

# Reframing Commissioning

Provocations for Change  
November 2024



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# About this Report

This report was produced in partnership by Collaborate and the Voluntary Organisations Disability Group (VODG) to raise awareness of what good commissioning of third sector organisations looks like and what needs to change.

We draw on the skills, expertise and experience of VODG members, commissioners, people with lived experience and sector stakeholders, to spark discussions about the opportunities available if we reframe approaches to commissioning.

We pose a number of practical shifts and provocations for change to reframe commissioning and put third sector support for disabled people on a surer footing. It does not sit apart, but alongside the social movements, skills development programmes and local activity already underway.



**Commissioning should start at gloriously ordinary life and what that means, what matters most to people's lives – not KPIs or units of time."**



Voluntary Organisations Disability Group

**collaborate**  
for social change

# Introduction

**Millions of disabled people who draw on care and support in the UK rely on state-funded services and the valuable care workforce in order to lead independent and fulfilling lives. Accessing the support they need, in the way and places they choose, is becoming increasingly problematic as fees for providers fail to keep pace with rising costs, needs and demand.**

The social care sector is large and complex, as dynamic as it is diverse, with many players and market factors influencing the delivery of support.

A vibrant and distinct voluntary sector thrives when organisations work together to enable disabled people to live the lives they choose. What's more, ambition and trust grows within the sector when services are co-designed and commissioned by strategic partnerships formed between statutory bodies, the voluntary sector and experts by experience..

VODG's mission is for a vibrant, trusted third sector able to deliver the support disabled people need to live the lives they choose. However, there are a number of challenges that threaten to undermine their ability to deliver the support millions of people rely on. While more investment in services is desperately needed, funding alone will not lead to the shifts required. The importance of relationships, leadership, co-production and risk sharing were all raised as was the essential role of collaboration.

Based on the conversations we've had, we know that in some areas collaboration is strong and well established; in others, behaviours are shifting with new ways of working. Elsewhere, relationships between commissioners and providers are breaking down as both parties navigate the impact of shrinking budgets, increasing need and rising costs.

As part of our research for this report, we heard from both providers and commissioners that current practices around the commissioning of services for disabled people are not meeting the

needs of organisations or the people accessing services. Both groups voiced concerns about the funding environment within which they operate and raised challenges they perceived to sit with the other, citing problems which felt outside of their control and viewing them as issues for 'others' to resolve.

Our reflection on these different perspectives was that many of the challenges and frustrations people highlighted were common amongst providers and commissioners alike.

Many of the themes emerging through this work are not new. They are longstanding, systemic challenges which providers and commissioners have been highlighting for many years. They are entrenched across the public sector through mechanistic and centralised approaches which are far removed from people's lived experience. They exist with the context of years of austerity and through New Public Management approaches in which care is standardised into packages of 15 minute chunks of time, with predefined 'outcomes' which fail to recognise the complexity of people's lives and the systems they live in <sup>1</sup>.

The challenges highlighted are understood from different perspectives and their impact is felt in different ways, but at their heart these problems are shared.

The starting point to any reframing of commissioning, and the relationships that are so central to it, must therefore take a whole system approach. Commissioners have a unique role within local systems and Collaborate supports them

<sup>1</sup> Human Learning Systems: Public Services for the Real World

to step into their role as enablers for social change. This means looking beyond a narrow focus on the technical aspects of traditional commissioning and instead exploring and developing the cultural, relational and collaborative aspects of their role. This allows them to create opportunities for change which seek to rebalance power to people and communities to enable better outcomes. The need for this way of working was highlighted through many of the conversations we had in developing this report, with the need and desire to reimagine commissioning present throughout.

To deliver the changes we heard are so urgently needed, there needs to be a focus on addressing deep systemic issues that prevent disabled people accessing the person-centred and joined up support they need. This includes overcoming silos to develop more integrated ways of working across health and social care.

Everyone has contributed to a system that is failing – providers, commissioners and Central Government. What we heard through this work



**If there was ever a time to think differently, the time is now... We need Mavericks!"**

is that this collusion needs to be acknowledged so that it can be stopped. There is a need for all involved to be honest about where we are so that together we can open up the conversation to explore what is possible when we reframe our approach together.

With the change of government and the triple threat of growing demand, rising costs and shrinking budgets, we need to collectively seize the opportunity to rethink the way disability support is commissioned and delivered.



## **London: Alliance Contracting to Improve Mental Health Services**

In 2018 the Lambeth Living Well Network Alliance was set up, driven by the need to improve mental health support in the borough. It's a formal collaboration, supported by an Alliance Contract between five organisations representing social care (Lambeth Council), the voluntary sector (Certitude and Thames Reach), secondary care (SLaM Foundation Trust) and commissioners (SEL ICS).

The alliance was founded on some core guiding principles, including co-production, people-centred and openness. The commitment to work together in this way has led to an alliance of equal partners who are responsible for the whole system, not just their part, ensuring they work together for the best interests of people using mental health support in Lambeth. The willingness to share risk has allowed partners to be brave and experiment in their work, to the benefit of those they support. This has also led to a pooling of resources, which has only further benefited those accessing mental health services in Lambeth.

# Reframing Commissioning

As we began our discussions with third sector organisations, it was clear that the impact of the political and economic environment was hard felt.



**We have stopped taking short term contracts, because if you don't have the sense that the commissioner wants to achieve something long term it doesn't feel worth it. It's exhausting looking for funding... and not achieving anything in a year or two years. Most of all it impacts the people being supported."**

As we took our discussions wider, to include commissioners, people with lived experience, politicians and sector bodies, we heard these frustrations echoed from different perspectives. It was clear that the impact of the political and economic environment was hard felt across the system as a whole.

Everyone is realistic about the funding envelope within which reforms have to take place. Therefore, while we begin to explore what a longer term vision for commissioning could look like, the shorter-term shifts for change are grounded in the reality of the current political and economic transition we are in. This means revisiting the foundations of **collaboration, leadership and the shared ambition to ensure disabled people can live gloriously ordinary lives.**

## Collaboration

When developing people-centred services, relationships and an understanding of complexity really matter. As part of this work, we heard however that over the last decade, some relationships have become transactional rather than collaborative. Very often procurement processes feed competition rather than collaboration with a focus on cost over quality. Whilst we know the financial pressure public services continue to face, this focus on cost can be detrimental to the development of person-centred services and sees a race to the bottom amongst providers, stifling innovation and preventing opportunities for collaboration.

Disabled people should be at the heart of services, but current ways of working have created a void between their lived experience and the ways in

which services are often commissioned, funded and therefore delivered. A focus on process and prioritising unit cost and efficiencies at a local level, often driven by factors at the national or global level, has shaped the practice of both commissioners and providers.

Because of competitive processes, we have seen a shift away from open dialogue amongst providers across local systems. No one stakeholder holds the full picture of need across a local area and so greater trust and transparency is needed to help ensure everyone is able to bring the different skills and perspectives they have to help understand local needs and shape an effective, collaborative and sustainable response.



**We wouldn't lead organisations without trust, so why is the sector being led that way?... Change happens at the speed of trust."**

Commissioned services are just one part of the picture, and as such there is a need to open up relationships and dialogues so that all perspectives are valued and collaborative approaches can be embedded both within and beyond procurement opportunities.

## Leadership

Commissioners occupy unique roles within local systems. Very often, commissioners do not have the same expectations placed on them to provide strategic direction in a local system as those in positions of formal authority such as local elected members or Directors of Adults Services, but they do hold relational power and authority in terms of access to resources. This can create a challenge in terms of how commissioners see themselves and how they are understood by others as local system leaders.

We heard throughout this work that there is a need for commissioners to step into their role as local leaders to shape and nurture local systems. For some, this could involve taking on the role of systems steward so that they can work to:

- **Foster trusting relationships:** Creating understanding and empathy as a foundation for collaboration.
- **Bring people together around a common purpose:** Convening people to build collective understanding of the system, our interdependent roles within it, and how we can make best use of collective insight and resources.
- **Deep listening:** Putting ongoing listening at the heart of how we work, particularly listening deeply to the people we support.
- **Enable learning:** Creating a learning culture that enables ongoing adaptation and improvement.
- **Rebalance power dynamics:** Addressing imbalances in power dynamics to increase the voice and agency of those who are least heard<sup>2</sup>.

<sup>2</sup> <https://collaboratecic.com/insights-and-resources/systems-stewardship-in-practice-what-it-is-and-how-to-get-started/>

# Reframing Commissioning

There is also a role for providers in terms of leadership, and they are often equally well placed to step into the role of systems steward, recognising the skills and insights which they hold within local systems. If we shift our understanding of leadership to one which recognises that it is an activity rather than a position someone holds, and that activity is about mobilising change, then we open up the possibility that providers, commissioners – all engaged with, and informed by people with lived experience of services – can come together to provide the leadership which is required to effectively understand and respond to need locally and create a local movement for change.

Providers and commissioners working alongside other local leaders in a way which recognises the different skills and perspectives everyone is able to offer is needed so that we are able to build the strong foundations needed for longer term, more radical change.



**We need to draw on all of the strengths and insights available... providers, commissioners, experts by experience... we're all playing for the team."**

## Gloriously Ordinary Lives

Despite perceived and real divisions between the commissioning and delivery of support, there is a strong commitment on all sides to ensuring disabled people are able to live gloriously ordinary lives.

Current approaches often see packages of care

bundled up into units of time with broad, generic 'outcomes' which don't reflect the complexities of people's lives and the systems in which they live. We heard through this work that there is an ambition to embed co-production throughout the commissioning of services, but in some cases the skills and resources required to take this forward are not always available. Rather than seeing this as a barrier to progress, when building foundations, it can be helpful to look at what steps can be taken now, in small, but meaningful ways to work towards embedding co-production more fully across the commissioning cycle as a whole.



**Co-production is a skill to be learnt, developed and understood... perfection might be the enemy of progress."**

The value of co-production lies in:

- Delivering outcomes that actually matter to people
- Efficiency in the long run
- Working towards social justice
- Empowering people and building capacity
- Connecting us as humans, working towards shared goals<sup>3</sup>

In the short term, working towards this ambition means commissioning services that meet people's needs, where and how they choose; co-designing and delivering support wherever possible with disabled people; and utilising the tools available to maximise choice.

Longer term it means a significant shift of power to disabled people, carers and families. A move away

<sup>3</sup> <https://www.coproductio collective.co.uk/what-is-co-production/value-of-co-production#section01>



from procuring units of time and the adoption of an agile way of working, which is likely to require a full system reset when it comes to funding, staffing and delivery.

The notion of starting small, but starting somewhere can be a powerful one when trying to work towards long term system change.

The vision for the future is a shared one. It is one in which commissioners, providers and people

accessing services are working together, supported by national policies and funding decisions. The steps to get us to that future are also shared. They are built on collaborative, honest and trusting relationships which recognise the different skills and perspectives commissioners and providers each bring to work towards shaping a healthy system which speaks directly to the needs of disabled people and their families and carers.

In practice, the shifts required to establish these foundations might include:

From...	To...
<b>Tightly defined services and contracts</b>	Outcome-based commissioning which recognises and speaks to the complexities of people's lives, starting with what matters most to them
<b>Unit costs and short-term efficiencies</b>	Prioritising long term vision, value and sustainability
<b>Poor level of insight about need and demand</b>	Involving disabled people, their families, carers, and a wide range of stakeholders in exploring needs and assets across local systems and the life course.
<b>Disabled people as passive recipients of care</b>	Disabled people taking the lead and having choice and agency of the type of care they receive and how it is delivered
<b>Risk aversion</b>	Bravery, risk sharing and innovation
<b>Top down approaches with rigid and inflexible contracts</b>	Partnership approaches with space for ongoing learning, iteration and adaptation
<b>Competitive approaches and siloed working</b>	Collaboration and relational working across local systems and based on a shared vision
<b>Difficult and protracted fee negotiations</b>	Timely negotiations and agreement of fee uplifts ahead of the start of the fiscal year, based on demonstrable impact, benefit and value
<b>Friction with legislation</b>	Utilising legislation to maximise positive impact for people accessing support

# Future Vision

With a new government in place, we are in a period of flux. The Government's long term ambition is one which is built around a National Care Service, growth and employment rights which reset the relationship between employees, employers and unions. In the shorter term, the three shifts<sup>4</sup> for the NHS as set out by the Health Secretary; from 'analogue to digital', from 'treatment to prevention', and from 'hospital to community' offer potential for greater integration across health and social care.

As we collectively work to inform the ambition set out by the new Government, there is a shared commitment to keep disabled people, their families and carers at the heart of the conversation.

A recurring theme throughout this work was a desire to see services commissioned and delivered which support people to live *gloriously ordinary lives* – lives which cannot be measured in units of time or broken down into tightly costed care packages.

This means including disabled people in the design, commissioning and delivery of services in a more meaningful and consistent way than currently exists and commissioning services that are tailored to individuals and their needs, their aspirations and their strengths.

This vision is not just a shift in relationships, **it is a shift of power and fundamental reset of the systems currently used to procure support.**

## Future vision for commissioning:



<sup>4</sup> <https://www.nationalhealthexecutive.com/articles/uk-government-launches-national-nhs-reform-consultation-10-year-health-plan>  
<https://www.gloriouslyordinarylives.co.uk/the-five-tests>



## Stafford | Working with Commissioners to Shape Services Together

In Stafford, Turning Point came together with local citizens and commissioners to co-design a specialist dual diagnosis supported accommodation service to support people experiencing long-term homelessness and rough sleeping. It started with building an understanding of why people were not accessing or remaining engaged with existing services. The result was a shared understanding by partners of what wasn't working in the current pathways and services and where there were opportunities for improvement. A new model of supported accommodation was then built around peoples' lived experiences with ongoing evolution being entirely coproduced as further learning is captured. This shared understanding led to a different experience by those accessing support, reporting that they feel 'more engaged, respected and supported' by being 'listened to and heard'.

- Commissioning should be **shaped by the voices of lived experience**. This means that disabled people and those close to them are able to shape the overall commissioning process, through things like co-production, and hold it to account.
- Commissioning should emphasise **collaboration**. This means that commissioners and providers are committed to coming together to build relationships and share knowledge, risk, and resources between themselves and each other.
- Commissioning should look to the **long-term**. This means recognising that sustainable, transformative change in people's lives sometimes takes time and is achieved by providers having the time to test, improve and develop their services over the life of a contract.
- Commissioning should encourage **bravery** from commissioners and providers alike. This means pursuing more collaborative ways of working together, providing services in potentially non-conventional ways, being creative in the way money is spent, and coming together to use their collective influence to shape national policy and practice.

In practical terms, this vision for the future takes us away from traditional, process-driven commissioning, and opens up new possibilities for more collaborative approaches which enable services to be designed and delivered around the things which matter most to disabled people. But before a braver, bolder vision can become a reality, we must get the foundations right.

We each have a role to play as we begin to put the principles of the future vision into practice. The starting point for that is to shift the conversations we are having about commissioning.

# Shifts Into Action

**There are questions we can each ask of ourselves and each other, and actions we can take to help us collectively shift towards a future vision.**

## Listen to the voices of lived experience

How can commissioners and providers start from a place of partnership with disabled people to understand what outcomes matter most to them?

How can providers embed approaches to capturing feedback from those accessing their services to enable ongoing service development and to share insight with commissioners to support a dynamic understanding of local needs?

How can commissioners work alongside Deaf and Disabled People's Organisations (DPPOs) to ensure the voices of disabled people are front and centre when developing local strategies and needs assessments?

How do commissioners map need across the lifecourse in a way that directly responds to people's lived experience and changing requirements?

## Emphasise collaboration

How can we open up a dialogue between commissioners and providers (those delivering contracts and others working in the local area) to share insight about local need and future demand which isn't tied into live procurement opportunities, but is instead a way to build collaborative and trusting relationships?

How can commissioners think creatively and explore opportunities to commission outside of purely financial resources through approaches such as shared infrastructure, co-location opportunities, joint posts or shared back office functions?

What are the opportunities for commissioners and providers to come together to share risk so that there is scope to experiment with new and innovative ways of working?

What role could elected members and other senior stakeholders play to help shape and champion new approaches to collaboration in commissioning?

## Look to the long term

How can commissioners act as conveners or system stewards, creating opportunities to bring providers together outside of procurement approaches to share skills, insight and innovation across a local system?

How can commissioners explore opportunities offered through The Procurement Regulations 2024 to work differently and to embed longer term approaches as part of procurement processes?

What flexibilities exist within the Care Act and other mechanisms to allow for trials and piloting new models of delivery?

How can people have open and realistic conversations about what is possible within current financial constraints so that the focus can shift towards ensuring quality of provision rather than a focus on driving costs down?

## Encourage bravery

How can we shift away from contract management which is tightly focused on outputs and metrics, and instead open up learning conversations across the life of contracts which create space for innovation and iteration in response to emerging and shifting need across local systems?

How can third sector providers work together and be bold in articulating their offer and the collective value they bring to local systems?

How can third sector providers holding contracts give up power and work in stronger partnership with DDPOs in local communities?

How can we reimagine commissioning across health and social care so that it truly enables people to live gloriously ordinary lives?

# Provocations for Change

**This report is a starting point rather than an end. For many working in the health and social care sector, the information we have brought together will be familiar, and for some, may fuel a sense of frustration that the challenges we continue to speak of today are the same as those they've been highlighting for years. But without the foundations in place, the rest cannot follow.**

Based on our conversations, the fundamentals that are most critical, and within easy reach, include:

- An understanding of need across place and over the life course
- Trusting relationships
- Open and honest dialogue
- Collaboration
- Leadership
- A shared approach to risk
- A focus on outcomes rather than units of time
- Co-production
- Bravery
- Utilising mechanisms that exist designed to maximise individual choice and control

Once we have the fundamentals right we can continue to work towards making our shared vision the norm rather than exception, even within current financial constraints. We therefore urge those with

a role in the delivery and commissioning of third sector support for disabled people to:

- Commit to the shifts required to re-establish and re-balance collaboration
- Agree and work towards a vision based on lived experience, bravery, collaboration and the agility needed in the long-term
- Take the provocations set out into discussions, meetings and forums to agree the place-based change needed

There is hope in the ways in which we heard providers and commissioners speak about a vision for the future while focusing on bolstering the foundations upon which the vision will be built. We are seeing a shared commitment emerge to collaborate so that we can co-create the future we all want to see.

The shifts described in this report are central to improving the ways in which third sector support for disabled people is commissioned, but they also mirror conversations about shifts needed to commissioning more widely, and across public services in general. Our efforts in delivering the future vision set out in this report are part of a broader movement for change towards more flexible and collaborative support that enables people to thrive and live the lives they choose.

# Acknowledgements

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