**Strategic Commissioning, Sport and Physical Activity – Phase Two**

This paper provides a summary of the second phase of Sport England / Chief Cultural & Leisure Officers Association (cCLOA) project on commissioning support for local authorities.

The 17 projects worked with 18 Local Authorities either directly, through their local external sport and leisure provider or through the County Sport Partnership between the autumn of 2015 and the spring of 2016.

The areas involved were: Ashfield; Birmingham; Enfield; Essex (Brentwood & Harlow); Kirklees; Haringey; New Forest; Leicestershire; Nottingham; Northamptonshire; Northumberland; Plymouth; Slough; Southend; Suffolk; Swindon; and Warrington.

**BACKGROUND**

**Why was the project undertaken?**

In a continually challenging and changing environment, where local authorities are transforming how they deliver services so that they can continue to meet the needs of their communities, it was important to further the learning from the first phase to ensure that sport and physical activity can continue improving the physical and mental wellbeing of these communities, the sector needs to position itself at the heart of this wider transformational change.

**What was the aim of the project?**

The overall aim of the project was to build on the success of Phase 1 and support further local authorities by:

* Increasing their understanding of the commissioning agenda and process amongst sport and physical activity professionals.
* Improving their ability to better engage as a strategic partner by building better relationships with commissioners and helping them develop their offer to commissioners.
* Improving the positioning of and potential funding for sport and physical activity through commissioning.
* Sharing learning.

**What is commissioning?**

Commissioning is:

* The strategic process of identifying needs and allocating available resources to best meet these needs, through the most effective and efficient supplier of services in a way that achieves the required outcomes.

It is not:

* The same as procurement, which is the process of securing or buying services; or
* The same as contracting, which is the means by which that process is made legally binding.

The Commissioning Cycle is typified by the following diagram:

 **Analyse**

 

Sector needs to be seen here

 **Plan**

 **Review**

 **Do**

Sector mainly found here

The project was designed to address these weaknesses and help the councils better position themselves to contribute strategically in these discussions.

**What happened?**

Each project took place in very different contexts and each was complex and diverse in terms of requiring solutions that needed to be negotiated and facilitated locally.

The projects were provided with expert adviser support who were from

non-sporting backgrounds with expertise in areas such as health, adult social care, education, children’s services and community safety.

A common methodology based on previous guidance set out in [Engaging in Commissioning](https://www.local.gov.uk/our-support/our-improvement-offer/culture-and-sport-improvement/engaging-commissioning-practical) taking on board the lessons learnt from Phase One – see diagram at Annex A.

This process principally involved deploying the expert advisers to:

* Assist with mapping the local commissioning landscape to help identify the key opportunities and challenges facing providers of sport and physical activity and use this information to improve local understanding.
* Broker improved relationships with commissioners across a range of service areas including health and well-being, adult social care, and children and young people’s services.
* Start to identify how services could be developed and adapted to better meet the needs identified by commissioners including potential market development.
* Establish a set of actions that would help sustain these relationships and lead to a longer-term impact on priority outcomes.

**THE DIFFERENCE**

**A Changing Environment**

From the outset it was clear that the context in which the project would operate was significantly different and more challenging than in the previous phase.

The changing environment was characterised by:

* Much more organisational, political and financial turbulence in local authorities and health service partners.
* Locally less capacity to deliver the project.
* A range of different attitudes and behaviours in the individual projects that influenced the application of both the process and the outputs. For example, there was improved acknowledgement of the contribution sport and physical activity can make but commissioners attitudes sometimes were about looking for short term savings rather than long term solutions.
* Diverse organisational cultures across the different partners and potential partners; different language used often to describe common issues and variations in the quality and effectiveness of existing relationships which also influenced considerably both the process and outputs.

The changing environment led to the following experiences:

* Project lead officers learned and developed as a result of going through the process with the adviser. At a time of fewer resources and capacity in some instances “mentoring” was undertaken by the advisers to help them through the process and develop their confidence to take it on.
* Greater churn – a lack of continuity due to the sheer turnover of officers involved in the project was challenging to the momentum for some projects. For example, the sponsor/ and or project lead were no longer in post at the end of the project or commissioners who were interviewed moved on.  This lack of continuity presents a real challenge for transferring learning within the organisation and ensuring follow up on action plans.

**WHAT WORKED**

**The process**

Whilst the project started by applying a common methodology it soon became clear from the changing environment that local adaptability and flexibility would be required.

Whilst this made the process harder, longer and more challenging with a need for adaptability, it did not have a detrimental effect on the overall success the project or the benefits it brought to the local authorities involved - the process remained both robust and very appropriate. The structured approach successful in Phase 1 ensured better understanding and relationships emerged in Phase 2.

The following elements still worked well and were valued by those participating:

* The use of independent expert advisers with a background and understanding of other sectors remains crucial to the whole process and is highly valued.
* Mapping the local commissioning landscape continues to aid understanding and identifies opportunities and challenges. Crucial is the one to one interviews between the advisers and key commissioners, other senior officers and elected members seen as key to opening minds, influencing attitudes and important to building new relationships.
* The use of the outcomes framework particularly the logic model was valued in most cases in terms of aiding understanding, aligning services to outcomes and redesigning services to meet need.
* ‘Events’ which had senior ‘buy-in’ involving key players and a medical peer advocate remain important to building wider ownership and commitment and creating an impetus for action.

**The benefits**

On the whole all the participants identified real benefits from being involved despite the additional pressures placed on them in terms of expectations and timescales. In particular they welcomed the alignment between the project and the Government and Sport England strategies.

The benefits from the project for those in the sport and physical activity sector included:

* Being part of a national project providing a licence and momentum to do the work.
* Providing focus and direction to existing thinking. It gave “impetus”, “amplified” local thinking and helped “fast track” ideas and opportunities.
* Improving the sectors understanding of commissioners, commissioning and the language they use.
* Helping gain wider political awareness and leverage and securing better senior officer engagement for the contribution sport and physical activity can make to the area’s wider outcomes.
* Increased the visibility of sport and physical activity with Health and Wellbeing Boards and some Clinical Commissioning Groups (CCGs).
* Using expert advisers and medical advocates opened minds, changed attitudes and opened new doors.
* The identification and creation of new advocates for sport and physical activity.
* The facilitation of different conversations e.g. around the Better Care Fund.
* Improvement and strengthening of relationships and communications across the system helping break down the silos.

Overall it helped them move to becoming “strategic players” by:

* improving their confidence;
* enhancing their knowledge & skills; and
* helping them become leaders.

**Outcomes and impact**

Compared to Phase One, the impact appears less tangible and immediate. Turning benefits into impact will take time.

It appears that rather than seeing potential contracts and funding opportunities or greater recognition in strategies and plans this time it’s more about building relationships from which sustainable actions should emerge in time.

 Positive outcomes included:

* Improving the positioning and profile of the services- e.g. they are welcome round more strategic tables.
* Widening of the relevance of the services to wider audience e.g. now seen as contributing to new mental health interventions; enabled discussions on Better Care Fund; improved relevance with adult social services.
* Opening the door to CCG’s – e.g. physical activity will now appear in a Sustainability and Transformation Plan.
* Raising the credibility of district councils – e.g. now seen by clinical sector as forward thinking and potential partners.
* It improved engagement in service planning- e.g. the profile of the sport and physical activity strategy was seen as more important and developed with right language and aligned to commissioners needs.
* It reinvigorated key decision making forums e.g. the Sport and Physical Activity Group now focuses on meeting the commissioner’s needs.
* It influenced thinking around organisational structure e.g. sport and physical actvity now aligned more closely with health.

Project participants said:

“The relationship is key – build trust – have a credible offer”

“Aim to punch above your weight – be bullish - show what you can do – have confidence to challenge what’s currently happening”

“The project has given us a hook and changed the conversation”

“We’re on their mind more now consistently – it’s not just driven by us”

We are “more front and centre than we’ve ever been”

“It certainly feels like sport and physical activity is owned by more colleagues than just is in leisure and sport’”

“Taking a softer approach than the previous hard sell of hunting for money has proved beneficial as a number of colleagues now integrate sport and physical activity in their work role.”

“With more senior managers talking about sport and physical activity at a strategic level it has also triggered thoughts in Environment and Regeneration to provide a programme of activities for residents living in social housing.”

“We are at least 2 years in advance of where we would have been without this project”

A more detailed listing of the impact within the pilots is outlined at Annex B.

**THE KEY LEARNING**

As indicated earlier the context had changed significantly even in the short time between Phases One and Two from which new learning emerged, but in some ways much of the learning was mirrored.

* Some commissioner perceptions of sport and physical activity remained similar in terms of its perceived focus on facilities, focus on the active rather than the inactive and the need to generate income rather than meeting need.
* The sport and physical activity sector’s understanding about commissioning was often limited, there is a lack of strategic positioning for the service, evidence of impact of the service is limited and provider markets remain under-developed.
* However, the prevention agenda is continuing to gain momentum, driven by austerity, the value of physical activity is gaining credence among some if not all health professionals and a role in supporting mental health interventions is developing.

 The new key learning points are:

* The process of support given majored on building better relationships, changing the way sport and physical activity works and engaging in improved service integration rather than using commissioning to generate new funding streams.
* Although opportunities to better align sport and physical activity with commissioner requirements emerged they did so in very different ways. Future actions did not always indicate potential funding opportunities as they had done in Phase One. Commissioners with fewer resources were more interested in “co-production.”
* Relationships between sport and physical activity and commissioners are therefore becoming less transactional and more about collaborative working. Commissioners with less resource available want to enter partnerships and support co-production. Despite the focus on long term outcomes commissioners were also more eager to access quick win solutions that saved them money. “Cashless Commissioning” is becoming the new currency.
* Making an impact on outcomes will take time and on-going political, organisational and financial turbulence means maintaining and developing relationships will be difficult. It will need continued tenacity, external challenge and continued support to maintain momentum.
* In two tier areas working with county-based commissioners collaboratively remains difficult but not impossible. Where districts understand what they can contribute they can become respected and valued partners in local delivery including building links with CCG’s. Where there are effective well positioned County Sport Partnerships with sound and trusted relationships they can broker and support improved integration and help deliver better outcomes but where there are existing tensions in these relationships progress is likely to be much more difficult.
* Across the projects it became apparent that diversity of context means concepts of commissioning are no longer as common and consistent as they were before. Also new concepts such as wellbeing are both diverse and developing. Going forward it may be necessary to review and reframe these concepts.

There were also some new questions raised for future consideration:

* What does this mean for the workforce? Both in training and development for the sport and physical activity sector but also the support of training in a wider stakeholder workforce.
* What/who is the ‘market’ and how do you get the market ready? Having a provider market commissioner ready and quality assured remains an issue. How can this be done on the “industrial scale” required by the health and social care sector in particular?
* How much evidence is enough evidence? There is still a demand to see evidence that physical activity provides cost effective solutions to medical and social problems. However, what level of evidence is required to justify intervention and investment? How can we produce good evidence in cost effective ways particularly where resources are limited and reducing?
* What will be the impact of devolution? Will it enhance opportunities to position sport and physical activity within service transformation programmes or will other priorities push sport and physical activities to the fringes of strategic discussions?

**MESSAGES FOR THE SECTOR**

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| **Finding**  | **Message for the sector** |
| Driven by financial and demographic pressures, transformational change and service integration is the long-term solution councils will be following. | Be an active partner in transformational change, think about how your service can integrate better with others, and be more visible in strategic discussions about meeting community outcomes. |
| There are many opportunities to work with commissioners, but be aware how under pressure they are.  | Focus on listening and understanding the commissioner’s needs, devise solutions that meet their needs, deliver their outcomes and be able to evidence the impact you can have.However, prioritise. Do not engage with every commissioner or attempt to meet all their needs. Focus on building and sustaining the relationship with them by delivering well what they want. |
| **Finding**  | **Message for the sector** |
| Language is critical. | Identify and use the appropriate language. Understand the terminology used by commissioners and help them understand yours. For example, ‘sport’ might not be the right word to use when ‘physical activity’ is what they understand. |
| The concepts of commissioning can differ across organisations and services | Ensure you understand what commissioning means and entails for the organisation you are in or talking to. |
| It is not a ‘dash for cash’ or about stop gap income generation in the short or even long term. It less about transactions and more about collaboration Commissioners with fewer resources are more interested in co-production and joining up resources, workforce, advice etc | Do not set out with the intention of trying to replace existing council subsidies with health and social care funding. Start by increasing your understanding and knowledge of what commissioner’s want and need and shape an offer to address this. This approach will be critical to building relationships and it is important to find sustainable solutions. Look at how the services can work together for example would there be benefit of the commissioner’s workforce understanding the benefits of physical activity and being able to promote to their customers this benefit and how it can be accessed.Be patient – this takes time.It is an ever-changing environment. A change in priorities and staff can quickly change relationships. |
| **Finding**  | **Message for the sector** |
| Important to ‘influence the influencers’ to achieve ‘buy-in’ at the highest managerial and political level. It is critical to longer term positioning and change to create a culture of collaboration.The positioning of sport and physical activity in commissioners’ plans and key strategies will take time.Look for the early wins and make them successful. | Win hearts and minds. Know the evidence, understand the data and how to interpret it for specific commissioner needs.Be clear what you have to offer and how to articulate the offer innovatively, being able to outline the benefits of sport and physical activity in clinical, social and economic terms.Seek to influence and achieve traction at all levels, the strategic, the operational and at the front line, but keep messages consistent and clear. |
| Elected members are critical to the influencing process. | Members with a sport and physical activity portfolio can engage with political colleagues and partners for health, adult social care and children’s services to demonstrate the role sport and physical activity can play in meeting their needs and outcomes and in service transformation. Ensure they are well informed and therefore equipped to do so. The Cabinet lead for health is a key ally. |
| It can be harder in two tier areas, but not impossible. A broker can help pull everyone together, for example a well positioned CSP with strong and embedded relationships.  | Districts often feel excluded from strategic commissioning processes taking place in county councils, but are often key providers of sport and physical activity and they can demonstrate a real understanding and closeness to the needs of communities. They have the opportunity in localities to develop local relationships with CCGs. |

 Annex A

**The project’s methodology**

 Annex B

**Commissioning Project examples of key improvements, outcomes and impact**

**Ashfield**

* A more strategic approach being taken with much stronger engagement with partners such as the County Director of Public Health and the Clinical Commissioning Group (CCG).
* Health and Wellbeing identified as a priority in Ashfield DC Corporate Plan 2016-2019.
* Sustainable Transformation Plan in place between NHS provider but will need to continue to influence the position of PA to deliver outcomes.
* CCG has committed with Ashfield to a pilot project ‘Connecting Communities’ in the Broomhill area of Hucknall.
* Active Ashfield Plan reviewed in relation to Government / Sport England strategies.

**Birmingham**

* The interviews have led to a greater understanding in the service of what partners want, as well as commissioners’ understanding of the offer and the opportunities for joint working.  There has been a shift on both sides.
* Tangible examples include an increasing set of relationships with GP surgeries, developments in social prescribing and more people approaching the service to work in partnership.
* Relationships have been built with the Better Care Service and there will be close working with the newly appointed Wellbeing Coordinators in six pilot areas, who are based in GP surgeries.

**Enfield**

* Use of Outcome Framework approach enabled good understanding of how sport and physical activity contributed towards intermediate and strategic outcomes. Enabled reshaping/re-engineering of some activities this led to children who were found to be overweight or very overweight through the national child measurement programme accessing free swimming during summer hols and continuation of a reduced rate access to sport facilities for the over 60s.
* Greater discussion of sport and physical activity at a senior level led to improved relationships and understanding of how sport and physical activity can be integrated into programmes. “it certainly feels like sport and physical activity is owned by more colleagues than just us in leisure and sport.”
* Now part of the Health Improvement Partnership.

**Essex**

* Enabled Active Essex to build on its positioning of Sport and Physical Activity with the two districts selected for the project and gave increased credibility to the topic, opening the door to higher level strategic decision makers.
* Gave increased focus and support to the agenda that Active Essex is working towards with its Elected member group and enabled engagement 1:1 with members around this topic.
* Harlow is using the learning to inform the structure & development of Active Harlow Network. Active Essex were also able to add value and influence emerging work around Playing Pitch and Built Facilities Strategies that will inform LDP work, 8000 planned new homes.
* Brentwood work resulted in influencing direction of travel around revised Leisure Strategy work, with Active Essex engaged in the options appraisal of £20m Leisure centre/ contract and supporting work Playing Pitch and Built Facilities Strategy that is associated with this and 5000 new homes planned in the borough.
* Project raised profile of Active Essex at senior leader level. Active Essex has a blue print to use with its other twelve Districts and Boroughs.

**Haringey**

* Stronger engagement with CCG including with the Long-Term Conditions Conditioning Manager and the Better Care Fund Transformation Lead. Involved in co-production around ‘Increasing Healthy Life Expectancy’ in terms of integrating physical activity into care pathways.
* A Physical Activity Summit generated wide ranging support and understanding from key stakeholders.
* Further from the summit a much higher profile for physical activity. For example, the Corporate Plan is about to be refreshed and a cross cutting theme being progressed is ‘An Active and Healthy Haringey.’
* Major regeneration projects in Haringey incorporating a Healthy Streets approach.
* “We are at least two years in advance of where we would have been without this project.”

**Kirklees**

* The project reinforced the importance of sport and physical activity profile at a higher level at a time of strong budgetary pressure within the council. It has assisted in discussions on organisational design to ensure an understanding of the service.

**Leicestershire**

* Improved relationships with CCGs especially around Better Care Fund initiatives and now the Sustainability and Transformation Plans.
* Council continues to develop strategic approach to better, more effective physical activity services and revised Health and Wellbeing Strategy.
* Council working on Health Impact Assessment in two districts Blaby and Melton and developing a more systems approach to healthy places and planning.

**New Forest**

* the project fundamentally influenced a service restructure and gave credibility in focussing resources specifically on tackling physical inactivity.
* Changed the level of engagement with the primary care commissioning environment, transforming relationship with the CCG with emerging examples of co-production for example:
	+ the development of the Local Enhanced Agreement for Walking sponsored by CCG and informed by New Forest DC;
	+ the placement of a New Forest Exercise Specialist within Lymington Hospital one day per week, with further plans for placement within surgeries;
	+ a project in conjunction with the CCGs; to place Active Lifestyles advisors in 5 local GP surgeries to promote physical activity in people who are diagnosed as diabetic or pre-diabetic.

**Northumberland**

* There is recognition that sport and physical activity can contribute to wider public health outcomes beyond prevention. Public Health have agreed to act as an advocate for sport and physical activity, a solution for all there tiers of prevention.

**Northamptonshire**

* Sport and physical activity has now been embedded in the whole system pathway for health and wellbeing as a key intervention to address multiple health and social issues.
* Progress made on the integration of services – primarily around incorporating physical activity interventions – both commissioned and not directly funded - into the First for Wellbeing service and has initiated the relationships between members of the different services.

**Nottingham**

* Sport and Leisure are now fully embedded in the new Adult Healthy Weight service (recently recommissioned) with strong signposting elements built into this for clients and links back to Sport and Leisure service.
* Adult Social Care workforce given training on the benefits of physical activity and able to sign post clients to appropriate sport and leisure activities. Ongoing meetings now taking place between Sport and Leisure and Adult Social Care regarding staff engagement as well as discussions around leisure centres becoming ‘conversation spaces’ offering community led support for ASC users.
* Successful summit giving a clear a rationale and narrative locating physical activity as ‘part of the solution’ leading to positive engagement by other partners - 'a catalyst which is having a ripple effect.'

**Plymouth**

* Helped develop a better mutual understanding of language, measures and delivery partners across the various disciplines.
* Delivery partners willing and engaged in reviewing current provision against the priorities of reducing inactivity and increasing physical activity – with Plymouth’s Physical Activity Strategy group committing to a standard approach to evaluation.
* Greater focus on integrated working across sectors with Sport England’s Local Government Relationship Manager now on the System Design Group for Health and Well Being.

**Slough**

* Improved understanding of commissioning and influencing the commissioning agenda.
* Stronger relationship developed with Adult Social Care and Children's Services with increased engagement.  There has been better alignment of work between the departments including a new commission. The new commission was around delivering better outcomes with the voluntary sector to support our local communities which are changing, more and more residents needing co-ordinated, person centred care based around their lives and those of their carers to have reduced social isolation, the need for longer term support for adult social care and hospital admissions, through models of early intervention, exploring those opportunities found in collaborative working with communities, voluntary and statutory services.
* Delivering better opportunities to participate in sport and physical activity for carers and Looked After Children.
* Have been commissioned by public health to provide the Healthy Hearts programme.
* Further work on mapping with public health - We’re in the process of mapping out more of what happens in Slough in the ‘Physical Activity/Sport/Moving’ field so that we’re able to integrate it into a “one-stop-shop” for the local community when searching for local activity. (Open Data)

**Southend**

* Co-production between sport and public health is now automatic and the new Physical Activity Strategy is an example of this, co-produced and joint between the Public Health Department and the Place Department (responsible for sport) taking account of commissioner’s priorities. This Strategy has been fully endorsed at Full Council and the Health & Wellbeing Board has responsibility for monitoring its progress.
* Changed the dynamics of existing relationships and conversations have become more purposeful, as well as a new relationship developed with CCG. “the project has given us a hook and changed the conversation.”

**Suffolk**

* Project has added momentum to ensure productive conversations and shared understanding on the value of sport and physical activity for people experiencing common mental health problems.
* A strong bridge created between the mental health and physical activity strategies to enable joint working to take place.
* Pilot projects have been established in Ipswich and Stowmarket focusing on two transitional phases of the life-course (young people moving from education into employment and older people moving from employment into retirement) when the risk of developing low-level mental health conditions are heightened. The aim is to test and evaluate a range of interventions that have the potential to provide robust evidence of their effectiveness in improving emotional wellbeing, physical activity and community connectivity. The projects will be evaluated by the University of Suffolk. The findings will be used to engage commissioners and identify opportunities to replicate and scale-up successful interventions.
* Health & Wellbeing Board fully supportive and have endorsed the proposed plans to develop mental health projects.

**Swindon**

* Stimulated attempts to develop a stronger, sustainable partnership based model for delivery of community sport and lead to agreement to re-energise the Active Swindon Partnership to help deliver especially around community outreach and reducing levels of inactivity.
* Added impetus to aligning the Community Health & Wellbeing Team within Public Health and with the Get Swindon Active Strategy.
* Helped establish a more pragmatic, less bureaucratic approach to commissioning of physical activity initiatives within Public Health.
* Outcomes Framework used to demonstrate the value of community sport and contribute to programme development for the following priority cohorts identified in discussions with commissioners/service leads:
1. Disability (including mental health and long term conditions)
2. Young people (including plans to continue Street Games funded activities)
3. Older People/Ageing well (including contributing to a new Ageing Well JSNA)
4. Inactives (including plans to sustain and grow activities developed through the successful Sport England (Community Sport Activation Fund) funded Tri-Active project.

**Warrington** – project lead by the LiveWire Warrington

* LiveWire has much more strategic presence and improved relationships at senior level within the council including securing seats on the Health and Wellbeing Board and three thematic transformation sub groups ‘Start Well; Living Well; Aging Well’; as well as on the new schools led education commissioning forum – the Warrington Education Partnership putting sport and physical activity at the heart of transformation activities.
* LiveWire’s Integrated Wellbeing Service has been revised to ensure sport and physical activity services are central.
* The new Physical Activity Strategy was developed with commissioners and align with commissioner’s strategies and priorities.

June 2017