advice UK
The voice of independent advice

Their Patients, Our Clients
Our Patients, Their Clients:

Developing effective partnerships between the NHS & the Advice Sector in England

A Discussion & Guidance Document for **AdviceUK**

Michael Bell & Ian Ford
MBARC

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Michael Bell Associates ***Research & Consultancy***
London Office: 6th Floor, 63 St Mary Axe, London EC3A 8AA Telephone: 020 7469 5730
www.mba4consultancy.co.uk

FOREWORD FROM ADVICEUK

The Chief Executive of the NHS in England, David Nicholson, often advises NHS Managers to "look out not up". This advice presents a challenge to many NHS organisations that have become used to taking instructions from the centre and some have not looked out to the communities that they serve.

For their part many in the advice sector have become overly concerned with the legal services agenda and have failed to look out to our potential partners in other parts of the public sector.

Yet, both the advice sector and NHS have much to offer each other. As well as striving to deliver excellent treatment services, the NHS is now fully committed to tackling health inequalities, not just in terms of accessing care, but also the underlying causes of ill health. As agencies committed to working with the most socially excluded communities, advice agencies share this desire to work with the most socially excluded communities - not just to alleviate its worst impacts but also to challenge the root causes of poverty and disadvantage.

In commissioning this work we aimed to provide a space where we could explore ways in which the NHS could support our objectives and where we could better understand the objectives of the NHS and identify ways in which we could support the NHS in achieving these.

The establishment of new poly clinics and networked polysytems within the NHS provides the most tangible opportunity across England to develop such partnership work.

We hope that both this *Discussion and Guidance Document* and its companion report the *Evidence Document* will help the NHS to better understand the contribution that advice agencies could make to support their agenda and for advice services to better understand how the NHS could support their work. However *"Their Patient, Our Clients – Our Patients their Clients"* is only the start. Real partnerships will happen at a local level between individual advice agencies and their local NHS commissioners and NHS providers. For both sectors, this is the time to look out not up.

Steve Johnson
Chief Executive
AdviceUK

TABLE OF CONTENTS

FOREWORD FROM ADVICEUK 1
TABLE OF CONTENTS 2
1 BACKGROUND & PURPOSE 3
1.1 Background to the Research 3
1.2 Purpose of this Report 3
1.3 How to use the Guide 4
WORKING TOGETHER 5
2 IDENTIFYING SHARED OBJECTIVES 5
2.1 Overview 5
2.2 Five National Priorities 5
2.3 Commissioning Strategy plans (CSP) 6
2.4 A Changing Context - High Quality Care for All 7
2.5 Patient & Public Engagement 7
3 DEVELOPING THE OPPORTUNITIES 8
3.1 Opportunities for Funding to Support NHS Objectives 8
3.2 Opportunities for Partnership Working 8
4 NEXT STEPS 10
4.1 Their Patients, Our Clients Checklist 10
4.2 Our Patients, Their Clients Checklist 12
APPENDIX 13
5 FINDING YOUR WAY AROUND THE NHS 13
5.1 The Department of Health and the NHS 13
5.2 Strategic Health Authorities 13
5.3 Primary Care Trusts 13
5.4 Provider Trusts 14
5.5 The Regulators - Care Quality Commission 14
5.6 National or Regional Programmes 15
5.7 Understanding NHS Policy Drivers: The operating framework 15
6 About AdviceUK 16

1 BACKGROUND & PURPOSE

1.1 BACKGROUND TO THE RESEARCH

Early in 2009 AdviceUK commissioned Michael Bell Associates Research & Consultancy (MBARC) to undertake a short piece of research work to investigate the scope for the development of closer working relationships at a local level between advice centres and the NHS and to explore areas of advice sector activity that may be eligible for NHS funding.

The research has been undertaken at an exciting time, following the completion of Lord Darzi's Next Stage Review (NSR) in the summer of 2008 and the development of both local and regional plans to implement these reforms. Since then economic recession has hit the UK for the first time in sixteen years. Funding levels for the NHS have been agreed and are relatively secure for the period until March 2012. However, whilst funding levels are relatively secure in the short term, the recession is likely to place a range of new and increased demands upon the NHS in areas such as mental health as individuals suffer stress and other conditions arising from unemployment or insecurity at work.

Other challenges emerging since this research was commissioned, most notably the world wide "swine flu" epidemic could lead to new pressures on the NHS. For the first time in more than a decade the NHS may face a "winter bed crisis" with elective operations cancelled as beds are occupied by the elderly or infirm. Within this environment, anything that the advice sector can do to "unblock beds" (such as ensuring that people have access to all necessary benefits in order to return home quickly) will be of great assistance.

1.2 PURPOSE OF THIS REPORT

This report is about opportunities. It is entitled *"Their Patient, Our Clients – Our Patients their Clients"* because the work of the NHS can contribute to the advice sectors capacity to meet its objectives and vice versa. It seeks to highlight areas where a symbiotic relationship can be developed between the NHS and advice providers to achieve a number of goals:

- **A shared commitment to tackling poverty:** Traditional treatment services only have a very small impact upon the overall health of poor communities – on health inequality. Work on prevention of illness and tackling the root cause of ill health, in particular poverty will have a much greater impact.
- **Improvement of the patient experience and health outcomes** – many non medical issues arise contemporaneously with people's contacts with health service whether for the most tragic or the most joyful events in their lives or the many in between. The ability to address those whether causative of or resulting from the medical issues can be critical to the prevention of more serious problems or the effective recovery from or stabilisation of conditions. To be able to provide those seamlessly whether at the same time and location or by truly effective referral benefits patients and supports the aim of looking after the whole person.
- **Assistance in meeting our respective goals** – Advice services in their normal work may be able assist PCTs to meet their targets and contribute to the wider goals of the advice sector. For example, the NHS has tough

targets on smoking cessation which at times it struggles to meet. A debt agency working with a client may find referral to an effective smoking cessation service provides their client with additional money to east the burden of debt – and in turn less need to smoke.

- **Supporting Staff –** the NHS is the biggest employer in the UK with around 1.3 million employees, not all are in high paid positions and many may be eligible for benefits or tax credits. Supporting the NHS as an employer with these groups may reduce the costs of recruitment and retention to the NHS.
- **Sustainable Partnerships** - Helping advice services develop stable relationships including funding relationships with both commissioners and providers to accomplish the aims above.

1.3 HOW TO USE THE GUIDE

This Discussion and Guidance paper provides a short practical guide to the NHS and the synergies between the health agenda and advice work. While it sets out a checklist for developing a working partnership, it is no substitute for personal contact with the service commissioners, providers and potential providers or for studying local plans.

The Evidence section, provided in a separate and longer report gives a more detailed national context and presents research evidence to illustrate the contribution that the advice sector can make and a review of the commissioning plans from twenty of Primary Care Trusts (PCTs) identifying both issues and opportunities emerging from those plans.

WORKING TOGETHER

2 IDENTIFYING SHARED OBJECTIVES

2.1 OVERVIEW

The radical changes facing the NHS at a national level from a model where people became ill and went to hospital to get better to one striving to prevent illness and to maintain those who are ill in their own homes hugely expands the opportunity to develop the naturally symbiotic relationship between health and advice provision. The specific provisions of the commissioning plans of many of the PCTs further emphasise this. Advice can undoubtedly assist the PCTs in achieving their targets and in turn funding from PCTs can help advice services deliver services to more of the communities they serve. It is a relationship which should have only winners, most particularly the public, but it is a relationship which needs understanding and action to develop. This report and its supporting papers hope to contribute to that understanding.

The purpose of this section is to identify the priorities which all trusts **must** address and thus will require the commissioning of services, and those areas which are left to SHAs and PCTs to determine.

2.2 FIVE NATIONAL PRIORITIES

The five national priority areas are (summarised):

1. improving cleanliness
2. improving treatment times
3. "keeping adults and children well, improving their health and reducing health inequalities"
4. improving patient experience, staff satisfaction and engagement
5. preparing to respond to emergencies

There would seem to be a very strong role for advice and information in delivering priority 3 and possibly significant roles in 4 and 5.

2.2.1 PRIORITY 3 - KEEPING ADULTS & CHILDREN WELL

The preventative thrust of this accords well with the aims and established effectiveness of advice.

"for the NHS to be sustainable in the 21st century, it needs to focus on improving health as well as treating sickness"

Improving life expectancy in the "Spearhead" PCTs and tackling high infant mortality rates in disadvantaged groups are priorities. A full list of the 70 local authorities and 62 PCTs identified as high inequality "Spearhead" areas in included in Volume 2 of this report, *the Evidence*. Spearhead PCTs have submitted all age, all cause mortality plans (AACM) which seek partnership in tackling health inequality.

Key areas are set out to be pursued following **local** identification of need are

- Smoking reduction
- Tackling obesity
- Improving Sexual Health
- Treating drug addiction
- Improving Mental Health

- Reducing alcohol harm

Specific within these are

- prevention packages for older people
- joint plans with local authorities for a carer's strategy including breaks for carers.

All PCTs are required to consider action on cancer, stroke, maternity and children. Of specific interest to advice agencies will be the requirement to "demonstrate improvements in the experience of women and their families" in maternity and neonatal services and the child obesity and teenage pregnancy targets. Timely and confidential advice around housing, debt, income maximization, could be valuable in all of these.

2.2.2 PRIORITY 4 - EXPERIENCE, SATISFACTION & ENGAGEMENT

The agenda for advice agencies will be dominated by priority 3 but in seeking to develop a service, impact on other priorities should not be forgotten. The more advice can be accessed as a seamless part of the overall package, the better the satisfaction agenda is addressed – benefit advice available at maternity and neonatal clinics being an obvious example.

2.2.3 PRIORITY 5 - EMERGENCY PREPAREDNESS

A close relationship with advice agencies should enable health providers to improve communication, particularly with vulnerable communities in times of local or national health scares such as e-coli outbreaks or flu pandemics. There is also a role for advice in the aftermath of disasters, man made or natural. These are not pivotal roles but an awareness of them and their inclusion on in service level agreements may assist in a small way in securing funds for an overall package.

2.2.4 PRIORITIES TO BE SET LOCALLY

Programmes to be developed locally and included in Local Area Agreements include:

- Alcohol
- Dementia
- End of life care
- Mental health
- Military personnel, dependants and veterans
- People living in vulnerable circumstances
- People with learning disabilities

Reflecting diversity and seeking out those most at risk are part of the agenda for vulnerable people.

2.3 COMMISSIONING STRATEGY PLANS (CSP)

Each PCT has to produce a have approved a CSP for the coming five years detailing its goals and the initiatives it will undertake to achieve them. These detail the strategic approach to Primary Care and the changes needed in types of service and delivery of those services. These often involve significant changes in the geographic and structural arrangements of services and in who is commissioned to provide the services - "the provider landscape". Joint commissioning of health and community care services is often envisaged.

2.4 A CHANGING CONTEXT - HIGH QUALITY CARE FOR ALL

The NHS has set out ambitious plans for the future captured in Lord Darzi's Nest Stage Review (NSR): *"High Quality Care for All"* published at the end of June 2008. Each region has produced its own ten year plan based on this route map. In assessing and approving each PCT's Commissioning Strategy Plan each SHA tests proposals against the priorities of the NSR.

2.4.1 POLYCLINICS

Although not always referred to by the term in some plans, PCTs are expected to look at the development of polyclinics or polysystems, 120 - 140 of which are expected to be developed in London. Described by the BBC as "super GP surgeries"[1] these are expected to provide a much greater range of services than traditional GP surgeries. Proposed by Health Minister Lord Darzi[2] these proposals have generated considerable controversy. What is clear is that these developments provide a level of opportunity to embed appropriate advice services in centres delivering medical and community care services in a way which has not previously been possible[3].

2.5 PATIENT & PUBLIC ENGAGEMENT

The current round of NHS changes envisaged in "Commissioning a Patient Led NHS" and the NSR placed further emphasis on strengthening mechanisms for the NHS to consult with local communities. The drive to greater community consultation and engagement has been reinforced by legislation and the legislative framework is summarised in *the Evidence* accompanying this paper.

From April 2008 responsibility for some elements of public engagement was shifted to local authorities who were funded to commission Local Engagement Networks (LINks)[4]. Each local authority with a social services department has a budget for commissioning a local LINks.

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[1] http://news.bbc.co.uk/1/hi/health/6288366.stm
[2] NHS Next Stage Review: final Report NHS June 2008
[3] It is expected that the Mayor of London will call for advice services to be available in every polyclinic I his forthcoming Health Inequallity Strategy - a call likely to be echoed in other parts of the country.
[4] These were established under the Local Government & Public Engagement in Health Act 2007. The aspirations for the LINks were set out in the Department of Health's *"A Stronger Local Voice: A Framework for creating a Stronger Local Voice in the Development of Health and Social Services"* (2006)

3 DEVELOPING THE OPPORTUNITIES

3.1 OPPORTUNITIES FOR FUNDING TO SUPPORT NHS OBJECTIVES

Put simply, the NHS will purchase services which help it to meet its stated objectives. They may be purchased from public, private and voluntary and community sector providers. The agenda for prevention of illness and for maintaining people in their homes up to and including their death requires more than excellent clinical services and more than moving some clinical interventions from a hospital setting to community based venues.

The accompanying paper *the Evidence* provides examples of research to back up the view that preventing homelessness, maximising income and removing pressure imposed by creditors can improve or prevent the deterioration of health – both physical and mental wellbeing.

The PCTs have established priorities which may include:

- Geographical areas demonstrating major health inequalities. They may have identified causes such as low income. Tackling that by a targeted increase in benefit advice is an effective solution.
- Particular communities, often BME communities who do not access services except Accident and Emergency
- Particular conditions such mental illness
- Development of particular models of service

The question then becomes to what extent do we, can we or should we work with those groups? In many cases objectives are shared and advice agencies may offer access to target communities. This is not new; Mental Health Grant and AIDS/HIV funding have supported benefit advice as part of packages of care but nor is it yet commonplace and it may be up to advice services to promote the possibility.

Again put very simply, if the purchase of advice will provide the best value for their money in pursuing their objectives, it is the right thing for the Trusts to do.

3.2 OPPORTUNITIES FOR PARTNERSHIP WORKING

In addition to a simple service funding relationship, there are several areas where a partnership between advice providers and health providers should be effective.

- Supporting the public engagement agenda – the NHS is charged with delivering the health service local people want. Many agencies have long provided a forum for the aspirations of their local communities to be channelled into planning processes
- Supporting programmes that support your clients – e.g. smoking cessation, reducing drug and alcohol consumption and debt advice are naturally symbiotic – controlling one facilitates controlling the other.
- Improving access to NHS for socially excluded groups that may use advice centres. Some members of some communities find it difficult to be confident about confidential access to some services such as screening for sexually transmitted diseases. Many of these do not have to be conducted on Health premises and could be offered from advice centres.
- Getting public health message across – access to, ability to communicate with and trust within excluded communities can make advice centres an important part of the public health message.

- Advice services are not just providers of advice, they are providers of employment, of volunteer places and of training. Some PCTs target reduction of isolation and increasing employment, advice agencies can support this while delivering directly health related services.

Underlying the simple sale and purchase of a service, there is a complex underlying relationship between health and advice services, one which could be enormously beneficial to both services and more importantly to the communities they serve. Section 4 below seeks to set out a step by step approach to developing this.

Greater Manchester Centre for Voluntary Organisation (GMCVO) has developed a Health Partnership with the Greater Manchester Health Leadership Group comprising the fourteen PCTs and ten local authorities serving Greater Manchester.[5] GMCVO have appointed a dedicated Health Partnership Officer. Informing and developing the commissioning relationship between the NHS and the third sector is one of the roles of the partnership and their website[6] carries useful information and links for organisations wishing to be involved. They produced a research report in 2008 on local commissioning from the third sector - "What's Being Commissioned" and events have been held to support development of the commissioning relationship. While this covers far more than advice, it provides an example of how the relationship can be positively developed.

[5] Health Partnership, Year One Report GMCVO, October 2008
[6] www.gmcvo.org.uk

4 NEXT STEPS

4.1 THEIR PATIENTS, OUR CLIENTS CHECKLIST

This section provides some starting points for advice agencies in considering ways of developing their relationships with the NHS. We focus on PCTs as commissioners, however other parts of the NHS may also be interested in working with advice services to meet their objectives and jointly meet the needs of their communities.

Stage One- Getting Started

- What are the PCT's priorities? There is no substitute for obtaining your local PCT's Commissioning Strategy Plan. They are all on the PCTs' websites, sometimes hard to find – look under "Freedom of Information" if all else fails. Telephoning to ask for plans could make useful contacts. The evidence paper[7] which supports this report contains summaries of 20 plans.
- Are there client groups or parts of the area that are particular priority?
- Do these match my client group's area?

Stage Two – Identifying possible synergies

- Some are obvious such as income maximisation to reduce health inequality. Some are less so – keeping people in their homes longer, prevention of mental health problems.
- Synergies may be facilities not services – does a new polyclinic offer an opportunity to relocate some of your service to better premises better located in the community? Is the trust looking for non-medical settings to offer confidential services in your community?

Stage Three – possible service offerings

- What can you deliver which fits – a regular surgery to provide rapid support for people with low level mental health problems, benefit checks for everyone with a long term illness being cared for at home? The list is virtually endless but it is crucial to clearly link the service to PCT objectives.
- What stage are the plans at? Do I have the chance to influence the shape of a new service?

Stage Four – Who to talk to?

- Who is commissioning service in this area? It may be something which is collaboratively commissioned across several PCT areas and your own PCT may not be taking the lead. It may be jointly commissioned locally with the local authority or a provider trust taking the lead or indeed commissioned at practice level by a clinic.
- Is the service at the planning stage, is it being commissioned or does it exist? Do I need to talk to the planners regarding the future, the commissioners about what they will buy to meet that plan or the existing provider of the service to see if the service can be enhanced?

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[7] Their Patients, Our Clients Our Patients, Their Clients: Developing effective partnerships between the NHS & the Advice Sector in England The Evidence Report for **AdviceUK**

Stage Five – Should we do this in partnership?

- Would a consortium of agencies enable us to cover the geographic area or the range of topics more effectively?
- Are we prepared to compete with our peers in a neighbouring area? Where agencies do not work in partnership, they may be competing or crossing traditional boundaries.
- Partners may not be advice agencies. Is there a provider or prospective provider of clinical or care services with whom we could bid to jointly present a comprehensive package of care and support which includes, say, benefit screening for all hospital discharges?

Stage Six – How flexible is our business model?

- How would we react to, for instance, a suggestion that we work on a price per case, not a fixed price basis?

Stage Seven – Presenting the business case

- Do I have the evidence of benefit/effectiveness in this area?
- What would the costs be?
- What evidence will I be able to offer to show what has been achieved with the money in terms of quantity of output and more importantly quality of outcomes?
- What other benefits would there be in terms of patient engagement, health promotion, volunteering opportunities, training etc.?

4.2 OUR PATIENTS, THEIR CLIENTS CHECKLIST

This section provides some questions that NHS commissioners may wish to consider in developing their relationships with the advice sector. We focus on the potential for engaging advice providers in poly systems to meet the aspiration of ***an advice service in every polyclinic***.

Stage One- Getting Started

- What are the PCT's priorities in terms of tackling health inequalities? Are there localities within the PCT that have extreme areas of income inequality affecting health? Have you identified particular communities of interest or care groups that are particularly prone to income inequality, such as those with long term limiting illnesses?
- Do you have other local priorities where an advice service could provide support such as facilitating earlier discharge from hospital or keeping people in their homes longer, or in preventing mental health problems arising from debt etc.?

Stage Two – What's currently happening?

- Does the PCT currently fund any advice services? These may be GP based, in Trusts or for specific communities of interest (such as older people).
- What advice activities does the local authority currently fund and are there synergies between their priorities (in terms of locality or target populations) and your priorities?
- Are there opportunities for Joint Commissioning this work to provide maximum impact (for example, in Bristol the PCT is now part of the Joint Commissioning Board for Advice & Legal Services with the local authority and the Legal Service Commission).
- What are the pressures on GPs and other primary and community care services that could be met by advice agencies – for example, GPs reporting increasing numbers of people suffering stress as a result of the recession, unemployment and debt.

Stage Three – What could we do?

- How many of the people using a poly clinic would benefit from an advice service? There are models available that anticipate levels of advice need that can be used to support this work.
- What are the outcomes you would expect from such a service? Would you expect short term productivity gains from GPs if they could refer patients to advice services? Are there medium and longer term health gains from any investment in advice services?
- What other benefits would there be in terms of patient engagement, health promotion, volunteering opportunities, training etc.?
- Who are the possible service providers and what procurement models would you use?
- What are the priorities for patients in this area?

APPENDIX

5 FINDING YOUR WAY AROUND THE NHS

In this section we provide a quick guide to the key bodies in the NHS in England and their principal functions. A fuller version of this short guide is included in *the Evidence*.

The last major structural reconfiguration of the NHS took place in 2002 with the establishment of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). However in 2006 these were reconfigured reducing the number of SHAs to 10 across England and merging PCTs into larger bodies in most parts of England (except London). There continues to be change and reform - however the basic shape remains the same.

5.1 THE DEPARTMENT OF HEALTH AND THE NHS

The Department of Health is the department of state charged with *"improving the health and wellbeing of the people of England"*[8]. Under the Secretary of State there is a Minister of Health Services and a Minister of Public Health and a number of Ministers of State and Undersecretaries.

They are advised by Chief Officers (Medical, Nursing, Dental, Health Professional, Pharmaceutical and Scientific). Implementation of policy emanating from the Department is in the hands of National Clinical Directors covering fields such as Emergency Access, Pandemic Influenza Preparedness, Mental Health, Health and Work, etc.. The former NHS Executive ceased to exist in 2002.

The Secretary of State discharges his responsibilities through the NHS Chief Executive for England.

5.2 STRATEGIC HEALTH AUTHORITIES

The NHS Chief Executive is responsible for a network of 10 Strategic Health Authorities across England. They are known by the name of their respective region e.g. NHS North West, NHS London etc. The SHAs manage the NHS locally and are the link between the NHS and the Department of Health.

5.3 PRIMARY CARE TRUSTS

Every local authority or group of local authorities is covered by a Primary Care Trust or PCT. From 1st April they stopped using the term PCT in their name but this is still the legal term for these bodies but their trading names have changed from for example Manchester PCT to NHS Manchester, etc. This can be confusing but they are one and the same body.

The role of Primary Care Trusts is to improve the health of their local community. There key role is that of "commissioning" (that is, establishing priorities, identifying needs and purchasing services to meet these needs). Services are commissioned from hospitals and other parts of the health sector such as GPs and dentists. Increasingly services are also commissioned from the independent sector, which includes both voluntary and private sector providers. At present, a few PCTs still also

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[8] www.dh.gov.uk

directly provide a range of community-based health services but this will change over the next two years as PCTs concentrate on commissioning and distance themselves from the provision of services. As part of their role to improve the health of their local community they are expected to be pro-active in tackling health inequalities within the communities they serve, preventing ill health as well as ensuring the provision of services to treat illness and injury.

PCTs are responsible for assessing the health needs of their communities and develop plans for meeting these needs to ensure that NHS providers can meet national, regional priorities or local priorities.

PCTs do not necessarily commission alone. They may commission collaboratively with other PCTs over an expanded geographical area to commission specific medical services or to meet other needs. They may also commission services with other partners – typically local authorities – to jointly commission, say, a mental health service to provide both health and social care.

5.3.1 Relationship with Local Government

Primary Care Trust boundaries are, where possible, shared with local authorities responsible for social services (unitary authorities and counties) and may jointly commission health and social care services. PCTs are now under a legal duty to participate in Local Strategic Partnerships (LSP) led by local authorities. In recent years there has been a growing tendency for joint appointments at senior levels, most often joint Directors of Public Health but in some cases joint chief executives.

From next April the regulators (see below) will be assessing PCTs on the quality of their relationship with local government with top marks reserved for those that can demonstrate the closest relationship.

5.4 PROVIDER TRUSTS

Alongside the SHAs who are the system managers and the PCTs who are the local commissioners the other key part of the NHS are the provider trusts. Trusts provide hospital, mental health, ambulance services and some community-based health services.

These can be NHS Trusts, directly accountable to their local SHA or Foundation Trusts (FT) which have considerable autonomy whilst still being part of the NHS. Over time the government aims for all trusts to attain FT status (except for a few specialist trusts such as Broadmoor that are prohibited from acquiring this status).

Funding, as well as the types of treatment and services that the trust will provide, is determined with the PCTs through service agreements.

5.5 THE REGULATORS - CARE QUALITY COMMISSION

At the end of March 2009 the Healthcare Commission was replaced by a new body, the Care Quality Commission (CQC). The CQC, for the first time, brings together regulation of the health sector with the social care sector. It is currently developing its assurance process and framework and it will mark a radical departure from the approach taken by the Healthcare Commission. From April 2010 the CQC registration requirements will include the extent to which health and social care services are integrated or provide a seamless service.

5.6 NATIONAL OR REGIONAL PROGRAMMES

Whilst 80% of the NHS budget is distributed through commissioning by the 152 local Primary Care Trusts[9], there are some national and regional programmes where money is provided from the centre. This includes ongoing programmes such as research and development or workforce training to one-offs such as the high profile programme of "deep cleaning" in every hospital.

Occasionally such programmes can relate closely to the work of advice agencies. For example in 2007 the Government announced that it was making substantial funds available for "Increasing Access to Psychological Therapies" (IAPT). As the IAPT programme has been rolled out it has increasingly focussed on the mental health issues arising from the recession and as part of this work in some regions IAPT has begun to develop much closer links with debt advice agencies.

5.7 UNDERSTANDING NHS POLICY DRIVERS: THE OPERATING FRAMEWORK

The Operating Framework for the NHS in England 2009/10 sets out the national framework[10]. Themed "High Quality Care For All", this was published on 8 December 2008. It sets out three levels of priority.

- Tier 1 priorities identified as "must do" and subject to central (i.e. Department of Health) control,
- Tier 2 "national priorities for local delivery" where "strongly performing organizations" will be allowed to deliver without interference form the centre.
- Tier 3 indicators which can be selected locally for targeting action. And are not centrally monitored.[11]

5.7.1 OVERALL FINANCE

The framework asserts that *"NHS finances are now much healthier with a surplus in the system as a whole and the vast majority of NHS organizations maintaining financial balance."*[12] While levels of funding are currently assured until 2012, their future beyond that will depend on prevailing economic circumstances and decisions made by government in those circumstances.

NHS commissioners in London are committed to the World Class Commissioning (WCC) programme which is designed to improve the capacity and capability of PCTs to deliver better care, better health and better value for the populations they serve. It is worth noting that since the WCC programme was conceived the economic position has deteriorated dramatically and from 2011 the financial position is likely to be much tighter. Within this context the case for continued investment in the prevention of ill health and a focus on health inequalities needs to be reinforced. The development and provision of advice service in health settings could make a significant contribution to reducing the longer term financial burden on the health sector as well as making a positive difference to many individuals' well being.

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[9] www.nhs.uk
[10] Downloadable from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091445
[11] Operating Framework for the NHS in England 2009/10 p10
[12] Operating Framework for the NHS in England 2009/10 p8

6 ABOUT ADVICEUK

AdviceUK is the largest network of independent information, advice and legal service providers across the UK. It has a diverse membership with many agencies specialising in different areas of welfare law including income maximisation and debt advice and others focussing on the most deprived communities, including a number specialising in working with specific care groups.

AdviceUK's development team can provide assistance to NHS bodies seeking local partners from the advice world. Further details are available at http://www.adviceuk.org.uk

This publication will be made available in alternative formats on request.

6th Floor
63 St Mary Axe
London
EC3A 8AA
Tel: 020 7469 5700
Fax: 020 7469 5701
Email: mail@adviceuk.org.uk
Web site: www.adviceuk.org.uk

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