within our service – this helps to make sure that they get the support they need and get a good understanding of what advocacy can offer them.'

### Managing the funding

'It was important to prepare the bid with our partners because we had to be very clear about the funding that was required by each partner for their contribution to the service and what their responsibilities would be. **We're pleased it is a grant agreement because it gives us the flexibility to, for example, change the**

**'As the lead provider, you have overall responsibility for the service because you are accountable not only to commissioners but more importantly the people accessing the service.'**

Clive Wood, Chief Executive, Surrey Disabled People's Partnership

**service in year two to provide other types of advocacy, if necessary. A grant agreement also makes it a lot easier for our partners. We have two types of agreement with our partners.** The first is an annual grant which we pay on a six-monthly basis to our key partners ('key' because they provide a large percentage of the overall service), such as our learning disability partner, KAG Advocacy, which supports a large group of users. **The second type of contract is a framework agreement which is like an 'as-and-when' type of contract – we agree an hourly rate and we access the service as and when we need it. As soon as we got our grant agreement document from Surrey County Council, we went to our solicitor who then drew up documents for our partners which 'mirror' our grant agreement in terms of what is required from them – a number of elements in that document reflect what the Council expects from us as the lead provider,** for example the requirements around safeguarding, insurance and public liability levels, etc. The framework agreement is not as detailed as the annual grant agreement but we still needed to make sure that the requirements put on us by our commissioner are 'mirrored' in our partners' agreements. It cost us about £3000 for this legal documentation to be drawn up but it is necessary because we have to be covered as an organisation. Unfortunately this cost wasn't covered by the grant because, at that point, we had already developed and submitted a budget and it

didn't include any legal costs around these things. So, that was a learning curve. **It is also important to remember that these legal documents cannot be used as templates for future partnerships because the requirements specified in the document will inevitably be determined by each individual grant agreement or contract issued by your commissioner.'**

### Monitoring and lead provider responsibilities

'The grant funding from Surrey County Council is for three years from April 2012, with an option to extend for a further year – we receive £415,000 each year from Social Care and £104,899 from Health. We receive two payments in advance in April and October, which is extremely helpful as it allows us to plan ahead. It is really important for small organisations to have the payments on time, and in advance, because they may not have spare resources to keep the service running otherwise. Our commissioners have developed a robust monitoring process. **When we won the contract, we were really pleased to be given the opportunity to sit down with Surrey's business intelligence team and commissioner and discuss the monitoring requirements. We were clear with them that the monitoring needed to be proportionate to the service provided** and also we wanted to be confident that the monitoring information would be useful to them and beneficial in terms of future

service development – we felt there was some duplication but also some important things around outcomes were missing which needed to be included. They were open to our comments and some changes were made. **It is important to have an open discussion with commissioners.'**

'We are required to provide monitoring data on a quarterly basis. As the lead organisation, we need to make sure that all the partners gather that information as well so we can bring all the monitoring data together for our commissioners. The people that lead on the service in each partner organisation meet with our deputy CEO on a quarterly basis because they are the ones who understand how the service works on a day-to-day basis. I also meet with their CEOs on a quarterly basis but that is more about ensuring the formal, legal requirements of the funding agreements are being met. We also encourage the advocates who work for all the partner organisations to develop their own network as well. **All of these ways of working ensure that there is consistent and continued dialogue between everyone involved in providing the service and that any problems can be addressed. Open, transparent, two-way dialogue and communication is really important** because we can then find ways of resolving any issues that arise. A couple of our partners found the monitoring process challenging at the beginning – they did not have the appropriate IT

equipment and software but, also, were not very good at collecting the data, such as the number of clients, the number of hours per client or a combination of the two. We had to support them to develop their skills in monitoring. Even now, in year two, one of our partner organisations still finds the monitoring processes challenging but **the bottom line is that SDPP has to submit monitoring data within time constraints so that commissioners can review it**, so this can be quite frustrating and challenging. Surrey's monitoring process has changed a lot – **now we have a quarterly service review meeting and people who use the service, disabled people, carers and older people come to the monitoring meetings and quiz us about the service, which is really important. We also provide case studies so it is not just about statistics'** (see Section 6, pp.151–153).

Once again the service is grant-funded (£500,000 per year for three years), allowing SDPP to focus on the service outcomes and determine the best ways of providing what is needed. It is still managed in the way a contract would be, however, with key performance indicators (which were developed with service users) and the service is reviewed against these annually. **Surrey County Council recognises that the monitoring must be proportionate to the size of the grant, appropriate to the nature of the service and not become too bureaucratic.** Consequently, the monitoring not only captures the financial impact of this service but also, for example, the levels of service user satisfaction.

A couple of years before being commissioned to deliver Get WISE, SDPP trustees had made a strategic decision which proved to be crucial to the development of this service. They had decided to use some of SDPP's own reserves to fund a welfare benefits advisor, as a pilot project, because its advocacy service had revealed a significant number of people coming forward with benefit-related issues. They monitored the project to show the need for such a service, working closely with another DPULO, Surrey Coalition of Disabled People, to promote the project and collect data. They shared all of the evidence gathered with Surrey County Council and were then awarded £65,000 to employ two people, as the Council realised that this service actually generated extra income for Surrey residents.

## Get WISE

Get WISE in Surrey is another consortium service, also led by Surrey Disabled People's Partnership. It is a free information, advice and support service on all aspects of welfare benefits, and other services, to maximise people's household income. SDPP subcontracts to a partnership of organisations: Age UK Surrey, Surrey Association for Visual Impairment, The Youth Consortium (Surrey and Borders) and Deaf Positives (see 'Resources').

At a time of significant welfare reform, it was felt that not only disabled people would feel the impact of the changes, but also young people, single parents and older people. SDPP recognised it would need help to meet the needs of these groups of people as well so, when Surrey County Council commissioned the Get WISE service, SDPP linked up with other organisations to form a consortium and submitted a tender as the lead provider. (Note: In the first six months of this project £500,000 was generated in benefits for Surrey households.)

## 2 Deaf Positives: Being subcontracted by Surrey Disabled People's Partnership

Deaf Positives is a Deaf-led organisation which provides services to adults who are Deaf, Deafblind or hard of hearing. SENDPO talked to **Mark Hooper**, Director of Deaf Positives, and **Emma Taylor**, Specialist Operations Adviser /



Mark Hooper



Emma Taylor

Communication Support Worker at Deaf Positives, about their experience of being subcontracted. (Note: Although Deaf Positives uses a capital 'D' to indicate deaf people who strongly identify with other members of the deaf community and deaf culture, such as those who have attended schools for the deaf, it provides services for all deaf people, regardless of how they view their hearing loss.)

### Setting the context

Mark explains:

'Deaf Positives is subcontracted by Surrey Disabled People's Partnership (SDPP) to provide advocacy services and welfare benefits advice for deaf people. I met Clive Wood, SDPP's CEO, at a SENDPO meeting and told him about the services we offer. He then contacted us in 2012 to see if we would like to work with SDPP to provide advocacy services. I explained what a fully qualified advocate does and that I could offer legal, medical and mental health advocacy. We completed a short trial period, they reviewed what we had been doing and we got very good feedback, so we agreed to continue. At that time we had four people in our office providing advocacy, plus me as a qualified advocate, so it was easy for us to share and rotate the workload – I acted as a mentor for the other advocates. It was very successful. A few months later SDPP asked us to provide welfare benefits advice for the Get WISE service so we are also subcontracted to do that.'

**'We believe specialist Deaf advocacy benefits Deaf individuals in many ways.'**

Mark Hooper, Director, Deaf Positives

### Costing services

Mark explains: **'In terms of costing these services, our agreement was that SDPP would send us the referral which I'd read, then I'd confirm whether we could do the work, and at what price, and then I'd return a separate signed contract to them for each client.'**

Emma adds: 'As we are offering welfare benefits advice, the support often takes more than an hour. **With some clients it is simply a one-off payment but, with others, we now have to cost out the total amount of hours it could take before we even get to tribunal, so SDPP has to allocate funding to cover this work.** I am also a qualified Independent Mental Health Advocate (IMHA) and on one case I had to get involved, so this had to be costed as well. **But we are working in partnership, so it's really based on what's best for everybody. It is through**

**actually delivering the services that we find out different ways of providing support and can see how viable the service is** – we understand that SDPP is working to a budget and we, at Deaf Positives, are always facing a tight schedule. We also try to deliver the service without time-constraining our clients too much. However, providing the referral is clear, we can usually tell how much time we need to give each client.'

### The need for Deaf advocacy

In terms of the amount of work Deaf Positives gets through this partnership with SDPP, Mark states: **'We got quite a lot of referrals in 2012 but it's reduced now and the quantity of work does not pay for a full-time advocate. It means that, in order to provide this service currently, we still need our staff wages to be supplemented by other sources (such as the income we generate from our other services).** Although, we successfully resolved a lot of difficult situations for clients last year, we are confident there are still many more people out there who need our support.

**'Our experience of subcontracting Deaf Positives has been a positive one. We have a framework agreement with them because the number of sign language users who use the service is much smaller. Partners are required to make the initial contact with clients within three working days (a key requirement of our commissioners) and Deaf Positives has always been very good at doing that. We also get very positive feedback from their clients because they provide a good professional service and they have always been prompt with their monitoring.'**

Clive Wood, Chief Executive, Surrey Disabled People's Partnership

One of the problems is that BSL users cannot always understand written English on websites and in leaflets etc. and we think this issue with the advertising may partly explain why we are getting fewer referrals than other advocacy providers are. So we are looking at putting a BSL video on SDPP's website, promoting the service through Facebook and visiting Deaf clubs, etc.'

**Unfortunately, local authorities still do not contract Deaf Positives to provide advocacy support for their deaf clients,** as Emma explains:

'We were approached on one occasion but the referral wasn't appropriate and we had to explain to the social worker why we couldn't assist. They don't really see us as an advocacy service provider. There is a large advocacy provider in the area and, although they could refer deaf clients to us, deaf advocacy remains an unmet need – we know this because people tell us this is the case. Even contacting these mainstream providers presents a significant communication challenge for BSL users. **The Deaf community wants Deaf advocates, not hearing ones who have to work with an interpreter, because hearing advocates cannot empathise and truly understand the experiences of Deaf people.** This causes conflict. However, since Healthwatch boards have been introduced, Deaf Positives has been raising its profile significantly.'

'We are seen as the only 'Deaf company' and at the moment it's a race for which local authority can meet us first! Mark is a member of the Healthwatch board in Bracknell, Maidenhead, Ascot, Windsor and Slough, so he is well-positioned to tell these networks what is going on in the Deaf community. Hopefully this will have an impact on improving services.'

For further information about Deaf Positives' experience of being subcontracted to provide advocacy services by Slough's Gateway Partnership, a consortium of information and advice providers led by Age Concern Slough & Berkshire East, see Spotlight 6.

### Concluding thoughts and moving forward

These examples of consortium working highlight a number of issues that concern lead providers, the partners they subcontract and commissioners, as follows:

- Lead providers need robust management systems to oversee the partners they subcontract and to meet funding requirements. A strong track record of service delivery and an ability to develop strong working relationships with commissioners are essential and can make leading consortia an option for larger DPULOs, as Surrey Disabled People's Partnership demonstrates

- If formal involvement in a consortium is not an option currently for some DPULOs, for whatever reason, the basic principles of partnership working still apply. For example, Kenny Mackay, Strategic Commissioning Manager (Mental Health) at East Sussex County Council, suggests: '**Talking to other organisations is one of the main things I advise small providers to do. If we don't currently have funding for them because it has all been allocated, I advise them to think about working with another existing provider on their next bid or offering their service to a larger organisation for them to purchase as part of their overall offer.**' Although small partnership agreements alone are unlikely to be sufficient to sustain smaller DPULOs, they nevertheless provide a valuable source of income to supplement other funding sources
- If more south-east local authorities adopt a proactive, strategic approach to funding services provided by consortia, DPULOs could benefit by being included in such bids. However, it is essential that partnership agreements are properly costed to cover all related staffing costs and overheads; if not, DPULOs will still need to generate other income to meet their infrastructure costs

- Partnership and consortia bids will benefit from having a member that can offer disability expertise (e.g. in training, access and engaging, and consulting with, disabled people, etc.). One established south-east DPULO acknowledges the challenge of deciding which organisations to enter into partnerships with, likewise when it should 'hedge its bets' and offer its services to multiple potential partners or when it should offer exclusivity to one bidding consortium only. Each opportunity is different. In some cases, a well-established DPULO will bid as a sole provider or take the initiative to create a consortium itself, as Surrey Disabled People's Partnership has done

Ultimately, competition faces all DPULOs bidding to deliver any service:

**'The tender process will determine who will be awarded the grant and in the case of Advocacy and Welfare Benefits Advice, Information and Support it was SDPP in partnership with other voluntary organisations. These services could have been delivered by commercial, national or voluntary organisations which are not user-led but it happened that the bid led by SDPP was evaluated as being the best.'**

Norah Lewis, Senior Manager, Commissioning, Adult Social Care, in Surrey County Council

However, these Spotlights have shown that the consortium model of service provision may, in some cases, facilitate the journey from being a small DPULO to becoming a multiple service provider, as Clive Wood (Chief Executive of Surrey Disabled People's Partnership) observes:

**'Just being a DPULO is not enough to be commissioned. DPULOs need to show that they are able to deliver the services and why they should be commissioned: they have a responsibility to think about how they would deliver a service, just like any new business. Clearly, being well-established, having a good reputation and experience of providing services will increase the likelihood of an organisation being commissioned. Working with other like-minded partners can support this process and will help small DPULOs to get some of this 'history'.'**

## Resources

### **Surrey Disabled People's Partnership's advocacy partners:**

- Action for Advocacy's Charter  
<http://www.actionforadvocacy.org.uk/>
- Age UK Surrey  
<http://www.ageuk.org.uk/surrey/>
- Deaf Positives Action  
<http://deafpositivesaction.org/>
- KAG Advocacy <http://www.kag.org.uk/>
- Surrey Association for Visual Impairment  
<http://sightforsurrey.org.uk/>
- Surrey Supported Employment is an unconstituted network of organisations, led by Employability:  
<http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/adults-with-learning-disabilities/employability>

### **Surrey Disabled People's Partnership's Get WISE ([www.getwisesurrey.org.uk](http://www.getwisesurrey.org.uk)) partners:**

- Age UK Surrey  
<http://www.ageuk.org.uk/surrey/>
- Deaf Positives Action  
<http://deafpositivesaction.org/>
- Surrey Association for Visual Impairment  
<http://sightforsurrey.org.uk/>
- The Youth Consortium (Surrey and Borders) <http://surreyyyc.org.uk/>

Further details about Deaf Positives' services can be found on their websites: [www.deafpositives.org](http://www.deafpositives.org) and [www.deafpositivesaction.org](http://deafpositivesaction.org)

**On consortia:**

- 'Fusion: Consortium toolkit for user-led organisations' (2011)  
[http://www.livingoptions.org/uploads/Consortium%20Toolkit%20for%20ULOs%20\(Fusion\).pdf](http://www.livingoptions.org/uploads/Consortium%20Toolkit%20for%20ULOs%20(Fusion).pdf)
- <http://www3.hants.gov.uk/procurement/pbr-cpcs-consortia.htm>

For further details about different models of consortia and the legal implications of different types of partnerships, see the NCVO (The National Council for Voluntary Organisations) website, which includes an item on the advantages and disadvantages of subcontracting:

<http://www.ncvo.org.uk/component/content/article/22-content/practical-support/public-services/consortia-and-subcontracts/211-advantages-and-disadvantages-of-sub-contracting?highlight=WyJjb21taXNzaW9uaW5nIi0=>

**On framework arrangements (including framework agreements):**

<http://www.cips.org/Documents/Resources/Knowledge%20Summary/Framework%20Arrangements.pdf>  
(Chartered Institute of Purchase and Supply)

## Deaf Positives and Age Concern Slough & Berkshire East: Involving DPULOs in partnership projects – The Gateway Partnership

### Key themes:

- DPULOs increasing awareness of disabled and deaf people's needs within a partnership and influencing the culture of service delivery
- The importance of monitoring systems being designed and costed appropriately to meet the access requirements of disabled and deaf service users in order that the true impact of a service can be demonstrated
- The need for lead providers to support new, smaller DPULOs as a means of developing and diversifying the market and valuing their contribution to the overall partnership
- Partnerships providing opportunities for new, smaller DPULOs to capacity build themselves and contribute to building community cohesion

The Gateway Partnership is a new, innovative service commissioned by Slough Borough Council and launched in March 2012. Its aim is to deliver a fully accessible information and advice, advocacy and support service which will enable Slough residents to live independently in the community for longer and enhance their quality of life. It is led by Age Concern Slough & Berkshire East (ACSABE) and has sixteen partner organisations, including Deaf Positives.

SENDPO talked to **Christine Cowap**, Advocacy & Gateway Manager at ACSABE, **Mark Hooper**, Director of Deaf Positives, and **Emma Taylor**, Specialist Operations Adviser / Communication Support Worker at Deaf Positives, about their respective experiences as the lead provider and as a project partner.



Christine Cowap



Mark Hooper



Emma Taylor

We asked Christine about how ACSABE worked with the partners before submitting the tender to lead Slough's Gateway Partnership service:

'The service specification from Slough Borough Council showed they were interested in commissioning a service which would meet the needs of service users from all care groups. The service would have a central gateway team, with a single point of access, and would signpost residents and professionals to different types of support, including:

- a range of support groups run by various partners
- a range of services for carers
- specialist advocacy support for people who meet the adult social care criteria of 'critical and substantial.'

ACSABE approached a wide range of partners to make sure that all client groups and potential service users could be covered – this was what they had to build the tender around. So, as well as ACSABE providing community advocacy, other advocacy services were also approached: Deaf Positives, which supports deaf people; United Voices, a ULO in Slough which supports people with learning disabilities; SEAP (Support, Empower, Advocate, Promote) which supports people with mental health issues; and Voice of the Child, which supports clients with family issues.

**ACSABE provided overall coordination for the bid – every aspect of the service specification had to be covered so ACSABE needed to establish what each partner could offer before submitting the bid.** The Partnership secured the tender and began to build the service by firstly recruiting a team of five part-time staff to deal with answering the phone, signposting people to services, monitoring and pulling together all the partners' work.

Chris explains: 'The project is now in year three. In terms of challenges facing the Gateway project, dealing with sixteen organisations is a challenge for any third sector consortium! Some partners are local, small and run purely by volunteers, such as the Slough Older People's Forum, while others are medium size charities or branches of larger or national organisations. **Some have extensive policies in place, while others only have the basics (e.g. DBS checks and safeguarding policies, procedures and training). This was a huge challenge for the smaller organisations.** However, some of the larger and more experienced groups, like Deaf Positives, which offer advocacy as a core service, already have a wealth of policies and procedures in place. Fortunately we have been able to put together a portfolio of policies which our partners have signed up to, alongside their own. The amount of



funding partners get through this project does not, in several cases, correspond to the size of the organisation! But, as the lead partner, we have to have all organisations signed up. As far as the smaller partners are concerned, it is 'business as usual', providing local community services, such as a support group or a forum. These groups are valued partners within a consortium, bringing their local knowledge and experience.'

'Monitoring is the biggest challenge for this project. **There is a set of monitoring guidelines everyone needs to conform to, which can be problematic for the smaller organisations, and there is a quality assurance system. The monitoring process is very quantitative and it is our responsibility, as the lead provider, to collect the data from our sixteen partners.** The amount of information required varies according to the service each organisation provides so, whereas Deaf Positives needs to complete the full form for its advocacy service, Slough Older People's Forum only fills in a couple of boxes. We also collect other bits of information like case studies. Each quarter all the stats are collected, sent to the Council and we meet with them.'

**'A true partnership is about valuing the different skills and expertise, recognising these differences and working together effectively to provide excellent services. It's the 'one size fits all' approach that doesn't work.'**

Christine Cowap, Advocacy & Gateway Manager at Age Concern Slough & Berkshire East

**SENDPO**

Mark Hooper, Director of Deaf Positives, describes his experience of the Gateway monitoring system:

'Our service agreement with Age Concern is that we receive £4,000 each year, subject to a performance review, for the delivery of:

- a support group for Deaf or hearing impaired people, minimum once a month for two hours
- information and advice for Deaf or hearing impaired people
- advocacy for Deaf or hearing impaired people, minimum eight clients for six hours per year

We have to monitor the service but, initially, there was a communication breakdown because I simply couldn't understand what the Gateway needed so it was very difficult for me to liaise with them. However, we are now in year two and it is going much better. Emma, our Specialist Operations Adviser at Deaf Positives, is used to working with commissioners and is familiar with monitoring systems so, once she had explained to me how it had to be done, it became a lot easier. Now, when each quarter's monitoring is needed, we are prepared and can just send the information over to the Gateway.'

'With hindsight some guidelines telling us how to follow the monitoring process would have been really helpful. This has been a learning process for me but now I know how it works so we get everything in on time, even when they give us very tight deadlines!'

Chris, as the Gateway manager, acknowledges that this is a valuable learning point from the project: **'Different partners have different communication needs so more thought should have been given to this.'** There could have been more in-depth training available for people who were not familiar with the monitoring process, rather than an assumption that everyone could do it. However, this consortium approach is also new to Slough Borough Council. The monitoring requirements for this project have evolved as the project has progressed and we have to comply with Slough Borough Council's requirements for the project. But, **'what you need to do is establish a good relationship with the commissioner so that you, as the provider, can get together with the commissioner on a regular basis to review the service, especially when something isn't working and may need to be reviewed or amended.'**

'The payment schedule varies according to what level of service each partner is providing. All the funding from Slough Borough Council comes to ACSABE and then partners invoice us. One of the issues that Deaf Positives struggles with is the difficulty in getting feedback from clients to show the end result of the advocacy. **'One of the most important things that people want to see at the end of this contract is the impact of the service, seeing how much our providers have made a positive difference to their clients.'** We can only do that via feedback from service users, by asking them 'How has our intervention made a difference in your life?' This is difficult because it takes time to measure this impact. **'Usually feedback is gathered by telephone but this obviously presents difficulties for deaf people so additional interpreter costs need to be properly budgeted, another learning point for the project.'**

Mark describes the cultural barriers this process presents for a ULO of deaf people: 'We have tried to keep in contact with clients by inviting them to attend drop-in sessions so they can provide feedback. But sometimes they don't understand the letters we send them. On the whole they wouldn't write things down because BSL is their first language, not English, so, ideally, a different procedure is needed to meet their access requirements. The best option would be to film them giving feedback because this

‘

gives a true reflection of how they are feeling, whether they want to complain about the service or compliment it, and so we have now started doing this.’

The Gateway partners also meet on a quarterly basis to discuss the successes and challenges of the project and look at sustainability and opportunities for future service delivery. Emma notes:

‘These meetings provide a precious networking opportunity and my key thing is to get Mark, our Director, out there and known to other people so that we raise the profile of Deaf Positives. They are also a good way of connecting with other organisations and supporting each other. For example, we have asked United Voices to meet with us so that we can work together more and make sure we are not duplicating each other’s work and the funding is used as effectively as possible. **The clearer the communication is between partners the better for everyone, especially the clients.** In terms of the quantity of work this has generated for Deaf Positives, there have been quite a lot of advocacy bookings, but not many for advice so far. **Unfortunately, even combined with the advocacy work we do for the Surrey Disabled People’s Partnership, it is still not enough to pay for a full-time advocate.’**

SENDPO asked Chris what advice she would give small providers who are interested in being part of a consortium bid:

**‘It is important to look in great detail at the service specification to make sure that what is required is absolutely clear.** Organisations then need to think about how much commitment they can make from the beginning and make an informed decision about whether they have the capacity to deliver what is required. **Small providers also need to consider what they will get from it and whether it is the right funding option for them.** However, it’s important to remember that being part of a consortium can also be a good way of developing contacts with other organisations and opening new doors. These things need to be weighed up before making a final decision.’

## Resources

### The Gateway Partnership

<http://servicesguide.slough.gov.uk/kb5/slough/services/service.page?id=LhYjTt2y7o4>

Age Concern Slough & Berkshire East  
(ACSABE)

<http://www.ageconcernsabe.org.uk/>

The Gateway advocacy providers  
include:

- Deaf Positives  
[www.deafpositives.org /](http://www.deafpositives.org/)  
[www.deafpositivesaction.org](http://www.deafpositivesaction.org)
- United Voices, a ULO in Slough which supports people with learning disabilities  
<http://www.united-voices.org.uk/>
- SEAP (Support, Empower, Advocate, Promote), which supports people with mental health issues  
<http://www.seap.org.uk/>
- Voice of the Child, which supports clients with family issues  
<http://vocchildcontactcentre.co.uk/>

'NCVO Members Quick Guide to Building Great Partnerships' (2013):  
[http://www.ncvo.org.uk/index.php?option=com\\_redshop&view=product&pid=94&cid=10](http://www.ncvo.org.uk/index.php?option=com_redshop&view=product&pid=94&cid=10)

## Recovery Partners and East Sussex County Council: Supporting new and emerging ULOs and changing the culture of service provision

### Key themes:

- Commissioners believe in the value of user-led services and their capacity to transform adult social care
- Commissioners provide start-up funding, piloting opportunities and on-going support to new and emerging ULOs (= 'pump-priming')
- New and emerging ULOs become strategic partners of local authorities, being commissioned to (i) deliver peer-led, cost-effective and personalised services and (ii) promote service user involvement in local authority planning and decision making
- Using the Commissioning Grants Prospectus to capacity build the community, diversify providers and develop the market
- Providing alternatives to the non-user-led approaches of large for-profit service providers



Anna Stratford



Kenny Mackay

Recovery Partners is a user-led, not-for-profit mental health and wellbeing organisation in East Sussex. SENDPO talked to **Anna Stratford**, Director of Recovery Partners, about how East Sussex County Council supported them to set up their organisation and now commissions them to deliver several mental health service contracts. We also talked to **Kenny Mackay**, Strategic Commissioning Manager (Mental Health) at East Sussex County Council about his experience of working with Recovery Partners and developing and commissioning user-led mental health services.

### Setting the context

First of all, we talked to Anna about how Recovery Partners has developed into a successful user-led mental health organisation: 'We are a user-led service, providing various services for people living with mental health challenges.'

**Everyone in the organisation has lived experience of mental health challenges – this gives us a unique perspective and encourages a trusting relationship with service users and carers.** We started five years ago and used to be an in-house service at East Sussex County Council where I worked as a social worker. I had one day a week to help set up the project and we also employed some external peer support specialists. At that time we were mainly supporting people who were moving out of residential care homes and we offered peer support to them.'

**'Peer support is an exciting approach to recovery. It's about people living with mental health challenges supporting other people who live with the same challenges... We offer you support as an equal.'**

Recovery Partners

'Then, a couple of years ago we were given start-up money by the Council to start providing support planning and brokerage and become a self-sufficient organisation. East Sussex then ran its Commissioning Prospectus in 2012 and one of its outcomes was: 'People with mental health problems are supported to develop their own recovery plans, pursue interests and aspirations to create or re-establish social networks and live as independently as possible.' One of the services they wished to commission to achieve this outcome was a 'peer support specialist service' which would be 'underpinned by principles of recovery and social inclusion.' We decided to submit a bid for a three-year peer support contract for people with mental health issues and we were successful.'

'The contract is £84,441 per year and we have just finished year one. We provide individual peer support to anyone in East Sussex with a mental health condition and we run peer-supported drop-in services in wellbeing hubs and community venues across East Sussex, which can involve workshops, coaching sessions, one-to-

one and group discussions. All of our staff are trained as peer support specialists. We also provide independent support planning and brokerage (ISPB) and run training three times a year for service users, carers and staff about mental health recovery, peer support and recovery planning, which involves using a specific template to help plan your future and think about how you want to change your life and how best to live it. In addition we manage East Sussex County Council's small bursary scheme (£5000 in total) which helps people with their mental health recovery. In 2013 we also provided 286 people with either peer support or training.'

**'One area of emerging good practice is our development of bursaries. We have allocated £5000 for service users to have up to £100 each to buy an educational course, join a club, buy some equipment, whatever, to break down the barriers to accessing social networks. A few users pooled their bursaries to commission a 12-week training course called WRAP (Wellness Recovery Action Planning), which is delivered by Coastal Wellbeing. It is completely independent and is an excellent example of how people can pool small amounts of funding and commission their own services. It's been so successful that they have run several courses now and have inspired others to do similar things.'**

Kenny Mackay, Strategic Commissioning Manager (Mental Health) at East Sussex County Council



## Service user involvement

Anna added: 'We have another contract from East Sussex to coordinate SUCCES, which stands for 'Service Users and Carers Collaborating in East Sussex'. This is also a three-year project, for £14,448 per year, funded through the Prospectus scheme in 2011. **This contract is to provide training and support for mental health service users and carers to participate in consultations and act as consultants to commissioners and decision makers in health and social care. It promotes service user involvement in decision-making processes by improving their skills and confidence which enables them to influence the future of mental health services; participants also receive payment from commissioners for their time.** The training is every couple of months and, if necessary, we also provide individual support for people to attend large meetings, such as cross-county mental health partnership boards and mental health action groups which are attended by commissioners.'

**'We like the idea of peer specialist approaches and we thought the skills and thought processes involved would also be useful for our mental health service user engagement programmes. It's not surprising that an established peer specialist organisation, like Recovery Partners, put in a bid that was strong enough to be awarded, although we knew that Recovery Partners was being positioned to do this type of work. By investing in user engagement, we are showing how much we value their input. The SUCCES project builds people's skill levels so they can contribute to developing strategy, understand the challenges we face as commissioners, and provide their views on commissioning matters from a service user's point of view. Their expenses to attend meetings and the so-called 'rewards payment' for being involved are covered. We value their input so we want to make sure that people aren't out-of-pocket and are rewarded adequately.'**

Kenny Mackay, Strategic Commissioning Manager (Mental Health) at East Sussex County Council



## Building relationships with commissioners

We asked Anna about Recovery Partners' relationships with their commissioners:

**'They are really supportive.** It felt like the initial peer support contract was almost written for us! It was a competitive process, of course, but we were very well-positioned to deliver the work they were tendering for. **Our relationship with Kenny Mackay works because he is very approachable informally and we can be very honest with him about things that are not working.** We also had a good relationship with the previous commissioner too – she actually picked us out and offered us the work to set up the service initially within East Sussex County Council. They also part-funded a course to train up peer support specialists in partnership with Sussex Partnership NHS Foundation Trust, which provides mental health services. **So, as well as being approachable, they put money forward to help us set up – they didn't just talk the talk, they did something about it.'**

'We have found that commissioners of mental health services in other local authority areas haven't been as approachable – some even advised me but then retracted the advice and told me they didn't want us to put in a bid! But I don't know them – **it always helps when you have met commissioners at meetings and can have a chat with them.'**

'In terms of how they helped us set up and get started, they gave us initial funding of about £9,000 a couple of years ago. They wanted us to deliver a number of units of independent support planning and brokerage but we could also spend some of it on set-up costs, training and staff recruitment etc. They also commissioned us to deliver six months' worth of peer support outside of the Commissioning Prospectus and this gave our organisation the experience of having delivered this service when we later had to bid competitively with others. **What they did was positive action: it put us on a level playing field with the other competitors. It must have been part of their long-term strategy to ensure East Sussex had a user-led organisation for people with mental health issues.'**

'Since the initial set-up support, Kenny has always been very enthusiastic about what we do and he promotes what we do, so we feel as if we have got backing in front of other people. There was some criticism about us being 'the new guys on the block', as we got some funding that previously had gone to other services, so that was hard, but he has always been very positive about what we do and promotes us in different places. **It's not just because we are user-led, even though that is very important as well – I think they have shown us so much support because of the good quality services we provide and their popularity.'**

SENDPO also talked to Kenny Mackay, Strategic Commissioning Manager (Mental Health) at East Sussex County Council about his experience of working with Recovery Partners, as well as developing and commissioning mental health user-led services in general.

### Transforming adult social care

'When the idea of peer specialism started to emerge as a new model, we had a couple of initiatives which we invited Recovery Partners to deliver, such as individual support planning. We wanted independent organisations to do this as part of the move towards self-directed support. We were trying to move individuals who had been in long-term residential care into more appropriate residential settings, such as supported accommodation. **This was quite a political situation because we wanted**

**to give people more control over their lives, and have better lives, but it was also about saving us money.** So we commissioned Recovery Partners to work with service users who felt it was purely about cost efficiencies and show them that, actually, it was an opportunity to make changes in their lives for the better and think about the services they needed to achieve this. **We were able to commission Recovery Partners to deliver a small piece of work to enable this to happen so, really, it was about pump-priming the organisation which is a very common piloting approach.**

When we looked at the main contracts we need to deliver for 2011-2012, the peer specialism offered by service user-led organisations was one of those. We had to 'chunk up' bits of other services so we could create peer-specialist services that would be user-led.'

**'This work was driven by myself because I wanted to make sure that ULOs are visible and valued. I had to champion the vision in the early days until it was more established. Some of the organisations that applied for funding did not yet have the necessary skills so there was quite a lot of hand-holding at that time and suggestions of how they could improve what they do. I gave them time to build and develop their skills and defended them if things weren't going quite right, giving them time to nurture, mature and build those skills. These organisations are very small so they do not have a broad range of members and stakeholders to call upon for those skills; it was just three or four personnel trying to get things off the ground, so there was a reasonable amount of support to give them half a chance and get a foothold.'**

Kenny Mackay, Strategic Commissioning Manager (Mental Health) at East Sussex County Council



## Supporting smaller providers

**'Commissioning new and emerging ULOs to deliver small pieces of work is an effective way of capacity building these organisations, as well as giving them the necessary experience before these services are commissioned on a much bigger scale.** The playing field isn't level in many circumstances, whether you're a ULO or a small organisation. It's about trying to level off the advantages that big organisations with their slick bid writers have, and enabling smaller, maybe inexperienced, but good quality providers to match them in terms of the quality of the offer. Sometimes it's also about reading between the lines of a grant application and seeing beyond its beautiful language. It's about seeing through the lack of experience in writing applications and spotting the quality of the services on offer and then clarifying that verbally during the Prospectus' clarification stages (see Spotlight 2). You have to look deeper into the commissioning process and fathom where the quality sits and what the offer is, rather than be swayed by the bells and whistles applications of more experienced providers. **The East Sussex Commissioning Prospectus helps because it is a grants award process. It gives people an opportunity to get in front of the commissioners and answer questions in the clarification process, whereas a typical tender process wouldn't allow this.'**

'Sadly, due to the financial climate, it's less common for commissioners to have small pots of money that they can tap for small capacity building projects. The Prospectus does, however, provide opportunities to divide up the different outcomes. For example, if there was a mental health wellbeing hub, a commissioner may like the way that one provider proposes managing the place, like another's approach to delivering certain services and activities, and like the way another manages volunteers. **So, we can divide up the total outcome among different providers and this provides a good opportunity to develop future partnership approaches** and promote a less competitive environment in the voluntary sector because, at the moment, people do not want to share ideas and resources due to the tough economic climate. So it's also about promoting joint work.'

## Working alongside ULOs

**'Flying the flag for ULOs is part of my role. If we want to develop ULOs, we need to get them over those initial humps and highlight what they are doing.** In the early days Recovery Partners struggled to describe what they do so I helped them to define the purpose and focus of their service. **It was about establishing their product** – they needed to articulate that peer specialism is about individuals developing their own internal motivation to move forward, to improve their position and live independently, and

as well as possible. It's also about unpicking the product 'process' and identifying what happens at each of the different stages, which include one-to-one conversations, group discussions and recording things in writing, etc. We met regularly in the early days. Recovery Partners was new to quarterly returns so I always ensured that they knew what they needed to record, how to do the monitoring and that they mentioned everything they were doing. This process helped them to learn and visualise what they were doing. **To start with, their service appeared on paper to be under-delivering but I knew it was delivering appropriately so, as the commissioner of that service, I needed to be hands-on and support them to get the quarterly returns right.** As a new provider, we didn't expect them to provide brilliant quarterly reports but we knew that, once they were in the system, starting to grow and providing services, this would change. We thought: 'Let's support them once they're in.'

**'As a commissioning manager, if you're trying to change the culture and support innovation, you have to be relaxed about how you approach these issues and the face-to-face dialogue approach of the Prospectus certainly allows this.** As I have sole responsibility for commissioning mental health service providers in the voluntary sector, I can also look at what their specific role is in the mental health support pathway.

For example, we have just developed a mental health directory for GPs so that they can now send people to our peer specialists, without formal referrals, at an early stage. **But it's only now that voluntary sector providers are beginning to be seen as part of the overall service provision and not just as an 'added-on' alternative offer.**'

### Developing the market: the challenges

'These days how commissioners support grassroots development work depends on each commissioner. Community development work is part of my job description – I came into a system that needed refreshing and developing and that was a major part of what my role would be. **I make it my business to get out in the community and actively engage with service users. Innovation and development switch me on so I'm easily distracted by new ideas.** If I am not keen on a particular model of service delivery, I can look at new approaches and, through the Prospectus, commission a couple of pilots for a year to see what might work. However, while it's not impossible, surplus and underspend are not there nowadays. In any case, money was never really handed out like sweets. For example, **when Recovery Partners did their first project working with service users who were moving out of a residential home, it was costed against the savings that would be accrued from the overall project over a few years.**

**You do have to invest to save.** Money is a lot tighter now so how imaginative and innovative people can be is increasingly relevant now. **You have to think responsibly and differently about developing the market but you also have to be strategic about it and it needs to be targeted, where there is a national or local driver, for example.'**

We asked Kenny how he thinks the number and range of user-led services can be increased, as they still represent a small percentage of the overall market. He believes '**we shouldn't allow large organisations to hijack the terms 'user-led' and 'peer model' because, these days, they simply see it as a passport to other benefits and it detracts from what the smaller ULOs offer.** One session a week led by a service user does not make an organisation 'user-led'.

**In reality, they are doing it from an 'organisational benefit' point of view, not from a 'service user benefit' point of view. If they really were, they would develop their services so that self-employed service users could deliver them.** We need more capacity building around creating opportunities for people to deliver support and services in a self-employed capacity – this is an attractive employment opportunity for many people with mental health issues. We need more knowledge-building around this and access to advice and guidance around how this will affect people's benefits, for example.'

'We need to raise awareness among commissioners about what potential models can deliver those outcomes. **When we commission we need to be more explicit and specify that we want organisations to, for example, pay self-employed instructors from the service user group to deliver initiatives so that we can develop that aspect of the market.** At the moment that gets watered down in impressive bids so, for example, large organisations say they will include ten hours of peer support a week and then charge me, as the commissioner, an extra 30% towards their overheads, whereas **they should be ringfencing an amount of money for paying self-employed people and spot purchasing services from ULOs. This would create more of a stable market for those small organisations that are trying to get themselves established.** Also, when large organisations are awarded contracts, they then commission smaller providers to deliver parts of the overall service but not at a wholesale price – often it's just at an hourly rate and they keep the on-costs. **By developing the voluntary sector, however, we can make the money work harder. When large, stable and well-established businesses take a slice of the funding for themselves as profit, this just hampers the opportunity to share the money around. So, as commissioners, it is our duty to counteract this.** We want to support the development of new initiatives and that is what we should focus on.'

‘

'I know of one service user, for example, who got a direct payment, when these were being piloted, and he used his £600 to set up his own organisation to provide social activities for other service users. I helped him to get some additional funding from elsewhere. But it wasn't about making profit – his main driver was the social interaction that organising these activities gave him so, as well as supporting other service users, he also felt enriched from going on that journey.

**This is a very small-scale example but it provides a strong contrast to those companies that provide adult social care as a means of making profit: commissioning those companies ultimately means less funding for the people who need and use these services.'**

## Resources

Recovery Partners

<http://recovery-partners.co.uk/>

Coastal Wellbeing

<http://www.coastalwellbeing.co.uk/>

NSUN Network for mental health

<http://www.nsun.org.uk/groups/>

'A review of values-based commissioning in mental health' – a report by Emma Perry, Jo Barber and Elizabeth England (National Survivor User Network, 2013)

<http://www.nsun.org.uk/about-us/what-we-do/values-based-commissioning/>

## SPECTRUM Centre for Independent Living CIC and Hampshire County Council: Service user-designed commissioning, followed by 'User-driven commissioning'

### Key themes:

- Co-production and service user-designed commissioning in action
- DPULOs and local authorities working together to make the commissioning process more accessible for new and emerging ULOs
- Developing the market and increasing local choice by creating capacity building opportunities for new and emerging ULOs
- Commissioning services which achieve user-designed outcomes more effectively
- New approaches to commissioning (e.g. user-driven commissioning) which change the culture of service provision and involve DPULOs as essential partners



Gerry Zarb

At a time when co-production is acknowledged as the best way forward for service provision, this presents a valuable opportunity for local authorities to support service users to design their own services. SENDPO talked to **Gerry Zarb**, Policy and Information Officer (ULO Team) at SPECTRUM, about why Hampshire County Council and SPECTRUM decided to run a competition to find the best ideas for user-designed Home Care in Hampshire and what they have learnt from the process.

### Scoping and funding the competition

'Basically two things went into this idea: the first was that, in the last couple of years, Hampshire County Council developed a new commissioning strategy which builds opportunities for user involvement into every stage of the process, from designing services right through to the selection of contractors; secondly, we discovered that in 2014 the main priority for commissioning social care in Hampshire will be Home Care services or care at home, if you prefer, which is obviously a service that is very important to a lot of disabled people, older people and other user groups. Combining these two things presented a **very good opportunity to do some work on trying to put co-production and service user-designed commissioning into practice**. So, we came up with the idea of this competition.'

'It was designed in a way which would encourage people to get involved and do something a little bit different. I also felt it was important that, if users were going to come up with something as important as a design for a new Home Care service, that they should get some real material reward for that in the form of actual funding. It was open to all groups, large and small. We were particularly keen to encourage partnership working between smaller groups or individuals maybe working with a more established group who might be able to support them. We had a good mix of groups who entered the competition: a couple of groups of older people, some disabled people's organisations, people with learning difficulties and groups with memberships across different user groups. You didn't need to be a service provider to be involved in the competition, to know anything about commissioning or to have any special skills or experience. The only thing we wanted was people's good ideas.'

'Hampshire County Council also gave grants to groups developing their ideas to cover the costs of holding meetings, travel expenses, consulting with their users, or to carry out research, etc.; these grants were very important especially for smaller groups who might not have been able to participate without that funding. **Groups participating also had one-to-one support and advice from SPECTRUM and we tried to advise people on the best way to package their ideas and**

**present them in a way which makes them attractive to commissioners in the Council because, as those of us who have dealt with commissioners know, they don't necessarily speak the same language as the rest of the population!**

The plan was to award a cash prize of £5,000 development funding for the winning idea so that the group could develop its ideas further and use it for anything related to commissioning or user-led service design.'

### Selecting a winner

'Finding a winner was slightly trickier than anticipated as the judging panel were split between two of the entries, both of which scored highly. In the end the Director of Adult Services at the Council (who had a casting vote) decided to top up the prize fund and split it equally amongst both groups – one of which was a DPULO and the other an Older People's organisation. The two winning entries were from Disabled People's Voice Hampshire and Local Treasures.'

**'Disabled People's Voice Hampshire's proposal clearly identifies a need and a gap in supply. It could make a significant contribution to extending the take-up of Direct Payments. It could also support people in rural communities where there is a shortage of paid carers.'**

Home Care Competition Judging Panel

'Disabled People's Voice Hampshire's proposal was for a website-based service to help users find personal assistants, who not only can meet their care and support needs, but also have similar interests, life styles and personality types. This could also include the profiles of agency staff, for people who are not employing their own personal assistants.'

'Local Treasures, based in Petersfield, was set up in 2013 and involves older people providing other older people with support in and around people's homes, with jobs such as gardening, cleaning, cooking, DIY, decorating, shopping, giving car lifts, etc. All of the work is done by people aged over fifty and it taps into the skills and experience of a robust, willing and confident workforce. Their proposal outlined their ideas about how this kind of support could be extended across the county.'

**'Distinctive – The Treasures are peers (Older People) and there is a positive focus on early intervention and reduction in social isolation for Older People.'**

Home Care Competition Judging Panel

SENDPO

**'So, in the end, we had two winners instead of one! That's two sets of ideas that can be developed further for the benefit of commissioners and, just as important, two groups that have the opportunity to speed up their development and capacity building.'**

Also, from the perspective of our broader objective of developing ULOs, it is particularly pleasing that the two winners are the two newest groups who entered the competition – both have only been going a year or less. Each of the winners has received £4,000 of development funding, plus one-to-one mentoring from the Deputy Director of Adult Services to help them develop their ideas further, to build their capacity, skills and knowledge, and, hopefully, move towards a position where they are able to tender when the Council starts its commissioning.'

'The entries that did not win will all be provided with signposting support to explore how their ideas can be developed further. We will also continue to offer one-to-one support to other groups who took part, if they want it. For example, we have already been talking to one of them about how they might take advantage of the Council's priorities for commissioning in 2015, which is an area in which they already have some expertise so, if they can build their capacity, they could be in a position to tender next year.'

## Impact of the competition

We asked Gerry what the benefits were of having a competition like this:

'All of the good ideas, not just the winning ones, will feed directly into Hampshire's commissioning plans for 2014. **It is a real opportunity to shape a local service across a large county in south-east England and improve outcomes for users.** We also sold the idea as a way of helping ULOs to build up their sustainability and develop new contacts, both with other user groups and with the Council, as well as learning more about the commissioning process itself and the benefits of getting involved. Also it is an opportunity to demonstrate how user-led organisations bring added value to service user-designed commissioning and what they offer that perhaps some of the larger service providers cannot. But I think **the most important benefit is that it is a real life example of co-production in action. What we are trying to do is to turn the rhetoric about user-controlled commissioning and service design into a practical reality in Hampshire.'**

'We made entering the competition as simple as possible, only requiring a brief description of ideas with a few bullet points. We asked people how they would maximise choice, control and buying power for users of Home Care services, including people who pay for their own care rather than being supported by the Council.'

**'We also asked for ideas about producing the outcomes that users want and that can be built into the contracts, so that contractors will be accountable to outcomes defined by users themselves.** We asked people about their ideas on monitoring the quality of support that is provided and, lastly but probably most importantly, **people needed to say how users would be involved in developing their ideas** for an ideal Home Care service.'

## Some findings

'One of the issues we initially identified in our networking was that many DPULOs (both large and small, but especially small) think that commissioning is too difficult to engage with and that they don't really understand it – they think the option of being able to influence the process is beyond their scope. So, through this competition, we were able to show that, **if you repackage the issues and processes into a different format and if you use language that makes sense from a user perspective, people soon discover that there is, in fact, plenty of scope to engage in a meaningful way.** We have shown that commissioners working in partnership with DPULOs can make this happen fairly easily, if the will is there.'

'Another of our objectives has been to build the capacity of ULOs, as a way of trying to level the playing field in terms of being able to compete in the new

commissioning landscape. **Part of this has involved working with the Council to simplify some of the processes involved (like application forms) to make them more accessible.** This is a benefit to all DPULOs as we know that even the larger groups often struggle with the bureaucracy, if for no other reason than it is so time-consuming! However, although we produced a simplified version of the standard Small Grants application form, feedback received from some groups was that the application process was still too time-consuming and involved too much paperwork. It was felt that this might have discouraged some groups from participating. So **there is clearly a learning point about the need to make sure that support and advice is available to help build the capacity needed to engage with such funding processes,** and that is something the Council is going to look at.'

'The benefits of having access to one-to-one support and advice was demonstrated during the main stage of the competition as **the support we were able to give some of the smaller DPULOs in particular has increased their level of confidence and knowledge to the point where, in some cases, they have already been able to start planning how they can use commissioning opportunities in the future to help them become more sustainable.** As a larger DPULO, we have also developed

our own capacity and expertise by being involved in this process and have identified potential for new income-generating products as a result. Hopefully other DPULOs might see similar potential in their own areas.'

'At the same time it is probably no coincidence that the groups who chose not to take up the offer of advisory support fared worst in the competition. In one or two cases, groups did share their draft plans and request feedback but only at the last minute, which obviously limited the amount of support we were able to give. So, we need to think about how we can encourage organisations to accept support when it is offered. In any case, it is very clear that **more intensive support, advice or mentoring is required to enable ULOs and community groups to maximise the potential of their ideas for service design.** Also, even though time and support were made available, the process still highlighted significant gaps in capacity: while several of the ideas submitted were genuinely innovative, the quality of the proposals in terms of presentation and detail was such that participants would probably not be successful in a real time tendering environment. So, in order to help build capacity, we will now be looking to co-produce training resources for ULOs and community groups which will help to increase capacity in a sustainable way over the longer term.'



'This process has also highlighted the benefits of networking, which is a central focus throughout our ULO project work. Some of the smaller groups participating in the Home Care competition are groups with whom we had no previous contact. So this has helped to extend the network, which has been good for them as building new contacts is one of the things they say they need and want to do, but also for larger ULOs, such as ourselves, because it means we have new potential partnerships. We are, for example, already working with one of them on a bid for some other work on a partnership basis.'

### 'User-driven commissioning': a new approach

The following summary of 'user-driven commissioning' is based on a report of work undertaken by Disability Rights UK and Shaping Our Lives in 2012. It was supported by the Department of Health. It brought together local pairs of (joint) commissioners and ULOs to share their experiences of, what Sass and Beresford term, 'user-driven commissioning' (see 'Resources' for full details of the report, which includes some case studies). The process involves three stages (**'complementary stepping stones'**):

- 1 **disabled and older people pool their personal budgets** to achieve greater economies of scale and do new activities which are not narrowly based in social care ideas (e.g. a group of people with learning disabilities creating a social enterprise company)
- 2 budget-holders use their insights gained as micro-commissioners to inform and push for re-commissioning, with local authorities moving **from block contracts to framework agreements** (where a council can request a service from a selection of providers without committing to a fixed provision) **or even spot contracts** (where terms, conditions and price are negotiated separately for each transaction), and finally,
- 3 delivery of **peer support** as an integrated element of cross-sector care and support pathways

### Resources

<https://www.facebook.com/DisabledPeoplesVoiceHampshire/timeline>

<http://www.local-treasures.co.uk/>

This process requires significant change at all levels. Personal budget-holders need to think very differently about how their support needs could be met and commissioners also need to discuss openly how their existing budgets are allocated, as this new approach will require existing resources to be freed up to do different things. This means that a lot of initial pre-procurement planning and support will be required, hence the term 'user-driven', rather than 'user-led', because '**further stakeholders need to come on board to drive and deliver this agenda in co-production with disabled people**'. DPULOs are one of the essential partners in this process, providing, for example, peer support to help disabled people '**navigate those new pathways and create their own solutions**'. Sass and Beresford also note that, for this approach to be successful, commissioners need to believe in the 'added value' of user-led initiatives and organisations:

**'The added value derived from support schemes to empower active and contributing citizens, paid peer supporters and whole sections of local communities needs to be taken into consideration in commissioning processes'.**

The drawback of this approach is that it gives disabled people the additional responsibilities of being 'micro-commissioners'. However, Sass and Beresford argue that '**greater resources**

**for peer information, advice, advocacy'** should be provided and that this should be an '**independent and costed element of care and support provision**'. DPULOs are perfectly placed to meet these needs and help to make this new approach to commissioning a reality. The report shows that this new model still needs testing and evidence but the case studies featured in this report suggest that user-driven commissioning, with lived experience at its core, can result in improved quality of life, independent living, healthier communities and cost-benefits.

## Resources

The full report, '**User-driven commissioning: Building on the 'lived experience' of disabled and older people – the most under-used resource in social care**', by Bernd Sass, Disability Rights UK, and Peter Beresford, Shaping Our Lives (November 2012), is available at:

<http://disabilityrightsuk.org/sites/default/files/pdf/userdrivencommissioning.pdf>

The 'Pooling Budgets' website is run by the 'Richmond Users Independent Living Scheme' and includes a step-by-step guide to effective pooling arrangements, examples of effective pooling, and information specifically for local authorities:

<http://www.poolingbudgets.org/>

## Independent Lives: Accessing health funding for DPULOs services in West Sussex

SENDPO's research shows that 60% (9 of 15) south-east DPULOs have received, or are currently receiving, health funding from a range of sources. Recent changes to local commissioning processes for health-related services also present new opportunities for DPULOs to not only access health funding but also to influence the commissioning practices.

Health and Wellbeing Boards (HWBs), established by the Health and Social Care Act 2012, provide a means of bringing together leaders from both health and social care, with the aims of improving the health and wellbeing of the local population, reducing health inequalities and encouraging more integrated commissioning of services. However, in order to identify and meet local needs effectively, it is essential that HWBs engage with service providers, including new, smaller ones, patient and service user groups, seldom-heard groups and others.

**'If [Health and Wellbeing] boards wish to transform, reconfigure and integrate their services to achieve improved health and wellbeing outcomes, it is essential they engage providers to make this happen.'**

'Stronger together: How health and wellbeing boards can work effectively with local providers' (NHS Confederation, 2013), p.4

Local Healthwatch bodies provide one mechanism for ensuring these voices are heard on HWBs and enabling them to influence Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), which are essential when determining local commissioning policy and priorities.

DPULOs have expertise in representing the views and experiences of a wide range of people and can play an active role in ensuring the engagement, and full involvement of, local disabled people in these relatively new structures. For example, Surrey has awarded its Healthwatch contract to Surrey Independent Living Council (a DPULO which provides Surrey's direct payments support service), Help and Care and Citizens Advice Surrey. Part of the contract requires Healthwatch to support community engagement and liaise with CCGs and other health and social care providers (see 'Resources'). Another DPULO, Surrey Coalition of Disabled People, is also a key member of Healthwatch Surrey.

Examples of DPULOs successfully accessing health funding for a range of services, as well as through joint commissioning arrangements, have been profiled elsewhere in this resource, such as:

- Services supported by the Commissioning Grants Prospectus which provides a mechanism for distributing both health and adult social care funding (see Spotlight 2)

- Surrey Disabled People's Partnership's advocacy contract is partly funded by NHS Surrey (see Spotlight 5)
- Numerous DPULOs have successfully accessed funding from Clinical Commissioning Groups (CCGs), such as SPECTRUM which receives funding from a CCG to support independent living for disabled people with health and continuing care needs (see Spotlight 10)

It is also important to highlight that one of SPECTRUM Centre for Independent Living's project managers has been seconded to Southampton City's CCG as a Commissioning Manager (Integrated Personal Budgets) and is responsible for bringing health and social care policies and systems together. The CCG pays his salary and the secondment has just been extended for a further year. While the CCG benefits from his specialist skills and knowledge, he is also gaining valuable expertise on CCGs which will help SPECTRUM in the future.

(Note: 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' outlines NHS England's commitment to focus on better outcomes for patients. This planning framework for commissioners emphasises the importance of involving citizens in all aspects of service design, active and on-going participation by local communities, commissioning for prevention and creating services which provide access for everyone. Once again, DPULOs are well-positioned to provide

some of the experience and expertise needed to make this approach to service development and delivery a reality.)

**In this feature we will see how Independent Lives has successfully secured health funding to deliver a personal health budgets service and an innovative advocacy service based in GP surgeries.**

### **Key themes:**

- DPULOs successfully transferring their experience of delivering direct payment contracts to personal health budgets
- DPULOs co-designing and co-producing a personal health budgets service
- The importance of including some core funding in new contracts so that DPULOs can manage the risk of varying numbers of referrals, particularly during the early stages of piloting a new service
- Piloting the delivery of a typical DPULO service (i.e. advocacy) within a primary care setting
- DPULOs developing working relationships with primary care providers
- Applying a robust monitoring and evaluation process to evidence the impact of a pilot project



### Example 1: Piloting personal health budgets in West Sussex

Independent Lives has extensive experience of managing West Sussex County Council's Direct Payment Support Services contract. **Rebecca Smicle**, Head of Direct Payment Support Services at Independent Lives, talked to SENDPO about how they have managed significant changes to this contract and how they have applied this experience to being contracted by the NHS to provide support to people receiving personal health budgets.

'Our organisation was originally set up as a charity based on the idea that disabled people, who want to receive direct payments, would run the charity and deliver the pilot direct payments service. We continued to deliver these services for over ten years, in partnership with West Sussex County Council. In 2010 the contract was put out to tender.'



Rebecca Smicle

'Direct payment clients helped design the contract and with shortlisting. **The scoring criteria were, unusually, 70% quality and 30% cost, and providers who could demonstrate a local and user-led approach would receive higher marks for quality.** Local ULOs face competition from bigger companies which often undercut local providers but, fortunately, cost was not the main deciding factor.'

### Successfully managing a reduced contract

'After Independent Lives won the contract in 2010, the economic situation got worse for local authorities. **As we have a longstanding, open relationship with West Sussex, we renegotiated and reduced the cost of the contract in 2012.** The number of referrals from West Sussex had gone down, partly because they stopped funding people with 'moderate' care needs, so there was an opportunity to reduce costs. We also underwent an organisational restructure – some posts were removed and we had some voluntary redundancies. To ensure that we minimised the impact on our direct payments clients, we negotiated for the cut to happen in two stages – an initial 30% cut, followed by a 10% cut the following year. By that time we had a broad range of income streams: our care

agency turnover had increased, the number of people using our payroll service had increased and we had won some small contracts and grants from Skills for Care, so it meant we could implement the 30% cut and avoid forced redundancies. Also, over the next year, some people moved into other parts of the organisation and, if anyone left the direct payments team, we looked firstly at whether we could manage without someone in that post before we considered recruiting. We did this for a two-year period and overall we managed to make a 40% cut. **We did, however, negotiate some clauses in the contract which capped the amount of referrals West Sussex could send to us, because it was a reduced contract.**

**'If we had been a smaller organisation and didn't have those other income streams, it would have been a lot harder.** Now our direct payments contract counts for less than half of our income whereas, when the organisation started, it represented our entire income. **It is important for charities to have a broad range of sources of income to be able to survive these changes. We now have a mixture of grants, contracts and independent business streams and, because of this, we are more stable as an organisation and can plan ahead.'**

**'All our services and business streams contribute to the costs of running the charity. It is hard to get funding for some areas of our work, like our engagement and campaigning work, policy development and communications, so our alternative business streams, like payroll, banking administration service, Lend a Hand care agency and training can support those other areas of our work.'**

**'In terms of our direct payments client groups, the largest referral group is children (40%), followed by older people (28%), people of working age with physical or sensory impairments (19%), people with learning disabilities (9%) and people with mental health needs (3%). We also offer services to people who want to access agency care through a direct payment, with us managing the bank account, and a service from our care agency where we recruit and manage personal assistants / support workers on an individual's behalf. For these services we receive additional referrals from people with mental health issues and learning disabilities who are not represented in the figures above. If there is a barrier to someone accessing direct payments, we always try to find ways to overcome it and have created additional services for this reason. We also work with the local authority to make sure we are working towards what they require now and in the future.'**

## Personal Health Budgets

'We also successfully deliver a Personal Health Budgets service in West Sussex. We began talks with our (then) local PCT about personal health budgets back in 2010. West Sussex was not successful in getting central funding from NHS England for the pilot scheme to provide this service but they decided to join up with a pilot anyway and engaged Independent Lives to pilot working with the first few people. **We also worked closely with them on developing processes and planning and they have been really open about designing the service together.** Our relationship with the people leading on this at the Health & Social Care Directorate is strong. At present it is quite a small contract but its impact for the people who want to receive a personal budget is huge. **The development of this service really does represent co-production.'**

**'Local user-led organisations can often act more quickly because they are smaller than local authorities. This should be utilised by commissioners to pilot new ideas and delivery models and let real innovation happen from disabled people who use the services and know what they want to receive.'**

Rebecca Smicle, Head of Direct Payment Support Services, Independent Lives

**'A personal health budget client usually has more complex requirements than someone who receives a personal budget from social services.** Our clients with personal health budgets fall into two main groups. One group need end-of-life support – they don't need as much support planning but they do need a lot of help with brokerage and organising. The other group is people who have really complex needs, such as people who have been in residential school and are transitioning into adulthood and, consequently, are facing a lot of changes and challenges in their lives. Becoming an employer is an additional responsibility and, for these clients, our service is inevitably more intensive, even though they usually have a family member supporting the process.'

**'The process is different from the social care direct payments service because we use a system of 'case holding' which means the support is on-going.** Currently we have two people working for the personal health budget team and, when clients are referred, one person from the team works with that person on their support plan, to help recruit staff, to induct the staff and they carry on providing support to that person on an on-going basis; the support doesn't stop after the personal assistants (PAs) have been hired.'

'Some service users may have a team of ten PAs and have to recruit again after a few months anyway so they do need continuity in the service provided. Also more medical input is needed so the PA training is on a different level; for example, people with personal health budgets may need their PAs to actually administer medication and handle feeding tubes, so more specialist training and risk assessment is needed.'

### The challenges of the contract

'The size of this contract depends on the number of referrals. We receive core funding to support general enquiries and professional support, plus additional fees for support planning, start up and ongoing support. It is possible to deliver the contract in this way now the level of support has established itself over time.

**New contracts need to have a fixed income element to support the organisation to have trained available staff to provide the support.'**

'At the moment we receive one or two new referrals a month and we already have forty people on the scheme receiving support. We anticipate the numbers to increase in April when people eligible for continuing health care can request a personal health budget and again in October when they will have the right to receive a personal health budget.'

**'Independent Lives can only do this type of contract because we have all our other services and businesses to maintain a stable income and manage the risk that predicted referrals are not forthcoming.'** This is much harder for smaller ULOs and funders need to be aware that, if they do not want to exclude smaller organisations from the process, they need to allow for some guaranteed core income in any contract and realistically set their predicted referral rates. Also ULOs need to question how the predicted referral rates have been arrived at so they can make their own judgement on staffing provision.'

**'Contracts are often designed and set long before they are delivered and the needs of the population can change during the course of the contract. When contracts are designed they need to have flexibility built into them to allow for changes and additions to meet the changing needs of the population and the commissioner.'**

Rebecca Smicle, Head of Direct Payment Support Services, Independent Lives



### Example 2: Piloting an advocacy service with primary care providers

Independent Lives also provides an 'Integrated Advocacy Service' in three Worthing-based GP practices, funded by the Department of Health's Voluntary Sector Investment Programme Innovation, Excellence and Strategic Development Fund; Delivering Better Health & Care Outcomes.' Independent Lives secured up to three years grant funding (£126,779 p.a.) for this pilot project, which started in April 2012. SENDPO talked to **Nicky Kentell**, Head of Policy and Communications at Independent Lives, about this project.

#### The background

'Advocacy is fundamental in health and social care and can support people to have full choice and control in their decisions and actions. Through our involvement in health and social care services and delivering advocacy services

in the past we suspected that many vulnerable people visit their GPs with medical symptoms which are actually caused, or made worse by, social issues, such as lack of support or living in inadequate housing. **Often GPs do not have the information to refer their patients to the appropriate services so the root cause of the problem does not get addressed, highlighting a gap in service provision.'**

'Independent Lives wanted to integrate advocacy at the GP surgery level to capture issues at the earliest possible stage and provide people with the support they need to improve their wellbeing and reduce their contact with health services. **Ultimately this would result in cost savings for the NHS, through reduced appointments and workload. There is some evidence, both nationally and through local knowledge, that many people attend GP appointments more frequently than necessary due to unresolved, underlying non-medical-related issues.** There is no clear figure as to how many potentially avoidable appointments this relates to but it has been reported anecdotally and nationally that the numbers are significant and present a real issue. When researching other advocacy services across the country we did not come across any other Integrated Advocacy services based in GP surgeries like our pilot, other than 'social prescribing' services, which work outside the GP surgery.'



Nicky Kentell



**'This involves primary care services referring patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector (see 'Resources').**

However, this relies on the patient following up on a referral to an external service and, in many cases, this does not happen. By integrating our service into the surgery infrastructure, we expected a high uptake and this has proved to be the case, with 98% referred patients attending. The service is therefore capturing as many patients requiring support as possible.'

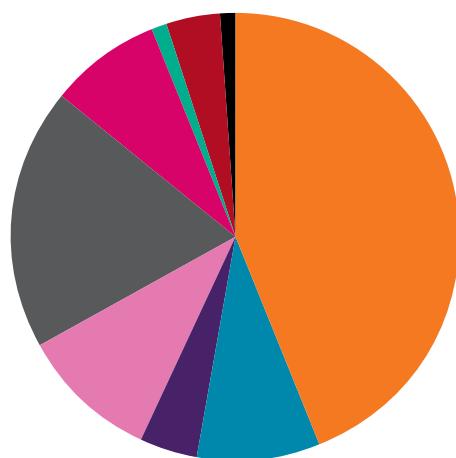
### The advocacy process

'Our service has one full time coordinator, one part time advocacy worker and a team of volunteer advocates. People are referred to our Integrated Advocacy service by their GP, nurse or reception team and attend an initial appointment with our full-time advocacy coordinator, who holds weekly sessions in each surgery for three hours. The person talks through their concern or issue and an action plan to support the person in resolving their issue is agreed. The person then works with the advocacy worker or a volunteer advocate until the agreed outcomes are achieved.'

### Findings so far

'Over the past eighteen months we have supported over 156 patients, most of whom are disabled people, including people with mental health issues, as well as people with experience of drug and substance misuse and older people. Since the pilot went live in September 2012 we know that 85% of our service users are referred by their doctors and their age range varies considerably – the largest groups are 51-60 years old (26%), 61-70 (16%), 31-40 (15%), 41-50 (13%), 81+ (11%).'

### Breakdown of referrals



<b>Benefit related support</b>	44%
<b>Housing related support</b>	9%
<b>Employment related support</b>	4%
<b>NHS related support</b>	10%
<b>General support</b>	19%
<b>Carer support</b>	8%
<b>Power of attorney</b>	1%
<b>Did not attend appointment</b>	4%
<b>Rejected referrals</b>	1%

‘

**'We also use an Outcome Star system (see 'Resources') to measure the effectiveness of the advocacy intervention,** which involves asking the same questions (about self-esteem, confidence, empowerment, etc.) when the advocacy begins and at the end of the service; this shows whether the patient feels their situation has improved through receiving the support. We also use follow-up service questionnaires after cases have been closed but not many are returned so we also do follow-ups by telephone, being careful not to pressurise people. **Anecdotal feedback so far shows that service users find the service extremely approachable and feel more able to open up to our advocates than they would if it was a statutory service.'**

'Two case studies show the impact of our service:'

### Case Study A

Outcome Star 1 (at first meeting with advocate) = 18

Outcome Star 2 (at end of advocacy support) = 9

Number of appointments during 3 months prior to advocacy intervention = 3

Number of appointments during 3 months following the advocacy intervention = 1

(Note: The maximum score for the outcome star is 25 [being the worst] and the minimum is 5 [being the best score], see 'Resources')

An extremely anxious patient came to see the advocacy coordinator as s/he urgently needed supporting information from a medical professional to support a bid for suitable housing on the grounds of disability and medical needs. The hospital consultant had previously agreed to write a supporting letter but, despite several phone calls, had still not done so. The coordinator of our Integrated Advocacy service contacted the consultant's secretary and the letter was ready for collection later that afternoon. Feedback about the service was extremely positive: **'Quick and helpful service – did what she said she would do.'**

### Case Study B

Outcome Star 1 (at first meeting with advocate) = 13

Outcome Star 2 (at end of advocacy support) = 8

Number of appointments during 3 months prior to advocacy intervention = 6

Number of appointments during 3 months following advocacy intervention = 1

A disabled person, already known to many of the health services, was referred by the GP to our advocacy service for some social support. On visiting the person and discussing their situation, it became clear that the person was feeling socially isolated and missing activities s/he used to enjoy before needing to use a wheelchair. After taking some time to find out the person's interests and hobbies etc., we did some research and provided the person with information about clubs and groups in the local community. We assisted with contacting some of them to get further details (e.g. meeting days, contact names, etc.) and the person began attending a group on a regular basis, which in turn improved his/her situation, health and wellbeing.

'Our coordinator has worked hard to build strong working relationships with GPs and the practice staff, providing training sessions with the clinicians and the GP reception teams and ensuring that information about the service is readily available. **We have to constantly reinforce what the project is really about – it takes a long time to make sure GPs understand what its role is**, so a lot of time has been spent delivering talks to the GP surgery and helping the practice to understand the role of advocacy. **Another significant challenge has been managing the patients' expectations with regards to what the service can achieve.** The point of advocacy is to empower people to take control and give them the confidence and tools to address similar issues in the future. Achieving this is not always easy, and there is a risk of some people becoming increasingly dependent on the advocate, so it's often a challenge. **However, we think the reason the service is working so effectively is because our advocacy coordinator is physically present at the surgery and patients requiring support can be referred immediately, evidenced by the 98% take-up amongst referred patients.** The GP surgery itself also acknowledges this and it is an important defining feature of the model. We are now operating across three surgeries in Worthing – in year two we extended the project to a second surgery and, in January 2014, we started in a third.'

## Demonstrating the effectiveness of the service

**'As part of our bid we had to consider the long-term sustainability of the service after the three-year pilot so it was essential that we found ways of demonstrating the effectiveness of the service.'** We felt it was important to use an external evaluator to support us in collecting the right qualitative and quantitative data. I already had experience of working with Brighton-based Frameworks 4 Change on a previous Advocacy project so we chose to work with them on evaluating the project. By the end of the pilot we need to demonstrate the following:

- what advocacy is, how it works and how this model can benefit both the GP practice and the patients
- the effectiveness of the service, by reducing the need for patients to request frequent repeat appointments and double appointments (thereby reducing the pressure on GPs and practice nurses in terms of appointment availability and the time taken dealing with these patients)
- service users recognise the benefits of advocacy in terms of their own wellbeing and health, and by reducing their visits to, and reliance on, the GP practice

- the effective integration of the advocacy service into the GP practice, so that the coordinator and volunteer advocates are viewed as an integral part of the practice and as members of the team
- the range of social issues which patients bring to the GP and seek support with and which could be resolved by advocacy instead
- 'Integrated Advocacy' as a unique service within the context of other current, local and national services and political agendas
- a need to embed advocacy provision into every GP practice nationally'

'To capture this information we have set up a system to measure the following:

- collection / analysis of figures for frequent repeat appointments and double appointments 'before' the advocacy input began (to provide baseline measurements)
- collection and analysis of these figures 'during' the delivery of the Integrated Advocacy service
- interviews with key members of staff (GPs, practice nurses, reception and administrative staff) to identify the impact on GP practices of patients whose issues are social, not medical, followed by an exploration of how advocacy may assist with addressing these issues



- interviews with the same staff at the GP practice after the advocacy service has been in place for some time, to identify the perceived impact the advocacy service has had on their workload and any reduction in frequent repeat appointments / double appointments, and identify any learning points
- analysis of referrals to the Integrated Advocacy service to identify the numbers and range of service users, as well as their different types of issues
- case studies showing how the Integrated Advocacy service has impacted on the wellbeing of the service user, as well as the benefits to the GP Practice
- interviews with the Integrated Advocacy Project Coordinator and advocates during the project to get their perspective on working within a GP practice and their experience of providing advocacy within a GP practice'

'This information will enable us to produce conclusions and recommendations for this pilot project. In our evaluation we will want to demonstrate both the effectiveness of Integrated Advocacy and examine what evidence there is of the financial benefits of providing the service. **We hope our findings will present an opportunity for an individual GP surgery or a GP commissioning board to invest in a service which will deliver an overall cost saving.** We will also produce a toolkit to enable any GP surgery nationally to apply the model to their locality. **Our ultimate aim is that advocacy becomes fully integrated into GP practices.'**

**'This project is a good example of how health and social care services can be more integrated. It is about innovation and co-production. We hope the evaluation will move the service forward and eventually have its own project board made up of service users. Once trained as advocates in adult social care, we hope that the service users will get more involved in co-production.'**

Philippa Thompson, Chief Executive, Independent Lives

## Resources

On Health & Wellbeing Boards (including an interactive map for the South-East), see:

- <http://webarchive.nationalarchives.gov.uk/20130805112926/http://healthandcare.dh.gov.uk/hwb-guide/>
- [http://www.local.gov.uk/health/-/journal\\_content/56/10180/3510973/ARTICLE](http://www.local.gov.uk/health/-/journal_content/56/10180/3510973/ARTICLE)

Stronger together: How health and wellbeing boards can work effectively with local providers (NHS Confederation, 2013)

Department of Health (March 2012), Local Healthwatch: A strong voice for people – the policy explained

- <http://www.healthwatch.co.uk/> and <http://www.healthwatchesurrey.co.uk/>

NHS England (2013), Everyone Counts: Planning for Patients 2014/15 to 2018/19

RAISE (Regional Action and Involvement South East) provides many resources related to health and social care in the South-East, including a 'Who's Who Guide' to key people working in health, wellbeing and care in each area (e.g. in CCGs, NHS England area teams, etc.), regular e-bulletins and details of commissioning opportunities (see 'Tenders'):

- <http://www.raise-networks.org.uk/what-we-do/health-and-social-care/>

- RAISE's '**Healthier Perspective**' Toolkit: <http://www.raise-learning.org.uk/>
  - this toolkit is designed to encourage collaboration between commissioners of health and social care and the voluntary sector.

<http://www.personalhealthbudgets.england.nhs.uk/>

On 'social prescribing':

- <http://www.raise-networks.org.uk/wp-content/uploads/Social-Prescribing-briefing-paper1.pdf>

Outcomes Star:

- <http://www.outcomesstar.org.uk/>
  - a tool for supporting and measuring change when working with people

## Canterbury and District Mental Health Forum (CADMHF), SPECTRUM Centre for Independent Living CIC and Deaf Positives: The entrepreneurial spirit of DPULOs

### Key themes:

- DPULOs developing new, cost-effective, peer-led ways of working
- The long-term benefits of statutory bodies providing start-up support to get innovative ideas off the ground (some of which, once established, are then successfully commissioned)
- Tackling stigma and discrimination by developing user-led initiatives which empower disabled people and change the public's perception of disability
- DPULOs spotting opportunities, experimenting and turning innovative ideas into sustainable, income-generating enterprises
- The importance of DPULOs diversifying their income streams and developing business models which are not dependent on local authority funding

Although this resource focuses on how local authorities can commission DPULOs, some DPULOs are successfully generating other sources of income for their organisations. Some have created new service models which could be replicated elsewhere, while others are now successfully providing 'in-house' services which previously would have been delivered by profit-making businesses.

We have included some examples because they showcase an entrepreneurial approach to developing services and organisations. However, they also highlight how local authorities can support DPULO entrepreneurship and help to make DPULOs more sustainable by, for example, supporting DPULOs with submitting funding applications to other funders and funding DPULO pilot projects which will capture the evidence needed to get long-term investment.

**Example 1:** Canterbury and District Mental Health Forum (CADMHF)

CADMHF is a DPULO providing a range of services for users of mental health services. It coordinates the Council of East Kent Service Users Forum, a Patients' Council at its local psychiatric hospital, a drop-in service at local community venues, and administers the payment of fees for service users and carers who participate in Kent and Medway Partnership Trust's engagement work. SENDPO talked to **Mark Kilbey**, Director of CADMHF, about how he secured support from commissioners to develop a new, user-led service called Project SWAP (Supporting Wellbeing and Personalisation).

### The background

In 2009 Mark asked a commissioner in the Kent-Medway area to fund CADMHF to research what personalisation would mean for mental health service users.



Mark Kilbey

**CADMHF was particularly interested in the possibility of training people with lived experience of mental health issues to work alongside their peers and inform them of the opportunities that personal budgets could give them.** As a result, CADMHF was funded to enable Mark to travel around the country and research what was going on. He found that there was little understanding about personal budgets and that services which claimed to be user-led were usually controlled by statutory services and non-ULOs. Following further discussions with other ULOs, CADMHF concluded that:

**'...service users are the right people to assist each other in recovery – they are the experts'.**

In 2010/11 CADMHF initiated meetings with staff at Canterbury Christ Church University who believed in the importance of CADMHF's work. This resulted in a **'Knowledge Transfer Partnership'** between the two organisations, which enables a UK business to improve its competitiveness, productivity and performance by accessing the knowledge and expertise available within UK Universities and Colleges (see 'Resources').

Mark explained how it worked:

'A teaching fellow, Rayya Ghul, was given resources and time to put at my disposal. She put me in touch with their business school which helped me with my business plan. I also talked to senior staff at Kent County Council and everyone agreed that a Peer Support Brokerage Service would be the best way forward to facilitate recovery for mental health service users. **Creating a business plan was incredibly useful in terms of focusing my mind and seeing what was relevant and what wasn't. Although it wasn't essential, it certainly helped us to get significant funding from Kent County Council to design the course and deliver it.**'

'A team of four of us came together to design, develop and deliver the course, what we now call the '3 Ds': a social worker, a media expert, a Channel 4 journalist and a graphic designer, all professionals but no longer working since becoming mental health service users. **We researched how brokerage training was being done at that time and found it was not peer-designed, developed and delivered. This is what makes our training unique. We all worked really well together – it helped our recovery and continues to do so.'**

### A new DPULO product

'In 2013 we then ran a six-week training programme for our first group of thirteen mental health service users to enable them to become qualified Peer Support Brokers. All the participants were then accredited and CRB-checked and we put full professional insurance in place. We also provide peer support supervision to our brokers. Our course was accredited by the Open College Network. **We are now in discussion with them about the possibility of us becoming an accrediting body ourselves, as we think the course has financial value as a 100% service user-designed and developed product.** In fact we think it could be taught to any disability group and we are in early discussions about re-branding our organisation as a pan-disability group anyway. After all, personalisation applies to everyone.'

'It's important to mention that we originally set up Project SWAP as a community interest company (CIC), not as a forum project, which is a registered charity. **The reason for doing this was that we thought the training programme was a product we could sell and it was easier to do this as a CIC affiliated to the forum, rather than change the forum's constitution which has existed since 1996.** So, in effect, now it is a separate training company. As part of our Knowledge Transfer Partnership with Canterbury University, they also paid an expert in CICs to work with us on this.'



'A few years ago CICs were quite new so it was really beneficial to have this expert guidance, simplifying the process. The brokerage contract, however, sits with the forum – this helps with the fundraising because it has a good structure and has developed a reputation over many years.'

### Delivery of a new user-led service

'In the early stages it was a struggle for us to get clients for our brokerage service because we were a new initiative. We had to think of ways of promoting ourselves to get referrals so we got some professional leaflets designed and visited Community Mental Health Teams across East Kent to promote the service. Self-referrals and referrals by other voluntary organisations are also possible. We pay brokers by the hour – they normally do three hours per week but we recommend no more than ten hours per week as it is very intensive when done properly, and also we have not got the funding for it. **Being paid is a major factor in recovery. The vast majority of our service users have been in hospital. I have witnessed the exploitation of service users' good will over many years. I believe, however, that well-trained, remunerated and peer-supported service users engaging with the statutory services as equals can be a reality.** The fact that we wanted to pay people did present a challenge and it took us a year to resolve that!'

'We wanted funding on the basis that we would pay people and would not accept going down the road of not paying people for professional work. Eventually our funders accepted this. It is possible to pay people a limited small amount of money without this affecting their benefits – we find that each person is an expert in their own income and working out what is possible. To not pay them appropriately would be the worst type of discrimination. Also, one of our brokers has actually managed to come off benefits.'

### A peer-led, preventative approach

**'It costs several thousand pounds a month to keep someone in hospital so I am quite confident that we have saved the system a lot more than this project costs.** We also save statutory services a lot of money. Our brokers often signpost people on direct payments to services that are free at the point of delivery, run by the local authority and voluntary sector. There are loads which reduce social isolation, such as The Ramblers Association or the health walk which runs from our library once a week. You find all kinds of different people there, not only people with mental health issues, and it can help to be with people who talk about completely different things. **These solutions are more effective and they save money.** Interestingly the people who submit support plans that CADMHF has drafted to their social worker or psychiatrist usually get what they have requested.'



'Generally service users don't get referred to free services – in twenty-five years of being a mental health service user, I have never been pointed in this direction! Traditional services focus on your diagnosis and tell you what is good for that particular condition. **We are not necessarily interested in people's diagnoses, unless they ask for specific advice on this – we speak to each person as an individual and their psychiatric history isn't even mentioned in their support plans. This is what makes our service different, exciting and beneficial – peer support is unique because most people play a crucial part in their own healing process and it hasn't come from doctors. Our approach tackles stigma and discrimination in a very real, non-patronising and inclusive manner, which also has a positive effect on the public's perception of mental ill health.'**

'Our Peer Support Brokerage has taken off as an enabling service in an extremely positive manner. Clients report that they feel a greater sense of independence, more able to take charge of their own wellbeing and many have also stated that, now they are further down their own recovery journey, they are keen to become brokers themselves. **Every day we see people who are referred by community and mental health teams who are not, metaphorically speaking, capable of running a marathon but our approach is that, one day, they might.**'

'Our peer brokers are models of what mental health service users can do and what is achievable. Project SWAP is really what the name suggests: it's about a beneficial process for both parties. There is no hierarchy in this – it is not about us and you because we are peers: 'I am you and you are me.' It may sound a bit hippie but that's how it works. It's a mutual learning experience.'

**'As commissioner for mental health services, it is imperative that we have service user-led organisations which can assist users in defining and developing their support plan and identify resources to meet individual needs. Canterbury and District Mental Health Forum is a proactive organisation which works in partnership to deliver good outcomes for people with mental health issues.'**

Sue Scamell, Commissioning Manager Mental Health, Strategic Commissioning (Accommodation Solutions), Social Care Health and Wellbeing, Kent County Council

## Funding

'I think Kent County Council believes in the benefits of our brokerage service as well, as they have contracted us to continue delivering this service for another year. We have also just got £5000 from the Clinical Commissioning Group to train another eight brokers – by allocating us one fifth of their total 'Good Initiatives' budget, it shows that they like the idea of peer supported service delivery but also it gives us a direct route into the CCG which is really helpful – and it's rare for mental health to get that level of interest and attention.'

'As well as being contracted to deliver our brokerage service, we have also run the Canterbury District Mental Health Forum since 1996 and our 'Umbrella Centre' community activities, which provide representatives for three to four hours per week to talk to service users about whether they are happy with their care or not; we can follow up their concerns and signpost them to relevant people.'

'Our third contract is to coordinate CEKSUF (the 'Council of East Kent Service Users Forum'). It draws together all the mental health service user forums in East Kent and aims to be the voice of service users in East Kent in order that it can influence the design and implementation of in-patient and community-based mental health services.'

'We host the monthly meetings and ensure attendees receive out-of-pocket expenses for attendance. These contracts are all advertised through Kent County Council's main commissioning programme and we have regular service level reviews, at which we regularly exceed all our targets.'

## Evidencing services for commissioners

**'In terms of developing relationships with our commissioners at Kent County Council, it is something that comes over time – there has to be mutual trust. Also, as potential bidders, we find it useful to go to commissioners with solutions, not problems. It works well when you take the approach of saying 'I know something isn't working but I can give you a solution and here is the business plan or a proper structured project.' We come up with realistic proposals, with realistic budgets'.**

**'We start small and gather the evidence so we can prove our ideas work.** At the moment, for example, we currently have a PhD student in clinical psychology from Canterbury University who is looking at evidencing the benefits on the mental wellbeing of our brokers of doing the training and delivering this service.



**'In terms of advising other ULOs, based on our own commissioning experience, I would emphasise the importance of working toward targets and of always being target-driven. They are crucial for measuring progress – it is what the system wants and we need to be able to navigate it.** Understanding the system is key, as much as having a good relationship with the commissioner. It's important to also research things really well and get all the information you can, as well as keeping commissioners fully informed about what we are doing so that they think of us when opportunities arise.'

**'Commissioning processes can bring an enormous amount of bureaucracy, around health and safety and risk assessment policies, etc. and all this is a difficult process. We had to develop our organisational policies as it is very different when you are actually running services. This took a couple of years but we had to show commissioners we are capable of doing this.** Our commissioners know me and know how capable we are but, if they didn't, it would take time to build up that level of trust.'

'The most helpful commissioners are those who listen to you, hear what you are saying, think outside the box and are prepared to fund something that is not the norm – they need to be broad-minded in their thinking and open to accepting that there may be solutions outside the status quo.'

**'Some of them also recognise that, in the current funding crisis, ULOs can actually help commissioners to save money in a smart way. Coming up with innovative ideas is what ULOs are good at and, in years to come, peer-led services will be the norm.'**

## Resources

- Canterbury and District Mental Health Forum  
<http://cadmhf.org.uk/>
- For further information on Knowledge Transfer Partnerships:  
<http://www.ktponline.org.uk/>

**Example 2:** SPECTRUM Centre for Independent Living CIC

SPECTRUM, formerly the Southampton Centre for Independent Living, was formed in 1984. Although it has been successfully commissioned by local authorities to provide direct payment services, it has ensured its longevity by being entrepreneurial. SENDPO talked to **Ian Loynes**, SPECTRUM's Chief Executive Officer, about some initiatives SPECTRUM has developed to provide services which increase choice and control for disabled people and to generate additional unrestricted income for SPECTRUM.

'Historically some DPULOs have had good grant funding arrangements with their local authorities for basic service provision but', Ian notes, 'SPECTRUM has never had core grants from anyone just to exist. **We have always had to go out there and find ways of generating income to do what we wanted to do.**'

'Although it's not like this now, in the past a lot of sister organisations had core grants and could get the money they needed. Instead we got used to having to go out and look for it. But **this instilled an entrepreneurial spirit in our organisation and we are always looking for the next opportunity.**'

**Creating a social enterprise**

Ian told us, 'SPECTRUM has for very many years been at the leading edge of developing direct payments and individual budget services to enable a wide range of disabled people and carers to have more choice and control and independence over the way they meet their care needs. However, although we successfully enabled new groups of service users to use direct payments, such as older people and mental health service users, we continued to experience barriers in enabling service users with health and continuing care needs to access a direct payment-type service. We also wanted to give these service users the choice, control and flexibility of direct payments/individual budgets by offering a 'user-led' peer service which would provide tailor-made care and support and act as a funding-holder / management service, working in partnership with the service user and stakeholders.'



Ian Loynes

**'We needed to find a way for Primary Care Trusts (now Clinical Commissioning Groups) to do this in a way which was compatible with PCT procurement practices. We established that, if the Hampshire Primary Care Trust (now the Clinical Commissioning Group) could contract a social enterprise, this would bypass the problem of it not being able to contract individuals directly. SPECTRUM felt this would provide a solution to one of the procurement barriers preventing fulfilment of the personalisation agenda.'**

'So, we applied for a grant from the Social Enterprise Investment Fund to cover the costs of setting up and running a continuing care agency until it became self-financing. Our proposal was helped by SPECTRUM having support from commissioners in Hampshire's (then) Primary Care Trust and other statutory service commissioners who also believed that this innovative approach could enable the delivery of highly cost-effective, personalised health and social care services. The hope was that the social enterprise would be self-financing and sustainable after a three-year development period. **It helps to get a grant to pump prime a future service which will be able to sustain itself.** We got £90,000 over two years to cover the costs of getting staff in place before we were generating the income to actually pay them, as well as things like specialist legal advice, care standards registration, and

the costs of setting up the community interest company. **Having funding upfront also enabled us to compete with commercial care agencies because we could set our prices below those of other agencies.** We understand that generally these agencies operate on a profit margin of about 30%, whereas we charge a management fee of 17.5%. It used to be higher but, now that we're up and running, we may be able to reduce it even further.'

'We specialise in taking on service users who have significant needs and we have about fifteen clients at the moment. This includes people whose care packages are defined as meeting a 'primary medical' need and are funded by continuing care funding, or by social services and the Independent Living Fund, or by a joint health and social care package. We also now take some self-funders and a few social care clients as well. Our margins are so low that it would not be economical to manage just three to four hours a week for a service user. So we specialise in service users with high needs and often this means they may have terminal conditions, so there is a turnover for that reason, sadly.'

**'Our numbers are deliberately kept low because we specialise in that end of the market, which works well for CCGs too because that's the market they tend to work in.** We provide a quote to the Clinical Commissioning Group for providing support for a service user.

‘

They then accept or refuse it, so **there is no contract in the tendering sense nor is it a grant – it is simply the cost of providing a service.** The agency is run on a bit of a shoestring so we need to be careful about how much workload we generate and how much money we get from each service user to fund the work we do.’

‘Our agency is now well-established – although it’s a subsidiary of SPECTRUM, in the last financial year its turnover was actually more than SPECTRUM’s! But a lot of that money goes on personal assistants’ wages and about £160,000 on managing and delivering the service. This year we expect it to grow significantly. **In 2012/13 we made a healthy surplus with a margin of 8% of our turnover, about £40,000. It was the first year we made a surplus because it costs money to run the service and, despite having a grant over the first two years, SPECTRUM still had to subsidise the service.** But it’s easy to argue that what we are making now is simply paying back what we have already invested. Although **we set it up to enable disabled people to live independently, we also hoped it would generate a surplus to enable SPECTRUM to do what we want to do.** We are not scared about making a profit, in fact we relish it; obviously it’s not what motivates us but you can’t run a business without making a profit. You have to be on your toes and looking for new things to do all the time.’

## The future

‘I think this model of service provision is probably where SPECTRUM wants to focus its energy in the future, as well as working on a consultancy basis. Although we have been successful with direct payments contracts, we have been largely unsuccessful with other tenders so we don’t bother with them so much now. It’s not that we won’t go for grants and tenders but I am very sceptical about tendering because it can be a dive to the bottom, price-wise, and I don’t think we want to play that game. You’re not doing it on the basis of it being good for business. **Tendering simply isn’t sustainable, long-term, on its own – it is a good way of generating reach and access to hundreds of disabled people, who can then use your other services, but I don’t think we should be dependent on that: as prices go down, you can’t do anything outside the agreed service specification and you can’t make money to run an organisation in the way you want to.**’



### Lateral thinking

'We have also created a student unit at SPECTRUM for social work students doing university degree courses. They have to do two to three placements during their studies, mostly in local authority settings but, increasingly, in voluntary sector organisations as well. We have six student placements at a time and they spend between 70-130 days working for our CIL. **We are paid a fixed fee (£28) per day per student, a price we negotiated with the buyer – it's not a grant or a contract, it's simply a service arrangement and a lot of SPECTRUM's work is done on that basis.** However, in order to charge that rate, we do need a qualified teacher / practitioner on the payroll so we have a social worker, who is also a qualified teaching practitioner, on our staff. **That generates just about the income that we need to run the programme but, this way, we effectively have six full-time volunteers on the books and they can do a lot of our advocacy work for us, for example.** We've been doing it for five years now – it started as an experiment, as always, but has evolved into an important part of what we do.'

### Resources

- SPECTRUM's continuing care agency  
[http://www.spectrumcil.co.uk/  
independent-living/independent-living-  
services/continuing-care/](http://www.spectrumcil.co.uk/independent-living/independent-living-services/continuing-care/)
- [http://www.personalhealthbudgets.  
England.nhs.uk/](http://www.personalhealthbudgets.England.nhs.uk/)
- <http://www.socialenterprise.org.uk/>

**Example 3:** Deaf Positives

(Note: Although Deaf Positives uses a capital 'D' to indicate deaf people who strongly identify with other members of the deaf community and deaf culture, such as those who have attended schools for the deaf, it provides services for all deaf people, regardless of how they view their hearing loss.)

SENDPO talked to **Mark Hooper**, Director of Deaf Positives, about his experience of setting up and running a Deaf-led organisation which provides services to adults who are Deaf, Deafblind or hard of hearing.

**Mark Hooper is a social entrepreneur. His determination to achieve equality for deaf people in all aspects of their lives comes from his own experiences, as a Deaf person and a British sign language user, of exclusion and discrimination in education and in the workplace.**



Mark Hooper

This ranged from isolation and abuse at a boarding school to bullying in a range of jobs where his communication needs were not met. Fortunately this all began to change when he heard about a City and Guilds course, run by Sign Health and delivered by Kate Mercer (see 'Resources'), which would give him an accredited qualification in Advocacy. **Mark researched what it would involve and realised that gaining advocacy skills would enable him to help change the lives of other Deaf people.** Despite his low level of education and lack of advocacy experience, Mark's enthusiasm and interest got him accepted onto the course. He learnt about the social model of disability and, over the next three years, attended further training by Sign Health in Tribunal and Medical Advocacy. Mark specialised in these areas of advocacy and became one of only three qualified Deaf advocates in England. He also worked as a Communication Guide for Deafblind people, having been trained by Deafblind Lucy Jaques (accredited by Signature, see 'Resources').

**Mark then decided to set up Deaf Positives Ltd in 2010 with his wife (a fully qualified BSL interpreter), offering interpreting and advocacy services. He chose this name for the company because his own previous experience of being Deaf had been so negative due to the social and communications barriers he had encountered.**

He also attended teaching BSL courses in the evening with a view to increasing the number of Deaf interpreters.

Mark set up Deaf Positives Action, based in Wokingham, in 2011. **As a community interest company (CIC), it can provide its training and advocacy services more cheaply because it doesn't charge VAT and any profits made go back into the company to cover other costs.** He says:

'We wanted to give back to the community and being a CIC enables us to source funding, like grants, to provide free sign language taster sessions for hearing people so they can feel more comfortable when communicating with Deaf people. We also provide free deaf awareness training to hearing people and have set up a service to assist and support the Deaf community in getting back into work. The project has been running for a year and we have successfully sourced funding for another year. This service is Slough-based only.'

**'Our mission is to give Deaf and Deafblind people the power to achieve independence and equality, and raise the national standards of Deaf services. We do this through advocacy, career advice and expertise delivered by Deaf professionals to the highest standards.'**

Deaf Positives

SENDPO

Deaf Positives Action provides the following services:

- Advocacy / IMHA (Independent Mental Health Advocates), provided by Deaf advocates
- Deaf interpreters
- Communication guide services
- Deaf Awareness Training for individuals, employers and employees
- Employment advice for Deaf people
- BSL courses
- Outreach support workers, providing deaf people with support to live independently

Mark talked to SENDPO about how his Deaf-led company has developed over the years: 'When we started Deaf Positives Ltd in 2010 we initially got business largely through word of mouth. The first year was extremely difficult but, in the second year, it started to progress and the services that we offer started to broaden. I did not expect to have so many staff joining us and the company simply expanded.

**We try to have as many deaf people with the right skills working with us as possible – excellent communication is my company's priority.** Clients see our website or leaflets and go to Deaf events, such as Deaf Day and Deaf World, where they actually see Deaf Positives delivering our services. We are based in the Windmill Resource Centre in Slough which is like a community in itself.'

'The first three years have been interesting but it hasn't been an easy journey. We charge booking fees, which generate income for us, and bookings have gradually increased. I have had to learn how to have the right attitude with people, understand the business environment and business planning, and how to coordinate people. I have made mistakes but we learn from them. **If we ever lost a client, we'd change the way we do things to make it better. For example, at first the feedback we received for our awareness training was not favourable but we have worked on improving it and now it is very well received. We now have waiting lists for training!**'

'We have a range of contracts with various organisations, including Age Concern Slough & Berkshire East, Sign Health, some schools in East London, and some clients who get Access to Work support.

**We adjust our services to match a client's available budget, so we can remain competitive in comparison with other services, and we are prepared to negotiate.** We are always trying to get more service level agreements with local authorities and we also need to focus on a broader area, not just locally; currently we work in the South-East and London.

**One problem we face is the competition from bigger companies that provide interpreters, many of which are not Deaf-led and simply do not know enough about the skills and experience of interpreters they supply.**

This can be risky, for example, in medical situations. So we are trying to promote awareness of this issue.'

Mark remains ambitious about his company's ability to bring about social change: '**My vision for Deaf Positives is to empower Deaf people so that they understand their rights and for us to be able to support them. We want to remind everyone that Deaf people need, and should have, full access – Deaf people still face barriers every day and many people do not realise this.** We want to solve that problem. We know that we can't resolve everything but we try our best. Our work is political – it's about changing society and achieving equal rights for Deaf people. Too many people out there still follow the medical model and do not apply the social model so every day continues to present challenges for Deaf people.'

## Resources

- Deaf Positives Action  
<http://deafpositivesaction.org/> and  
<http://www.deafpositives.org/>
- <http://www.signhealth.org.uk/>  
– an organisation which provides services to improve the health and wellbeing of deaf people
- <http://www.katemerger-training.com/>
- <http://www.lucyjaques-training.co.uk/>
- <http://www.signature.org.uk/>

# **Concluding thoughts and next steps**

## Concluding thoughts and next steps

Adult social care is facing substantial challenges in the current economic climate. Furthermore the significant impact on voluntary organisations of austerity policies is set to continue.<sup>1</sup> And yet, research shows that many disabled people who use services believe that DPULOs and meaningful service user involvement are a solution to many of the challenges facing adult social care.<sup>2</sup> Demos and Scope have also argued that local authorities could 'mitigat[e] the impact of cuts at the front line' by working in co-production with service users from service design through to delivery.<sup>3</sup>

It was hoped that the personalisation agenda would radically transform social care through the development of genuinely co-produced services:

**'The wheel needs to turn full circle and the capacities of people, communities and wider civil society need to be enlisted in the cause of a new generation of people-powered services.'**<sup>4</sup>

However, it has been argued that personalisation has focused too much on technical changes to funding mechanisms rather than on transformation and cultural change.<sup>5</sup> So, does the evidence show that south-east local authorities are succeeding in producing 'people-powered services' and creating fundamental change at the heart of local authorities by working in partnership with DPULOs?

Some south-east local authorities have much bigger commissioning and procurement functions, and more resources for engagement and involvement work, than others. Internal capacity issues will also inevitably impact on how staff work with their local community and voluntary sector. However, one of the aims of this resource is to show that building long-term relationships with DPULOs brings multiple benefits to local authorities, in terms of supporting local authorities to deliver their corporate objectives and bringing additional social value to service delivery.

### Harnessing the unique value of DPULOs

There are examples of south-east local authorities, such as Hampshire and Surrey, which are genuinely seeking cultural change at the heart of their organisations. Meaningful service user involvement which has a genuine impact on policy development and resource allocation is an essential part of this process. This commitment is also embedded in corporate processes, such as Surrey County Council's commissioning and procurement cycle which reflects the principles of co-production by involving disabled people and DPULOs at every stage. The process is underpinned by an emphasis on outcomes-based commissioning, outcomes which are also co-designed with service users.

Supporting the development of user-led services is also essential to achieving fundamental change. By working co-productively with DPULOs, some south-east local authorities are '**reposition[ing] the service user as one of the experts and ask[ing] what assets they can contribute to collaborative relationships which will transform provision.**'<sup>6</sup>

Some south-east commissioners are now working with their local DPULOs to empower disabled people to achieve independence and control over their lives, by harnessing the first-hand knowledge and experience of disability within DPULOs which gives them a unique insight into issues facing disabled people and solutions to address them. These DPULOs are supporting local authorities to improve user-involvement and progress personalisation, as agents of change providing services which are tailored to individual need and which offer innovative, preventative and cost-effective alternative approaches to supporting disabled people to live independently. At the same time DPULOs provide a reliable channel of communication into the local disabled community and have an ability to engage and involve a wide range of people in their activities. There are also examples of DPULOs which have successfully diversified their sources of income beyond local authority funding, in order to remain sustainable and circumvent any local authority contract restrictions around

some of their activities, such as advocacy, supporting complaints, and campaigning. By funding services delivered by DPULOs, local authorities are undoubtedly investing in, and growing, assets which generate additional value for the local community well beyond the actual services themselves.

### On-going challenges

However, despite numerous examples of 'confident commissioning' which reflect strong working relationships between south-east local authorities and DPULOs, a number of challenges still need to be addressed, as follows:

- Of the nineteen south-east local authorities, nine still do not have a CIL-like ULO
- Some small, fledgling DPULOs still report how difficult it is to capacity build their organisations and, not surprisingly, many DPULOs, both emerging and established, still note a lack of core funding. In the current climate, the next best solution appears to be support with start-up costs and pilot project funding (especially for initiatives which simultaneously meet local authority corporate objectives), alongside commissioning processes which actively try to create a level playing field and reward the value of user-led services. There are commissioners who support this approach but it needs to become more widespread

- Despite the essential role that direct payments contracts play in helping to secure the long-term sustainability of local DPULOs, and all the evidence in favour of user-led service delivery, non-user-led, for-profit national providers continue to be, somewhat surprisingly, awarded these contracts. We hope 'Confident Commissioning' contributes to the compelling case against doing so!
- Deaf people still report a lack of understanding among commissioners of the need for services delivered by Deaf people in their own language (as distinct from services for people who are hard of hearing or deafened). Deaf-led organisations, therefore, remain a source of untapped expertise which could help local authorities to diversify their service providers and reach new communities
- As well as being rooted in local authority policy and strategy, the principles of service user involvement, co-design, co-production and DPULO service delivery also need to be 'signed up to' and fully understood by frontline staff who interact with disabled people on a daily basis. These changes to the way that services are commissioned and delivered still require a significant shift in thinking across all staff teams so that policy is translated into how staff work with each individual service user. These new ways of working also need to be sufficiently embedded and robust to withstand changes in staff teams
- Despite the encouraging information we have gathered from commissioners about the additional value of DPULOs, the chief executive of one south-east DPULO asks whether all commissioners really understand the true value of what DPULOs can offer and whether they remain connected to disabled people: **'[Commissioners] need more contact with the wider service user experience to understand what peer support really means on a practical level. It's about recognising the value that people get from that shared, common life experience and not having to deal with professionals and the challenges that come with that. Commissioners need to get closer to the people experiencing the services.'** This view is even more important when policy priorities may change: **'What happens if the commitment [to ULOs] changes and new priorities pop up? We don't want to win a contract just because we're user-led but because commissioners understand this is the best way of doing things.'** One local authority senior commissioning manager has suggested that ULO collaboration could be included as a component of professional performance development opportunities for commissioners
- Being user-led does not, in itself, necessarily mean that a DPULO will deliver high quality services; a DPULO still needs to demonstrate good organisational and management skills

- The co-productive process is not without its challenges, as Norah Lewis, Assistant Senior Manager in Commissioning at Surrey County Council, points out: **'There is a risk from the commissioners' point of view that it might all fall horribly flat. You might do the co-design work and go out to tender and nobody submits a bid or the bids that they submit are clearly not partnership-working and not able to meet the outcomes. So it is testing new ground and it's a scary place to be.'** In such a situation Norah suggests that commissioners '**would need to broker or negotiate with providers to work together to deliver a service, which would be very labour-intensive for the Council.**' This possible scenario highlights the disparity between south-east local authorities with well-established DPULOs fully engaged in the tendering process and those with fledgling DPULOs still in development. By illustrating the mutual benefits that local authorities and DPULOs get from working co-productively, however, we hope we will have inspired local authorities to continue to support their respective DPULOs and to not be discouraged if their attempts to work co-productively with, and commission, DPULOs do not immediately yield the desirable results. It may be a long-term process but, ultimately, the investment of time and resources will reap many benefits

### The importance of flexible funding mechanisms

Although changes to funding programmes and procurement mechanisms alone cannot bring about institutional change, some of these 'technical changes' are undoubtedly helping to create a level playing field by eliminating many of the bureaucratic challenges associated with standard commissioning frameworks. For example, the Commissioning Grants Prospectus, which provides strategic investment and rewards the additional social value generated by user-led services, has proved to be an effective way of pump-priming fledgling ULOs. Pre-procurement support is also vital for developing new providers and, in some local authorities, staff are actively supporting the capacity building of DPULOs by providing in-kind support and start-up funding. Other approaches, such as the consortium model of service delivery which offers an alternative to large contracts being delivered by non-local and for-profit service providers, are also helping to stimulate innovation in local service provision, build community cohesion and support the transition of small DPULOs into essential local service providers.

### The issue of evidencing DPULOs' additional social value

By ensuring that social value is embedded in commissioning and procurement processes, local authorities will increase the likelihood of DPULOs being funded.

However, DPULOs need to be able to evidence their social value. Firstly, they need to demonstrate they are genuinely user-led, that they represent the views of the local disabled community, and that disabled people seek their advice. Our analysis of the ULO design criteria shows that what makes a DPULO unique and different from other organisations is, primarily, its values and its peer-led ways of working. DPULOs then need to communicate how their user-led services, rooted in the local community, can increase the value of limited local authority resources. We have identified existing policy and research which confirms the additional social value of user-led service delivery, as well as examples of tools and systems that south-east DPULOs are using to successfully measure the impact of their services and activities. Demos proposes that the process of measuring social value should be proportionate (to the size and nature of the organisation), comparable (even when using a range of flexible frameworks) and standardised (so that organisations do not have to develop tools and data from scratch).<sup>7</sup> Our research has identified some south-east commissioners who have collaborated with DPULOs delivering services on their behalf to develop appropriate, and sometimes innovative, monitoring systems and procedures to support this process. Given the similarities between many DPULO services, south-east DPULOs and commissioners need to share these tried and tested systems across the region.

### A broader agenda: Beyond adult social care

We have also seen evidence of a new agenda for adult social care emerging. Some south-east adult social care departments now believe that 'citizenship' should be an outcome of well-designed services: people should no longer be stereotyped simply as consumers of services but should be seen as active citizens co-designing services which will support them to participate fully in community life. This requires a shift in thinking within local authorities: staff with divisional responsibilities need to work together cross-departmentally and consider how their individual policies and services, such as those which affect the built environment, local transport, education and housing, can collectively enhance disabled people's wellbeing and contribute to them becoming active citizens. There is also a call for consistent commissioning processes both within individual departments and across different ones. DPULOs are well-positioned to work collaboratively with local authorities to support this new approach to developing and commissioning services.

### Next steps forward: A 'win-win' approach to developing DPULOs

This resource has highlighted the differences between a small, aspiring DPULO, with no or limited resources, and a fully-fledged DPULO delivering multiple services, and the different stages of the journey between the two.

Commissioners in Hampshire believe that thriving DPULOs are ideally placed to support emerging DPULOs by working in partnership with them and sharing their own experience and expertise around issues such as leadership, community engagement and board and staff development. A more strategic and systematic approach could be developed to facilitate long-term collaborative working across the south-east region (including more cross-border commissioning opportunities), an approach which would build on existing DPULO assets that local authorities have already invested in but which are often under-used resources. Richard Davy, Chief Executive of Surrey Independent Living Council, suggests:

**'It would be great if a local authority supported a larger DPO (Disabled People's Organisation) to support and mentor a smaller one in a neighbouring authority to get a direct payments contract. That would move the movement forward. It's a win-win for all DPOs. It would be great if more local authorities decided they wanted to have all their services provided by DPOs and developed a strategy to get us to that point.'**

Feedback during our project suggests that SENDPO could play a useful role in supporting this process by providing infrastructure support, such as action learning sets for senior managers in DPULOs and being a voice for DPULOs at

a regional and national level. This approach is favoured by the Office for Disability Issues which is currently developing a regional network of DPULO representatives to work together in a national forum, encouraging and supporting partnership working across each region.

We hope that 'Confident Commissioning' has evidenced the ability of DPULOs to deliver high quality, peer-led services which empower disabled people and represent an effective response to multiple government and policy agendas. DPULOs are much more than just service providers – they are equal partners, bringing unique experience and expertise to the table. Richard Davy proposes that the 'perfect commissioner profile' would be:

**'A facilitator that really properly brings together people that use services, and people that are going to use services eventually, and facilitates those people to commission the services that they need.'**

Ultimately it is this approach to commissioning services which will help to cultivate the conditions needed for more user-designed commissioning and user-driven commissioning, blurring the distinction between professionals and recipients (and between producers and consumers of services) and re-positioning local authorities as facilitators, rather than deliverers.<sup>8</sup>

## References

- 1 National Council for Voluntary Organisations (NCVO, 2013) Counting the cuts: The impact of spending cuts on the UK voluntary and community sector – 2013 update (NCVO, London), p.18
- 2 For example, the Joseph Rowntree Foundation's 'Standards We Expect' project (2011) and the 'Caring for our future: What service users say' report (Beresford, P. and Andrews, E. – Joseph Rowntree Foundation, 2012)
- 3 Adapted from Wood et al, 2011,in Social Care Institute for Excellence (2012, first published in 2008) Personalisation: a rough guide (London, Social Care Institute for Excellence), p.74
- 4 ACEVO (Association of Chief Executives of Voluntary Organisations, 2010) A People Power Revolution: Making it real. The Report of the Commission on Personalisation (ACEVO, London), p.51
- 5 ACEVO (2010) A People Power Revolution: Making it real. The Report of the Commission on Personalisation (ACEVO, London), referenced in Fox, A. (2012) Personalisation: Lessons from social care (London, 2020 Public Services Hub at the RSA)
- 6 Needham and Carr (2009) in ed. Beresford, P. & Carr, S. (2012) Social care, service users and user involvement (London, Jessica Kingsley Publishers), p.46
- 7 Wood, C. and Leighton, D. (2010) Measuring social value: the gap between policy and practice (London, Demos), p.17
- 8 New Economics Foundation, 'Co-production in mental health: A literature review' (2013), p.3

# Glossary

## Glossary

**Accountability** The obligation of individuals and organisations to report on their actions and be answerable to others for what they have done.<sup>1</sup>

**Advocacy** is about taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.<sup>2</sup>

**Aim** describes why the organisation exists and the difference it wants to make. Aims can be overall or specific.<sup>3</sup>

**Broker / brokerage** A broker is someone who helps individuals choose and access the support they need to be independent. They can also help with a support plan. A professional broker is someone you pay to do this. Brokerage is the service offered by a broker. It can be done by the local council, voluntary organisations, private companies or an individual.<sup>4</sup>

**Capacity building** refers to activities that help organisations to develop skills and resources so that they can achieve their objectives and serve their stakeholders more effectively.<sup>5</sup>

**Centres for Independent / Inclusive Living** are grassroots organisations run and controlled by disabled people. Their aims are that disabled people should have control over their lives and achieve full participation in society. They work towards

these aims by representing disabled people's views locally and nationally, and by providing services which promote independent living.<sup>6</sup>

**Commissioning** The cyclical process by which public bodies assess the needs of people in an area, determine priorities, design and source appropriate services, and monitor and evaluate their performance.<sup>7</sup>

**Compact** The voluntary and community sector's written agreement with the government (or local public bodies) which has undertakings on both sides, shared principles and values such as recognising the sector's independence and mechanisms for making it work.<sup>8</sup>

**Consortium** An association or combination of third sector organisations (also known as voluntary sector organisations), sometimes with private sector and/or public sector providers, for the purpose of providing a service or services in one locality or across a wider area.<sup>9</sup>

**Contract** Legally binding agreements between (in this case) a public body and a third sector or private sector organisations to provide services on behalf of the public body. A contract will specify the services to be provided and what the contractor is to be paid for providing them. It will also include provisions, in greater or lesser detail, setting out the legal obligations which each of the parties accepts in order to fulfil the purposes of the contract.<sup>10</sup>

**Co-production** is about developing more equal partnerships between people who use services, carers and professionals.<sup>11</sup>

**Cost-effective** Economically worthwhile in terms of what is achieved for the amount of money spent; if an activity is cost-effective, it is good value for the amount of money it consumes. Judging cost-effectiveness requires that all costs are taken into account when calculating the 'money' consumed i.e. all direct and indirect costs should be included e.g. costs of people, buildings, equipment, licences, consumables, and management etc.<sup>12</sup>

**Direct Payments** Payments made to an individual following a community care assessment in lieu of services.<sup>13</sup>

**Disability** The disadvantage experienced by an individual as a result of barriers (attitudinal, physical, etc.) that impact on people with impairments and/or ill health.<sup>14</sup>

**Disabled People's User-Led Organisations (DPULOs)** The Department of Health's own definition of a ULO includes disabled people, carers and anyone else who uses support services<sup>15</sup> so we are using the term 'DPULO' to specifically designate a user-led organisation whose decision makers and constituency are disabled people.

**Evaluation** The assessment of the extent to which a programme or service has met its objectives: its main purpose is to help an organisation reflect on what it is trying to achieve, assessing how far it is succeeding, and identify required changes.<sup>16</sup>

**SENDPO**

**Expression of Interest (EOI)** A first stage in a tendering process. Prospective tenderers express interest in the way described in the advertisement. This results in the tender documents being sent to the prospective tenderer. The EOI may require prospective tenderers to submit a summary of the proposed activities and an indication of cost. Not as stringent or detailed as a PQQ. (NCVO)<sup>17</sup>

**Framework agreement** An 'umbrella agreement' that sets out the terms (particularly relating to price, quality and quantity) under which individual contracts (call-offs) can be made throughout the period of the agreement (normally a maximum of 4 years).<sup>18</sup>

**Full cost recovery (FCR)** The principle that when a third sector organisation (also known as a voluntary sector organisation) provides a service for a public body it should be able to recover all the costs of delivering that service. This includes not just the direct costs of the service but also the relevant proportion of all overhead costs. These overhead costs may include: premises and related costs; central functions, such as, human resources; governance and strategic development; provision for inflation and depreciation; and regulatory costs.<sup>19</sup>

**Grant** A grant is a non-repayable sum of money given to a third sector organisation (also known as a voluntary sector organisation) often by government, foundations or individuals. Grants are usually given to fund a specific project,

which the TSO may well be required to monitor and report on in terms of delivery of outputs and appropriateness of spending.<sup>20</sup>

**Impact** The change, effect or benefit that results from the services or activities on a wider society than its direct users. It is often long-term, broad and sustainable and can include affecting policy decisions at government level.<sup>21</sup>

**Impairment** A long-term characteristic of an individual which affects their functioning and/or appearance and may give rise to pain, fatigue, communication difficulties, etc.<sup>22</sup>

**Independent living** means having choice and control over whatever is required in order to go about your daily life.<sup>23</sup>

**Indicators** – see ‘**Performance indicators**’

**Individual budget** An individual budget is a sum of money given to people with which they can buy the services and equipment they need to meet their support and care needs. The person in receipt of the money and the local authority allocating the money should agree how the money is used.<sup>24</sup>

**Individual Service Fund** An Individual Service Fund is a sum of money managed by a service provider on behalf of an individual. The money is restricted for use on providing care and support services for that individual which meet the criteria set out in their support plan. It can include services purchased from other providers.<sup>25</sup>

**Inputs** Resources put into an organisation to carry out an activity. Inputs may be human, material, financial or expressed as time.<sup>26</sup>

**Invitation to Tender (ITT)** The ITT is a collection of documents that contracting authorities send to potential bidders, with information about the service requirements and its terms and conditions. It should provide clear and comprehensive information on the services being procured, including the scope of the service and the impact of any obligations such as TUPE on price. EU rules require the ITT to include contract award criteria, contract notice periods, and the deadlines for the procedure, as well as where bidders can contact for further information.<sup>27</sup>

**Joint Strategic Needs Assessment (JSNA)** A local assessment of current and future health and social care needs that could be met by the local authority, Clinical Commissioning Groups (CCGs) and the NHS. The JSNA informs the Joint Health and Wellbeing Strategy (JHWS) and they are developed through the local Health and Wellbeing Board.<sup>28</sup>

**Milestones** Particular planned achievements or key events marking a clear stage in completing a main phase of a project.<sup>29</sup>

**Monitoring** The routine, systematic collection and recording of information about a project mainly for the purpose of checking its progress against its plans.<sup>30</sup>

Such information may be needed for three purposes: effective management of the programme; wider accountability for the programme; and policy development.<sup>31</sup>

**Objectives** The activities an organisation or project plans to carry out in order to achieve its aims.<sup>32</sup> To be effective, objectives should ALWAYS be written so that they are SMART (Specific, Measurable, Achievable / Agreed, Relevant and Time-bound).<sup>33</sup>

**Outcomes** The changes, benefits, learning or other effects that happen as a result of services and activities provided by an organisation.<sup>34</sup>

**Outputs** The activities, services and products provided by an organisation.<sup>35</sup> It is important to distinguish what has been produced (the output) from the effect that it may be designed to help achieve (the outcome).<sup>36</sup>

**Part A Services** are those services which, when above Procurement Thresholds, must be tendered for in full accordance with EU rules.<sup>37</sup>

**Part B Services** Those services included in an Appendix, or 'Part B' to the Directive 2004/18/EC and the Public Contracts Regulations 2006. In procuring these services, which include health education and social care, purchasers are not required to comply with all of the regulatory requirements. (NCVO)<sup>38</sup>

**Performance indicators** Well-defined qualitative or quantitative measures that show how well an organisation or project is performing. For example, outcome indicators are used to assess whether expected outcomes have occurred. Output indicators are used to assess whether outputs have been delivered.<sup>39</sup>

**Person centred planning** Person centred planning is an approach to support which puts the individual at the centre of planning for their lives. There is an emphasis on the individual's choice and control and listening to what is important to them, both now and in the future. Under self-directed support, person centred planning and support is central to the assessment and delivery process.<sup>40</sup>

**Personal assistant (PA)** A personal assistant is a person employed to provide someone with social care and support in a way that is right for them... They can be employed directly by the individual or they can be arranged through an agency.<sup>41</sup>

**Personal budget** A personal budget is money that is available to someone who needs support. The money comes from their local authority social services and is allocated to the individual to spend on help and support to meet their assessed eligible needs and agreed outcomes. Individuals can choose to take their personal budget as a direct payment, let councils commission the goods and services they choose or a combination of both.<sup>42</sup>

**Personal health budget** A personal health budget is similar to a personal budget but applicable within health care. Patients with a personal health budget are able to take control over the way in which the budget available to them is spent. They can choose the support services they want in a way that is most appropriate to them.<sup>43</sup>

**Personalisation** Personalisation is a government-led national policy to ensure everyone who uses support should have the choice and control to shape their own lives and the services they receive. The system puts the individual at the centre of the process and allows them to choose the service providers they use and the manner in which they receive support. The aim is to make services more personal and tailored to individual needs.<sup>44</sup>

**PQQ (Pre-Qualification Questionnaire)** A document that enables the buyer to create a short list of potential providers by obtaining sufficient information to evaluate the suitability of potential suppliers in terms of economic and financial standing, technical/professional ability and capacity and legal status. This forms the basis of the selection stage of the tendering process.<sup>45</sup>

**Procurement** is (i) the specific aspects of the commissioning cycle that focus on the process of buying services, from initial advertising through to appropriate contract arrangements; (ii) the purchase of goods and/or services by publicly funded bodies at the best possible total price, in

the right quantity and quality, at the right time, generally via a contract. The functions of procurement are a) ensuring legal compliance; b) purchasing supplies or services; c) entering into contracts. (NCVO)<sup>46</sup>

**Procurement thresholds** The monetary values for contracts at which EU procurement rules apply.<sup>47</sup>

**Proportionality** The principle of not burdening funded organisations out of proportion to the amount of funding, which applies especially to monitoring. Guidance states that monitoring arrangements etc. should be proportionate to the level of, and risk to, the amount of funds involved.<sup>48</sup>

**Qualitative evaluation** An approach to evaluation or part of an evaluation that is primarily descriptive and interpretative.<sup>49</sup>

**Qualitative information** Information about what you do, achieve or provide that tells you the nature of the thing you are doing, providing or achieving.<sup>50</sup>

**Quality** The extent to which a product or service satisfies the expectations of stakeholders. Quality is about excellence in the way that the organisation is run, in service delivery and about achieving the very best results.<sup>51</sup>

**Quality assurance system** The range of ways in which an organisation can implement quality management through use of a formal system to encourage improvements.<sup>52</sup>

**Quality standard** Represents an agreed level of service or organisational performance that should be met each and every time.<sup>53</sup>

**Quantitative evaluation** An evaluation approach involving the use and analysis of numerical data and measurement.<sup>54</sup>

**Quantitative information** Information about what you do, achieve or provide that tells you how many, how long or how often you have done it, achieved it or provided it.<sup>55</sup>

**Self-directed support** is an approach to social care which gives people optimum choice and control over their support arrangements... It gives people independence and flexibility over who provides their care and support and how and when it is delivered. The individual controls the money and how it is spent in a way which best suits them... The main aim of self-directed support is to promote independence, health and well-being.<sup>56</sup>

**Service level agreement (SLA)** Some commissioners attach SLAs to their grants – binding agreements which can cover: the services to be delivered; performance, monitoring and reporting requirements; compliance matters, and arrangements for the termination of the agreement.<sup>57</sup>

**Service user** There is debate around the use of this term. In 2006 Jenny Morris defined 'service user' as '**people who need support and/or equipment in order to go about their daily lives and**

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**who use services that are provided as part of the welfare state.'**<sup>58</sup> However, Shaping Our Lives, a national network of service users and disabled people, argues that the term conveys an unequal relationship between the service user and the state and society which can be stigmatising. If it is based on self-identification, however, it can be empowering because it conveys a shared experience with many other people who also use services and can give people a stronger, collective voice. For further details, see <http://www.solnetwork.org.uk/about/definitions.asp>. Shaping Our Lives argues that the defining features of a ULO are its values (involvement, independence and peer support), whether it is controlled by service users (power) and its 'knowledge' which is based on direct, lived experience.<sup>59</sup>

**Social capital** Definitions of social capital vary, but the main aspects include citizenship, 'neighbourliness', social networks and civic participation.<sup>60</sup> East Sussex County Council describes social capital as 'the connections among people and their social networks, a willingness to do things for each other and a sense of trust coming from this.'<sup>61</sup>

**Social clauses** require the contracted organisation to demonstrate that they can deliver social benefits and outcomes while carrying out other work that is the primary purpose of the contract (e.g. environmental, training or employment outcomes).<sup>62</sup>

**Social Enterprise** A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or community, rather than being driven by the need to maximise profit for shareholders and owners.<sup>63</sup>

**Spot purchasing** The purchase of a specific type and volume of care for a named individual. It secures an immediately available, more tailored service, but may also have a higher unit cost than block purchasing.<sup>64</sup>

**Stakeholders** The people who have an interest in the activities of an organisation. This includes staff, volunteers, users and their carers, trustees, funders, purchasers, donors, supporters and members.<sup>65</sup>

**Sub-contract** The process by which the body delivering who holds the main contract with the public body agrees for an (often smaller) organisation to deliver a specific activity that is part of the wider contract.<sup>66</sup>

**Support plan** A support plan is a document highlighting how an individual will spend their personal budget to best meet their support needs and achieve their identified outcomes... The local authority will need to agree the plan before the individual receives the support money.<sup>67</sup>

**Targets** specify the quantity and quality of outputs and outcomes aspired to. They are specific, measurable and time-bound results.<sup>68</sup>

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**Third sector** Non-governmental organisations that are value-driven and which principally reinvest their surpluses to further social, environmental or cultural objectives. It includes voluntary and community organisations, charities, social enterprises, cooperatives and mutuals. NAO guidance now uses the term 'third sector organisations'.<sup>69</sup>

**TUPE** The Transfer of Undertakings (Protection of Employment) Regulations 1981. The purpose of TUPE is to preserve continuity of employment and to safeguard employment rights of all employees whose employment transfers to a new employer as a result of a relevant transfer. (NCVO)<sup>70</sup>

**User satisfaction** involves finding out what users think of activities, products or services.<sup>71</sup>

**User-led organisations** are those where the people who the organisation represents or provides a service to, have a majority on the Management Committee or Board, and where there is clear accountability to members and/or service users.<sup>72</sup>

**Voluntary and community sector (VCS)** Umbrella term used to refer to registered charities, non-charitable non-profit organisations, associations, self-help group and community groups.<sup>73</sup>

## References

- 1 National Audit Office: Successful commissioning toolkit:  
<http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 2 Advocacy Charter 2002, Action for Advocacy  
<http://www.aqvx59.dsl.pipex.com/Advocacy%20Charter2004.pdf>
- 3 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 4 <http://www.in-control.org.uk/site-links/glossary.aspx>
- 5 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 6 This definition is taken from an unpublished paper (Morris, J. (2006), 'Centres for Independent Living / Local User-Led Organisations: a discussion paper', which informed the Department of Health's 'User-led organisations project: Policy' document – September 2007)
- 7 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 8 Ibid.
- 9 Ibid.
- 10 Ibid.
- 11 Social Care Institute for Excellence. For further details about the concept of co-production, see <http://www.scie.org.uk/publications/ataglance/ataglance64.asp>
- 12 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 13 <http://www.in-control.org.uk/site-links/glossary.aspx>
- 14 Prime Minister's Strategy Unit (2005) Improving the life chances of disabled people, p.26
- 15 Department of Health (September 2007) User-led organisations project: Policy, p.13
- 16 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 17 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>

- 18 <http://blog.tendersdirect.co.uk/2010/05/27/answering-your-questions-on-framework-agreements/>
- 19 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 20 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 21 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 22 Prime Minister's Strategy Unit (2005) Improving the life chances of disabled people, p.26
- 23 Morris, J. in Woodin, S. (2006) Mapping User-Led Organisations, User-Led Services and Centres for Independent / Integrated/ Inclusive Living: A Literature Review Prepared for the Department of Health (University of Leeds), p.5
- 24 <http://www.in-control.org.uk/site-links/glossary.aspx>
- 25 Ibid.
- 26 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 27 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 28 <http://www.surreyi.gov.uk/groupage.aspx?groupid=36>
- 29 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 30 Ibid.
- 31 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 32 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 33 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>

- 34 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 35 Ibid.
- 36 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 37 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 38 Ibid.
- 39 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 40 <http://www.in-control.org.uk/site-links/glossary.aspx>
- 41 Ibid.
- 42 Ibid.
- 43 Ibid.
- 44 Ibid.
- 45 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 46 Ibid.
- 47 Ibid.
- 48 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 49 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 50 <http://www.ces-vol.org.uk/tools-and-resources/terms-and-definitions/Glossary>
- 51 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions

- 52 Ibid.
- 53 Ibid.
- 54 Ibid.
- 55 <http://www.ces-vol.org.uk/tools-and-resources/terms-and-definitions/Glossary>
- 56 <http://www.in-control.org.uk/site-links/glossary.aspx>
- 57 At Your Bidding: Tendering for Public Services – A Guide for Charity Trustees (Local Government Group & NAVCA, 2011), p.10
- 58 Morris, J. in Woodin, S. (November, 2006) Mapping User-Led Organisations, User-Led Services and Centres for Independent / Integrated/ Inclusive Living: A Literature Review Prepared for the Department of Health (University of Leeds), p.5
- 59 Social Care Institute for Excellence (2010) A commissioner's guide to developing and sustaining user-led organisations (London, Social Care Institute for Excellence), pp.10–11
- 60 <http://www.ons.gov.uk/ons/guide-method/user-guidance/social-capital-guide/the-social-capital-project/guide-to-social-capital.html>
- 61 East Sussex County Council Commissioning Prospectus 2013, p.5
- 62 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 63 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 64 Joint Improvement Team (2005) A – Z Introductory Guide to Health and Social Care in Scotland: Commissioning – [www.jitscotland.org.uk](http://www.jitscotland.org.uk)
- 65 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 66 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 67 <http://www.in-control.org.uk/site-links/glossary.aspx>

- 68 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 69 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>
- 70 ACEVO The Complete Dictionary of Commissioning and Procurement, available for download from <http://www.academyforjusticecommissioning.org.uk/>
- 71 Charities Evaluation Services: Quality and evaluation in voluntary and community organisations, Guidance paper 3, Key terms and definitions
- 72 Morris, J. in Woodin, S. (2006) Mapping User-Led Organisations, User-Led Services and Centres for Independent / Integrated/ Inclusive Living: A Literature Review Prepared for the Department of Health (University of Leeds), pp.5–6
- 73 <http://www.nao.org.uk/successful-commissioning/glossary-of-terms/>

## Additional resources

Throughout 'Confident Commissioning' we have included useful resources at the end of each section. The following list supplements those.

### Commissioning and the voluntary sector

<http://www.ncvo.org.uk/>

<http://knowhownonprofit.org/>

RAISE's Healthier Perspective commissioning toolkit <http://www.raise-learning.org.uk/>

The National Audit Office's 'Successful Commissioning Guide':  
<http://www.nao.org.uk/report/successful-commissioning-toolkit/>

At Your Bidding: Tendering for Public Services – A Guide for Charity Trustees (Local Government Group & NAVCA, 2011) This very accessible short guide gives an overview of the tendering process and highlights the issues that organisations need to take into account before submitting tenders.

The National Skills Academy for Social Care (2011) User-led organisations and commissioning: 18 good practice learning resources (London, The National Skills Academy for Social Care)

### Finding DPULOs

Disability Rights UK <http://disabilityrightsuk.org/membership/our-members>

NSUN Network for mental health <http://www.nsun.org.uk/groups/>

People First <http://peoplefirstltd.com/members/>

SENDPO <http://www.sendpo.org/>

Shaping Our Lives Network (SOLNET) <http://www.solnetwork.org.uk/members.asp>

United Kingdom Disabled People's Council: <http://www.ukdpc.net/ukdpc/>

(Some members of these organisations may be aspiring towards becoming user-led.)

### Personalisation

TLAP's full list of resources <http://www.thinklocalactpersonal.org.uk/Browse/>

In Control <http://www.in-control.org.uk/>

Social Care TV: Personalisation – making it happen: user-led organisations  
<http://www.scie.org.uk/socialcaretv/video-player.asp?guid=bbf37b86-c52f-4dcd-8a4a-716119afe217&subtitled=yes>

Personalisation: a digital resource:

<http://www.scie.org.uk/publications/guides/guide47/content/documents/references.pdf>

## **Marketing and communications**

Developing the market:

<http://www.thinklocalactpersonal.org.uk/Browse/commissioning/developing/>

The implications for commissioners of implementing personalisation:

<http://www.ncvo.org.uk/component/content/article/25-content/practical-support/public-services/personalisation/223-implications-for-commissioners?highlight=WyJvdXRjb21lcY1iYXNlZCIsImNvbW1pc3Npb25pbmciLCJvdXRjb21lcY1iYXNlZCBjb21taXNzaW9uaW5nIj0>

Department of Health (2010) Practical approaches to market and provider development

Free professional communications advice for voluntary organisations is available from:

<http://www.mediatrust.org/communications-services/volunteer-services/>

<http://www.ncvo.org.uk/practical-support/marketing-and-communications>

Some local authorities also have website resources to support organisations developing new services and marketing them. For example:

[http://www3.hants.gov.uk/adultservices/adultservicesprofessionals/market\\_development.htm](http://www3.hants.gov.uk/adultservices/adultservicesprofessionals/market_development.htm)

The Visionary Leadership Corporation (2010) Personalisation: A new approach to marketing (ACEVO, London)

## **Disability resources**

Research resource <http://disability-studies.leeds.ac.uk/library/>

Oliver, M. & Barnes, C. (2012) The new politics of disablement (Hampshire, Palgrave Macmillan)

## **Funding**

<http://www.fundingcentral.org.uk/search.aspx>

<http://www.ncvo.org.uk/practical-support/funding>

<https://www.gov.uk/business-finance-support-finder>

# Appendices

## Appendix 1

### List of survey respondents

Local Authority	Name of respondent to SENDPO's survey	Job title
Bracknell Forest Council <a href="http://www.bracknell-forest.gov.uk">http://www.bracknell-forest.gov.uk</a>	Kim Helman	Joint Commissioning Officer
Brighton and Hove City Council <a href="http://www.brighton-hove.gov.uk/">http://www.brighton-hove.gov.uk/</a>	Jane MacDonald	Commissioning Manager
East Sussex County Council <a href="http://www.eastsussex.gov.uk/">http://www.eastsussex.gov.uk/</a>	Angela Yphantides	Strategic Commissioner (Physical Disabilities and Sensory Impairment)
Hampshire County Council <a href="http://www.hants.gov.uk/">http://www.hants.gov.uk/</a>	Sara O'Rourke	Adult Services Procurement Manager
Isle of Wight Council <a href="http://www.iwight.com/">http://www.iwight.com/</a>	Vicky Gainey	Think Local Act Personal Lead
Kent County Council <a href="http://www.kent.gov.uk/">http://www.kent.gov.uk/</a>	Guy Offord	Commissioning Officer
Oxfordshire County Council <a href="http://www.oxfordshire.gov.uk/">http://www.oxfordshire.gov.uk/</a>	Ann Nursey	Lead Commissioner, Adults
Portsmouth City Council <a href="http://www.portsmouth.gov.uk/">http://www.portsmouth.gov.uk/</a>	James Gagliardini	Service User Involvement Officer
Reading Borough Council <a href="http://www.reading.gov.uk/">http://www.reading.gov.uk/</a>	Melissa Wise	Transformation Programme Manager
Slough Borough Council <a href="http://www.slough.gov.uk/">http://www.slough.gov.uk/</a>	Su Gordon-Graham	Joint Commissioning Manager Community & Wellbeing
Southampton City Council <a href="http://www.southampton.gov.uk/">http://www.southampton.gov.uk/</a>	Matthew Waters	Commissioner for Supporting People and Adult Care Services

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Surrey County Council <a href="http://www.surreycc.gov.uk/">http://www.surreycc.gov.uk/</a>	Jean Boddy	Senior Manager
West Sussex County Council <a href="http://www.westsussex.gov.uk/">http://www.westsussex.gov.uk/</a>	Liz Merrick	Commissioning Manager
Wokingham Borough Council <a href="http://www.wokingham.gov.uk/">http://www.wokingham.gov.uk/</a>	Mike Stillman	Strategic Commissioning Officer

### Non-respondent local authorities

Buckinghamshire County Council	West Berkshire Council
Medway Council	The Royal Borough of Windsor and Maidenhead
Milton Keynes Council	

Disabled People's User-Led Organisation (DPULO)	Name of respondent to SENDPO's survey	Job title
BuDS (Buckinghamshire Disability Service) <a href="http://buds.org.uk">http://buds.org.uk</a>	Andrew Clark	Chair of trustees
CILK (Centre for Independent Living Kent) <a href="http://cilk.org.uk/">http://cilk.org.uk/</a>	Sophie Turley	Project Manager
DeafCOG (Deaf Cultural Outreach Group) <a href="http://www.deafcog.co.uk/">http://www.deafcog.co.uk/</a>	Sarah Playforth	Director
Deaf Positives <a href="http://www.deafpositives.org/">http://www.deafpositives.org/</a>	Mark Hooper	Director
Disabled People's Voice Hampshire <a href="http://dpvh.org.uk/">http://dpvh.org.uk/</a> (under construction) Alternatively: <a href="https://www.facebook.com/DisabledPeoplesVoiceHampshire">https://www.facebook.com/DisabledPeoplesVoiceHampshire</a>	Rachel Harrison	Chair
ESDA (East Sussex Disability Association) <a href="http://www.esda.org.uk/">http://www.esda.org.uk/</a>	Nick Tapp	Chief Executive

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The Fed Centre for Independent Living <a href="http://www.thefedonline.org.uk/">http://www.thefedonline.org.uk/</a>	Geraldine Des Moulins	Chief Officer
Independent Lives <a href="http://www.independentlives.org/">http://www.independentlives.org/</a>	Roger Lightbown	Business Development Lead
MKCIL (Milton Keynes Centre for Integrated Living) <a href="http://www.mkweb.co.uk/Health/Physical-Health/Conditions/MKCIL/About-MK-CIL.htm">http://www.mkweb.co.uk/Health/Physical-Health/Conditions/MKCIL/About-MK-CIL.htm</a>	Cathy Moughton	Acting Manager
People Matter IW <a href="http://www.peoplematteriw.org/">http://www.peoplematteriw.org/</a>	Terri Baker	Manager
SPECTRUM Centre for Independent Living CIC <a href="http://www.spectrumcil.co.uk/">http://www.spectrumcil.co.uk/</a>	Ian Loynes	Chief Executive Officer
Surrey Coalition of Disabled People <a href="http://www.surreycoalition.org.uk/">http://www.surreycoalition.org.uk/</a>	Carol Pearson	Chief Executive
Surrey Disabled People's Partnership <a href="http://sdpp.org.uk/">http://sdpp.org.uk/</a>	Clive Wood	Chief Executive
SILC (Surrey Independent Living Council) <a href="http://www.surreylc.org.uk/">http://www.surreylc.org.uk/</a>	Richard Davy	Chief Executive
West Berkshire Independent Living Network <a href="http://wbiln.com/">http://wbiln.com/</a>	Deborah Sowerby	Development Manager

### **SENDPO asked 15 south-east local authorities, 'How do you define a DPULO and what are its most important characteristics?'**

Please note: We do not think local authorities should define what a DPULO is, as DPULOs should be self-determining. However, we were keen to get their views as they are potential funders.

**According to south-east local authorities,** a DPULO is a local organisation, run and controlled by disabled people, for the benefit of disabled people.

#### **Values**

- An organisation that is predominantly shaped and delivered by service users
- They represent the views of their local disabled community, are truly representational and the issues faced by disabled people are at the heart of the work they do
- Those running the organisation, and those that it works for, have a shared understanding of the needs of disabled people
- Disabled people support each other to get better choice and a stronger voice in the services they use

#### **Organisational characteristics**

- User-led and managed
- The majority of the management committee are people who have similar needs and experiences to those the organisation supports
- That decisions about how the organisation develops and runs day-to-day are made by people who are representative of those the organisation supports
- That the people being supported by the organisation are able to get involved in voting / contributing to the organisation's strategy and vision
- Significant user-control over the organisation's strategic direction and, where appropriate, operational management. A commitment to achieving outcomes for users, based on the aims and wishes of the users. A commitment to involving and employing significant numbers of users in management, oversight and operational roles
- The Council does not adhere to a strict definition of a DPULO but would normally expect that at least 50% of the management team or board comprises disabled people. If not, the Council would expect evidence that disabled people exercise significant control or input into strategic direction and/or operational management
- An organisation that has either a majority of the management committee as users of the service or has a plan to achieve this. If it is not achieved, a clear understanding of how they engage with their users must be presented

### Ways of working and activities

- It is led by, and is able to articulate the perspective, views and issues of, people with disabilities, through first-hand understanding of what it means to live with a disability. This understanding underpins everything it does. It is effective in influencing partners, commissioners and the general public in positive ways which improve the opportunities, status and quality of life of people with disabilities. It is effective in networking with service user organisations to articulate a powerful voice on behalf of people with disabilities
- Ability to promote the voice of disabled people and service users
- As a commissioning manager, DPULOs provide a valuable forum for information gathering and sharing
- The most important characteristics are the co-design and production and monitoring of services
- The key characteristics of a DPULO are that its members (which are service users and, in our case, carers) give it direction and a sense of purpose. It not only supports service users to live fulfilling lives following the principles of the social model of disability, but offers peer support and information based on an 'expert by experience' approach. It also enables service users and carers to have a voice and acts as an engagement mechanism

- Ability to offer peer support from a trusted source
- Service users are able to shape the services according to their needs
- Providing services that disabled people want and a voice to influence local policy and service development

Please note: The following three responses are not reflected above but are, nevertheless, worth noting:

- 1 Whilst we have a ULO, we do not have what we would call a DPULO as our ULO is given direction through its directors, all of whom are either service users or (unpaid/informal) carers. A DPULO would only have service users on its board of directors (or at least the majority would be service users)
- 2 We understand there are various self-defined ways in which service users / disabled people might structure an organisation to guarantee user control. We also use the term ULO to encompass a broad range of user-controlled organisations
- 3 ...in line with the definitions provided under DOH (ULO design criteria) and TLAP (Think Local, Act Personal) guidance...

### Procurement portals

Many south-east local authorities include full details of current contracting opportunities on their websites, as well as advertising through various procurement portals, details of which are provided below (correct as of April 2014).

Most local authorities also provide detailed information on their websites about:

- procurement policies and processes (including registering as a supplier)
- business development advice for small and medium enterprises (SMEs)
- how to register for sub-contractor opportunities and as suppliers of goods and services to a local authority's main contractors

For details of a free 'Winning the contract' e-course, see:

[http://www1.learndirect-business.com/  
business-courses/winning-the-contract/](http://www1.learndirect-business.com/business-courses/winning-the-contract/)

#### 1 National and European procurement portals

The following portals provide details of contract opportunities. The contracts vary in sizes, with the EU ones being much bigger. It is possible to register to receive alerts about relevant contracts:

- <http://ccs.cabinetoffice.gov.uk/>
- [https://online.contractsfinder.  
businesslink.gov.uk/](https://online.contractsfinder.businesslink.gov.uk/)
- [http://ted.europa.eu/TED/main/  
HomePage.do](http://ted.europa.eu/TED/main/HomePage.do)  
(Tenders Electronic Daily)

### 2 South-east local authority procurement portals

Most south-east local authorities use their own websites and the South East Business Portal to advertise their contracting opportunities. Organisations need to register on this portal to receive notification of future opportunities:

<https://www.businessportal.southeastiep.gov.uk/>

However, some south-east local authorities use alternative websites (either as well as, or instead of, the South East Business Portal) for advertising their contracting opportunities. Where this is the case, we have listed them here:

#### **Brighton and Hove City Council**

<https://uk.eu-supply.com/>

#### **East Sussex County Council**

<http://www.sesharedservices.org.uk/esourcing>

#### **Hampshire County Council**

<https://in-tendhost.co.uk/hampshire/aspx/Home>

#### **Kent County Council**

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

#### **Medway Council**

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

#### **Milton Keynes Council**

<https://in-tendhost.co.uk/miltonkeynescouncil/aspx/Home>

#### **Oxfordshire County Council**

<http://www.sourceoxfordshire.org.uk/cms/>

#### **Portsmouth City Council**

<https://in-tendhost.co.uk/portsmouthcc/aspx/home>

#### **Southampton City Council**

<https://southampton.bravosolution.co.uk/web/login.shtml>

#### **Surrey County Council**

<http://www.sesharedservices.org.uk/esourcing>

#### **West Berkshire Council**

<http://westberks.klickstream.com/>

The following framework is reproduced with kind permission from the 'Commissioner's guide to developing and sustaining user-led organisations', published by the Social Care Institute for Excellence (SCIE) in 2010, pp.31–35.

### Where am I now? A self-assessment

#### Aim

The aim of this section is to help you, as a local authority commissioner, understand more about ULOs in your area, including what they do, who they serve, and how they are funded. You do not need to know all of the answers – but trying to find the answers will help you get a clearer picture of what you need to do to develop and strengthen ULOs where you are, and to enhance their relationship with the local authority.

#### The questions

##### Thinking about ULOs in your area...

- **What ULOs are you aware of in your area?**
- **What groups are represented by local ULOs in your area?** That is, are all groups of people with rights under the Disability Discrimination Act – learning disability, long-term health conditions, mental health conditions, physical and/or sensory impairment – represented in your area? Also, are carers and older people represented in your area?
- **What impairment or social care user groups are not represented by local ULOs?** You may need to develop a ULO that is able to represent any overlooked or seldom heard groups, or encourage existing ULOs to broaden their remit so that they are more representative of the local community.

- **Are there networking or partnership arrangements between local ULOs that you are aware of?** For example,

do you know of any formal network of ULOs in your local area? Are there any formal partnerships between ULOs in your area and neighbouring areas?

- **What services do the ULOs provide?**

For example, information, advocacy, benefits support, employment support, direct payments support and so on.

##### Thinking about each ULO in your area...

- **How many people on the management committee or similar are service users?** This information is vital. At least 50 per cent of the management committee of a ULO must be made up of service users, and to meet the Department of Health's design criteria this figure should be 75 per cent. If less than 50 per cent of the group's management committee are service users, the group is not considered to be a ULO.

- **How long has the organisation been operating?** Knowing how long an organisation has been operating will give you some indication of its strength and sustainability. This information will be particularly useful if you also explore the funding sources of the ULO.

- **Do you know how to contact the ULO, and what their opening hours are?** If you want to work with local ULOs, you will need to be proactive in reaching out to them.

- **How many paid staff does the ULO have?** Knowing how many paid staff an organisation has will give you an idea of its strength and sustainability. For example, a group that relies entirely on volunteers, or a single paid worker, will be more vulnerable to collapse.
- **Do the staff in the ULO reflect the full diversity of the organisation's constituency?** The Department of Health design criteria state that ULOs should have paid employees, many of whom must reflect the organisation's constituency. Therefore, ideally, ULO staff will reflect local diversity.
- **Does the group work only in your area or does it work in others as well?** A ULO that provides services in more than one area is likely to be more sustainable, as it will be less reliant on funding from one commissioning authority.
- **Do you know what the main values of the organisation are?** For example, does the group work from the social model of disability and principles of independent living?

### Thinking about the commissioner's relationship with each ULO in your area...

- **Does your local authority currently provide any funding to the ULO?** For example, this could be through a core grant, a service level agreement, or a contract, or by commissioning it to undertake specific pieces of work.
- **If so, how much were the different types of funding worth?** This information will help you to understand the overall reliance of the ULO on funding from your local authority, and so the robustness of its overall funding arrangements.
- **How long have these arrangements been in place?** This information will help you to understand how long the ULO has been reliant on the different types of income. This will enable you to understand both how the organisation approaches its funding over a long period of time, as well as how well established its various strands of activity are.
- **What services/projects/programmes does the ULO provide for this funding?** For example, does the organisation provide an information and advice service? Advocacy and peer support? Support in using Direct Payments (for example, IAG – information, advice and guidance, payroll, brokerage and so on)? Assistance with self-assessments? Any form of disability equality or other training? Support for the implementation of the Disability Equality Duty?

- **Does your local authority provide any other form of (non-financial) support to the ULO?** For example, do you provide premises for the ULO at a reduced or negligible rental rate? Do you provide the ULO with any IT equipment or furniture? Have you provided any staff time or training to the ULO?
- **Does anyone else provide any funding or support to the organisation for the work it does?** For example, does the ULO have agreements with a national body or charity, or receive funding from a civil society organisation?
- **Does the organisation generate any income of its own?** For example, through providing training to other organisations, undertaking access audits, selling publications, its own membership arrangements, or providing research service

### Thinking about service user engagement and co-production in your area...

- **What arrangements does your local authority have in place for engaging different groups of disabled people?** For example, do you have any existing partnership boards, such as those for people with a learning disability? Or do you have a reference group of several civil society organisations?

- **How effective are these in engaging people?** For example, do they ensure in-depth engagement with the commissioner on decisions, or do they inform the general discussion about service design? Does engagement take place at every level – that is, operational as well as strategic?
- **How many service users sit on different decision-making bodies?** For example, is there one representative of all disabled people on an entity like the Transformation Programme Board within adult social care (or the equivalent)?
- **How are under-represented or seldom heard service users involved in your work?** For example, are black and minority ethnic groups (BME) or lesbian, gay, bisexual and transgender (LGBT) groups involved in your work? What about gypsy and traveller communities? If so, are these groups represented in different or similar ways to disabled people?
- **Who is involved within the local authority in coordinating this work?** For example, is this coordinated by a Public Body Officer, or is it coordinated on your behalf by a ULO?

# Hampshire County Council's Position Statement on User-Led Organisations

## 1. Introduction

- 1.1.Hampshire have a long history of working with a number of user-led organisations from the early beginnings of Direct Payments through Service Users and Carers Standards to the Commission on Personalisation.  
In 2005 the government report on Improving the life chances of disabled people, recommended that by 2010, each locality (defined as that area covered by a Council with social services responsibilities) should have a user-led organisation, (ULO) modelled on existing CILs. The Department of Health have produced 21 design criteria for ULOs.
- 1.2.In Hampshire we have a number of ULOs although they would not all meet the criteria set out by the Department of Health. We want now to ensure that we identify a lead ULO to work with us to co-produce an approach to support ULOs across Hampshire by providing networking, training, advice and guidance to ULOs and to facilitate service user involvement and advice to Hampshire County Council Adult Services.
- 1.3.We already provide resources working generally with ULOs including development workers and in some cases grants. While this would continue we aim to set up a leading ULO, which amongst other things would advise us where best to use the resources we already offer.

## 2. Expectations

- 2.1.We would expect that the identified leading ULO would meet the design criteria set out by the Department of Health to a large degree.
- 2.2.This would mean that we expect the ULO to:
  - Work from a Social Model of Disability perspective
  - Promote independent living
  - Promote people's human and other legal rights
  - To be generic rather than specific in relation to the constituency of service users and carers
  - Be non-discriminatory and recognise and work with diversity in terms of the Equality Act 2010
  - Recognise that carers have their own needs and requirements as carers and includes and involves them
  - Engage the organisation's constituents in decision-making processes at every level of the organisation
  - Be a legally constituted organisation
  - Be able to demonstrate that the organisation's constituents are effectively supported to play a full and active role in key decision making

## **Appendix 5**

- Have a clear management structure
- Have robust and rigorous systems for running a sustainable organisation (e.g. financial management / contingency planning)
- Be financially sustainable
- Have paid employees, many of which must reflect the organisation's constituency
- Identifies the diverse needs of the local population and contributes to meeting those needs
- Be accountable to the organisation's constituents and represent their views at a local level
- Support the participation of its constituents in designing, delivering and monitoring the organisation's services
- Work with commissioners to improve commissioning and procurement
- Facilitate the empowerment of other organisations

2.3. Hampshire County Council Adult Services would:

- Undertake to provide a grant to the identified leading ULO
- Undertake to work with the ULO in co-production to develop strategic commissioning and facilitate user and carer engagement /involvement
- Provide training and support and explore joint training

- Seek to empower the ULO by giving them flexibility and providing resources
- Promote closer working between the ULO and HCC
- Help the ULO to get to know the relevant statutory decision makers and to participate in the policy-making and service delivery processes
- Work in partnership with the ULO to engage and involve socially excluded groups

### **3. Conclusion**

- 3.1 HCC will ensure that the mechanisms for achieving the desired position are in place and would intend to offer an initial development grant to set up a lead ULO
- 3.2 The process described in Appendix 1 describes how the arrangement would work
- 3.3 This arrangement will commence in January 2012

# A DPULO organisational development tool

Since the publication of the ULO Design Criteria in 2007 (see Section 1), it is acknowledged that new and emerging ULOs cannot meet all of the design criteria in the early stages of their development<sup>1</sup>, although they would normally be expected to be working towards meeting them over time. In addition the criteria may be met in a variety of ways according to local demand, resources and circumstances.<sup>2</sup> As part of its ULO development project, SPECTRUM CIL has also revisited the ULO design criteria and considered their relevance for current emerging ULOs.<sup>3</sup> It is SENDPO's view that the ULO design criteria can provide the basis of a useful and flexible organisational development

tool for both emerging and more established DPULOs, a view informed by discussion about the criteria in Sections 1, 2, 5 and 6. The criteria are comprehensive and each DPULO will need to consider the relevance and importance of each criterion to their own organisation.

A simple set of questions will help to indicate how effectively a DPULO is meeting the requirements of each criterion. When combined with a time frame and specific actions to illustrate progress, this tool can support a DPULO to become a fully-fledged DPULO, one that is genuinely user-led and organisationally robust.

### From aspiring to fully-fledged: The DPULO journey

#### **Stage 1: We are a new organisation but we aspire to be a DPULO**

Our focus is on engaging and involving disabled people, representing their views and building links within the community. We have limited resources, both human and financial.



#### **Stage 2: We are making progress on our journey to becoming a DPULO**

We now have resources to employ staff and deliver services.  
We now have some systems and procedures in place.



#### **Stage 3: We are a fully-fledged DPULO ('gold' standard)**

ULO values are embedded in everything we do. We have robust organisational practices (including monitoring processes) and we provide a wide range of services. Disabled people are involved in every decision-making process (as members, staff and board members).

## Appendix 6

### How to translate a ULO design criterion into a series of steps which will support the organisational development of a DPULO

Each DPULO will determine its own development priorities but it is inevitable that many of these will feature in the ULO design criteria. The original ULO design criteria document provides more detail about each criterion and may, therefore, be a useful reference point.<sup>4</sup> In the table of

criteria overleaf we have indicated which criteria are not 'essential' ('flexibility required'). SENDPO plans to create a version of this organisational development tool for all the criteria but we have applied our thinking to one criterion to illustrate how the concept will work in practice.

#### **EXAMPLE: Criterion 9: 'Engages the organisation's constituents in decision-making processes at every level of their organisation'**

**ASPIRING DPULO:** We need to plan how we can meet this criteria. What steps can we take?

Some examples:

- We need to identify different ways of making contact with local disabled people (e.g. by contacting other local disability organisations and networks; by using social media, etc.)
- We need to ensure disabled people are involved in everything we do and all our decision-making processes (e.g. by ensuring our board has a majority of disabled people)
- We need to start exploring possible funding sources (e.g. by seeking advice from local authority staff)
- We need to start gathering baseline data so we will be able to measure our progress as our DPULO develops (e.g. the range of constituents we successfully engage)

#### **Action: Year 1**

**DEVELOPING DPULO:** We are getting there. What will show we are continuing to make progress?

Some examples:

- We now have more disabled people engaged in decision making (a comparison with our baseline data shows our progress) but we still need to increase their diversity (e.g. by continuing to build links with the wider community)
- We employ disabled people to deliver some of our services and we keep data about our staff profile
- We secured funding to meet access and training needs of constituents

#### **Action: Year 2**

**FULLY-FLEDGED DPULO:** We are confident we have met this criterion and we do it well. What does success look like?

- We now have a diverse range of constituents engaged in every decision-making process (as members, staff and board members) and they determine policy and resource allocation

#### **Action: Year 3**

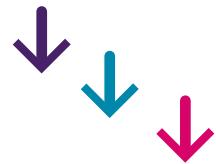
## Appendix 6

**What do we need to do to meet each criterion?**

**ASPIRING DPULO:** We need to plan how we can meet this criterion

**DEVELOPING DPULO:** We need to continue to make good progress

**FULLY-FLEDGED DPULO:** We are confident we have met this criterion



Criteria	Notes
<b>Values which distinguish a DPULO from other organisations</b>	
<b>1</b> works from a social model of disability perspective	The social model of disability focuses on the barriers (e.g. attitudinal, environmental, etc.) that disabled people experience, not their impairments or health conditions, and how these barriers can be removed.
<b>2</b> promotes independent living	Independent living means 'having choice and control over whatever is required in order to go about your daily life.' <sup>5</sup> This is the ultimate goal of all DPULO services and it meets the objectives of current adult social care policy.
<b>3</b> promotes people's human and other legal rights	A DPULO's ethos is rights-based and it embeds principles of equality in everything it does.
<b>4</b> shaped and driven by the initiative and demand of the organisation's constituency	Decision-making processes are led by disabled people (as board members and staff), with mechanisms for the organisation's membership and service users to influence these processes.
<b>5</b> is peer support based	This approach to running an organisation distinguishes a DPULO from other service providers. It is, therefore, essential that disabled people are represented at every level of the organisation.
<b>6</b> covers all local disabled people, carers and other people who use support either directly or via establishing links with other local organisations and networks	<b>FLEXIBILITY REQUIRED:</b> The original ULO design criteria were based on a CIL, a specific type of ULO which is pan-impairment and involves carers and others who use support. <sup>6</sup> Being 'pan-impairment' should remain an aspiration of a DPULO because it avoids defining people by impairment and, instead, focuses on discrimination and lack of opportunity. However, a DPULO's ability to engage with all disabled people will be partly determined by the availability of resources. Also, although some organisations are impairment-specific (e.g. Deaf Positives and Recovery Partners), they nevertheless reflect the ethos and ways of working that characterise a DPULO.

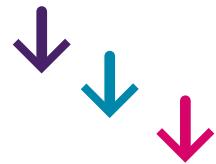
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Criteria	Notes
<b>7</b> is non-discriminatory and recognises and works with diversity in terms of race, religion and belief, gender, sexual orientation, disability and age	This value does not prevent a DPULO from working with a particular peer group (e.g. deaf people or people with mental health support needs) but it does mean that it should not exclude people on the grounds of other characteristics, as listed.
<b>8</b> recognises that carers have their own needs and requirements as carers	DPULOs should recognise the needs of carers. However, since most local authority areas have networks and organisations for carers, the primary aim of a DPULO is to represent and meet the needs of disabled people.
<b>9</b> engages the organisation's constituents in decision-making processes at every level of their organisation	Disabled people are involved in every decision-making process (i.e. as board members, staff, service users and members).

### Organisational characteristics which distinguish a DPULO from other organisations

<b>10</b> provides support to enable people to exercise choice and control	The degree to which a DPULO meets this criterion will be determined by the type of services it provides. This links to the ULO value of 'promoting independent living'.
<b>11</b> is a legally constituted organisation	There is a wide range of possible legal structures for DPULOs. <sup>7</sup>
<b>12</b> has a minimum of 75 per cent of the voting members on the management board drawn from the organisation's constituency	'Emerging' DPULOs will need to demonstrate steps being taken to achieve this goal, against a timescale. For an emerging DPULO this would be reduced to 50%.

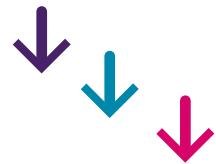
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Criteria	Notes
<b>13</b> is able to demonstrate that the organisation's constituents are effectively supported to play a full and active role in key decision making	Disabled people are supported to be involved in decision-making processes by having their access needs met, and receiving training and mentoring, where necessary.
<b>14</b> has a clear management structure	It will take time for an emerging DPULO to develop an effective management structure which ensures accountability. The type of structure required will be determined by each DPULO's resources, services and activities.
<b>15</b> has robust and rigorous systems for running a sustainable organisation (e.g. financial management/contingency planning)	The type of financial, governance and monitoring systems required will be proportionate to, and appropriate for, the resources, services and activities of each DPULPO.
<b>16</b> is financially sustainable as there will be no ongoing central government funding	<b>FLEXIBILITY REQUIRED:</b> This is an aspiration of any DPULO. However, many DPULOs are subject to funding decisions beyond their control. Whether or not a DPULO is financially sustainable does not, therefore, determine if it is genuinely user-led.
<b>17</b> has paid employees, many of whom must reflect the organisation's constituency	DPULOs should work towards employing disabled staff because staff make decisions and research shows that DPULOs gain significant additional value from disabled people being involved in service delivery.
<b>18</b> identifies the diverse needs of the local population and contributes to meeting those needs	Knowledge of the local community is a key part of what adds value to a DPULO. However, it takes time to develop this knowledge and a DPULO's ability to do this will also be partly determined by the availability of resources.

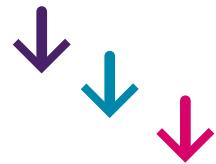
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Criteria	Notes
<b>19</b> is accountable to the organisation's constituents and represents their views at a local level	Without systems in place to ensure a DPULO actively engages with its membership and service users and represents their views, a DPULO cannot claim to be user-led.
<b>20</b> supports the participation of its constituents in designing, delivering and monitoring of the organisation's services	This can only be achieved by ensuring that disabled people are represented at every level of the organisation, as members, volunteers, staff and board members.
<b>21</b> works with commissioners to improve commissioning and procurement	<b>FLEXIBILITY REQUIRED:</b> This is one of the most important activities for some DPULOs. However, other DPULOs, particularly small ones, may choose not to do this. Other DPULOs may try to actively engage with commissioners but encounter obstacles. This criterion cannot, therefore, determine whether an organisation is genuinely user-led.

### Services and activities which distinguish a DPULO from other organisations

SENDPO's research shows that south-east DPULOs believe the values and organisational characteristics of DPULOs are more important in determining whether an organisation is genuinely user-led than the type of services and activities it provides. When the design criteria were originally created in 2007, they reflected what many CILs were doing at that time. However, not every DPULO is a CIL and it is necessary to acknowledge the wide range of services and activities that DPULOs can offer. It is the way in which DPULO services and activities are designed and delivered that is most important: they should be designed in a way that increases disabled people's choice and control. Ultimately, it is for each DPULO to decide what services it provides and this will always be subject to successfully securing the necessary resources.

<b>22</b> information and advice	Information and advice is considered to be one of the most essential DPULO services. <sup>8</sup> Disabled people can enhance the value of this service by bringing their 'lived experience' to the service.
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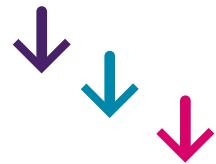
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Criteria	Notes
<b>23</b> advocacy and peer support	Providing an advocacy service may be subject to securing funding. However, by definition a DPULO which involves disabled people in everything it does provides peer support. <sup>9</sup>
<b>24</b> support in using direct payments and/or individual budgets	FLEXIBILITY REQUIRED: Whether a DPULO provides this service is likely to be subject to being awarded the contract. In areas with multiple DPULOs it is unlikely that all of them will provide this type of support. It cannot, therefore, be a defining criterion of a DPULO.
<b>25</b> support to recruit and employ personal assistants	FLEXIBILITY REQUIRED: It is likely that this support is only provided by DPULOs which deliver direct payments contracts. It cannot, therefore, be a defining criterion of a DPULO.
<b>26</b> assistance with self-assessment	Providing assistance with self-assessment is considered to be one of the most essential DPULO services. <sup>10</sup> Disabled people can help each other to identify their own needs in all aspects of their lives, due to their shared experiences.
<b>27</b> disability equality training	FLEXIBILITY REQUIRED: Whether or not a DPULO provides disability equality training does not determine whether it is genuinely user-led.
<b>28</b> support the implementation of the Disability Equality Duty by public sector organisations in the locality (including consumer audits)	FLEXIBILITY REQUIRED: Since 2011 this should now read the Public Sector Equality Duty. Although a DPULO is ideally positioned to support the duty's implementation, its ability to do so will depend on its capacity and resources. This cannot, therefore, be considered a defining criterion of a DPULO.

### References

- 1 NCIL National Centre for Independent Living (February 2011) ULO sector audit 2011 (for the Department of Health)
- 2 Department of Health (September 2007) User-led organisations project: 'Policy'
- 3 Although the term 'ULO' is associated with a government agenda, rather than originating from within the disabled people's movement, elements of the ULO design criteria have been widely adopted, notably the 75% board membership of disabled people (an aspiration included in Disability Rights UK's membership criteria). Similarly, although many ULOs do not function as CILs (whose characteristics vary anyway), there is agreement on two key organisational criteria: (i) the importance of the social model of disability and (ii) a majority representation of disabled people on the management committee (Maynard Campbell, S., Maynard, A. and Winchcombe, M. (May 2007), Mapping the capacity and potential for user-led organisations in England: A summary of the main findings from a national research study commissioned by the Department of Health. Executive Summary (Department of Health), pp.4–5)
- 4 Department of Health (September 2007) User-led organisations project: 'Policy'  
[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_078804](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078804)
- 5 Morris, J. in Woodin, S. (November, 2006) Mapping User-Led Organisations, User-Led Services and Centres for Independent / Integrated/ Inclusive Living: A Literature Review Prepared for the Department of Health (University of Leeds), p.5
- 6 In more recent years the Social Care Institute for Excellence (SCIE) uses the term ULO to mean an organisation made up mainly of disabled people who are service users, as opposed to 'carer-led' organisations (Social Care Institute for Excellence (2010) A commissioner's guide to developing and sustaining user-led organisations (London, Social Care Institute for Excellence), p.20)
- 7 For a guide about legal structures for not-for-profit organisations, see <http://www.resourcecentre.org.uk/information/legal-structures-for-not-for-profit-organisations/>
- 8 In its 2011 research NCIL considered that providing information, advice and peer support, as well as assistance with self-assessment, were the most essential services for DPULOs to provide. NCIL National Centre for Independent Living (February 2011) ULO sector audit 2011 (for the Department of Health), p.27
- 9 Ibid.
- 10 Ibid.

# Creating a climate for successfully developing and confidently commissioning DPULOs: A checklist for local authority commissioners

This checklist provides an overview of the key interventions which will support commissioners to optimise their relationships with DPULOs and create a climate which will result in more DPULOs being commissioned. After each question we have cited key sections and Spotlights in the resource which provide useful information and examples. **These references are by no means exhaustive but they provide a useful starting point.** It should be noted that the Spotlights overlap multiple aspects of the commissioning cycle and each one begins with a summary of its key themes.

## The background

- Setting the scene and getting an overview of south-east DPULOs (**Section 1**)

## Leadership: the starting point

- Do our senior managers believe in the value of involving ULOs in service design, development and delivery? (**Sections 2 and 3**)
- How is this reflected in our corporate strategies, policies and procedures? (**Sections 2, 3 and 4**)

## Current DPULO activity in our area

- What DPULOs do we have in our area? What do we know about them? (**Sections 1 and 5, and Appendix 4**)
- How can DPULOs help us to achieve our corporate objectives? (**Section 2**)

## Engagement and involvement

- How can we collaborate with a local DPULO to deliver our involvement and engagement work with disabled people? (**Sections 3 and 5**)
- How do we ensure that disabled people and DPULOs are involved in every aspect of the commissioning cycle? (**Section 3**)
- How are we investing in disabled service users to support them to be fully involved in our commissioning processes? (**Sections 3 and 5**)
- Are disabled people and DPULOs represented in decision-making structures which influence adult social care strategy and the allocation of resources? (**Section 3 and Spotlight 4**)

## Market development

- How are we supporting the development of both emerging and established DPULOs? Do we have a ULO development plan which complements our overall adult social care strategy? (**Section 5 and Spotlights 1 and 7**)
- What are we doing to ensure that DPULOs can access the commissioning and procurement process as potential service providers? (**Sections 3, 4 and 5, and all Spotlights**)
- What benefits can we gain from commissioning DPULOs to undertake user-led research into our service provision? (**Section 5**)

## Appendix 7

- How can we work with an established DPULO to capacity build new DPULOs? **(Section 5 and Spotlights 1 and 8)**
- How is our procurement team supporting DPULOs to become suppliers? **(Section 4)**
- How can we ensure that our service specifications favour user-led service delivery? **(Sections 2, 3 and 4, and Spotlights 2 and 7)**
- How are we supporting the development of outcomes-based services? **(Sections 2, 3 and 6, and Spotlights 2 and 7)**
- How can we break up large contracts to enable smaller organisations to deliver services? **(Section 4 and Spotlight 7)**
- How can we support the development of consortia bids which involve DPULOs? **(Spotlights 5 and 6)**
- How can we support innovation in service provision? **(Spotlights 3, 8, 9 and 10)**

### Social value

- In our commissioning and procurement processes how can we maximise the importance attached to the additional social value that ULOs bring to service delivery? **(Sections 2 and 6, and Spotlight 2)**
- How can we ensure our commissioning and procurement processes value the additional benefits that local providers bring to service delivery? **(Sections 2, 4 and 6, and all Spotlights)**

### The tendering process

- Can we consider offering grants as a strategic alternative to the standard commissioning and procurement framework? **(Section 4 and Spotlights 2 and 5)**
- What steps are we taking to simplify the tendering documentation for new and smaller providers and to make our documentation proportionate to the value of our contracts? **(Section 4 and Spotlight 2)**

### Review

- How do we ensure that disabled service users and DPULO representatives are involved in contract management, quality assurance and monitoring of services we commission? **(Section 3)**
- What steps are we taking to make our monitoring systems and payment schedules less burdensome and more flexible for smaller organisations? Are they proportionate to the size of the contract or funding agreement? **(Sections 4 and 6, and Spotlights 6 and 7)**
- How can we work with DPULOs to develop monitoring systems which focus on outcomes and show the impact services are having on individual service users? How is social value reflected in the service evaluation criteria? **(Sections 2 and 6, and Spotlights 2, 5 and 7)**

### We asked 15 south-east DPULOs: ‘What do you think is the ‘added/social value’ that DPULOs bring to delivering services for local disabled people?’

- Disabled people are empowered to have choice and control when provided with peer support, and access more services to remain independent
- DPULOs ensure that services delivered are in-line with the needs of those who benefit from the services by involving beneficiaries in the shaping of those services
- Added value can be found in our knowledge and understanding of Deaf Culture and providing services in our Users' first language, i.e. British Sign Language
- Services provided by people with direct experience and knowledge of the value of the service being provided
- The specific and unique input, wisdom, expertise, experience and perspectives of people who know how it is to need and rely on support and services to manage their daily lives
- The ‘lived experience’ of disabled people is crucial for understanding how services need to be delivered. Nothing about us without us
- Independent organisations who they can trust and offering lived experience. Also positive role models in the community and offering paid employment to disabled people who may struggle to get such an opportunity in other sectors
- Engagement and involvement of disabled people
- Role models. People may feel more relaxed and open. Can be a more equal relationship
- Relevance, value for money, efficiency
- Services that meet real expressed needs, not what other people think is best. Personal experience enables peer support to be on a level. Increased confidence and more employment for disabled people. Increased expertise and knowledge for non-disabled workers
- We provide a line of accountability to service users and service users design our services based on what they want and value
- DPULOs have a good understanding of the needs of local disabled people as they encourage involvement and seek the views of local disabled people. Many local disabled people and their carers tend to have a stronger level of trust and confidence in their local DPULO, as they see them as independent of the local authority
- The added value is that disabled people can be consulted on changes that affect them and give opinions that count and are listened to. We have a structure where we have a service user on the Health and Wellbeing Board which provides the vehicle for service users having a say in important decisions when they are made, with the added opportunity in being part of consultations and getting to the most hard to reach people

# From: Personalisation Expert Panel (PEP) Business Plan Terms of Reference 2013

## Introduction

As a result of discussions between Southampton and Hampshire Centres for Independent Living (SCIL/HCIL) with Hampshire County Council (HCC) it was agreed that SCIL [now SPECTRUM CIL] should facilitate the setting up of a Personalisation 'Expert' Panel. This would meet regularly to discuss the reform of adult social care and ensure direct dialogue between people who use services, service user/carer-led organisations and HCC officers, who are responsible for reform implementation.

## Aims

To ensure that:

- 1** Initial change and co-production is promoted in health, social care and other services (e.g. health, employment, other Hampshire County Council services) to enable them to meet all needs of service users/carers
- 2** Service users and their organisations are at the forefront of all aspects of the implementation of personalisation and transformation
- 3** The experiences gained from Self Operated Care Scheme, Direct Payments and other Independent Living schemes inform future development of adult social care in Hampshire and reduce unnecessary 'reinvention of wheels'

- 4** Adult social care in Hampshire is developed in co-production to meet the needs/aspirations of **all** potential service users based on the principle of equality and inclusion i.e. regardless of age, ability, impairment, race, gender, sexual orientation, marginalisation etc
- 5** The priorities of service users/carers are fully taken into account and at the forefront in terms of setting the agenda for PEP meetings
- 6** PEP maintains continuity and constructive dialogue with the Adult Services Departmental Management Team and influences the change in culture of health and social care

## Method

- Working practice will be based on the principles of co-production and not simply consultation
- The group will meet monthly
- It will establish other working/task groups as required

## Participants – the group will be organic and membership will change

- Local service user and carer-led organisations
- Existing/potential people who use services
- Adult Services Senior Management
- Project Managers where appropriate
- Others with relevant expertise/experience including county councillors