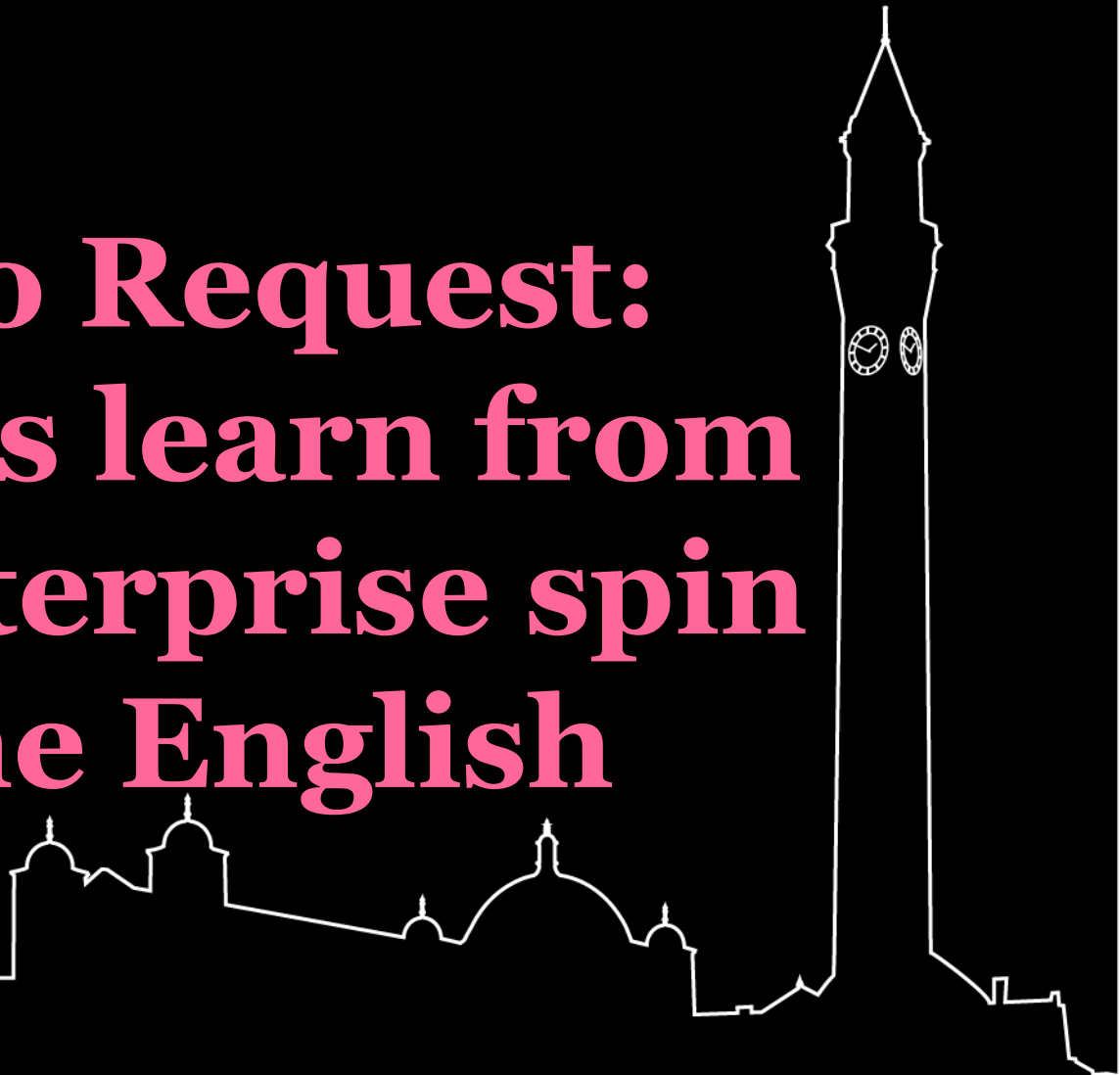


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# **A Right to Request: can Wales learn from social enterprise spin outs in the English NHS?**

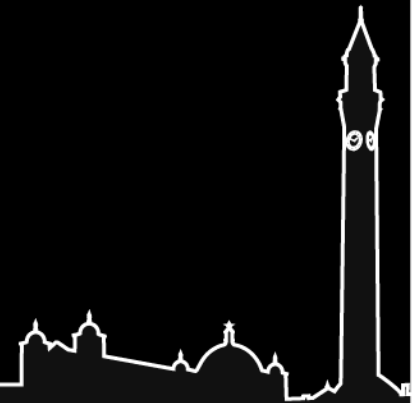


Ross Millar, Kelly Hall & Robin Miller

2<sup>nd</sup> July 2015

# Aims

- Introduce the Right to Request policy from England
- Analyse the experience of Right to Request organisations
- Reflect on learning
- Outline future research agenda



# Social Enterprise in England

- Markets... and the opening up of health services

In England...

- Transforming Community Services (DH 2009): commissioners (PCTs) could no longer deliver community services (purchaser/provider split)
- Community services: 200,000 staff delivering £10 billion worth of services



# The community conundrum...

- Future options for community health services included:
  - transfer to existing nhs acute or mental health providers
  - individual services being put out to competitive tender
  - the creation of new community NHS foundation trusts.

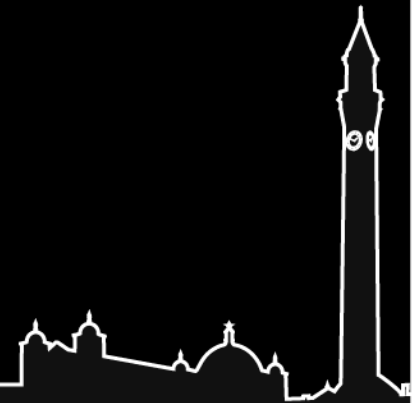
# The Right to Request option

- RtR emerged out of Lord Darzi's review of healthcare reform
- Bottom up option: allowed community health staff, rather than the PCT board, to take forward
- Staff had a 'right' to submit an 'Expression of Interest' to PCT Board
- if approved, a detailed business case was required
- If successful, three to five year contracts were awarded



# The Right to Provide option

- RtR was superseded by the Right to Provide
- The 'right' was now also open to all health and social care workers
- Staff in NHS Foundation Trusts or Local Authorities could make a request



# Other Policy Drivers

- **Social Enterprise Investment Fund (SEIF):** £120 million to support new and established SEs.
- **‘Any Qualified Provider’ (2012):** Patients can choose the care they receive and who they receive it from.
- **‘Personalisation’:** Patients receive personal budgets to buy their own care from any provider.
- **Public Services (Social Value) Act (2012):** duty on public bodies to consider social value ahead of a procurement.

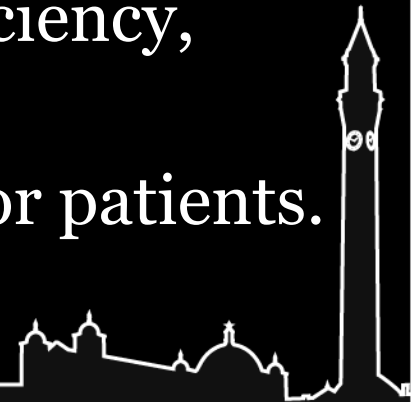


# Why Social Enterprise instead of NHS?

- Retain the positive elements of the public sector (NHS values, ethics, morals)
- Remove the negative elements (NHS bureaucracy, inefficiency, unresponsiveness)

= Greater staff engagement, innovation, efficiency, responsiveness.

= More responsive, higher quality services for patients.





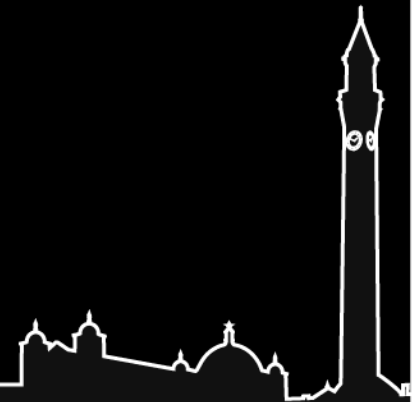
# RtR Goals

- No specific and measurable objectives for the Right to Request
- Broad aspirations...

*‘independence, flexibility and responsiveness to innovate and improve services and outcomes for patients .... increase investment in communities and improve health and well-being’ (DH 2008b p9).*



# What do we know about RtR?

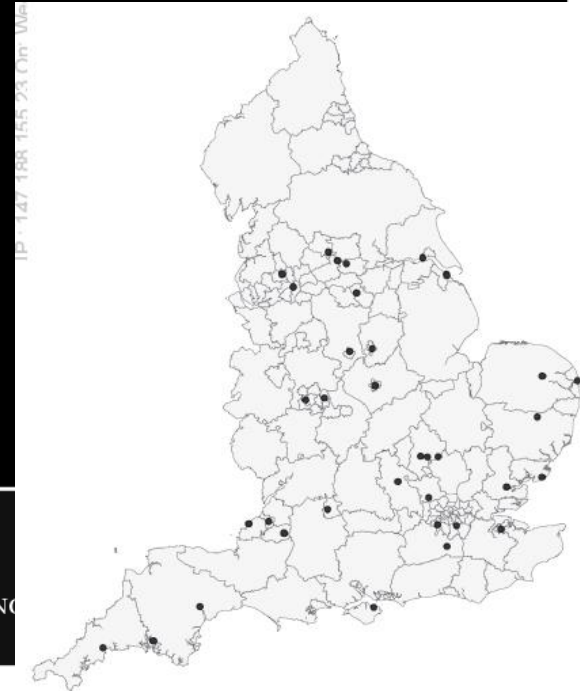


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# Impact of Right to Request...

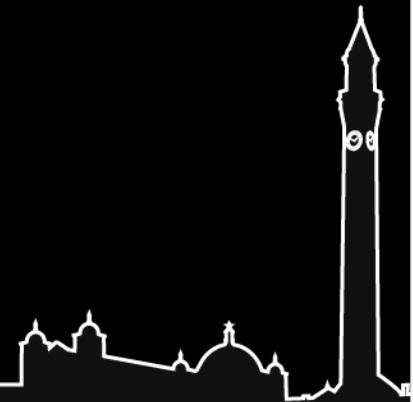
- Right to Request created 40 new social enterprises between 2009 and 2011 delivering community health services in England.
- Involved the transfer of at least 22,000 NHS workers from the public sector into social enterprises.
- Numbers varied by region.
- Size ranged from 6 to over 2000 staff.



# Why become a RtR?

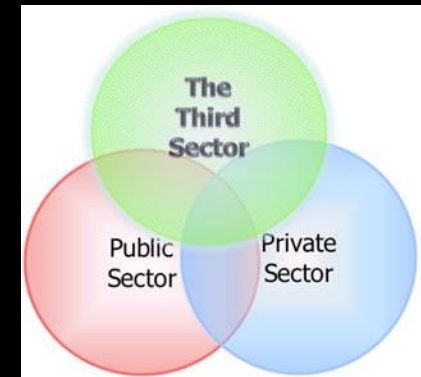
The drivers for change...

- Some inspired to achieve grassroots change, innovation, and respond to needs... opportunities
  - Escape NHS bureaucracy
- Others driven by threat of closure, merger, privatisation  
*“There wasn’t anywhere else to go”*
- Motivation: jumped or pushed?



# Implementing RtRs: a “hybrid”

- RtRs do not fit traditional mould of healthcare/public service provision.



- **Public**

*“We’re delivering NHS care, so it’s quite difficult to see yourself as anything other than a public body”.*

- **Third**

*“It’s not an NHS body, it’s not a for-profit, so by default it has to be a third sector organisation really”*

- **Private**

*“The business is merely the vehicle for getting a goal which is giving people really [good services]... it isn’t in itself the end”*

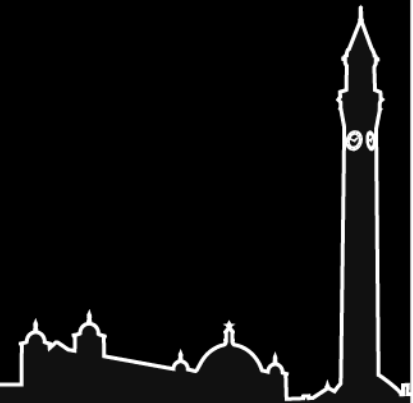


# Factors influencing RtR success

- Financial resources (esp SEIF) and business support.
- Some PCTs and SHAs receptive to SE, others were less so.
- Managers supervising services in question also appeared to vary in their response.
- Risks from:
  - Private sector competition
  - Over-reliance on government contracts



# So what can Wales learn?



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# What is it like being a RtR?

- The RtR experience is still being documented... however:
- spinning-out does appear to have opened up the possibility of changing cultures, behaviours and relationships
- embedding innovative practice and services
- But still feel part of public sector





- Engagement, argument and environmental support key to RtR success
- Without one or more of these is likely to lead to failure

Also...

- What happens if/when government contracts (approx 90% of income for spin outs) end?

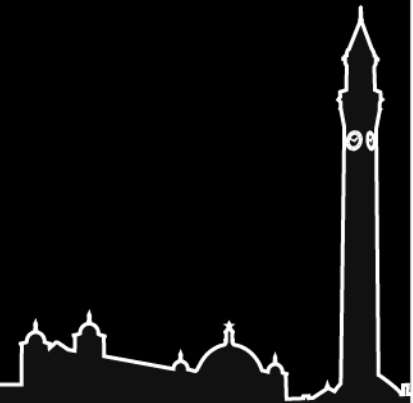


# Moving forward: a review of social enterprise as an “alternative business model”

- To identify successful policies / levers used to encourage SEs
- To examine what made these interventions successful.
- To provide practical examples of ABMs in different health and social care environments.
- To identify what the Welsh Government and other agencies can do to encourage SEs



**Any thoughts or questions?**



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