**Strategic Commissioning, Sport and Physical Activity**

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

A resource pack to share the learning is currently being developed. If in advance you have a query about the project please contact info@cloa.org.uk and we will arrange for a relevant member of the support team to discuss it with you.

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

The overall purpose of the project was to support local authority sport and leisure professionals to engage more effectively with commissioners and commissioning.

The project did this by providing specialist advisors to work with eight councils to enable them to:

* Improve their understanding of the needs of commissioners and the commissioning process
* Improve the understanding and endorsement of the role sport and activity can play in delivering better community outcomes among other services and partners, including public health, adult social care, children and young people, neighbourhoods and communities
* Appraise their current service offer and identify how this might be re-shaped with other potential delivery partners to deliver improved outcomes for commissioners.

As a result of the support it was intended to both increase the sector’s positioning and profile and to enable an improved longer term working and funding relationship between sport and leisure providers and commissioners.

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

The local authorities involved were: Central Bedfordshire; Cornwall; Durham; Hertfordshire; Lambeth; Oldham; Stoke-on-Trent and West Oxfordshire.

By sport we were referring to a wide range of sport and physical activities – e.g. a gentle jog, swim, kick about etc.

**What is commissioning?**

The project showed that the sport and leisure sector do not yet fully understand the concept of commissioning, which limits their engagement with it.

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.

**Why was the project undertaken?**

To meet the challenge of the current and future financial environment local authorities are transforming how they deliver services so that they can continue to meet the needs of their communities.

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.

Commissioning is increasingly the way business is being done and the sector needs to move from being seen as simply a provider of sport and physical activity to playing a strategic role within the commissioning process.

Whilst there are some councils where sport and physical activity are part of the DNA of improving outcomes, in many places it is not. Experience suggests that generally sport has been:

* Slow to engage in commissioning with patchy results; and there has been
* More focus on procuring more efficient sport and leisure services than commissioning a service that delivers more effective community outcomes.

Although the sports sector is often seen as very good at delivering activity, and often paid to do so through small scale contracts and things like GP referral, it is generally excluded from the discussions about strategically planning and resourcing how the needs of the community are to be met. The sector is not influencing across the whole commissioning cycle.

**The Commissioning Cycle**

 **Analyse**

 

 **Plan**

 **Review**

 **Do**

Sector mainly found here

Sector needs to be seen here

The project was designed to address these weaknesses and help the eight 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.

At the beginning each council defined their own desired outcomes from their projects. These included:

* Sport and leisure services becoming part of transformational change programmes
* Sport and leisure services being recognised as a strategic player not just a service provider
* Developing an evidence base to help commissioners better understand the value and contribution of sport and physical activity to their outcomes
* Sport and leisure becoming more visible to a wide range of commissioners
* Developing stronger relationships with mental health services and including physical activity in their commissioned services
* Sport and physical activity actually being commissioned.

In most cases the specialist advisers worked with the councils by taking them through the following process. Cornwall adopted a slight variation to this process.

Overall it was clear that, by following this structured approach, better understanding and relationships emerged.

**What was learned during this process?**

Despite an initial desire to work across a wide range of social outcomes, following the mapping process, the councils chose to concentrate on working with health commissioners. Health was seen as the main area of opportunity given that public health had moved into local authorities, Clinical Commissioning Groups were becoming more established, and the evidence of benefits of sport and physical activity was the strongest.

The mapping, however, demonstrated many other potential areas of joint working including mental health, adult social care and aspects of children’s services. The process used is equally appropriate in these areas.

**What have been the outcomes and impact?**

Although the projects ran for over six months it is still early days in terms of assessing the long-term impact of the work carried out in each of the councils. Significant change processes and ongoing funding reductions meant that establishing and maintaining relationships will remain a challenge and turning these into meaningful business relationships will require ongoing commitment and tenacity from the sport and leisure sector.

However there are some clear indications that change was taking place in all the councils involved and sport and leisure services will in the future play a more strategic role in the delivery of health improvements and health outcomes.

Examples include:

* In Central Bedfordshire, Cultural Services is actively contributing to public health contracts around substance misuse, weight management and supporting broader campaigns for dementia, flu vaccinations, suicide prevention and health checks. Leisure Services has a place on the health and well-being board. Contact: Jill Dickinson, Head of Leisure and Libraries Jill.Dickinson@centralbedfordshire.gov.uk
* In Cornwall, a Physical Activity strategy has been drafted with the aim of being adopted by the Health and Wellbeing Board. Once completed it will include an action plan that includes influencing and commissioning. Contact: Mike Thomas, Director, Cornwall Sports Partnership mithomas@cornwall.gov.uk
* In Durham, the sport and leisure service became a strategic player in helping define need and pulling together a consortium to achieve a Wellbeing for Life contract of £2.1m per annum for 3 years. Contact: Julie Russell, Strategic Manager – Culture and Sport Julie.Russell@durham.gov.uk
* Hertfordshire have a systematically organised partnership with a shared vision and strong understanding of commissioner’s needs. This has led to £300,000 CCG investment in a Get Healthy, Get Active project to increase the number of inactive adults in deprived areas getting more active and playing sport over three years. The County Council’s Public Health Directorate has also invested nearly £1m in physical activity linked to health outcomes, with a range of providers. Contacts: Piers Simey, Consultant in Public Health, Piers.simey@hertfordshire.gov.uk ; Irtiza Qureshi, Senior Policy Officer, Irtiza.qureshi@hertfordshire.gov.uk
* In Lambeth, cooperative commissioning relationships have developed with the community, CCG, Public Health and partners. The Active Lambeth draft physical activity and sport strategy 2015 to 2020 has established support with the Health and Wellbeing Board. Once finalised, partners will develop the strategy action plan to increase physical activity levels for priority groups, implement a market development approach which improves supplier capacity and capabilities, develop local physical activity champions, and support wider cultural activities to improve community health and wellbeing. Contact: Donna Wiggins, Lead Commissioner: Healthier for Longer, Commissioning, dwiggins@lambeth.gov.uk
* In Oldham, a ‘Top Leaders Summit on Physical Activity’ of key organisations from local government, health (including the chair of the CCG), housing, education and the voluntary sectors secured 40 specific pledges for individual and organisational actions. The Council Chief Executive followed up the Summit two days later with a Business Breakfast on Physical Activity for private sector partners resulting in five new workplace health schemes.

Contact: Neil Consterdine, Head of Youth and Leisure, neil.consterdine@oldham.gov.uk

* In Stoke-on-Trent, commitment has been secured from the CCG and public health colleagues to engage with a new strategic level Physical Activity and Sport Board. External funding has also been secured for additional capacity which will help to support the relationship management and an action programme. An alternative service delivery model, with a whole service perspective, is being developed with a focus on delivering the city wide strategic outcomes that are shared across key partners, and brought together in a new Physical Activity and Sport Strategy. Contact:Michelle Adams, Acting Head of Economic Development, Culture and Sport Place Directorate. Michelle.Adams@stoke.gov.uk
* In West Oxfordshire, where the Arts and Leisure team’s physical activity programmes with users of health and social services are more established, there is now much greater visibility for this work amongst commissioners. The team is working with the CCG to develop a project to support GPs to promote physical activity through social prescribing and developing a GP-led programme with rurally isolated older people. Contact: Heather McCulloch, Arts and Leisure Development Manager, Heather.McCulloch@westoxon.gov.uk

**Project participants said:**

“[It] forced us to focus on the important rather than the urgent”

“[It] created an opportunity for us to think together”

“We have made a quantum leap. We’ve broken into the circle and grown our understanding. We’re now part of the game, in a position to have the conversations and continue to learn.”

Detailed case studies for all eight councils participating in the project will be available as part of resource pack being prepared for the summer.

**Key learning points**

The project yielded a great deal of learning about how sport and physical activity needs to work with commissioners particularly but not only those responsible for health. Here are some of our conclusions:

* The case for sport and physical activity contributing to health improvement can be made and is being received and understood by commissioners. However, turning the evidence into practical action depends on the sector being represented and heard around the tables where strategic planning and resourcing decisions are being taken.
* There is evidence from the projects that this is not happening on a systematic basis and this ability to ‘influence the influencers‘ is becoming more difficult due to the loss of capacity and expertise within councils.
* Sport and leisure is seen by commissioners as: lacking an understanding of commissioning and the commissioning process; as selling sport; very traditional in its delivery approaches; and facility biased. It is seen as not being focused on need, income driven, fragmented and not commissioner ready.
* The process the project used is seen as a good route to improving relationships with commissioners:
* The role of the expert adviser was key. They were seen as an independent honest broker with no vested interests and had credibility with the commissioners.
* The mapping stage is crucial in gaining insight, understanding and starting to build relationships.
* In terms of commissioners it is important to start with understanding their needs and outcomes. It is not about selling your existing service or getting them to pay for it.
* Bringing together the right people at a strategic level, managerially and politically, gained buy-in and commitments to joint action especially when a strong advocate was used to make the case.
* In two tier areas commissioner/provider relationships can initially be more distant and fragmented. This can, however, be overcome by districts emphasising their local knowledge of communities and working together across localities to create more attractive and economical offers.
* In going forward:
* There is a need to apply a transformational lens to service integration and position sport and physical activity in the wider sphere of public service reform, better outcomes, prevention and early intervention as well as non-clinical interventions and pathways.
* For health and social care there is a need for sport and physical activity to respond to delivering universal, targeted and personalised services.
* There is a need for capacity and capability locally to ensure opportunities are maximised and relationships sustained to maintain momentum.
* To enable this to happen their needs to be systemic workforce change across the sector including within councils, operators and clubs.

**Messages for the sector**

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| **Finding**  | **Message for the sector** |
| Driven by financial and demographic pressures, transformational change is the long term solution councils will be following. | Be an active partner in transformational change and be more visible in strategic discussions about meeting community outcomes. |
| There are many opportunities to work with commissioners. | 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. |
| 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. |
| It is not a ‘dash for cash’ or about stop gap income generation. | 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. Be patient – this takes time.It is an ever-changing environment. A change in priorities and staff can quickly change relationships. |
| 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. |
| Where relationships have been built agree shared action plans based on meeting the commissioners’ needs.  | 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 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.  | 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. Think about your local CSP helping broker relationships across districts and providers and with commissioners. |