"Tell us what the problem is and we'll try to help"

Towards more effective commissioning of local voluntary sector organisations

NHS Commissioning and place based Voluntary and Social Enterprise organisations

An investigation based on the experiences of five voluntary organisations in the North West of England

Commissioned by Voluntary Sector North West on behalf of Regional Voices
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Mark Gamsu
Visiting Professor Leeds Metropolitan University
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Contents

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Tell us what the problem is and we'll try to help

NHS Commissioning and Place[1] Based Voluntary and Social Enterprise Organisations

1. Context

Government policy presents tremendous challenges to the local voluntary and social enterprise (V&SE) sector. These include:

- An assertive programme of government led public sector cuts, which has lead to greater pressure to marketise relationships with the local voluntary sector, resulting in local V&SE organisations feeling exposed to national competitors from the voluntary and private sector.
- A focus on efficiency and savings in the health system (QIPP) that is driven from the top, aims to achieve short term savings and is focused on evidence based solutions.
- A comprehensive re-organisation of the commissioning system with the proposed creation of Clinical Commissioning Groups (formerly GP Consortia) that will require a step change in the capability and capacity of existing and new commissioners
- A continued recognition that previous 'big government' attempts to resolve wicked issues such as inequalities and meeting the needs of an ageing population have failed.

While the drivers behind some of these changes, such as localism and rebalancing the relationship between statutory services and the individual, do represent a real opportunity for place based V&SE organisations, some of the assumptions behind them could represent a real threat.

One of these is an assumption that the only commissioning model that is fit for purpose is one that makes no distinction between need and managing demand for statutory provision, is tender focused, and relies mainly on existing evidence to make commissioning decisions.

There is a real danger that if these assumptions are not challenged they will reinforce a narrow, simplistic approach to commissioning that will drive out innovation, weaken localism and disenfranchise further some of the most disadvantaged.

This report is an analysis based on the commissioning experience of five place-based V&SE organisations from the North West of England. We interviewed key leaders in these organisations and where possible we spoke with their commissioning counterparts in the local NHS. These narratives are attached as an appendix to this report.

[1] For the purposes of this paper "place based voluntary and social enterprise organisations" are those who who were originally established to serve a specific local authority area - such as Salford. In some cases these organisations have grown and now provide services in other local authority areas in all cases their governance still has strong connections to the areas they serve.

2. What we found

Successful delivery - good value: Our key finding is that all five organisations had a long track record of successful delivery of services and outcomes for the NHS. Commissioners were positive about outcomes and value for money. They were also clear that a key element of success was the co-produced nature of the relationship. Commissioners bring funding and responsibility for shaping the strategic environment; the organisations bring delivery, solutions to problems and connection with communities.

The organisations we interviewed:

- are all working successfully with communities who often experience discrimination and inequity - these communities are often seen as "hard to reach" by statutory services.

- their approach often involves members of those communities in delivery, in either a voluntary or paid capacity.

- their services are 'system scale' usually operating at least at local authority level - forming part of the health and social care service configuration in an area.

3. The organisations

- **The Lesbian and Gay Foundation** in Manchester works with the Lesbian and Gay Community in Greater Manchester. It is the main provider of counselling and sexual health services and health promotion services to this community. At the moment NHS funding is approximately £600k, which equates to about one third of income.

- **Unlimited Potential** is based in Salford and develops and delivers innovative health solution to the most disadvantaged communities in the city. It is the main provider of health trainer services and leads work on creating smoke free environments. It currently receives approximately £1m from the NHS.

- **Wirral Citizens Advice** provides a welfare rights service in all GP Practices on the Wirral, which includes access to a Cognitive Behavioural Therapy Service delivered in partnership with Advocacy in the Wirral. The total value of the contract is over £400k, which represents approximately 20 per cent of the organisation's income.

- **Self Help Services** is one of the main providers of talking therapy programmes in the North West of England - supporting more than 6000 people each year.

- **Beacon Counselling** is the largest voluntary sector provider of counselling services in Stockport, providing services in nine locations including GP practices, children services and community services.

4. Commissioning

Our key finding is that commissioning that delivers outcomes and ensures public value in a much more subtle process than is often presented. This is particularly the case when commissioners are trying to develop local solutions to long term wicked issues such as health inequalities or prevention.

This is extremely important - because the way in which markets are developed and services shaped needs to change radically if the policy agenda we describe above is to be met. It is too often the case that nationally driven attempts to improve commissioning (such as World Class Commissioning) end up being interpreted at a local level as being primarily concerned with tender-led procurement. Such an approach will damage the development of a diverse market within which community led organisations flourish.

It is a shared responsibility of commissioners and the V&SE sector to ensure that the local environment is one which fosters and promotes these organisations:

- **For commissioners:** this requires a long term commitment to strategic development support, a greater emphasis on collaboration and coproduction, and most importantly a more diverse local commissioning model - that is able to drive value through large scale tenders and develop smaller-scale emerging community based organisations who can be in a position to develop tailored services and interventions that are specific to particular communities.

- **For place based V&SE organisations:** this means designing delivery systems that demonstrate impact in a way that gives confidence to commissioners, strategic relationship building with local commissioners and contributing to strategic system planning. Most importantly it means being able to clearly describe how the relationship that V&SE organisations have with their community brings added value to commissioners.

We believe that the five stories we have collected demonstrate that place based V&SE organisations - with their direct links to communities - can be best placed to develop and implement solutions to apparently intractable social problems.

In most cases contracts had not been won through formal tendering processes - but had instead been developed through a co-produced approach to addressing a specific local problem. This meant that other levers to ensure value such as market testing, performance management, clear service level agreements had greater importance.

5. The journey to mainstream

There were some common themes that emerged from the stories we captured.

Relationships
Most of the organisations we interviewed were started by champions in the communities they served, either directly by people from the community itself (Self Help Services, Lesbian and Gay Foundation) or by workers who worked in the communities they serve (Unlimited Potential, Wirral CAB).

It was also clear that most organisations had worked hard to develop strong mutually supportive relationships with key champions in the Primary Care Trust. The department mentioned most consistently was Public Health. In the best cases this commitment to relationship building was reciprocated by the Primary Care Trust as well.

For example, Salford PCT leadership encouraged involvement with the New Deal for Communities programme and was keen to support social enterprise: it was clear that this commitment played a direct part in the successful establishment of Unlimited Potential.

The approach used by these organisations is summarised well by the Unlimited Potential Chief Executive:

"Tell me your problems and we will see how we can help"

Although there was a strong personal element to these relationships they were built on much more substantial foundations:

- Quality Assurance and Monitoring - all the organisations had a professional approach to performance monitoring using processes that the commissioner understood and considered credible. These ranged from Beacon Counselling and Self Help Services - using NICE validated interventions such as WEMWBS[2] and the Ultrasis [3] a computer based CBT programme, through to the LGF using CORE[4]. This information was used to inform performance management processes, service level agreements and contracts.

- Policy and Good Practice Advice - there was a clear understanding that it is no good blaming hard-pressed commissioners for not being up to speed with policy change and practice. The organisations recognised that they were the specialists. Part of their role was to help commissioners understand and navigate policy, evidence and good practice. Briefing commissioners on a regular basis was a key part of the relationship. For example Wirral CAB actively briefed PCT leads on the opportunities presented by the Layard[5] and Marmot[6] reports.

- Strategic Partners - All organisations participated in local strategic commissioning structures - sharing their expertise to support commissioners in system design. They were often seen as potential allies - helping commissioners develop a balanced approach - acting as a counterweight to very powerful stake holders such as the acute sector. In this context, these organisations were involved co-producing

[2] WEMWBS - Warwick Edinburgh Well Being Scale
[3] Computer based intervention supporting CBT
[4] CORE - Clinical Outcomes Routine Evaluation
[5] The Depression Report - The Centre for Economic Performance - LSE 2006
[6] Fair Society Healthy Lives - Marmot Review - 2010

strategies at a place level, and simplistic notions such as the purchaser/provider split were not helpful here.

One of the characteristics of the Northwest DoH region and Strategic Health Authority seems to have been a clear commitment to create a collaborative approach involving leading stakeholder organisations (such as LGF) in regional partnerships as an equal member and resourcing them to participate. It is probable that this leadership at regional level has helped set the tone for place-based statutory and voluntary organisations to collaborate more effectively.

Identifying the need and responding quickly

All these organisations are strongly connected to the people they serve - they were good at identifying existing and new needs of these communities, linking these to policy priorities and identifying innovative solutions to address these needs. This connection meant that they were one of the first to identify an emerging need (LGF - HIV/AIDS services) and the first to identify a workable solution that could be implemented quickly (SHS - CBT).

Once funding was identified they were also able to quickly establish the service - in some cases faster than statutory services. This could be because of their scale, but is also likely to be because they are used to working with comparatively little resource, are well networked with their communities and are comfortable with the risk taking that is required when setting up a new service.

Pilot funding

In the early stages access to pilot or developmental funding or to commissioners who were willing to take risks and pump prime experimentation and innovation was important. It is unlikely that these organisations would be present in their current form if they had not had access to this sort of support. Funding sources included Grant Aid, New deal for Communities and mainstream public health monies.

Most organisations had used pilot funding as a stepping stone to establish larger and longer term contracts. Some had an explicit strategy based on identifying solutions to shared problems - negotiating pilot funding on the understanding that if the pilot was successful they would then be funded to deliver a more substantial programme.

Networks and Support

Despite their energy, community connections and commitment of staff the organisations interviewed were clear that their development had been helped significantly by key individuals within statutory and voluntary sector organisations.

This included:

- Chief Executives in the PCT and Local Authority setting the cultural tone - to encourage the development of social enterprise and voluntary sector organisations - mandating managers to do the work.

- Public health managers in particular, championing organisations - being willing to transfer services over to them (health trainers), commissioning them to do work and building bridges over to other parts of the system - such as primary care.

- Infrastructure organisations in the voluntary sector - such as the Big Life group in the North West. The Big Life group provided 'back office' services as well as corporate governance and in the early stages credibility when negotiating early contracts for two of the organisations interviewed (Unlimited Potential and SHS).

In addition to the above the organisations themselves are all actively involved in participating, running and building networks themselves at a sub-regional and national level - helping to promote their work, lobby, share good practice etc.

Sustainability

All organisations were concerned about their future prospects - but also had positive ideas about how they could continue to develop.

One of the challenges facing a number of these organisations was how to capitalise on their success. They had been successful in identifying an emerging need (such as support to people with chronic mental health problems, or HIV/AIDs in the gay community) and had been successful in developing cost effective innovative solutions to address the need. As these issues have become better understood by mainstream services and the delivery model clarified, it is more likely that statutory services might choose to tender for these services or run them themselves.

Appendix A

Interviews with five placed based voluntary organisations and relevant NHS commissioners

The Lesbian and Gay Foundation

Overview

The Lesbian and Gay Foundation (LGF) describes itself as "a vibrant charity with a wide portfolio of established services and a rapidly developing range of new initiatives aimed at meeting the needs of lesbian, gay and bisexual people." They campaign for "a fair and equal society where all lesbian, gay and bisexual people can achieve their full potential"[7].

The LGF provides a holistic range of services for the lesbian, gay and bisexual communities in Greater Manchester and across the North West of England. It seeks to respond to changing needs and issues within this population. It provides:

- Direct services - some of the largest are health provision but not all.
- Advocacy
- Connection and engagement with the lesbian, gay and bisexual communities

A core part of the organisation's provision are services that either have a strong health and well being element or are health specific. These include:

A helpline; face to face counseling service; email advice; a sexual health outreach clinic - offering rapid HIV testing; a host of support, self help and focused support groups; advice surgeries; carers support; support for young people; information and guidance around drug and alcohol use; a comprehensive women's programme; wellbeing events; policy, legislation and consultation exercises; work around hate crime and many more focused projects that have been created in order to meet the diverse needs of our beneficiaries. Most of these services are supported by volunteers.

The LGF was established in 2000 following the amalgamation of two organisations - the Lesbian and Gay Switchboard and Healthy Gay Manchester. Both of which had been in existence for some time. The new organisation was to some degree born out of the HIV/AIDS crisis and the financial challenges of the late nineties. The organisation's initial focus was central Manchester - but the importance of the gay village in the sub region (Canal Street) has seen the organisation increasingly serve Greater Manchester, the North West and beyond.

LGF funding from the NHS has - until recently - grown year on year - with a focus on STI and HIV prevention.

Service level agreements have changed and developed, becoming more comprehensive with contracts being assessed on an annual basis and rolling forward subject to performance targets being met.

[7] http://www.lgf.org.uk/about-us

LGF has contracts with all Greater Manchester PCTs. The largest of these are NHS Manchester (£250k), NHS Salford (£133k). At the moment NHS contracts constitute approximately 35 per cent of the organisation's statutory income - LGF has been seeking to develop a more balanced funding portfolio to reduce risk.

Services

As indicated above the LGF provides a wide range of health and well being services. From health promotion through to prevention, screening and direct interventions - such as counselling.

This diverse range of services is only possible through the large number of volunteers who are involved and is 'stitched together' through the organisations clear and attractive website.

The website is one of the most public ways that the lesbian, gay and bisexual community can access and become involved in LGF services and campaigns with 160,000 unique users accessing the site last year.

The main focus of NHS funded work is on prevention – including elements such as condom distribution, training, information resources and campaigns. Approximately one third of all funding comes from HIV and Sexual Health contracts - equating to £600,000 funding from the NHS. Total organisational turnover is just under £2m.

Examples of health[8] services include:

Counselling

- LGF currently provides several thousand hours face to face counselling and support. A key service is the Face2Face Service which was established in 2000 to provide lesbian, gay and bisexual people in Manchester with a local service sensitive to the needs of the community. This service is responding to the needs of Lesbian and Gay people who have experienced hate crimes, bullying or who carry guilt because of their sexual orientation. In February 2008, the service implemented the CORE (clinical outcomes routine evaluation) system, which provides a widely recognised quality evaluation of psychological therapies through the monitoring of key outcomes. Since then, over 300 clients have accessed the counselling service reporting a 53 per cent reduction in the average pre-therapy score, taking the client from moderate to low levels of distress. CORE also allows demographic monitoring, to ensure that the service is reaching marginalised groups within the community[9].

Sexual Health

This is 100 per cent NHS funded and has a number of elements that range from health promotion, through to prevention and direct services. For example:

- LGF produce the bimonthly magazine 'Out Northwest" which has a circulation of 15,000. Primarily distributed through over 500 distribution outlets across Greater Manchester and also more widely in the North West.
- They provide an HIV/Sexual Health Clinic in partnership with the local NHS trust. In 2009/10 165 clients used the rapid HIV testing service with a further 180 tested through sexual health outreach clinics.

[8] Information taken from LGF Impact Report 2010
[9] Taken from healthy lives, health people DH 2010 p44

- In 2010 their Condom and Lube distribution scheme provided 600,000 condoms and sachets of lube to gay and bisexual men in Greater Manchester. Central to this distribution are the large number of volunteers who sort and pack the material.
- They delivered sexual health workshops targeted at over 120 gay and bisexual men.
- Delivery of sexual health campaigns - including "Proud to be behind you", "Wear it, fill it, bin it" and "Keep F*cking Safe". As well as a range of guides and resources.

Other examples of well being services

- "Caring with confidence" a Department of Health pilot providing tailored support to over 140 lesbian, gay, bisexual and trans carers
- Support for lesbian, gay and bisexual inpatients at Rampton Hospital
- Delivery of a community health needs assessment for Bolton's LGBT residents

Why LGF is funded by Manchester NHS organisations

Most of the services provided by the LGF have not been tendered for although there are rigorous Service Level Agreements with performance targets that LGF is assessed against.

History and track record

LGF has been in existence serving the LGB community for over 20 years. It presents itself as one of the key voices for this community and as well as providing a number of key support services, the LGF also provide positive campaigning for the LGB community.

Connections and networks

LGF is able to evidence strong connection with the lesbian, gay and bisexual communities through its recruitment of volunteers, (180 volunteers who facilitate at clinics, do administration, pack condoms, provision of services, support events etc) use of its website and through the added value it brings to mainstream services - both in terms of service design and people through the door.

It has close working relationships with a range of statutory and civil society organisations including NHS trusts, local authorities, the police and Housing Associations.

LGF is also well networked with local, regional and national partnerships for example it has close working relationships with similar organisations elsewhere such as the Terence Higgins Trust, SHIVER in Blackpool and Armistead in Liverpool.

LGF is the co-ordinating organisation for the National LGB&T Partnership, which is funded by the Department of Health.

Profile

LGF places a great deal of emphasis on communicating with its community. This has a number of purposes - promoting its own services and those of its partners, recruiting volunteers and campaigning.

To this end it has:

- A large well designed website
- A weekly email bulletin
- New media outputs including facebook and Twitter

- Banners and poster campaigns
- A bi-monthly magazine Out North West - a lifestyle publication/community magazine
- A wide range of publications and resources

Policy Environment

Legislative changes and good practice with regard to equality has helped. Similarly DH guidance has been a very useful lever. The NHS is a very obedient organisation - it will act on guidance from the centre.

Political Presence

LGF proactively responds to government white papers - DH, OCS etc and is the lead agency for the national LGBT partnership. It has held sessions involving leading politicians (John Bercow, involving other LGBT organisations), and visits from other local and national politicians eg Lynne Featherstone – Minister for Equality.

The LGF has an active presence as a campaigning organisation but also through services such as the "Evidence Exchange", which is a comprehensive database of research reports and structures which can be used to evidence funding bids and consultation exercises.

Evidence and Intelligence

LGF gathers and utilises evidence in three main ways.

- Data and analysis relating to its own services - such as who is accessing services - basic demographics based on equality protected characteristics - other information includes - post code, helpline, groups, clinics, reception.

- Trends and demographic information provided by others - such as Liverpool John Moore, Stonewall etc. For example - following up on national report on increase in HIV among older 50s and raising this issue with commissioners and mainstream providers.[10] LGF have taken nationally available prevalence data in this case from Brighton to model impact of their prevention services in Manchester.

- National Policy and evidence relating to wider issues of relevance to the LGB community. The LGF runs the national open access Evidence Exchange.

Innovation

LGF uses its connections with its community, use of the evidence base and connections with government policy to respond to changing need and develop new services for example recent work on women and drinking, and on Safe Sex[11] and Breast health[12].

Challenges

- **Funding environment** in Greater Manchester is increasingly difficult as the NHS and Local Authorities face greater cuts from central government.

[10] R. Smith et al. HIV Transmission and high rates of HIV diagnosis among adults aged 50 years and over. AIDS 2010, 24:000-000.
[11] http://www.stonewall.org.uk/documents/beating_about_the_bush.pdf
[12] http://www.lgf.org.uk/assets/Uploads/PDFs/Resources/thanks-for-the-mammaries.pdf

All contracts are facing reductions at the moment.

- **Primary Care**
  One challenge is that research shows that a significant number of people are not 'out' to their GPs. Therefore hard to get a referral - there are still examples of prejudice among GPs sometimes for religious reasons. Recently 80 per cent of GPs refused to take a simple poster - which was seeking to promote the research.

  In addition it feels as though GPs are not well connected to their local voluntary and community sector and to their communities. Their perception often appears to be that the voluntary and community sector is amateur and should not rely on state funding. Many GPs see themselves as commissioning from the foundation trust.

- **Public Health vs Primary Care Funding**
  Much of current funding comes through public health - transition to primary care and public health move to local government could impact adversely on LGF. Not convinced that GPs are yet sufficiently tuned into the importance of community based public health services
  Policy

  DH view is that the priority is increasing access to mainstream services rather than creating specific services. The policy environment tends to see lesbian, gay and bisexual issues as being predominantly about HIV and Sexual Health - there is still further work to be done in areas such as mental health, drugs, obesity, smoking and drinking.

Lesbian and Gay Foundation - Commissioner's View

David Regan, Joint Director of Public Health - Manchester

The Lesbian and Gay community in Manchester has a long history of self organisation - for example back in the 1980s there were organisations such as Manchester AIDS Line and (MAL), Body Positive and in the 1990s Healthy Gay Manchester (HGM) one of the predecessor organisations to LGF

There were a number of factors that created the circumstances that lead to the creation of the LGF. These included - the HIV/AIDS challenges of the '80s; even for a tolerant council like Manchester a recognition that some actions are best led at arm's length; entrepreneurial leadership within the LG community building on the experience of others

To some degree timing is everything - the AIDS Control Act, ring fenced budgets etc meant that LGF when it was founded was able to establish a strong infrastructure and provided momentum to move beyond sexual health.

Factors for success

- Leadership - offered sensible practical leadership - not shroud waving
- Collaboration - working effectively with other organisations
- Governance - established a broad, high quality and inclusive board

- Sub regional - offered a sub regional (and wider) approach - were partially successful at cracking the "Greater Manchester Challenge"
- Market - were clear about their initial niche - sexual health and HIV prevention - but held onto a wider vision.
- Reputation - built a regional and national reputation
- Relationships - Offer a bridging role between businesses, councils, NHS and their community - they are not seen as a distant. The link with Manchester Pride has kept their profile and visibility strong with the community - Manchester likes the fact that it has an organisation that can be a conduit for engagement - it affirms Manchester's perception of itself - tolerant and welcoming.

Future challenges

Commissioning relationships - Manchester commissioners are seeking to develop a public health Compact - one of the challenges is how to ensure that relationships with provider organisations are more than just about contract management. Commissioners recognise that providers such as LGF have an important contribution to make with regard to informing commissioning itself. This is difficult - commissioners also have responsibilities to ensure a level playing field.

Value for Money - there are challenges because some services might appear to be inefficient if considered in isolation from the contribution of the organisation as a whole. However, commissioners need to be more sophisticated in how they view other investments and wider benefits.

It is important to understand the value of organisations and what they require in order to be viable. This is particularly the case with anchor organisations such as LGF - who through collaborating and supporting others - may not always get the resources they require.

Commissioners do not want key organisations to be lost - they cannot be easily reinvented, particularly when there is no current alternative and when they have - credibility with communities. This local connection is crucial here. It's not just about the skill set it is the understanding of the local context and history.

While commissioners cannot give guarantees that they will never put a particular service out to tender - they do need to be thoughtful about when it is used. There are other mechanisms that can be used to improve performance and value. For example commissioners and providers can be pro-active in sitting down, talking about the funding available and sharing ideas about how they could become more efficient.

However, one of the challenges is the move to Greater Manchester level commissioning. The scale of the services to be commissioned will make tendering more likely but good processes will help sustain good communications and relationships (ie fair and transparent).

Self Help Services

Overview

Self Help Services helps people to help themselves. They believe people should be able to choose the care and treatment they require and that all services should be delivered flexibly in an accessible manner. Since 1995 they have developed, co-ordinated and delivered a menu of services for people living with mental health and emotional difficulties. They are a leading third sector provider of the NHS talking therapy programme and of primary care mental health services. They now deliver computerised therapy services (cCBT), 1:1 therapy services (including counselling, low and high intensity brief CBT interventions,) self help groups and courses, to more than 6000 people each year[13].

Background

In the early 1990s there was not a great deal of provision for people with mild to moderate mental health problems. Self Help Services (SHS) was originally established as a self help group in Manchester - by its founder Nicky Lidbetter. The group was very successful and Nicky realised that there was a need for similar groups.

From 1995 it ran as a small self help group and was established as a charity in 2007. Up until 2007 in effect ran as a department of the Big Life[14] Group and were part of the Big Life counselling services. Big Life is a dynamic, well networked organisation. At the time it already had a good relationship with mental health commissioners.

In 1998 SHS received a grant of £16k from Manchester PCT. This has been uplifted every year and is now £25k NHS. It originally came with few strings and was given to support self help groups.

This initial grant came about through support/advocacy from Fay Selvan, the Chief Executive of the Big Life Group. She put in a successful pitch to the PCT. In Nicky's view one of the key reasons for success here was that Fay was seen as a credible person, and her case that SHS represented good value for money was accepted - not on the basis of VFM evidence but on the basis of her personal credibility and track record.

Big Life also had access to venues - which allowed the group to provide a service. Big Life helped SHS develop finance and HR policies in the early stages. This helped to make SHS more cost effective - they did not need to employ their own finance, HR or communications staff.

SHAS still has a formal relationship with Big Life - they are a charity in the group, buy services from it and receive support with corporate governance in particular - this is all managed through a Service Level Agreement.

After receiving this initial grant SHS developed quite quickly - supporting up to 18 different self help groups.

By 2004 the work that SHS was already doing meant that they were very well placed to respond to opportunities presented by an emerging policy and practice environment that was increasingly attuned to the needs of people with chronic mild to moderate mental health problems.

[13] Taken from "Self Help Services Case Studies and Approach"
[14] http://www.thebiglifegroup.com/the-big-life-group/

Key supportive factors included:

- NICE Depression guidelines[15]
- Creation of Community Mental Health Teams

Before this time people with anxiety and depression had been left to manage on their own with long waiting lists for people who wanted Cognitive Behavioural Therapy (CBT)

In 2004 SHS started to develop a relationship with the IT company Ultrasis[16] who had developed a self help programme - called "Beating the Blues" to be used as part of an individual CBT programme. This computer based intervention is recommended for use in the NHS by NICE. Ultrasis were interested in how this programme could be used in community settings where there is no clinical support.

The link with Ultrasis came about through Nicky's national role as Chief Officer of Anxiety UK - she was approached by Ultrasis because they wanted to test out their package in a community based environment. Ultrasis were putting the package forward for the NICE technology appraisal for anxiety and depression - in the end only approved for depression.

One of their concerns was that people were less likely to complete the intervention - which has eight sessions - if there was not someone available to support them.

At about the same time SHS were approached by the National Institute for Mental Health in England (NIMHE[17]) Who were looking for Improving Access to Psychological Therapies (IAPT) pilot sites. NIMHE were keen to consider whether computerised therapy could be used in the community.

Nicky believes that one of the reasons that they were attractive to NIMHE was because SHS were able to get the pilot up and running more quickly than statutory providers such as community mental health teams and they already had a strong connection with priority groups such as those from black and minority ethnic communities - 25 per cent attendance.

Factors that have lead to success include.

- Good manager who brings direct personal experience of ongoing mental health problems.
- Commissioners like the added social value many of the volunteers and workers have experienced mental health problems.
- The project brings a real holistic approach helping people to manage their condition and to manage the transition back to being well.
- In the early days the project was in the 'right place at the right time' - Nicky was a primary care service user rather than a secondary care one.
- She was well known locally and seen as willing and helpful.
- Increasingly Nicky had professional credibility and was well networked. In 2005 she started doing consultancy work with the University of Manchester - Graduate Mental Health Worker Course which led to contacts and a 3 year Masters - in advanced practice interventions in primary mental health care. From 2001 she was also a non executive director of Manchester Health and Social Care Trust.

[15] http://www.nice.org.uk/CG90
[16] http://www.ultrasis.com/
[17] NIMHE subsequently became the Mental Health Development Unit which was abolished in 2011

- Measurement of impact and costs. SHS made an early decision that they needed to gather data on outcomes. They aligned their services to the IAPT minimum data set - recording recovery rates etc. Now provide rafts of data to commissioners - can measure recovery of depression - against external validated scales. Data systems are aligned with NHS systems.
- Through this work they have been able to highlight inefficiencies and demonstrate value for money. Have developed a reputation for working in a way that is quick, professional and flexible. Have an open relationship with commissioners if SHS are able to generate savings on contracts - then will talk to commissioners about this. They are now able to demonstrate unit costs - and every year review model of service delivery. As the contract is coming to the end - go back to commissioners with revised costings.
- A bit concerned that there is sometimes an assumption by commissioners that they will share some of their expertise, systems with other third sector organisations - but they have done the development work.

Some detail about SHS

This year £1.4m turnover

SHS has three departments

- Community Services - drop in groups and structured groups. These are IAPT accredited. Funding is mainly on a group by group basis with an emphasis on one off charitable funding.
- Computer based CBT - At least 50 per cent of referrals comes from GPs - possibly more through self referrals. Contracts are held on a locality basis. Arrangement vary: with some it is a block contract - while others may mention specific numbers - total value is approximately £220k - there are currently five contracts. The contracts are with NHS Stockport, Oldham, Salford, Manchester and Trafford.
- Psychological Therapies - IAPT low intensity services. There is a greater emphasis on self referral here with more of an emphasis on 1:1 counselling. Total value of contracts is in excess of £300k.

Connections and Partnerships

- Big Life
- DH - National Psychological Therapies Programme Board
- N3 NHS network - the national NHS Broadband Network

Winning contracts and keeping them - some general thoughts.

- The first contract - Most of the contracts won on the basis of their reputation. The only one that has been won on a competitive basis is NHS Oldham. First contract is key to further success in the North West. It is built from the NIMHE pilot mentioned earlier. NIMHE NW were taken over by NHS Manchester. The pilot became mainstreamed and expanded from there. This is a high volume CBT service, with a contract of £45k a year - and a client turnover of 400. After Manchester contract - were approached by Salford - were a pathfinder IAPT site - PCTs were looking for experts on IAPT. At that time there were not many competent CBT providers.

- Relationship with GPs - One of the key factors for present and future success is the relationship with GPs. SHS does not have waiting lists. GPs like this - they talk to commissioners - who are influenced by positive feedback - very important to keep GPs in the loop. At the end of the course of therapy SHS lets GP know about the outcome for clients. Also have two GPs on external advisory group.
- Also Chair of Mental Health Providers Group - this has helped with links to emerging GP commissioning hubs.
- Corporate and Clinical Governance very good - management of risk is key.

Lessons

- Self Help organisations can be at the forefront of what is actually required
- Support from champion organisations such as Big Life is important - this includes championing with funders when evidence is still unclear
- Developing the language and capturing the evidence in the medium term is very important for mainstreaming
- Understanding the policy environment and using it is very important
- Links with those responsible for innovation who are looking for piloting is key
- Retaining connection with the people whose needs are being met - is very important re USP and service relevance
- Pathway to empowerment model - USP too?
- Responsive and flexible - able to react quickly to development and pilot opportunities
- Already well connected with communities
- Untroubled by different relationships - private sector, other vol orgs, statutory
- Material and communication - uses professional 'technical language' (DN how does organisation face both ways - communicating to non professionals service users and volunteers and at the same time to commissioners and professionals?)
- Monitoring and evaluation - using the IAPT minimum dataset was important - this will be an issue if there is not an existing national dataset to use.
- Review service delivery model on a regular basis - demonstrate this to commissioners
- Research on cost effectiveness and impact - particularly in the medium to long term

Self Help Services - PCT Commissioner view

Craig Harris

Craig is responsible for NHS Manchester's Joint and Specialised Commissioning but also represents specialist commissioning across Greater Manchester.

In Craig's opinion Self Help Services is one of the best third sector providers that Manchester NHS works with. This is because:

First, they are able to translate their ideas into delivery. They bring good value for money and are able to demonstrate impact.

Second, they are responsive and engaging. They are not constrained by the traditional performance management relationship between commissioner and provider. It feels as though they are not just approaching the work from a self interested point of view but are interested in system level improvement.

This means that Craig is able to approach the SHS CE for advice and work with her on system development activity - which is in addition to the work that SHS are funded for.

SHS is particularly helpful in working with the acute sector, bringing a strong but positive view about the contribution of the voluntary sector to organisations that have traditionally been more likely to view the voluntary sector as less competent than statutory provision.

It is also helpful having an organisation that is comfortable engaging with a broader agenda - wellbeing - rather than just focussing on services.

Third, SHS are now perceived as a key component to the Manchester mental health system. This is in part due to their scale but also because the CE and her senior team are well networked into key partnerships in Greater Manchester and are active within them.

More generally, one of the reasons that SHS has been able to develop has been the approach taken to commissioning by Manchester NHS. It is recognised that tendering is not always the most appropriate way of ensuring good quality or cost effectiveness. There are large areas of NHS activity where no tenders have been used - acute hospital provision, much of primary care etc. In addition responding to large scale tenders can be a difficult task - particularly for smaller organisations.

Sometimes giving grants or commissioning from partners - whose quality and performance is already understood - can be more cost effective for providers and commissioners and produce better outcomes.

Unlimited Potential

Overview

Unlimited Potential is a social enterprise which was established in 2009. It evolved out of the Community Health Action Partnership (CHAP) that was originally established in 2002 to meet the needs of people living in the Charlestown and Lower Kersal neighbourhoods in Salford. Initial funding came from the New Deal for Communities regeneration programme. CHAP worked with the University of Salford and other local partners on an innovative action learning approach to support a range of projects to tackle health inequalities.[18]

The organisation has moved from a revenue base which consisted exclusively of grants to one which now consists exclusively of contracts.

Unlimited Potential currently operates across the whole of Salford and has ambitions to extend its reach more widely. Commissioners for health would probably say that it works in the areas of public health and long-term conditions. Unlimited Potential describes itself as being in the happiness business.

Unlimited Potential – approach

Unlimited Potential operates as a community benefit society. They evidence their social, economic and environmental impact, including the employment of local people. Their members decide what should be done with any surpluses that they make.

Turnover is about £1.5m in 2011-2012 - and growing - the market is not just England or the UK, but potentially international.

Unlimited Potential provides lay-based innovations for problems where commissioners have not been able to find a more conventional solution.

The organisation very rarely tenders for services. Instead, their approach has been to talk with NHS and other bodies about issues they would like to address where there appears to be no solution. They then reach agreement to run a small pilot to test out an innovative approach.

They do not do needs assessments (deficit model) but instead focus on strengths of local people and investing in these.

They place a very strong emphasis on evaluation - so that they can prove or disprove the intervention. If it works, they get offered further contracts and payments to mainstream the service.

The business model is based on designing an intervention, piloting it and then if successful mainstreaming and delivering it.

Unlimited Potential works to a number of key principles which are:

- strengths not needs
- outcomes and impact

[18] Focusing on Success. The Journey to Unlimited Potential (2010).

- added value (triple bottom line) - social, economic and environmental – what the organisation offers over and above delivery of services and outcomes:
    - society: promote social development that invests in the strengths of everyone
        - citizenship and communities: engage and invest in the strengths, abilities and knowledge of all individuals and communities to shape services and to work for active citizenship and an inclusive society.
    - economy: help to create and maintain a strong, sustainable and socially inclusive economy
        - ethical purchasing: maximise the proportion of expenditure with ethical suppliers.
        - local employment: maximise the proportion of employees who are local residents.
    - environment: protect the environment and ensuring prudent use of natural resources
        - energy efficiency: minimise the use of energy and resources
        - environmental purchasing: maximise the use of recyclable and renewable goods and services
        - minimal waste and emissions: minimise the production of waste and emissions
- reinvestment of all surpluses towards the social mission

Unlimited Potential - structures

Unlimited Potential currently employs 35 people. The responsibility for leading innovation design rests with the Chief Executive.

A key part of the organisation's ethos is to employ local people from the communities they serve - at the end of 2009-2010, 88 per cent of employees were local residents (living within five miles of their work base).

Board membership is balanced between social expertise (local people - such as someone who has a long-term condition) and professional expertise (lawyer, former university pro-vice chancellor).

There are six primary stakeholder groups:
Two external: customers and clients
Four internal: members, directors, staff and volunteers

Unlimited Potential – services

All services are subject to independent evaluation. They also produce periodic reports (including quantitative and qualitative data) that are subject to face-to-face performance review by commissioners every quarter.

<u>Example 1 - Healthy Communities Collaborative</u>

Unlimited Potential has been given 3 difficult problems that the Primary Care Trust is facing. For example – how to get certain people in the population to see their GPs early enough to pick up symptoms of cancer or high risk factors for cardiovascular disease?

Unlimited Potential uses a "Plan, Do, Study, Act" model, recruiting a team of local residents as volunteers to work alongside a small team of health professionals. The local people come up with ideas that they think

will work in their community. In this case, a range of games into which health messages are built. Volunteers then go out using these games – while data is recorded through GP practices by the PCT data quality team.

In the first year of the Collaborative, for example, the approach led to a doubling in one year of the percentage of new cases diagnosed with no spread for lung cancer.

In addition to the personal impact this intervention had, Unlimited Potential was able to demonstrate that the saving generated for the NHS was multiple times the cost of the intervention.

Example 2 - Health Trainers

Unlimited Potential runs its Health Trainers service in a different way to most other places. Health Trainers work with people who want to make a change to their life but are struggling to do so. The service is not instrumental or prescriptive – Health Trainers work with individuals on no more than two or three simple or achievable tasks. Once the Health Trainer supports them with their immediate concerns, this helps them to move on.

Because of this, the service is jointly commissioned by the NHS and the local authority's Economic Development directorate. This was picked up because Job Centre Plus started to notice that Health Trainers were enabling more "challenging" clients to move towards employability and some into employment.

The team has now grown from four to 14 Health Trainers. The outcome measures are:

- the number of clients who achieve all the goals in their personal action plans
- the number of clients who achieve one or more goals in their personal actions plans

Example 3 – Smoke-Free Spaces

Smoke-Free Spaces – which started as Smoke-Free Homes – now includes cars and play areas.

The starting point is to get people to focus on who or what they really love or care about and then to consider the impact that their smoking has on them.

People are given choice of award - gold, silver and bronze for their home, or platinum for their car.

The follow-up is a telephone survey of a 20 per cent random sample of smokers to ask them how they are doing. Figures suggest some 14 per cent of all smokers have quit after six months - even though for most of them there was no earlier discussion about stopping smoking.

Smoke-Free Advisors have now been trained to level 2, which means that they are in a position to provide stop smoking support if the Advisor judges that the client will not go to the specialist Stop Smoking service and only immediate intervention will be effective.

Factors for Success

- Personal relationships matter - profile of Chief Executive - Chris was already well established in Salford - he had worked there for 20 years - if he rang up a chief executive, they would probably speak to him.
- Build up trust and be honest - over time have developed relationships with commissioners - they believe what Unlimited Potential tells them.
- Basic marketing – "tell me your problems and we will see how we can help."
- Clarity of purpose - also very important to be clear about when it is not appropriate for Unlimited Potential - when they are not the right organisation.
- Social enterprise mindset - voluntary organisations can have a negative image - "not top notch - second rate."
- Positive about opportunities – while innovation is small part of overall market, it is still reflects a very large amount of funding: maybe 5% of all NHS spend?

Lessons

- Important role of government development funding - Unlimited Potential used New Deal for Communities funding to start their development.
- CHAP was originally hosted and "incubated" under the wing of The Big Life Company, then a much more established social enterprise.
- Innovator developing solutions to problems the statutory sector cannot address.
- Holding on to customers.
- Importance of clarity of principles and core values.
- Role of Chief Executive.
- Personal relationships with senior local commissioners.
- Intervention model is described in a way that commissioners understand - strong emphasis on evidence base measuring impact and on implementation.
- Evidence base – evidence-base planning, qualitative and quantitative data, and independent evaluations.
- Intervention.
- Cross-sectoral impact – developing impact beyond the health market, such as criminal justice, employability, regeneration and social care.
- Don't be constrained by what is being commissioned and tendered for - create your own market.
- Clarity about scale of potential market.

Unlimited Potential PCT Commissioner view (1)

Erica Kinniborough

The main project was 'smoke free homes'. This arose from a local pilot using a health visitor which started in 2007. In its first stage the project was funded through Neighbourhood Renewal monies. The project was managed by the local authority with four to five local people employed by the predecessor of Unlimited Potential - Community Health Action Partnership (CHAP).

From the beginning explicit targets were agreed with Unlimited Potential - for example:

- 2000 homes signed up to smoke free homes
- Specified number of families with children under 16
- Number of people with asthma

The funders experience was that Unlimited Potential were very good at delivery - training local people, strong focus on record keeping etc.

When Neighbourhood Renewal funding came to an end the Primary Care Trust decided to mainstream the funding - the contract is for approximately £146k per annum and comes from the public health budget. There is also some additional DH inequalities funding which has meant that the Unlimited Potential has been able to employ another smoke free homes advisor until March 2013.

Approach

The model is based on trained community members developing supportive relationships with local people working 'with the grain' of local communities. This meant - for example - meeting people outside schools - it did not focus exclusively or directly on public health 'priority groups' such as people living in council housing.

There are 3 levels of award for 'smoke free' - Gold, Silver and Bronze. There was early criticism from some health professionals that there should only be one award - gold - on the basis that the only outcome that is material is a completely smoke free home. However this fails to recognise that this is very hard to achieve gold if you are a tenant in a tower block. It also does not allow people to maintain a relationship with the intervention and change their behaviour at their own pace.

Other Projects

In addition to Smoke Free Homes the PCT has commissioned Unlimited Potential to run to pilot projects.

- Re-energise - is focussed on getting people involved in physical activity with a greater emphasis on stopping smoking
- Timebanking - was not as effective in supporting people stop smoking.

The PCT has continued with Re-energise and has disinvested from Timebanking and instead approached other social enterprises to see if they could offer further innovations - focussed on reducing smoking in deprived areas.

Commissioning Challenges

- One of the challenges that commissioners now face is developing relationships with a growing number of social enterprises - this has meant that they have had to change their relationship with Unlimited Potential who are no longer the exclusive provider here.
- A key issue is also for providers like Unlimited Potential to demonstrate how their interventions have a system wide impact

Unlimited Potential - PCT Commissioner view (2)

Janice Lowndes

Funding that goes into the HT - £360k - have also been able to secure some strategic planning investment £ focussing on offender health and student health - experimental two years - £120k

Janice originally worked with the precursor of Unlimited Potential - Community Health Action Partnerships. At the time (2005/6) she was based in Public Health and was a member of the New Deal for Communities Board. At this time the Primary Care Trust was looking to strengthen its relationship with the community. The PCT leadership[19] encouraged encouraged involvement with the NDC and was keen support to social enterprises they were aware of CHAP - which was still finding its feet.

This agenda emerged at PCT development days - which helped to generate organisational ownership at all levels within the PCT - fostering a shared understanding of the approach and developing personal relationships.

The development of CHAPs was further strengthened by the arrival of a new Chief Executive - Chris Dabbs - who provided leadership, sold the benefits of social enterprise and built strong relationships with the PCT CE, Local Authority CE, and other agencies.

The Health Trainer Service

When Janice was setting up the Health Trainers service - she built it around connections with the community and CHAP/UL. She was able to do this because:

- the prevailing culture in the PCT was supportive - see above
- other organisations such as the local authority were also keen support community infrastructure organisations
- her public health role meant that she had a mandate for considering how to involve the community directly in delivering and leading inititatives - she had an explicit remit for voluntary sector engagement
- the Health Trainer Initiative provided new resources and an intervention that was best delivered within communities

These supportive factors meant that she was able to develop an approach which was different to the traditional NHS commissioning style - which is more focussed on traditional mainstream clinical providers - and instead involved social enterprises and voluntary organisations.

In the early stages the PCT ran the Health Trainer initiative in house with CHAP involved in the programme. It quickly became apparent that the Health Trainer programme was just that sort of scheme that could be delivered completely within the community.

The decision was taken to transfer all resources and eventually staff to Unlimted Potential, this needed careful management - ensuring appropriate governance was in place and was managed initially on a secondment basis.

In Janice's view moving HT across helped UP get other contracts - they were seen as credible because the PCT had shown confidence. In the first phase UP received a grant to run the Health Trainer scheme. Initially

[19] Champions included the Chair of the PCT board - Eileen Fairhurst; PCT Chief Executive - Mike Burrows; Director of Public Health - Julie Higgins; and the Assistant Director in Community Health and Social Care in the Local Authority

the PCT recognised that it would not be appropriate to performance manage UP against very specific outputs/outcomes - the relationship was quite experimental in the early days.

They now have more of a performance management relationship - but there is still space for development. The PCT now has a standard social enterprise contract with UP.

Janice has quarterly performance management meetings with UP - these are also used to pick up on development issues. The contract relationship continues to have a greater developmental element than those the the PCT has with other community organisations such as Healthy Living Centres - this allows for greater flexibility on both sides. This means that there is space for UP to engage and offer help to address and resolve shared problems.

At the moment the PCT Health Trainer Contract is approximately £360k a year, with a further £120k two-year contract for two more developmental pieces of work on offender and student health.

The future

Challenges for the future - main expertise rests in public health - still a large group of commissioners who are not in tune with this. Key issue is that most commissioners do not understand the importance of the development agenda and the importance of relationships.

The 'right to request' is in place but local people and organisatioins will need support to make this a reality.

Direction of travel eventually is to move to formal re-tendering of contracts - but this is in the context of local investment, profit going back into communities, connection with communities maintained.

Re-organisation of PCT is a risk - as a greater Manchester cluster local relationships could become weaker and they could lose the 'Salford approach' to supporting social enterprises. Social Enterprises do need support they cannot just spring from anywhere.

Beacon Counselling

Overview

Beacon Counselling is a registered charity and company limited by guarantee based in Stockport. Set up in 1984, it exists to improve the lives of adult, young people, and children who are affected by mental and emotional distress. When first established its counselling service started to be used by a small of GPs. During the 1990s it was common for GP practices to buy in counselling from outside contractors, and over time it became clear to GPs that they would benefit from increased quality and improved access if they commissioned an in house counselling service.

The Service

Beacon offers a counselling service to people who experience common mental health problems such as depression, anxiety, low self esteem, relationship difficulties, suicidal thoughts and self-harm.

The service is partly funded through a grant from NHS Stockport - the Primary Care Trust – which replaced the open ended contracts with GPs.

The adult service is provided by a team of 55 volunteer counsellors who work from nine locations including GP practices, Children's Centres, and community centres. This means provides good access for people in different communities in the Stockport borough and beyond. Many of their volunteers are professional counsellors who - while committed to Beacon - use their volunteering as a way of keeping their skills fresh when they are looking for work.

Beacon is an organisational member of the BACP (British Association for Counselling and Psychotherapy), and as such ensures that all its counsellors adhere to its Ethical Framework. Beacon provides clinical supervision for all its counsellors to ensure the quality of the service, and offers a training programme to counsellors based on an annual assessment of counsellors' training needs. In 2008, Beacon was awarded the Queen's Award for Voluntary Service in recognition of the quality of the service and its achievements over the years.

During the 1990's national financial restraints and a restructuring of the NHS Mental Health Services led to GP contracts coming to an end. At this time the contracts were worth approximately 10 per cent of the organisations turnover - about £7000 a year. The then manager and chair of the organisation approached a senior person in the local NHS to explain the impact this had on the organisation. The local NHS recognised the volume and quality of the work being carried out, and how the drop in income would lead to closure for the charity, which led to the contracts being replaced by a direct grant from the PCT.

The grant has stayed the same since that time. In recent years the primary care trust was in a lot of debt and Beacon Counselling was one of the organisations in danger of losing its grant.

The grant is now £9k a year, which is a very small amount that could easily be cut by PCT in the straitened finances of recent years. Beacon's response was to pro-actively choose to develop a stronger relationship with the PCT - until then the main contact had been to send a copy of their annual report once a year. The current manager now has six-monthly review meetings with the commissioner and submits quarterly reports detailing the volume and impact of the work, which helps to raise the profile and presence of the charity in the commissioners' minds, thus protecting the charity from losing its grant.

In addition to this the manager started to attend a meeting of mental health providers organised by the commissioner - to help raise profile.

This approach has also helped the service improve - they have developed monitoring systems, systems to demonstrate outcomes, started using IAPT methodology three years ago - used IAPT monitoring forms even though Beacon was not part of the national programme. They now use a range of IAPT tools including CORE 10, GAD 7, PHQ 9, and Work and Social Adjustment Scale (recently dropped).

They have started to use WEMWBS[20] in the last year because NICE validated it for work with adults in terms of measuring well being. One of the factors that has led them to focus on demonstrating impact on well-being was a large study commissioned in the Northwest which looked at the well-being of the whole population. Conversations with the public health department in the PCT led to Beacon trialing the form in one project. NICE validated the same form for use with young people in 2010 and Beacon has since implemented it for its work with young people.

Factors for Success

Relationships

Beacon's key relationship is with the Strategic Commissioner for Mental Health (Adults). They understand the impact that Beacon makes on individuals' well-being and the excellent value for money the charity represents to the local NHS.

Another important relationship are two Senior Advisors for Mental Health in the Public Health Department. Beacon formed a link with them a couple of years ago, they have advised Beacon on the policy landscape and brought new developments in practice, evaluation etc to their attention. For example, introducing the WEMWBS - this would not have happened without them - the charity is now able to demonstrate the impact services have on well-being.

They believe it is important to show willing - a bit of "give and take". For example the local authority wanted to pilot Mental Health Well Being Impact Assessments and was looking for participants. They fact they already had a relationship with the PCT Public Health Lead meant that they were personally contacted and became involved. They would have been unlikely to prioritise this if they had received a generic email invitation.

Beacon also has a strong partnership with another charity - Disability Stockport - focusing specifically on meeting the needs of the long term unemployed.

[20] WEMWBS - Warwick Edinburgh Well Being Scale - Newly developed scale for assessing positive mental health (mental well-being).

Impact

In 2010 Beacon saw 630 adults for counselling. This compares to (estimated) 1500 people seen by the main contractor in Stockport - the Pennine Care Foundation Trust. Beacon's services therefore make a significant contribution to reducing Stockport's waiting times for access to psychological therapies.

Data Analysis

Beacon has comprehensive monitoring systems, looking at age, gender, ethnicity, disability, relationship status, employment status, and area of residence amongst others. Using this and locally published population data such as Joint Strategic Needs Assessments has enabled them to identify areas or communities that were unrepresented and to act on this. For example, 3 years ago they noticed that ethnic minorities were under-represented in their service and now work in two practices which have largest number of ethnic minorities.

They also used this information to identify some of the most that disadvantaged communities in Stockport had no people accessing their service at all – an area where peoples' social isolation is exacerbated by poor access to transport. As a result they set up a new service 18 months ago providing free and highly accessible counselling.

Emerging Need/Markets

More recently Beacon has focused on meeting the needs of people who are unemployed. There is a strong evidence base showing how people develop depression and low self-esteem after people are unemployed for more than six months, which gets worse the longer they are unemployed. They have received some pilot funding from the Towpath Project, and continued the service with a grant from Awards for All.

Opportunities

From the beginning April 2011 - they have been awarded a sub contract by Pennine Care. This arose because the charities reputation has grown - and also because they offer significant value for money because of their use of volunteers. The sub contract is for providing short term counselling to 50 adults. This work builds on previous work and will help in tendering for other contracts in the future.

Wirral Primary Care Advice Liaison

Overview

Primary Care Advice Liaison (PCAL) is a service provided by Wirral CAB and Advocacy in Wirral[21] (a mental health charity) (They have a service level agreement in place with Wirral CAB). It draws upon the expertise and knowledge of both organisations in a unique partnership. Wirral CAB holds the contract and sub-contract arrangements are in place for referrals to Advocacy in Wirral for brief solution therapy and self-help for more complex practical issues, together with longer-term intervention requiring emotional and therapeutic support.

Background

Wirral CA has been providing a welfare rights service in GP surgeries since 2000. The current service was initially funded in 2006 from Neighbourhood Renewal to provide a service across 19 GP Surgeries. In 2007, a clinical audit demonstrated positive health and well being impacts. This was based on feedback from the GPs who were using the service at that time whose view was that the service reduced attendance and prescription costs. In 2008, PCAL was commissioned for three years as part of Wirral Mental Health Services, to provide a Wirral-wide service across 62 GP Surgeries and BME Communities.

One of the key factors that led to re-commissioning was a presentation on behalf of Wirral CAB by the Commissioner who led on Mental Health Services to the Professional Executive Committee (PEC) of the PCT in June 2008.

The three year contract comes to an end in March 2012. At this stage it is hard to predict whether or not this will be extended.

Although the service is based in GP surgeries the main client group are people living in the community who have mental health problems. It is primarily a mental health service. Referrals are GP referral only. Originally there was also a separate project serving BME communities - which contributed to PCAL outputs. This is now accounted for separately.

PCAL is therefore primarily a mental health service - providing welfare right advice, debt support and access to talking therapies. PCAL wants to be known as a key component of Wirral mental health services.

What the service looks like.

A team of dedicated CAB Advisers provide generalist advice across the wider determinants of health:

Welfare Benefits	Employment	Immigration	Tax
Consumer	Finance	Legal	Travel
Debt	Health	Relationships	Utilities
Education	Housing	Signposting	Others

[21] http://www.aiw.org.uk/about-us.html

Direct referrals are made from GPs or other health professionals for clients over 16 years of age who may be experiencing mild to moderate mental health problems such as stress, anxiety or depression. Anonymity is key to the success of the service.

Staff are trained in Mental Health Awareness; Mental Health First Aid; Risk Management (STORM); Mental Health Screening Tools PHQ 2, PHQ9 and GAD7 for Anxiety and Depression and Psychodynamic Counselling. Three members of staff are undertaking a post-graduate degree at Liverpool John Moores University and when qualified, they will deliver psychological therapies as part of IAPT (Improving Access to Psychological Therapies).

Wirral PCT require extensive data recording, in line with IAPT with monthly returns and it is necessary for the project to manage a discrete database, as well as CASE. Yearly service activities and outcomes include 2,500 new clients with 80 per cent issues resolved by Wirral CAB with no further intervention and 20 per cent longer term support and possible brief solution therapy through sub-contract arrangements with Advocacy in Wirral. Additionally, improved mental health outcomes are required through pre and post-assessments.

The Audit commissioned by PCA: showed that between April 2009 and March 2010 2,021 new clients were assessed within the PCAL service, including 598 referrals to Advocacy in Wirral; of these new clients 57 per cent were female, 39 per cent male and 4 per cent gender unknown. Many of these clients required more than one session meaning that the total contact with the PCAL service was 7,702 appointments.[22]

Recent conversations with one of the Wirral GP Consortia leads has shown that they are not convinced that they will be able to show a causal link between reducing prescription costs and repeat presentations.

This has meant that the bureau is looking at other ways in which they can evaluate impact - one area that they are exploring is people returning to work.

Narrative

There are nine advisors who cover GP surgeries. Initially each advisor had a share of surgeries but it soon became clear that some surgeries had less take up than others. After the first year the service was rebalanced with very busy surgeries running more sessions and with others no longer having a regular surgery. There is a strong correlation between disadvantage and demand.

One of the key issues here is to sustain a relationship with surgeries who serve better off communities - achieving this through still offering services but this time 'on demand' and still meeting Key Performance Indicators on timeliness etc.

This has presented problems because of demand and capacity. This has proved extremely challenging, there have been some difficulties - meeting contract KPIs with regard to number of people seen because some clients have to be seen twice or three times.

At the moment the PCT does not recognise (in the current contract) the additional value provided by meeting some clients for extra appointments.

[22] Audit: Primary Care Advice Liaison Service (PCAL) 2009-2010 - Brighter Horizons 2010

The service has sought to respond specifically to the needs of people from BME communities - and aims to employ advisors to support the asian and Polish communities.

Wirral Citizens Advice are the primary contract holders and sub contract with Advocacy in the Wirral if clients require further support such as CBT. Approximately 20 per cent of WCAB clients are referred to Advocacy in the Wirral

While Wirral CAB is keen to maintain its partnership with with Advocacy in the Wirral. However, some PCAL clients wish to receive a service directly from Wirral CAB - this has meant that Wirral CAB aims to establish itself as a provider of psychological therapies in its own right.

Market Analysis

Wirral CAB view is that CBT is an area that will continue to grow - the recent cross government mental health outcomes strategy - "No health without mental health[23]" commits DH to £400m of additional investment to support roll out of CBT over the current Comprehensive Spending Review period.

The drivers for this include the:

- Layard Report - CBT is seen as a key driver to help people back to work
- Marmot Review - although not a government review many local authorities are starting to use some of the 'Marmot Indicators' to strengthen their focus on the underlying determinants of health.[24]

Factors that have led to success

- Educating Commissioners - A key element has been to educate commissioners about the service and its impact. Wirral is an "insular peninsula" One of the challenges is to show that this is a national agenda not just something that is just specific to the Wirral. Therefore Gill has worked to identify evidence and practice from elsewhere in the country and from key practice journals such as the BMJ. A key part of Gill's role has been to keep track of national policy and professional articles that provide evidence that supports the service. Experience is that many commissioners are not sighted on these.
- Capability of staff - ensuring access to relevant training - see above
- Demonstrating impact - PCAL commissioned an independent audit of the service covering the period 2009 to 2010 - this focussed on getting the views of professionals who used the service (GPs and Practice Managers) and clients.

Lessons for successful commissioning

- Clear links with evidence base - NICE stepped care guidelines
- Partnerships with other providers to provide a holistic service
- Using national policy - Marmot
- Holding on to the clients and building a service around them - CBT - using earned relationships and credibility and making it easier for clients and commissioners by reducing complexity of provision - 1 stop shop?
- Professional and reliable - clear performance standards with regard to how quickly a client will be seen - 10 days with similar standards for referral to the advocacy service

[23] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf
[24] http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx

- Governance - able to manage separate data recording systems for Wirral PCT to meet requirements to provide performance information on a monthly basis. Still having to manage discrete databases - CASE and PCT this is not ideal. Data sharing remains a problem. Opportunity presented by PETRA CA database.
- Commissioned audit to show impact of their service in 2010

Appendix 2

Views of regional organisations

The Big Life Group
Interview with Fay Selvan Chief Executive Big Life Group

Overview

Big Life Group was set up in its current form in 2002 when it took over the Big Issue in the North but has been in existence since 1991.

The BL Group had already developed a number of businesses - such as BL Employment and Aisha Childcare. Aisha Childcare arose when BL Group responded to local parents who wanted to run a play scheme - this grew into after school club and then parents wanted to acquire relevant qualifications such as a childcare NVQ. One of the reasons that BL Group established a nursery was to allow parents to acquire the NVQ. Aisha now runs two children's centres, provides a family intervention service, runs a day centre and play group etc.

Self Help Services

Self Help Services - started in one of the Big Life centres in 1993 - their founder Nicky Lidbetter wanted to set up a self help group. With support SHS grew - initially focussing on expansion of self help groups.

The BLG were successful in persuading one of the Manchester PCTS to provide some initial funding for SHS. This was possible because the BLG were already known to NHS commissioners - lending credibility to what might have been seen as a comparatively knew and unproven organisation.

Some of the key factors that allowed this start up - included the BLG ability to draw down some initial funding and the fact that SHS had identified an unmet need and had a delivery model that addressed it. This was also a new market - user led support to people with mental health problems - that was of growing interest to policy makers and commissioners.

How Big Life Group helped

Key aspects of the BLG offer include:

- Strong shared value base - focus on people who are marginalised; supporting co-produced solutions to challenges with the people who are experiencing them
- Credibility with potential funders - able to draw down pilot and start up funding
- Governance - provide governance structures which are credible and relevant - for example governance board chaired by a GP - this has helped SHS develop quality assurance systems that are credible and relevant to NHS Commissioners
- Cost effectiveness - shared group functions - communications, purchasing, HR, legal advice. For example indemnity for 1 Surestart centre could cost £26k a year - purchasing indemnity for a range of organisations is much cheaper than this.
- Profile - the group brand gives individual services and organisations a much higher profile.

CHAP

In addition to supporting organisations that are in effect part of the Big Life family the BLG also takes on contracts to support independent organisations develop. This was the case with CHAP - which subsequently became Unlimited Potential.

Local People in a disadvantaged community in Salford had already established CHAP. They came to the BLG for support. They were keen to access New Deal for Communities Funding but commissioners were a bit anxious because CHAP was new and percieved as being a bit informal.

The BLC was paid by commissioners to put in training for the CHAP board and initially directly employed staff for first contract. After an initial 18 month period BLC supported CHAP in becoming more independent which included transferring (through TUPE) staff to CHAP.

Other key points.

- The start up phase for many new organisations is often more reliant on relationships and credibility with commissioners than on tendering
- As the market becomes more mature it is more likely that commissioners will move to some form of tendering. Here growth cannot just be based on relationships - it is important at this stage to have made the transition to being a professional organisation - governance, quality assurance, value for money are all important here.
- If commissioners want an environment where there is a vibrant plurality of providers they will need to be commissioning in a number of different ways - this includes - pro-active relationship building with the voluntary and community sector; running high quality tendering processes; looking for new opportunities for innovation and development.

North West Strategic Health Authority
Interview with Christine Burns - Programme Manager for Equality and Diversity.

Overview

There are almost 150 public sector organisations in the North West - all of whom would like to get access to equality stakeholders. All too often we assume that the way to do this is through sending out large consultation documents and waiting for a response.

The North West Strategic Health Authority has built its approach on an analysis of the regional landscape which was commissioned by Shanaz Ali the Equality and Diversity Lead for the SHA. This evidence based approach was put in place in 2008 includes work on supporting E&D leads; producing a national competency framework; creating a resource - the health equality library portal - www.help.northwest.nhs.uk; etc and objectively and consistently measuring equality outcomes. One of the outputs was a sustainable methodology for engaging with equalities experts in the third sector – the Health Equality Stakeholder Engagement (HESE) approach.

Strategic Relationship with the voluntary sector

Until 2008 there was no good model for engaging with charities and voluntary sector groups who represented specific hard to reach communities. The concern was that charities and voluntary organisations are consulted to death - wanted a higher quality of sustainable engagement with stakeholders.

The SHA developed a set of criteria to help identify good voluntary sector organisations with whom the SHA could identify long term relationships. The process was analagous to procurement - with clear critieria - invited potential partners - and then selection.

This formal procurement approach - meant that other stakeholder organisations who were not successful understood that the process was fair and that the partners who were chosen were seen understood to be credible within their sector.

The SHA then put in place a service level agreement - contracting with these organisations for 25 days a year - for a fixed fee. Having selected them the organisations were paid them up front and then proceeded to work with them on the project.

One of the areas where they have contributed has been to ensure more coherent and powerful responses to consultations. Organisations have used the funding to produce consultation briefs, discuss within their constituency, undertake necessary research and produce a written report.

One of the benefits of this sort of long term relationship has been that it has allowed organisations to move away from a purely activist mindset and to translate their in-depth knowledge of needs into strategic terms that can be applied in the NHS system.

The Lesbian and Gay Foundation has been one of the organisations with whom the SHA has had such a service level agreement. This relationship means that the LGF has been able to offer to do small pieces of work to jointly address shared problems. This does not meant that the SHA has always supported these - but where there is a strong strategic fit this has led to useful collaborations.

Example of work with the LGF

There was not a clear understanding about how to do effective monitoring for sexual orientation. So the SHA commissioned LGF to develop a good practical workbook style guide to help drive forward LBG monitoring.

“Everything you also wanted to know about sexual orientation monitoring but were afraid to ask”

Subsequently the LGF invited SHA to consider funding a project that improved signposting to LGB friendly services within GP practices and was funded by them to pilot a project in the greater Manchester area - in urban and rural areas. Poster and Leaflet signposting.

The project was useful in that it identified problems and challenges - for example some GPs refused, some patients pulled down posters, some positive. But it also identified good practice model and challenge.

The SHA is currently in process of talking to LGF on how to build on the project to make it sustainable.

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St Thomas Centre
Ardwick Green North
Manchester
M12 6FZ