

Social Enterprise Coalition

Response to *Liberating the NHS: Local Democratic Legitimacy in Health*

October 2010

Contact: Ceri Jones

Telephone: 020 7793 2320

Email: ceri.jones@socialenterprise.org.uk

The Social Enterprise Coalition's Response to *Liberating the NHS: Local Democratic Legitimacy in Health*

Introduction

1. The Social Enterprise Coalition (SEC) welcomes the opportunity to respond to *Liberating the NHS: Local Democratic Legitimacy in Health*.
2. The Social Enterprise Coalition was established in 2002 as the national body for social enterprise in the UK. We represent a wide range of social enterprises with a combined membership reaching over 7,000 social enterprises. These include social enterprises that take a range of organisational forms including co-operatives and mutuals, housing associations, leisure trusts and charitable structures.
3. Social enterprises are businesses driven by social or environmental objectives whose surpluses are reinvested for that purpose in the business or in the community. They operate across an incredibly wide range of industries and sectors from health and social care, to renewable energy, recycling and fair trade and at all scales, from small businesses to large international companies. They take a range of organisational forms from co-operatives and mutuals, to employee owned structures and charitable models. What they share, however, is a commitment to bring about social or environmental change using a business model.
4. Social enterprises have been increasingly important players in the health and social care landscape for many years now. Well-known examples of social enterprises include Central Surrey Health, Sandwell Community Caring Trust and the Big Life Group. Government figures estimate there to be 62,000 social enterprises in the UK contributing £24 billion to the UK economy per year. There is no definitive data on the proportion of these operating in health and social care. However 'A Survey of Social Enterprises Across the UK' prepared for the Small Business Service (SBS) by IFF Research Ltd in 2005 estimates that 33% of social enterprises in the UK operate in health and social care. SEC's State of Social Enterprise Survey 2009 estimates that 9% of social enterprises operate in health and social care. Both surveys therefore demonstrate a significant contribution.

General comments

5. This White Paper and accompanying consultation documents present the opportunity to rethink the fundamentals underlying how health and social care is delivered. Their overarching aims are to put patients at the heart of everything; focus on improving those things that really matter; and empowering and liberating staff. These are very much aligned with the values of the social enterprise movement. Achieving this vision requires a greater role for organisations that support this ambition. Social enterprises are such organisations.
6. Social enterprises are based on the principles of mutualism, co-production and participation. They offer a model where people, be it staff, service users or community members are given a direct voice in running their organisation; where public assets can be locked into community ownership; and where people are empowered to transform their lives and the lives of those around them. As such they are well placed to play a key role in the future of health and social care.
7. The Social Enterprise Coalition is consequently supportive of the overarching ambition of the White Paper. We believe achieving this vision requires a complete transformation in the way in which public services are designed, commissioned and delivered. We as a sector are concerned that the White

Paper has not considered the commitment and support required to bringing about such a cultural change that goes far beyond any proposed structural reforms. This is a fundamental omission from the consultation regarding how the White Paper is to be implemented. Yet this will be critical for new and existing social enterprises to fulfill their potential to transform health and social care.

8. This includes:

- Ensuring a level playing field for the different players in this new broader NHS family.
- Creating the mechanisms to support staff to create viable new social enterprise organisations and bring about the required culture change, drawing on the extensive expertise in the sector.
- Providing a bolder ambition for patient and service user involvement that goes beyond choice to co-designing, co-delivering services.

Specific comments

We have only responded to questions with particular relevance to social enterprises.

Should local health watch take on the wider role outlined with responsibility for complaints and advocacy and supporting individuals exercise choice and control?

9. We believe there is definitely a role for an independent body to support individuals exercise choice and control. This is particularly important for vulnerable people and those organisations supporting vulnerable people. This needs to be strongly considered and supported in these proposals.
10. There are advocacy organisations and user led social enterprises with specialist knowledge on these groups across the UK who can play this role with the right support. What they require is the proper mechanism and channels to ensure their voice is heard and this is what we believe the role of the local health watch should be. Rather than playing that role itself the local health watch should provide clear and transparent channels to support the organisations such as social enterprises with expertise and trust of vulnerable people and their families.

What more, if anything could and should the department do to free up the use of flexibilities to support integrated working?

11. Joint budgets are essential in supporting greater integrated working - these need to be supported.
12. Our members have also found that often key performance indicators are designed in such a way that prevents integrated working. Often providing person centred approaches is difficult due to the way indicators are designed which may look at one part of an individual's needs.
13. For example, drug and alcohol teams' KPIs may be the number of drug users in effective treatment and supporting long term recovery by increased opportunities to access education, training, employment and housing. A service that consists of an integrated package that provides both supported housing, with counselling and family reconnection support services with employment and

training and self esteem skills may have far greater success outcomes in the longer term. However it may not perform very highly in numbers terms against these separate sets of indicators.

14. Social enterprises often take a different approach to a problem looking at a whole person solution that includes factors which will not be considered within the performance indicators. People's needs often cross a number of public service silos such as health, housing, social care, education and many others. Systems need to be sufficiently flexible to take this into consideration.

Should the responsibility for local authorities to support joint working on health and well-being be underpinned by statutory powers?

15. There is evidence that local authorities did not use their Well-being powers introduced in 2000 to their full capacity because there was no duty, only a power to do so. Between 2003 and 2007, a formative evaluation was conducted for the Department of Communities and Local Government, which examined local authorities' usage of the Power and the factors which had affected it. The summary report can be found here and, on the whole, it demonstrates that it has not reached its full potential. <http://www.communities.gov.uk/documents/localgovernment/pdf/1061446.pdf>

16. As a sector we believe that had the Well-being power been a statutory duty rather than a power this would have had a far greater impact on ensuring that well-being underpinned decision making.

Do you agree with the proposal to create a statutory health and well-being board or should be left to local authorities to decide how to take forward joint working arrangements?

17. Our experience of local authorities' joint working arrangements is that they are highly variable with some outstanding examples of joint working but the majority being insular in their approach. We are therefore supportive of the proposal to create a statutory health and well-being board and ensuring that these have representation at the appropriate level for decisions to be made, from across public agencies and the social enterprise sector and a clear strategic objective.

Do you agree that the proposed health and well-being boards should have the main functions described in Para 30?

18. Yes we agree with the proposed health and well-being board main functions.

Is there a need for further support to the proposed health and well-being boards in carrying out aspects of these functions, for example information on best practice in undertaking JSNAs?

19. The Joint Strategic Needs Assessment will be essential if we are to improve the health and well-being of our population. It will be essential to ensure that funding is directed to where it can make the greatest impact and where it is most required. As such it is essential that, where capacity may be lacking, support and guidance on best practice for JSNA is provided. This should be loose enough to account for local variations but provide a supportive framework.

Do you agree with our proposals for membership requirements?

20. In principle, the membership for the health and well-being board looks appropriate. Our experience of other mechanisms to support joint working such as the Local Strategic Partnerships is that the level of representation is also important. Where Local Strategic Partnerships had high level representation from senior officials, a clear remit and buy in, there are some successful examples of joint working. Without this they were often a forum for merely sharing information.

21. We would also strongly recommend representatives from the social enterprise sectors be included in the membership or a member of the group being allocated responsibility for the social enterprise and voluntary sectors.