

## Engaging with the NHS reforms: A guide for local relationship support providers

The Relationships Alliance, led by Relate, Marriage Care, OnePlusOne and the Tavistock Centre for Couple Relationships, exists to ensure that good quality personal and social relationships are strengthened in policy and implementation.

### **Who is this toolkit for**

This toolkit is one of a series of resources to help develop local relationship support so that more people in our communities can access the relationship education, help and advice they need. The aim of this toolkit is to give local relationship support managers, relationship educators and counsellors information about the changes in the National Health Service in their community, and advice about who best to work with and how, so that more people know what is available and how to access support.

### **How to use the toolkit**

The toolkit, developed by Marriage Care on behalf of the Relationships Alliance, is intended as a brief introduction to NHS reforms. Links are given for further reading. The appendix contains examples of how the NHS reforms are being worked out regionally. We hope that this will give you an understanding of who you should contact, what type of forums or groups you might like to get involved in and how you might do this in your region.

There will be many charities and not-for-profit organisations as well as private providers who want to make relationships with the key bodies. The relationship support sector is more likely to get its voice heard by forming coalitions and partnerships. This is why the Relationship Alliance was formed at national level; to enable the relationship support sector to be strengthened and more influential. We suggest that you also get in touch with other local relationship support organisations and groups in your area to work together to make the most of the opportunity the NHS reforms give us as a sector.

# 1. Introduction

In 2011 the Government introduced the Health and Social Care Bill because it believed there was 'broad consensus that standing still would not protect the NHS'<sup>1</sup> and that there was a need to modernise. Three overriding reasons were given; the rising demand and treatment costs particularly given the ageing demographic of England's population, the need for improvement highlighted by comparison with other major European countries and thirdly the economic climate and the Government's intention to reduce public spending. The intention of the Act is to bring together the Public Health sector, the NHS and social care services to provide a wrap around package of care for people which is intended to promote early intervention to prevent problems escalating, reduce duplication and reduce costs.

There is a growing evidence base which shows that relationship distress or health is strongly linked to people's mental and physical health<sup>2</sup>. Addressing people's emotional and relationship needs will help to meet some of the broad objectives of the Act. More specifically, however, it will help commissioners and providers of healthcare services to meet targets set out in the three main frameworks which the Government published during the passage of the Act through Parliament<sup>3</sup>. As UKCP say, GPs report that emotional needs account for between 50-75% of consultations<sup>4</sup>. Patients who have their emotional needs met require fewer hospital admissions and make fewer GPs appointments. This period of change in the NHS, social services and public health provision, the intention to provide integrated services which has a new focus on prevention and early intervention and the freedom to commission services from charities and independent sector providers offers relationship support providers an real opportunity to promote their services, most particularly within the mental health provision and partnerships.

Local relationship support providers might wish to engage with the reforms in the NHS for two reasons; firstly to seek funding to provide counselling or other services and secondly to promote relationship health and the need for relationship support and education.

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<sup>1</sup> Factsheet A1 [Overview of the Health and Social Care Act 2012](#)

<sup>2</sup> See the Relationship Alliance's report '[Relationships – the missing link in public health](#)'

<sup>3</sup> [Public Health Outcomes Framework](#)

[Adult Social Care Outcomes Framework](#)

[NHS Outcomes Framework](#)

<sup>4</sup> Tomorrow's NHS: A UKCP framework for psychological therapies Feb 2012 p6. See [here](#)

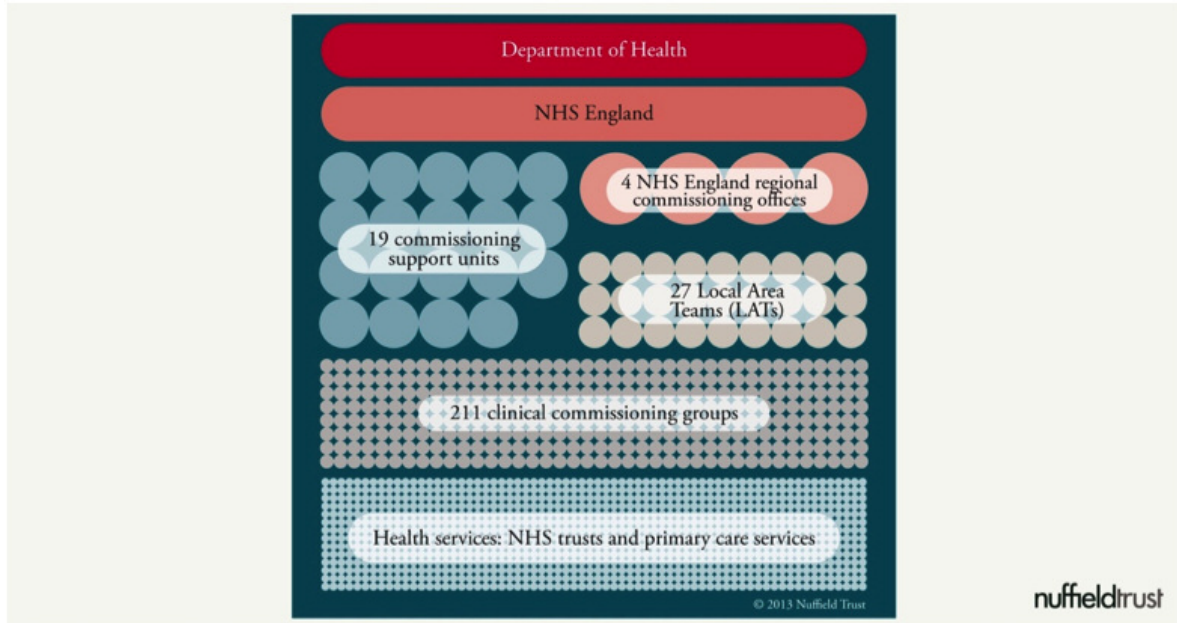
## 2. Reforms in the NHS

In summary, among other provisions, the Health and Social Care Act 2012 has established:

- local commissioning in the form of clinical commissioning groups (CCGs) of GPs and clinicians who it is thought are best placed to make decisions about the health needs of their communities, replacing primary care trusts and strategic health authorities. These CCGs are supported by a new body, NHS England which is based in Leeds, There are 3 regional bases; London and the South, Midlands and East of England and the North and 27 local branches.
- a principle to support innovative services which might enable patients to choose services which meet their needs, including from charity or independent sector providers who will be licensed under a system called 'any qualified provider' by a new regulator called Monitor and a new network of patient groups called Healthwatch, whose purpose is to protect patients' interests and license non-NHS providers.
- The principle that public health is the responsibility of local authorities because health should be seen in a wider context. People's health is affected by more than just illnesses but also by wider issues such as housing, economic development and transport which are within the remit of local authorities. This principle will be promoted by a nationwide organisation called Public Health England.
- New Health and Wellbeing Boards under the umbrella of local authorities, to bring together local commissioners of health and social care, elected representatives and representatives of Healthwatch to promote and agree an integrated way of improving people's health and well-being.

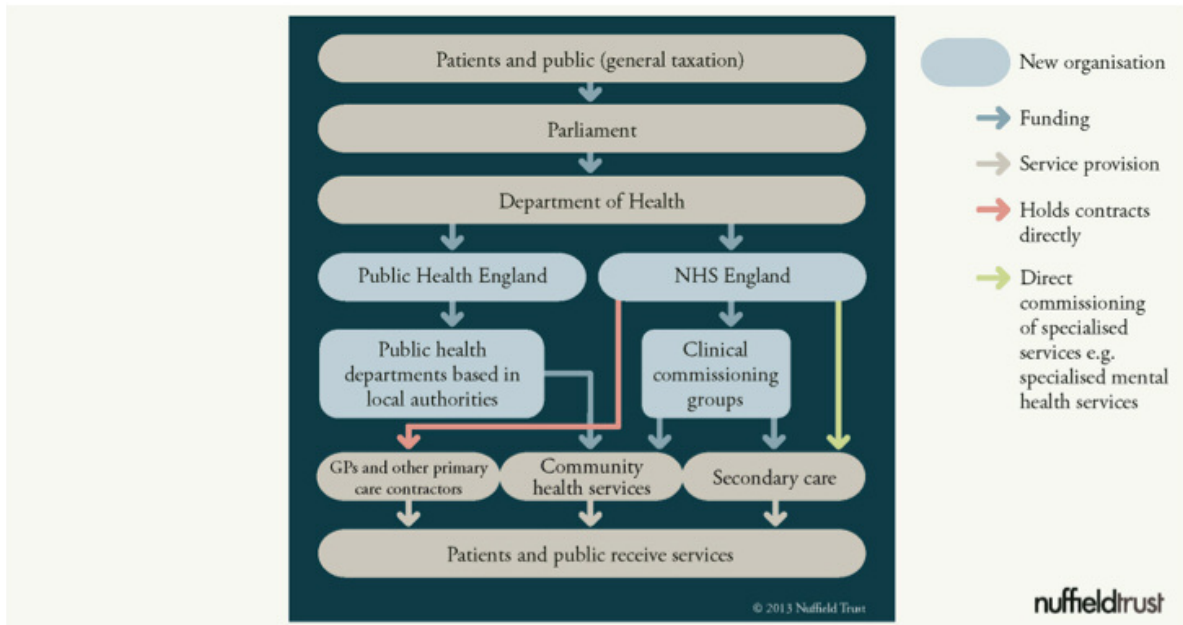
### 3. What does the NHS look like now?

NHS April 2013 onwards

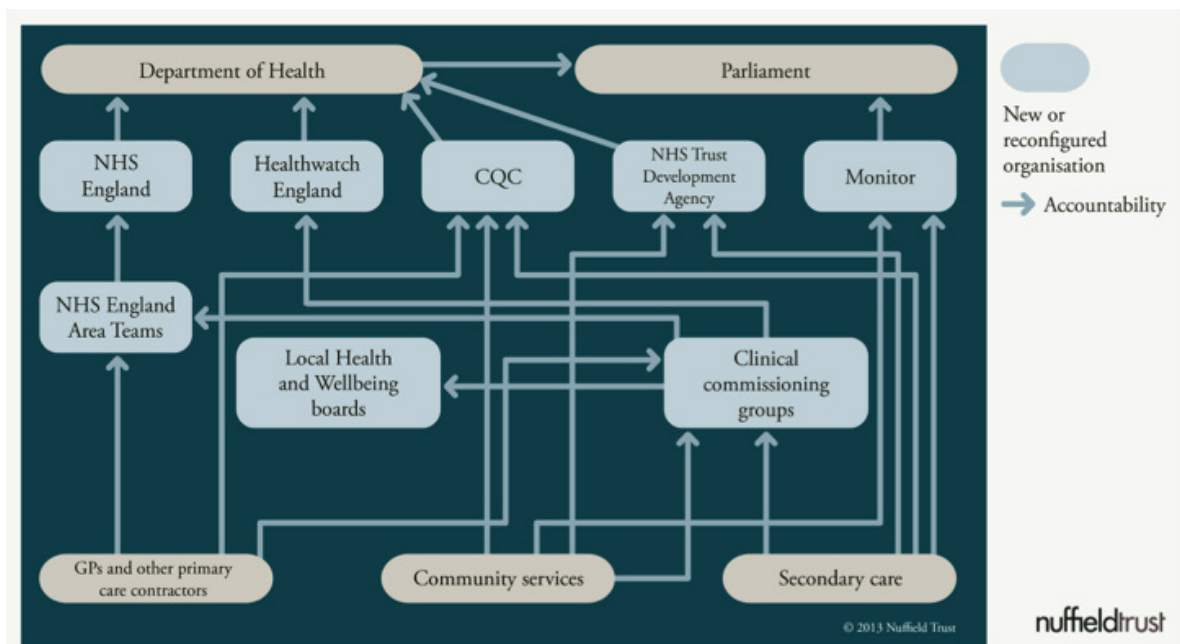


<sup>5</sup> This set of slides have been taken from a slide presentation by Holly Holder of the Nuffield Trust (revised July 2013) see [here](#) and permission granted.

#### 4. Where do the NHS services fit within the wider health and social care sector?



#### 5. Who regulates and monitors the provision of services?



## 6. NHS primary and secondary care provision

In 2011 the NHS set out plans for a phased implementation of the extension of patient choice to Any Qualified Provider (AQP), starting with a limited set of community and mental health services around a list of 8 services considered to be a priority for an extension of choice, including primary care psychological therapies for adults. The NHS reforms are intended to continue this process and in theory, once a third sector organisation has been granted a licence it can apply to be considered in the commissioning of services.

An implementation pack for commissioners on accessing providers outside the NHS states that providers of services within the NHS remit should be meeting the quality measures as specified in the IAPT<sup>6</sup> Minimum Quality Standards, in NICE quality guidance and other reliable sources of evidence. Services should:

- Use standardised and validated assessment tools to reduce duplication of assessments (usually, but not always one of PHQ9, GAD7 or CORE-10<sup>7</sup>),
- Use validated outcome measures and be able to track progress of individual clients or service users
- Promote accessibility of services e.g.
  - Hours of operation
  - Accessible, non-stigmatised community venues (including home)
  - Use of appropriate technology
  - Offer self referral
- Use workforce competencies to deliver psychological therapies
  - Appropriate training
  - Regular outcome informed supervision
  - Ongoing personal development plan and training<sup>8</sup>

In addition, there are stipulations about feeding information into NHS systems for individual service users, a requirement for all counsellors to have enhanced CRB checks and stringent data protection systems.

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<sup>6</sup> IAPT – Increasing Access to Psychological therapies

<sup>7</sup> GAD7 measures anxiety levels through 7 questions, PHQ- 9 depression levels through 10 questions, CORE has a set of 10 questions.

<sup>8</sup> P.31 IAPT implementation pack March 2013 available from [here](#).

One of the services offered within IAPT is couple therapy for depression. TCCR is the original accredited training provider for the 5-day CPD top-up for qualified couple therapists and equivalent to enable them to work in the NHS or for an IAPT provider.

It is possible that there is scope for a relationship support local provider or centre to be part of a mental health alliance of providers across the spectrum of mental health services tendering for a contract to local CCGs. There are examples of local providers working within the NHS commissioning services particularly within the IAPT provision. For example<sup>9</sup>

Relate North East is a large centre with 30 counsellors serving the North East region including Darlington, Durham, Teesside, Sunderland and Scarborough across 8 local authorities each with their own CCGs and Public Health boards and different funding arrangements for services such as provision of IAPT services.

In 2011 Relate North East were approached by the Local Health Authority to train the IAPT therapists to deliver couple therapy for depression. Instead, after negotiations, the Health Authority gave a one-off grant to pay for training by TCCR for 19 Relate counsellors across the region Berwick - Teeside to deliver that part of the IAPT services in the region and to deliver some couples work. Relate North East is now accepting referrals from the IAPT services to deliver couples therapy for depression across the region and working with the current IAPT providers on how they might be involved in the new contracts.

In order to deliver these services, Relate North East had to identify counsellors who would be willing to offer therapy at times when the clients wanted it, counsellors had to be trained in the assessment tools used by the IAPT providers and a process worked out whereby that outcome information could be fed back into the service users record efficiently.

OnePlusOne offer Brief Encounters® training, a service to help frontline practitioners make timely and effective interventions with the families they encounter routinely. Offered as either a one day workshop, a three day course or online e-learning, it provides the guidelines and boundaries that allow practitioners gain confidence to listen without becoming overwhelmed, to offer effective support and to make an effective referral where necessary. This training has been funded through the local NHS budgets across the UK, including in Dartford and Norwich.

More about how to gain AQP status will be available in the second toolkit on commissioning.

<sup>9</sup> See [here](#).

## 7. The public health arena

The public health agenda has been transferred from the NHS to local authorities (see above). Most local authorities have a Director of Public Health and a budget allocated for the delivery of services. For example<sup>10</sup>

In Devon, Devon County Council is responsible for the public health of the county with a budget of £20 million in 2013/14. Mandatory services that will have to be provided include sexual health services, giving NHS commissioners the public health advice they need, delivering the National Child Measurement Programme, NHS Health Check assessments and programmes relating to substance misuse and obesity.

Among the other non-mandatory services, which are not nationally set and can be adapted to local need includes public mental health services. A budget of £417000 has been allocated for public mental health services and 'other public health services'.

Devon's Health and Well-being Board is a committee of the Council and appointed by them. It consists of county councillors, representatives of LinkDevon and Healthwatch Devon, district council representatives, Chief Executives of the NHS Cluster covering Devon, a representative from the two CCGs covering Devon and the county director of Public Health. The Community Council of Devon, a charity, has won the contract to set up HealthWatch Devon.

In June 2013, the Board resolved to hold four joint Clinical Commissioning Group and Devon Health and Wellbeing Board seminars across Devon to consult on commissioning priorities in Autumn 2013 and that work progresses through the Devon Engagement Network to communicate and consult with local communities and groups on the work of the Board, utilising the voluntary and community sector links. Will this be an opportunity for local relationship support providers to get involved in the process?

Each local authority will be drawing up a joint strategic needs assessment (JSNA) which outlines the priorities for the local authority. This will be key to forming an argument for wider relationship support provision.

For example

Durham local authority has identified a high level of suicide within the population. Evidence from the coroner points to relationships problems as one of the factors. Relate North East gave a presentation about the work of Relate to a group of people, including from representatives from the Durham public health team. As a result they were commissioned to deliver relationships workshops for people who are at high risk of suicide who wanted support. However as public health is local authority based and Relate North East covers 8/9 local authorities, that is a lot of networking to do!

<sup>10</sup> See [here](#).



## 8. Opportunities for relationship support providers

Local relationship support providers might wish to engage with the reforms in the NHS for two reasons; firstly to seek funding to provide counselling or other services and secondly to promote relationship health and the need for relationship support and education.

For most local relationship support providers, the most obvious route to engaging with the new NHS/social care arrangements in order to seek funding, is to form a cluster of organisations which offer a non-clinical approach towards public health, being involved in community services investing and focussing on preventative health, keeping people out of acute health services such as hospitals. These approaches might receive funding from local public health departments within local authorities.

However the key relationship to develop to promote relationship health and support is with local health and well-being boards. These boards are made up of locally elected councillors, CCGs, local Healthwatch and Directors of Adult Social services, children's services and Public Health. The Act establishes a route through which patients can ask for the services they need based on the principle that the strongest drivers of change are patients themselves. These routes are through groups like Healthwatch. However there is a stigma around mental health services and particularly relationship support services which mean people are less likely to lobby for these services in the same way as they would for cancer services (for example). Therefore there is a need for local relationship support services to identify a few people who will be brave enough to speak about the help they have received and what difference it has made.

## 9. Key relationships

Who should relationship support providers make links with if they wish to engage with the new NHS/social care provisions?

### a. commissioners

Google the names of your local mental health commissioners in the NHS or the lead for mental health commissioning in the local authority.

Persuade a local GP to be a trustee who can give you insight into the impact of the reforms locally. As Professor Linkwater said, Working with GPs is like community development - start with their concerns and not with demands or a magic widget<sup>11</sup>

### b. Chairs of the local health and well-being board and Healthwatch

There are over 130 health and well being boards. For the ones in your area, see [here](#) for update details of the boards, which clinical commissioning groups they relate to and their contact details.

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<sup>11</sup> Professor Chris Drinkwater, President and Public Health Lead, NHS Alliance ACEVO Health and Social Care conference 26<sup>th</sup> March 2013

### **c. Local third sector alliances**

Use opportunities to build alliances with other organisations in order to put a package of support for service users together. Natural allies might be members of the Alliance, Mind, Homestart, NFM, Family Lives or other counselling organisations.

For example:

On the 29th June 2012 NHS Kent and Medway in partnership with their CCG expressed an intention to commission Primary Care Psychological Therapies Services for Adults from suitably qualified healthcare providers who had to apply by the end of July (extended to August). All organisations who wished to apply had to be approved AQP. The contract was then awarded to a consortium of big and small organisations and charities including Counselling Team Ltd , KCA, MHCO, Faversham Counselling, Psicon Ltd, the University Medical Centre, the Dover Counselling Centre, KMPT, Dartford, Gravesham and Swanley Mind, Mental Health Matters and Get Stable under an umbrella website called 'liveitwell.org' arranged geographically and with payments by results, with the initial contract being from Sept 2012 until 31st March 2013 . Relationship counselling is offered as one of the services but with no formal arrangement with a member of the Relationships Alliance.

## **10. Questions to ask yourself**

- Where does your centre want to be in one year, three years, five years time?
- Do you need the funding from outside sources or can you survive without changing?
- Do you have the structure that is up to the challenge of fulfilling rigorous criteria for reporting on individual clients to satisfy potential funders?
- Are your trustees and staff willing to work in alliances with potential 'competitors' and does the payment by results work with the ethos of your organisation?
- Do you have allies you can work with?

## **11. Conclusion**

The reforms in the NHS and the Public Health arena are far-reaching and developing. There are opportunities for local relationship support providers to get involved in new services offered to people at a local level. However, as with all relationships, it will take time, commitment and knowledge. In the second toolkit we will give local relationship support providers some tools to help them engage with the commissioning process.