Making space: The role of commissioner autonomy and decision space in enabling collaboration in VCSE and health and care commissioning

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Health and care commissioning and the VCSE sector

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Key messages

- Our research, exploring commissioning across six areas of England, found that whatever autonomy and space commissioners had to make decisions, influenced collaboration with the voluntary, community and social enterprise (VCSE) sector. Where commissioners had more decision-making space and were able to use this space, they had more freedom to build meaningful relationships and develop more innovative practices with VCSEs.
- Commissioners are constrained in different directions – both vertically and horizontally – and this can limit the extent and nature of collaboration. However, there are ways they can expand and navigate the spaces they have to collaborate more effectively with VCSEs.
- 'Vertical' dimensions of autonomy relate to external controls, such as regulations and directives from central government. 'Horizontal' dimensions include the local networks, organisations and actors that shape and affect decisions, as well as organisational and individual factors.
- Key organisational factors that constrained or enabled commissioners' decision space and their use of that space included levels of bureaucracy, resource, and capacity. Individual factors included commissioners' skills and experiences which affected their ability to develop workarounds to navigate over-restrictive processes and procedures.
- Commissioners developed different approaches in response to the constraints they faced, extending and using the autonomy and decision spaces they had to commission and collaborate with VCSEs. These included creative interpretation and implementation of regulations to ensure commissioning favoured smaller, local VCSEs and working with VCSE alliances or VCSE infrastructure bodies.
- The research highlights the role of leaders in creating more space for commissioners and supporting them to feel empowered to work with VCSEs, as well as how commissioners use their skills and experiences to expand and navigate the autonomy and decision spaces they have.

Background

VCSEs contribute substantially to health and care systems across England. The VCSE sector's work is highly varied and extensive; providing services to individuals and communities, advice to commissioners, planners and funders; medical research; and policy and campaigns[1]. Integrated Care System (ICS) guidance highlights how the VCSE sector brings *'specialist expertise and fresh perspectives to public service delivery'* and is seen as *'key'* to successful Integrated Care Systems[2].

Our study explored how health and care commissioners and VCSEs interact and work together. We talked with over 160 commissioners and VCSE organisations, comparing and contrasting commissioning in six case study areas across England. The research was undertaken between 2019 and 2023 at a time when commissioning relationships were changing rapidly, particularly in relation to the development of ICSs and Covid-19.

This briefing is written for commissioners and is part of a series focusing on different aspects of the study. It looks specifically at the autonomy and decision space of commissioners and how this affects collaboration in VCSE and health and care commissioning relationships.

Key findings

VCSE and health and care commissioning relationships are varied and changeable, moving between commodified and collaborative approaches.

Commissioning in all the case study areas in our research operated across a spectrum from commodified commissioning, based on market-like practices and processes at one end, to collaboration, based on networks and partnerships at the other. Commissioners often worked in these ways simultaneously and moved between more commodified and collaborative approaches. In some places, collaboration was a more prominent way of working, with commissioners positioned not just as buyers of services or contract managers, but planners, enablers and facilitators, and VCSEs positioned more as partners rather than only as providers. Here, commissioners and VCSEs recognised that they need to work together to meet the health and care needs of communities. With widespread recognition of the limits of commodified commissioning, we saw a (desire to) move towards more collaboration, accelerated by the move to ICSs (see briefing 1). The challenging national context, including the constrained financial environment, however, created significant barriers to what was felt to be possible at the local level across our case study areas.

Commissioners experience challenges and tensions in their role, including balancing accountability with a need or desire to work in collaboration.

Commissioners often spoke of the responsibilities of their role and how they 'have to be able to be accountable to the people' and to central authorities. This can create tensions for commissioners looking to develop relationships and collaborate with VCSEs on commissioning. As other research confirms[3], commissioners have to balance the need for their work to be 'robust and above suspicion', and at the same time focus on 'fostering and maintaining personal relationships'. In our research, some commissioners highlighted that the space they had for working in more innovative, collaborative ways with VCSEs was narrow due to the ongoing pressures they faced:

> *"So not only is there the statutory obligations from central government to deliver on certain promises and have to submit our own returns in terms of what we're doing and then you've obviously got Freedom of Information requests coming in....there's all these different pressures that are always ongoing, so the space left for commissioning in an innovative way is really small."* (COMMISSIONER)

[1] Mundle, C., Curry, N., Sheil, F. and Weaks, L. (2011) The Voluntary and Community Sector in Health: implications of the proposed NHS reforms, The King's Fund

[2] NHS (2021) ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector

[3] Rees, J., Miller, R., & Buckingham, H. (2017). Commission incomplete: Exploring the new model for purchasing public services from the third sector. *Journal of Social Policy*, 46(1), 175-194

The pressures were so challenging that commissioners' roles were, in some cases, reduced to little more than contract management. This was despite their own acknowledgement that the commissioner role should be both operational and strategic, covering all aspects of the commissioning cycle including assessing needs, planning/designing and securing services, and reviewing outcomes.

The autonomy and decision space commissioners have is constrained in different directions.

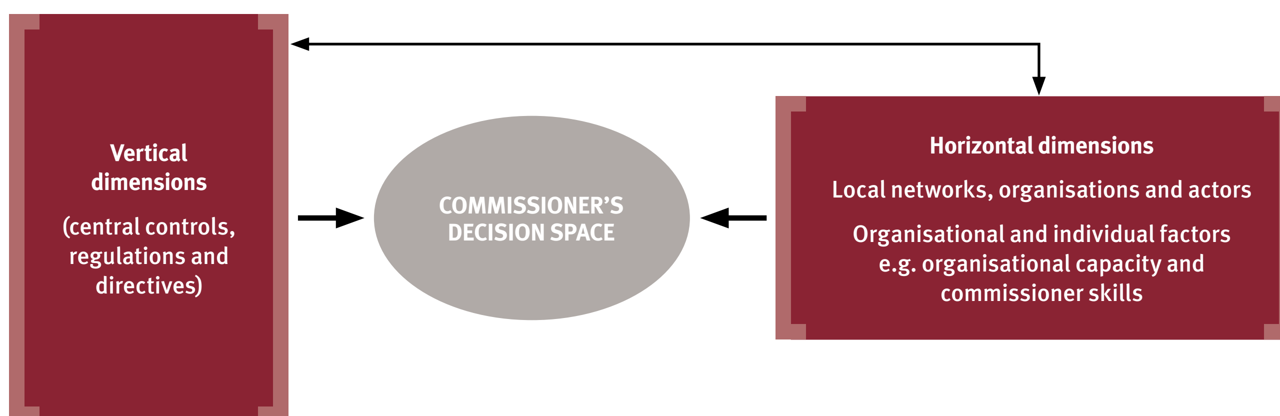
The freedom that commissioners had to work and collaborate with VCSEs varied considerably across our case study areas. This in part reflected different levels of autonomy; the freedom commissioners and commissioning organisations had to make decisions *'about matters it finds important'*[4]. Useful here, is the idea that 'vertical' and 'horizontal' dimensions of autonomy affect the space that commissioners have to make decisions and how they use this space, including about collaborating with VCSEs[5] (see figure 1).

'Vertical' dimensions relate to external controls, such as regulations and directives, and performance management from central government and beyond. In our research, for example, NHS commissioners, as statutory bodies, felt they were working within a tight and rigid environment, constrained by fiscal policy and their centralised relationship with NHS England, with limited space to set their own agendas or to work flexibly with VCSEs. Such vertical constraints were felt by commissioners to be beyond their control[6] and some commissioners spoke of how national regulations and guidance 'tied people's hands'.

Interacting with these 'vertical' constraints are 'horizontal' dimensions and there are two aspects to this. The first is the way local context, including local networks, organisations and actors affect the decision space of commissioners and the ways in which commissioning is conducted. Decisions and choices are *'shaped by, and depend upon, other actors in the local area'*[7]. Organisations might, for example, be dependent on other organisations for referrals or the development of more integrated services. Horizontal dimensions are of growing importance and relevance with the move to ICSs.

The second aspect of the 'horizontal' dimension is how organisational and individual factors affect the space for commissioners to make decisions[8]. This may, for example, include how commissioning and commissioning teams are resourced, structured and organised within the NHS and local authorities, alongside the skills and experiences commissioners have to use the autonomy and space they have to collaborate with VCSEs.

Figure 1: Interacting vertical and horizontal dimensions of autonomy



[4] Verhoest, K., Peters, B.G., Bouckaert, G. and Verschuere, B. (2004), The study of organisational autonomy: a conceptual review. Public Admin. Dev., 24: 101-118

[5] Checkland, K., Dam, R., Hammond, J., Coleman, A., Segar, J., Mays, N., & Allen, P. (2018). Being Autonomous and Having Space in which to Act: Commissioning in the 'New NHS' in England. *Journal of Social Policy, 47*(2), 377-395.; Exworthy, M. and Frosini, F. (2008) Room for manoeuvre?: Explaining local autonomy in the English National Health Service, Health Policy, 86 (2–3), pp 204-212

[6] See also Body, A. (2019). The commissioner's perspective: the lived realities of commissioning children's preventative services in England and the role of discretion. Voluntary Sector Review. 10 (3) PP. 253-271

[7] Exworthy, M. and Frosini, F. (2008) Room for manoeuvre?: Explaining local autonomy in the English National Health Service. Health Policy, 86 (2–3), pp 204-212

[8] Body, A. (2019). The commissioner's perspective: the lived realities of commissioning children's preventative services in England and the role of discretion. Voluntary Sector Review. 10 (3) PP. 253-271

Commissioners used and expanded their decision spaces to commission and collaborate with VCSEs to plan and deliver services.

In our research, there were many examples of commissioners creating, using and navigating the spaces they had to enable them to commission and collaborate with VCSEs. This included commissioners developing workarounds for procurement regulations to facilitate engagement with VCSEs, such as:

- More creative interpretation and implementation of commissioning regulations, such as specifying activities or provider characteristics in ways that favoured small local VCSEs.
- 'Soft' implementation, such as limited searches for competitor providers when they recognised VCSEs would be best placed to deliver a service.
- Procuring the services of an infrastructure body, a lead-provider or VCSE alliance to distribute commissioners' funds to other VCSEs.
- Replacing competitive tendering with awarding grants or similar subsidies.
- Shifting the emphasis away from commissioning services, towards commissioning outcomes or funding capacity.

Both horizontal and vertical dimensions of autonomy were felt to affect the use of such approaches and tactics, but horizontal dimensions, in particular organisational and individual factors, were those which commissioners working at the local level felt were more within their power to change.

Levels of bureaucracy and attitudes to risk within commissioning organisations affect commissioners' 'room for manoeuvre'.

In our research, the more hierarchical, siloed and bureaucratic organisations were, the less space commissioners typically had to work collaboratively and flexibly with VCSEs. In part, this reflected the nature and extent of horizontal autonomy and the freedom organisations had from external controls and their appetite for risk. The latter was also perceived to be driven by organisational culture and leadership within commissioning organisations and highlighted the role leaders can play in enabling more freedom for commissioning managers:

> *"In some authorities which are particularly risk averse there's a strong personality drive in their approach to procurement and they take that kind of risk averse interpretation of legislation. Then in other areas commissioners will seek to bend those procurement rules, so, "What can we get away with here? How far do we feel comfortable pushing these regulations? We can do some of this with that money there. We can't cross that barrier but we could do it up to this point.""* (VCSE RESPONDENT)

Resources and capacity within commissioning organisations impacts on commissioners' decision spaces.

Across case study sites, commissioners reflected on the constrained financial environment and the limited capacities of their commissioning teams. Consistent with wider research which highlights the increasing pressure of more commissioning processes and contracts on individual commissioners[9], we found that some of them felt they had limited space to work in collaborative ways. Constraints on resources affected the way commissioning was approached and, in some cases, forced commissioners to use different workarounds so they could engage with the VCSE sector:

[9] Body, A. (2019). The commissioner's perspective: the lived realities of commissioning children's preventative services in England and the role of discretion. Voluntary Sector Review. 10 (3) PP. 253-271

> *"But, the reality is that there aren't enough resources to procure everything that the regulations would indicate that we should procure, so we do a lot of direct awards without competition and we take a risk based approach to whether that's going to be challenged or not."* (COMMISSIONER)

There were variations in levels of investment in commissioning teams and infrastructure, partly reflective of the different scales and local fiscal environments of the places that our case studies focused on. Better resourced commissioning bodies and functions/teams could afford to recruit more highly qualified and experienced procurement managers who had the skills to develop workarounds and processes to enable collaborative working with the VCSE sector. However, this also reflected the priority commissioning organisations gave to resourcing and working with the the VCSE sector on commissioning.

The skills, experiences and seniority of commissioners influenced how much autonomy they had and how they used their decision spaces to collaborate with VCSEs.

Commissioners in more senior positions seemed to have more autonomy and space to make decisions and choices, which enabled them to work more collaboratively with VCSEs on commissioning:

> *"Now I'm more senior I can set the tone for my team, so that helps. So I make those decisions. I was surprised, I think, how much autonomy we've got in the work, and the level of the decisions that I just get to make, which was a bit scary I guess when I started in the job. ... So there's not many things that I have to run by other people."* (COMMISSIONER)

Also important were the skills and experiences commissioners had and their confidence and willingness to use these to engage and collaborate with VCSEs. Commissioners in some areas were able to use their skills to develop some of the workarounds explored above, often to stretch procurement rules and procedures to widen the scope for collaboration with VCSEs:

> *"There are certain vehicles you can use, like in procurement law, like an innovation partnership approach - where you procure a partnership rather than procuring a service."* (COMMISSIONER)

Conclusion and implications

Our research highlights the important role of commissioner decision space in enabling commissioner and VCSE collaboration. The findings reinforce and extend wider research[10], highlighting how decision-making autonomy and the ways commissioners maximise the use of this space shapes relationships and collaboration across different health and care fields and different places. The highly challenging 'vertical' constraints and national context (of austerity and Covid-19, for example), however, limited what commissioners felt they were able to do to work more collaboratively with the VCSE sector. At the organisational and individual level, commissioners felt they had more scope and room for manoeuvre; however, this varied within and between places and different factors could get in the way of this, including siloed working and overly bureaucratic processes and practices.

Commissioners need more space to make choices and decisions to enable collaboration with VCSEs.

It is important for leaders to create more decision space for commissioners within commissioning organisations to enable the building of more meaningful relationships and innovative practices with VCSEs. A key part of this involves breaking down bureaucratic barriers and allowing commissioners greater freedoms to work in different ways. Commissioning organisations that were moving away from more commodified approaches in our research, typically created more space for commissioners to make decisions, enabling more collaboration with VCSEs. A key element of this was a shift in focus for the commissioner, from a buyer of services or contract manager to a planner, enabler and facilitator. Such an approach requires commissioning organisations to trust commissioners to work in different and flexible ways, including co-commissioning with the VCSE sector.

Collaboration requires commissioners to feel empowered to use their skills and experience to make the most of their decision spaces.

The skills and experience of commissioners and their confidence and willingness to use these to work with the VCSE sector are important for collaboration. As such, it is not only about having autonomy to make choices and decisions but using skills and experiences to make the most of what decision space is available. Significant in our research was the extent to which commissioners felt empowered in their roles to work in different ways, be innovative with the VCSE and learn from others. This will be particularly important with the shift to ICSs and the focus on planning and delivering joined up services.

[10] Body, A. (2019); Exworthy, M. and Frosini, F. (2008)

Reading and resources

Body, A. (2019) The commissioner's perspective: the lived realities of commissioning children's preventative services in England and the role of discretion. Voluntary Sector Review. 10 (3) PP. 253-271.

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About this research

The Universities of Plymouth and Birmingham and the London School of Hygiene and Tropical Medicine have worked together on a research project funded by the National Institute for Health Research (NIHR) that explores in more depth the VCSE sector and health and care commissioning relationship and identifies where improvements could be made. The project is based on analysis of Clinicial Commissioning Group spend on VCSEs, and six local cases studies. It focuses on services provided in the fields of learning disabilities, social prescribing and end of life care. The research was undertaken by the authors of this briefing, alongside Alex Gibson, Pauline Allen, Jonathan Clark, Russell Mannion, Sheena Asthana, Rebecca Hardwick and Chris Smith.

This is one of four briefings so far produced from the research. Other briefings, articles and reports will be published in due course. See see the website for further details.

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