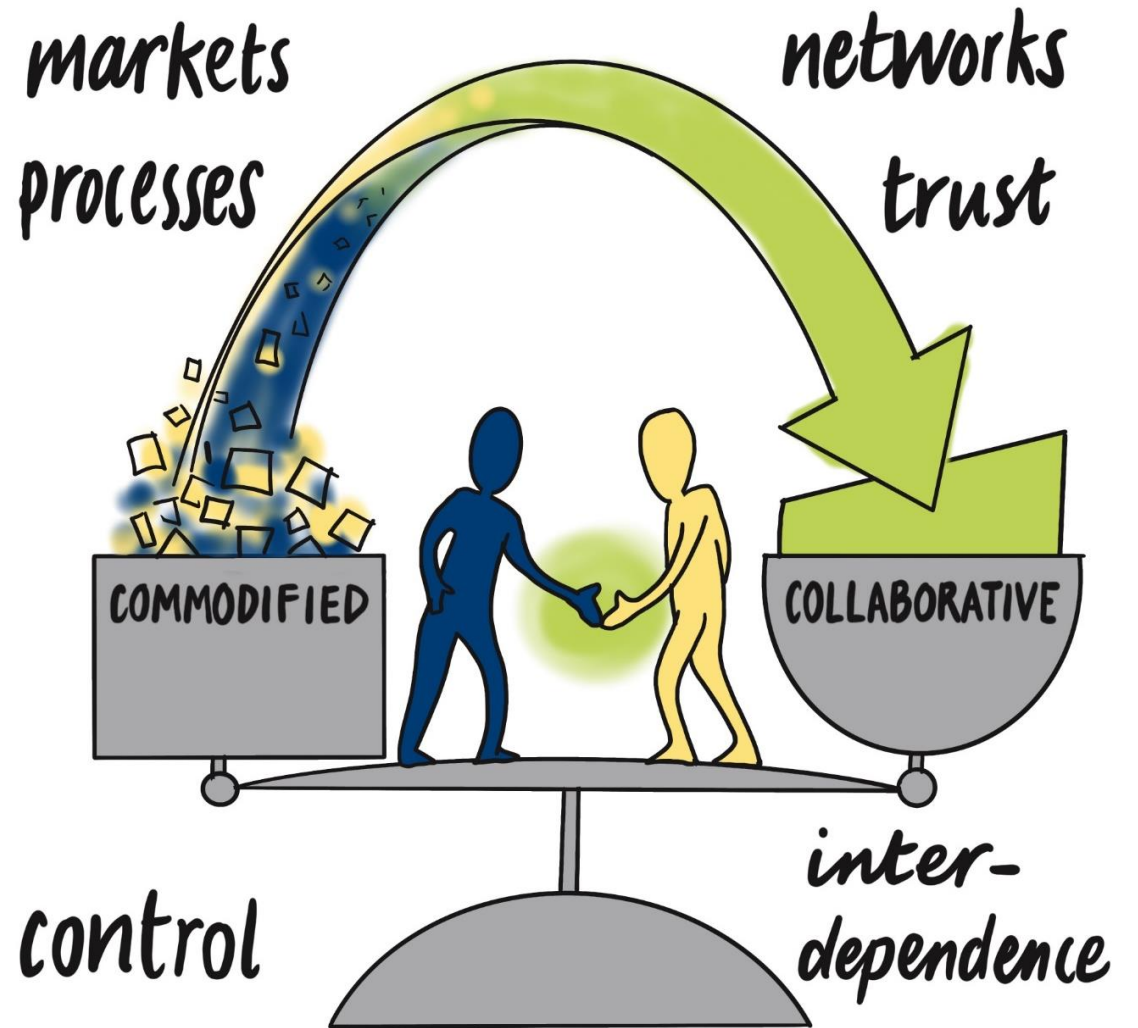


# How do we strengthen collaboration in health and care commissioning?

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With Rod Sheaff, Mark Exworthy, Joanna Stuart and Veronique Jochum and more!





*What is health and care  
commissioning like now?*

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Choose three words...





*What would health and care  
commissioning look like if it was based  
on strong collaboration?*

Choose three words...

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# VCSE and health and care commissioning

- Commissioning: the processes involved in planning, buying and monitoring services to solve social problems and meet needs – beyond procurement
- Existing evidence points to highly challenging experiences
- Focus on bi-lateral relationships, little attempt to consider how and why commissioning might vary across localities
- Recently:
  - COVID has highlighted the importance of working together
  - The development of Integrated Care Systems through the NHS offers new opportunities
- A chance to reset relationships? A desire to do better, and a need to know how? Need for evidence of what works, in what contexts, and why
- Our research included:
  - Analysis of Clinical Commissioning Group spend on VCSE
  - Over 160 interviews, across six localities
  - Focus on end-of-life care, learning disabilities and social prescribing
  - A series of action learning activities
- Highlighted the role of VCSE infrastructure in shaping relationships...



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: [www.ic.nhs.uk/commissionin](http://www.ic.nhs.uk/commissionin)

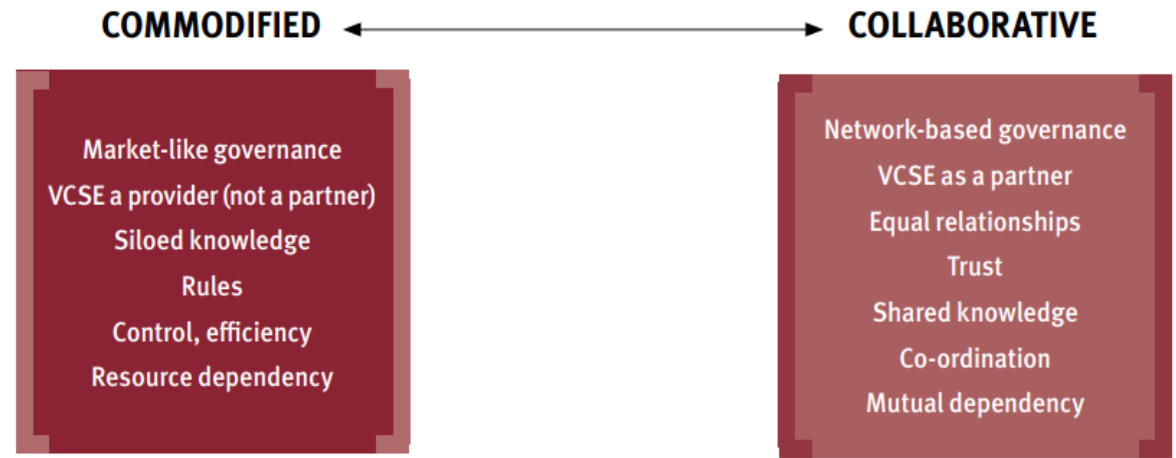
# Two co-existing modes of commissioning

- Two modes of commissioning – commodified and collaborative
- Each mode based on different mechanisms
- Both modes operating in parallel in each locality

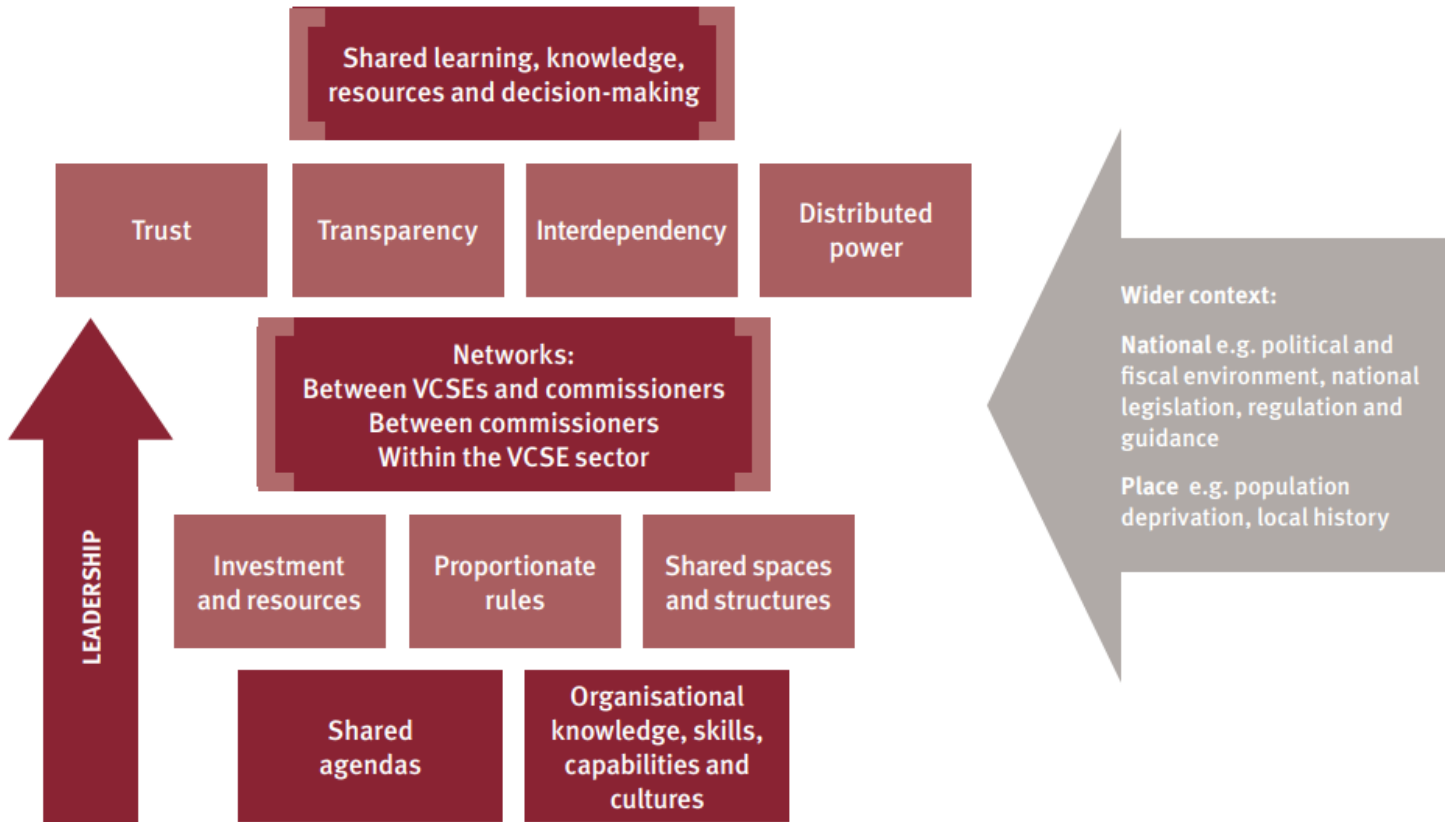
Consistent rhetoric about being collaborative but continued reliance on commodified approaches

But changes are underway - Shifting at different paces, and in different directions

Switching between modes can cause confusion and frustration, and erode trust



# Contexts that favour collaboration



- A range of factors can enable and constrain more collaborative approaches
- Networks – at the centre of the diagram – were key
- For networks to act as effective mechanisms, other things first needed to be in place
- Effective networks facilitated the establishment of trust, a realisation of interdependency and shift the distribution of power
- Together, this enabled a sharing of knowledge, resources and decision-making through a more collaborative mode of commissioning

The background of the slide is a vibrant teal color, densely populated with numerous speech bubbles of various colors including red, yellow, pink, grey, and dark blue. Each speech bubble contains a large, bold, dark blue question mark. The bubbles are scattered across the entire frame, creating a pattern that suggests a multitude of questions or a collaborative brainstorming session.

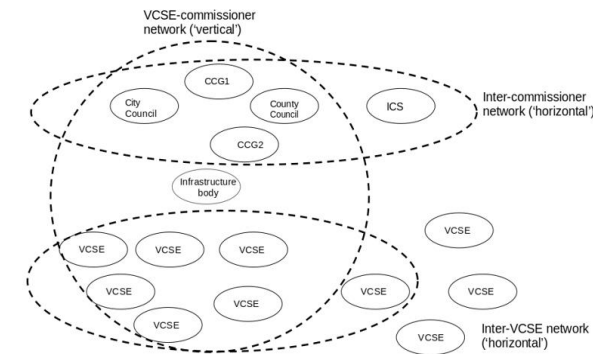
*If these are the building blocks for a more collaborative mode of commissioning, what role does local VCSE infrastructure have in its construction?*

# Important role for infrastructure bodies?

Not simply blocks that can be put together – collaboration across boundaries requires constant effort

## VCSE infrastructure as **intermediaries** or **boundary spanner**

- Simultaneously members of a particular field (VCSE), whilst also spanning multiple fields (health and care), and creating own field (VCSE infrastructure)
- Constantly practically and discursively (re)constructing boundaries - boundaries not fixed, but constantly, and actively, created and recreated
- Building VCSE networks; building VCSE & commissioner networks
- Creating a case for VCSE as part of the system; and for VCSE distinctiveness
- Mediating relationships; translating needs, knowledge and evidence; negotiating boundaries



*"we have had organisations in [in this place] that will have helped to speak for third sector organisations as a more powerful voice ...and an advocate within some of the boards" (commissioner).*

*"So we're positioning [ourselves] as a kind of intermediary between the NHS and the third sector because effectively we speak both languages but also to provide that conduit between the two sectors..."*



# What boundary spanners are & do

Multiple roles	
Coordinators	Organising and coordinating the activities, spaces and processes which enable networks to build <i>e.g. newsletters, forums, partnership boards</i>
Entrepreneurs	Catalysts for change, generating and implementing new ideas and practices <i>e.g. joint training, new care pathways, grant funding programme for small VCSE</i>
Reticulists	Cultivating networks of personal relationships, bridging interests, acting as mutually trusted lynchpins, leaders, gateways and gatekeepers
Interpreters	Searching for shared meaning, multi-lingual translators of language, behaviour and relations, frame articulators <i>e.g. narratives of VCSE value &amp; distinction</i>
Strategic analysts	<i>Analysing and making sense of the wider environment, acting strategically, and adapting responses</i>

*“The VCSE language and health language, there's just nothing similar about it, is there? If we want to position the VCSE within health and care, we have to do it in terms they understand, and we have to communicate what the sector is in ways that they understand”*

*“How can we position ourselves? So, we've got long COVID going on at the minute,... how do we position the VCSE in that? We're thinking through what's the added value, where do we sit in that picture? So we're almost like a support to make stuff happen and connect the dots”*

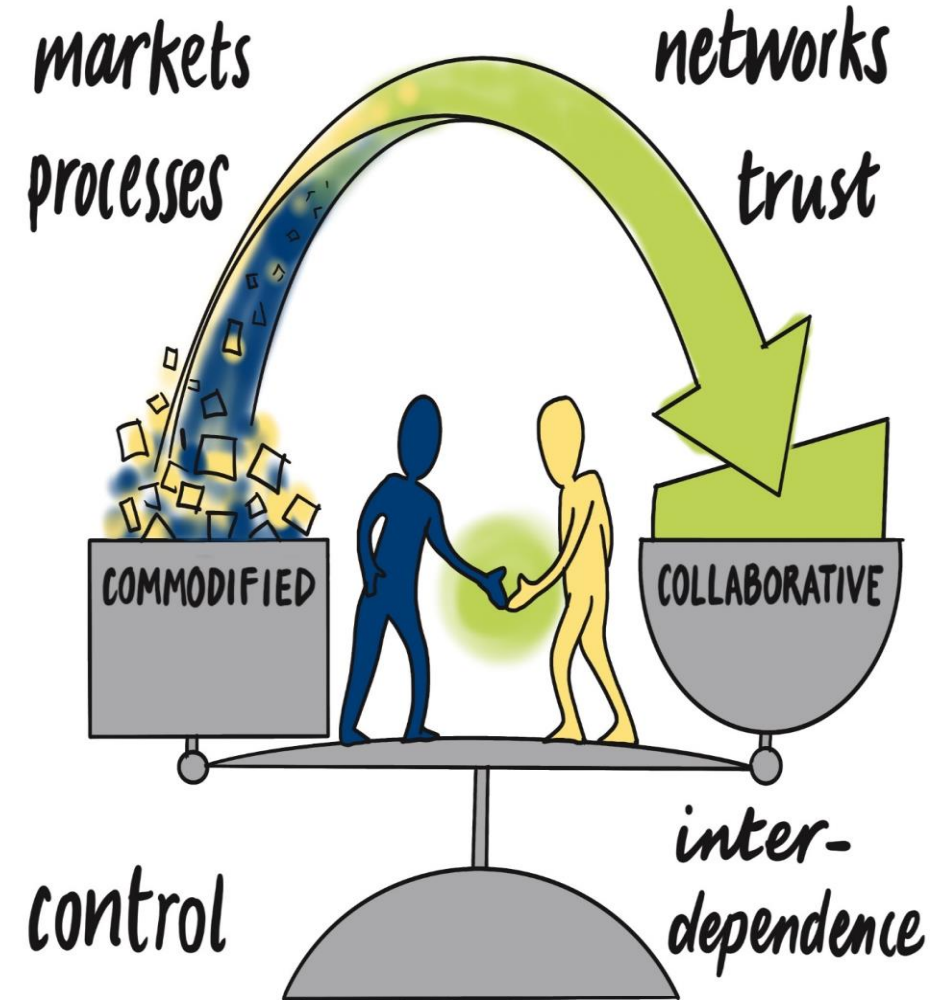
# Implications for role in strengthening collaboration?

- Can shape the commissioning environment – tilting it in favour of a more collaborative mode of commissioning
- But boundary spanners and boundary organisations are not all equally distributed, and not equally as successful, and this contributes to the variations in commissioning relationships between localities
- Highlights the significance of the complex boundary work of ‘VCSE infrastructure’ (and widens understanding of what VCSE infrastructure is) - boundary work is fraught with ambiguity, tension, uncertainty and risk (*“it’s exhausting”*)
  - Operating in the spaces in between - perils of getting too close, or too distant...
  - Become conduits – powerful positions – gateways or gatekeepers?
- Requires considerable skills, knowledge, experience, creativity, and sustained energy (*believing in ‘the art of the possible, within impossible circumstances’*)
- And in order to be effective need to have resources, authority, legitimacy, power to build trust and through ideas – wider institutional and organisational structures affect, but don’t determine, what is possible

# Conclusion

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- Strengthening collaboration in commissioning relationships vital to tackling health inequalities
- A complex combination of factors enable or constrain collaboration
- Six foundational building blocks:
  - Strengthen leadership
  - Develop shared agendas
  - Build and share capabilities, skills and knowledge
  - Invest resources
  - Ensure fair and proportionate rules & processes
  - Create shared spaces
- Together, helping to create networks which act as effective mechanisms for more collaborative modes of commissioning through trust, inter-dependence and a greater balance of power
- Important role for VCSE infrastructure – but it is not easy, requires skills and persistence, and needs support





# What do you think?

*Do these findings resonate with you?*

*How effective are you / is your organisation in mediating relationships?*

*What can you do to help strengthen collaboration in commissioning?*



# Questions? Comments? Want to know more?

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For further details, including the first four research briefings visit:

<https://www.bayes.city.ac.uk/faculties-and-research/centres/cce/reports-guides-and-research/health-and-care-commissioning-and-the-vcse-sector>

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