



Delivering Change: Social Enterprise Health and Social Care Conference

4th November 2008, Congress Centre, London

Conference Report

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Morning Session

Dame Christine Beasley

Dame Beasley informed the audience how social enterprise would improve choice and outcomes in the NHS. To support this, the Department of Health has invested £100m in a Social Enterprise Investment Fund. She explained how the Darzi Review has dealt with the issue of confirming staff transfers and pensions during the 'Right to Request'.

She made clear that social enterprise is a key component of improving care services and offering new opportunities for staff. This will include new organisations designed to deliver highly effective services in which staff have a greater stake. Social enterprise will generate innovation and reinvest money in services. Great examples of this already occurring would be *Secure Health* and *Open Door*. Dame Beasley finished by identifying how social enterprise provides a better fit with the needs of some clients than that provided by big organisations in health and social care. This is a fantastic opportunity for freeing up Public Policy thinking on the types of service offered.

Lord Victor Adebawale

Lord Adebawale described how during the present recession in the world economy, people will move to appreciate social value rather than share value. To take advantage of the opportunities in health and social care, social enterprises must form partnerships with each other. This is because social enterprises are different to the private sector in that resources are limited. Since competition wastes resources, collaboration is the key to success.

Lord Adebawale stated how in his view social enterprise is unique because it is legally obliged to improve clients' lives. Health and social care is risk averse and social enterprise is risk aware. Social enterprise is therefore the change we need to see in health and social care. We need to encourage this proactive mindset and embed it within the sector.

Finally, there are bureaucratic advantages to social enterprise. Firstly, the Department of Health assessment focuses on partnership; secondly, World Class Commissioning will become a reality and social enterprise is how this is deliverable. The result of these elements should and will be better integrated bespoke services for end-users.

David Behan

David stated that social enterprise is a means to an end, not the end in itself. The transformation programme that has already started puts people first, and is taking adult social care in the direction of collaborative support. This supports a vision where people have more control over their care.

To enable this there will be Joint Strategic Needs assessments, commissioning to stimulate high quality responsive services, and provision of universal information. This requires putting the generation of social capital at the heart of delivery, embedding choice and control while maintaining universal services, and through this, maintaining early intervention and prevention.

David described how the individual budget pilots identified that having access to an individual budget led to people feeling increasingly in control; he evidenced particular benefits for mental health and younger disabled people although older people derived less benefit.

The questions now remain: How to commission for personalisation; how to grow innovation, for which social enterprise has an important role; how to develop the supply side; how to develop an agile and adaptive sector, and what is the future for organisations of people who use services?

Morning Panel

The question was asked how diversity can be maintained under social enterprise delivery. Both David Behan and Lord Adebowale identified that if you are heavily linked and driven by the community, you cannot help but be diverse. The importance of listening was emphasised, but Dame Beasley also identified that it is not the models that maintained these qualities. Rather, it is the individuals, and the model can only allow these individuals to flourish.

In different ways the panel agreed there had been a shift in the way in which young people are seeing themselves and the idea of public services. David Behan noted a similarity with the way Sky TV now identifies customers as communities of attitude rather than age so age is less relevant now, and Lord Adebowale suggested social enterprise will become more popular as people look away from traditional financial value as an indicator of success.

Questions from the floor covered why Department consultation on commissioning was not joined up and social enterprises do not have different kinds of support available. It was also asked how we can get commissioners looking at social enterprise and noted that it is necessary to grow the provider side of the supply chain through better commissioning.

The panel agreed it was hard to win contracts, and that now is the time when politicians are putting their weight behind commissioning. We must make strong partnerships with a clinical focus to be successful. There needs to be clarity and definition of tools so people know how to work with the system. Essentially, we must change the system so commissioners that are not successful do not succeed.

Afternoon Session

Bob Ricketts

There is major recognition within the Department of Health of the benefits of social enterprise, which is delivering change better than other previous programmes. The Department is doing many things to support social enterprise, including a £100million investment fund and running a dedicated Unit. Further, the Darzi review is supportive through enshrining the 'Right to Request'. In the future this must be supported by ensuring procurement and contracting is proportionate, and that the published competition policies embed World Class Commissioning and recognise the diversity of deliverers and suppliers.

Jo Pritchard – Central Surrey Health

Jo described Central Surrey Health, an employee-(nurses) owned not for dividend business that is co-owned by its entire staff. She described how the staff sit in a similar contract to GP surgeries and so still consider themselves in the NHS family. This was important to their identity alongside their view that they are an emergent social enterprise. Alongside the clinical leadership and co-ownership, the social enterprise status gives them control but also the management flexibility for innovation to flourish.

Douglas Johnson-Poensgen – British Telecom

Douglas Johnson-Poensgen stated that in new mixed economies, delivering services in the public sector requires a genuinely collaborative approach between different types of service providers. He described the role of private business in enabling social enterprises to scale up and manage the risks. This is achievable by indentifying the activities that are 'mission critical' and allowing private companies to support the periphery essential activities to the mission critical. For example, large private companies have a core competency of managing an extensive supply chain. He described the extensive support that BT had given the Department of Health.

Afternoon Panel

The Panel was asked how to overcome the challenges of partnership in adversely affected social enterprises. The panel stated that it is essential to be clear about your values, and that it has to have the right objectives. However, one should not assume problems exist because there is a lot of consistency. The panel also discussed the important debate of social values versus monetary value. This was clearly dependent on the business but communities recognise this difference. There is the important role of demonstrating public service values drive social enterprises and that they listen to communities. This will be taken into partnerships with the private sector.