

HEALTHY SOCIAL CHANGE

Health and care: Giving control to people and communities

Briefing bulletin: September 2008

Issued by Southampton City Council's Health and Wellbeing Strategy Team

BACKGROUND

This bulletin follows on from the Healthy Social Change conference held on 16th May 2008 at the Southampton Park Hotel.

The idea of a conference was to look at initiatives which **give people more control over decisions about their health and care**, and explore **opportunities for social enterprises** to deliver these improvements. This event brought together professionals and volunteers from the Southampton and urban south Hampshire area.

The purpose of this paper is not just to report on the conference proceedings, but also to record the good ideas expressed and signpost people to find out more.

I would like to thank all those people who were involved in the event: the organisers, the speakers, the workshop leaders and all the delegates who demonstrated their enthusiasm and commitment to improving the health of our community.

If you have any questions about anything in this report or would like copies of the speakers' presentations, please get in contact with me. I hope you are able to share the findings of this report with your colleagues, so that together we can promote innovation.

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SUMMARY RECOMMENDATIONS

Key points made by delegates in response to the issues raised by speakers:

Cultural change within public services

Public services must support positive risk-taking to enable services to meet customer needs, including innovative commissioning. Health and care professionals should become better at sharing information. There must be greater transparency of health and care commissioning processes, and better links between service users and commissioners.

Engaging with individuals and communities

People need greater say, and be listened to, in decisions that affect people's lives, giving control to individuals wherever possible in decision-making and expenditure.

The need for corporate social responsibility

Our public services should be purchasing services from our local social firms. The public sector should also lead the way when it comes to investing in the health of its own workforce

Developing social enterprise

There is a need for more training and support to develop social enterprises, and also 'spreading the word' about the potential of social enterprise to deliver better health and wellbeing. Procurement processes must be friendlier to social enterprise.

Working together and promoting good work

Overall there should be more shared working and information exchange between all agencies involved in promoting better health and wellbeing, including better links between public services and our local universities. We need to ensure we tell others about the good work through local media.

PEOPLE IN CONTROL OF THEIR HEALTH AND CARE

WELCOME TO THE CONFERENCE

John Beer, Executive Director for Communities, Health and Care at Southampton City Council, welcomed speakers and delegates to the conference. People have been bought into our cities since the industrial revolution to achieve economic prosperity, but have our lives as individuals been made better? More recently, we have been addressing the connections between health and the role of local government. This conference is discussing how citizens can be given a clearer say on how services develop. It is exciting and challenging (but we need to have faith), with potentially better outcomes than the existing paternalistic system.

The theme of giving control for health and care decisions to individuals is reflected in new approaches through **Self-Directed Support, the Local Involvement Networks, Participatory Budgeting and Social Enterprise.** Read on to learn more about what this jargon really means!

SELF-DIRECTED SUPPORT

Andrew Tyson, from *in Control*, spoke to the conference about **Self-Directed Support**. *In Control* is a national organisation looking to create a new system of social care, in which people will control their support, their money and their lives as valued citizens.

Andrew explained that Self-Directed Support is about “Power to the People”. This type of support grew out of the view that the current system does not work. It is not about a social worker doing a care plan, but instead about the person who needs a little extra help preparing a plan with their family and friends, agreeing an individual budget (with the local authority) and making it happen. People are helped to do things for themselves, with service providers only intervening where necessary.

The underpinning beliefs are that people are treated with equal respect, our diversity is cherished and all people can flourish and are valued as important within our communities. One example of the benefits of self-directed support is that people can purchase their care needs within their own communities, rather than being sent off to homes elsewhere.

Most local authorities have now signed up to implementing this system. Southampton and Portsmouth are part of “Total Transformation”, which is implementing change more rapidly, building on the history of direct payments. It is an ongoing process, with local authorities learning and supporting each other.

Andrew gave an example of 19 year old Ben who has autism. Under the old system, Ben would have been likely to go into a specialist home. Through Self-Directed Support, a family member was employed as a personal assistant and he was able to live in an annex to the family home. He now has plans to move into his own home.

Andrew highlighted the importance of commissioners and providers working together, with the citizen at the centre. Large block contracts act counter to this. Rather than spend a large amount of money on a few people, we should be spending smaller sums on more people.

INDIVIDUAL BUDGETS

Find out more about a project that is helping individuals to commission services from social enterprises. See page 8.

Update on Self-Directed Support in Southampton:

In Control road shows are being held on **Tuesday 23rd September, Tuesday 14th October and Wednesday 29th October** and will run from 10.00am to 4.00pm. These road shows provide an overview of how the process will work so that you can start thinking about how you can offer clients the choice of an individual budget. To follow up these, more in-depth sessions on support planning are also being organised.

To find out more or put your name down for any of these sessions please contact:

debbie.whittle@southampton.gov.uk or angela.sumner@southampton.gov.uk

Angela Sumner can be contact about aspects of Self-Directed Support in Southampton, tel 02380 833509.

In Control is running a project called Staying In Control, which is going to look at how health funding can be used by people with an Individual Budget. Southampton City PCT has applied to be part of the project.

In Control www.in-control.org.uk

"Better communication with agencies of impact of 'In Control' to ensure flexibility and responsiveness to clients needs, rather than a 'new way of invoicing" Conference delegate

INVOLVING THE PUBLIC IN HEALTH SERVICE PLANS

Engaging the public and patients in health and care services has never been higher on government agendas. Organisations like the NHS are required to actively seeking the views of patients, carers and the wider community. Lord Darzi, in his recent report *our NHS our*

future, emphasises that NHS change should be locally led, in partnership with communities.

LOCAL INVOLVEMENT NETWORKS

Tim Gillings from CfPS gave a presentation on how the new **Local Involvement Networks (LINKs)** fit into this agenda of involving the public in decision-making.

What are Local Involvement Networks?

LINKs are a strong community voice that can influence commissioning of local health and care services.

Councils have been given the job to set up LINKs, letting contracts to host organisations. However, the LINK will be independent of the local authority. They will be:

LOCAL

- owned and shaped locally;
- based on local authority boundaries;
- driven by the local voluntary and community sector and local people;
- all manner of local groups and networks can feed into them.

INVOLVEMENT

- ensuring all voices have equal strength to be heard;
- focus on getting views of people who are not usually heard;
- together will ensure LINK members have a louder voice.

NETWORK

- opportunities to engage in different ways;
- both from individuals and groups;
- be creative – not just about meetings as this is a turn off to many people

LINKs have legal powers to require information from health services, to see services in action and receive a response to comments.

Who is hosting LINKs locally?

Both Southampton and Hampshire LINKs contracts have been awarded to the Health Advocacy Partnership Ltd.

Southampton

Southampton LINK (S-LINK) was launched on 4 September 2008. If you would like more information or how to get involved, please contact Julie Owen LINK Administrator on:

Telephone: 01225 701149, Email:

southamptonlink@hapuk.co.uk

or write to Southampton LINK c/o HAP UK, PO Box 3409, Melksham, SN12 7WS

By visiting www.communityvoicesonline.org you can register to be part of the LINK.

Hampshire

Hampshire LINK will be launched on 30 September. For more information, contact hampshirelink@hants.gov.uk, tel 0845 6002911 or see <http://www3.hants.gov.uk/adult-services/as-links>

More information

www.nhscentreforinvolvement.nhs.uk

www.cfps.org.uk

VOTING FOR HEALTH PROJECTS

Southampton has been pioneering the **Participatory Budgeting** approach to health decisions within the Thornhill community. The basic idea of Participatory Budgeting (PB) is that people should control spending decisions by discussing then voting on how money is spent on local services.

Davy Jones, consultant and associate of the national PB unit, informed the conference that although initially a radical approach, Participatory Budgeting is now recommended as a model by the World Bank as a way of engaging citizens in budget-making.

Instead of government micro-managing decision-making, Participatory Budgeting gives people control of expenditure. It can be used for small sums to start with, gradually building up confidence and trust for wider use.

Hazel Blears, Secretary of State for Communities and Local Government is committed to this approach, wanting Participatory Budgeting in every local authority area by 2012.

The power of Participatory Budgeting has been demonstrated in Newcastle. Initially young people were given the power to allocate £25,000 of expenditure. The success of the Participatory Budgeting approach has since led the Council to allocate £2.25 million through the voting decisions.

"Not just participatory budgets, participatory everything" Conference delegate

Participatory Budgeting also enables citizens to get involved in debate around local priorities and services, for example through Local Area Agreements. Indeed, using the Participatory Budgeting approach has been shown to lead to an increase in people voting in traditional elections.

Thornhill is leading the way!

The first UK health pilot of 'Participatory Budgeting' was held in Thornhill, Southampton.

Your Health, Your Community, Your Vote took place on 28 June 2008, with Thornhill residents deciding how to spend £50,000 on health and wellbeing projects. A total of 18 projects were presented to a packed hall, each of which had three minutes to pitch their ideas and secure votes of the public. Ten of the projects secured funding.

More details from www.thornhillplusyou.co.uk

"From the voluntary sector "Let us get on with it" stop giving huge sums to faceless corporations" *Conference delegate*

INNOVATION: THE SECRETARY OF STATE'S PERSPECTIVE

John Denham MP, *Secretary of State for Innovation, Universities and Skills* gave the conference a government perspective on the need to embrace risk. He talked about how risk-taking is essential to respond to the demand from customers and front-line staff for new better ways of delivering health and care services. All projects must be clear about what they are trying to achieve and apply due diligence, but within this framework risk-taking should be embraced. It must not be confused with applying blame.

John Denham talked about the traditional method for promoting innovation – someone clever (i.e. someone at the top of a hierarchy) thinks of an idea, it is developed into a model, then tested and brought to market. But he highlighted another form of innovation that changes our society: 'user-led innovation'. This is where customers or frontline staff develop innovative ideas themselves. A good example is telephone texting. It was the 13/14 year olds who developed the ways of using this new form of communication.

John Denham's tips for promoting '**user-led**' innovation:

- ❖ the culture of organisations must not suppress good ideas by customers and front-line staff;
- ❖ good ideas must be transmitted and implemented quickly;
- ❖ commissioners must give organisations the freedom to deliver the outcomes in the best way (if led by best price alone, they can not expect a great service)
- ❖ innovative procurement is needed to ensure small and voluntary organisations get a better change of bidding

In terms of tips for commissioners, John Denham emphasised that if price is the only factor in decision-making, people will be paid less and the service will not be particularly good. Identify the outcomes you want for service users, and then give the organisation the scope to provide their service. Public sector procurement (£150 billion spent) provides great opportunities to make a difference, and can create new markets for new products.

"Although innovation is important, older tried and tested things are still useful. You can't just keep trying to be innovative at the risk of getting things done" *Conference delegate*

Making a difference

As a direct outcome of the conference, it was agreed that a Directory of Social Enterprises should be created, to give people information about where they can buy services from local social enterprises. Led by Sector, and assisted by the Southampton Partnership, the Directory is available on www.southampton-partnership.com (Click Southampton Partnership, then Buy Ethical, Buy Local)

TOP TIPS FROM DELEGATES: HOW TO PUT PEOPLE AT THE CENTRE

Through workshops, delegates were given the opportunity to discuss **putting people at the centre of commissioning decisions**. Here is a brief summary of some of the main points made.

Engaging the 'seldom heard': Support informal ways of listening to people and allow people to have fun while they are accessing services.

Strengthening the third sector

Decisions that are made locally and/or involve frontline people are often successful.

Empowering users

Statutory agencies need to listen and act on what people tell them when being 'consulted'. Local citizens need to have a greater say on spending decisions.

Joint Strategic Needs Assessment

Southampton's Joint Strategic Needs Assessment for Health and Well-being 2008 to 2011 is now available setting out the health needs of the city following consultation. www.southamptonhealth.nhs.uk/publichealth/jsna

Commissioning for outcomes

Start with what the community needs (e.g. make use of the Joint Strategic Needs Assessment). Give the money to the individual, be willing to take risks and allow people to make mistakes. Recognise 'soft' outcomes as well as 'hard'.

Corporate social responsibility

The public sector must lead the way in employability and a healthy workforce. Public sector principles also need to be applied in the supply chain so that sub-contractors and suppliers also build a healthy workforce.

SOCIAL ENTERPRISES DELIVERING HEALTH AND CARE SERVICES

The afternoon session of the conference explored the opportunity for social enterprise to deliver health and care services and was chaired by **Ros Cassy, Chair of Southampton Partnership**, who set the drive for social enterprise in the context of the regional and sub-regional agenda.

SOCIAL ENTERPRISE: AN INTRODUCTION

Social Enterprise is a term being used more and more, but do we know what it means? **Dave Newton from West Itchen Community Trust** delivered an introduction. He explained that social enterprise is where society, demanding social change, meets business. It is the coming together of two worlds and in doing so creates a tension

What is a 'social enterprise'? It is a business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholder and owners.

The Department of Health's Social Enterprise Unit has identified and supported 'Pathfinders' to help deliver innovative health and social care services. The Department has also launched a Social Enterprise Investment Fund, the latest deadline for submissions was 31 July 2008.

Dave Newton highlighted that although there have been some improvements in the way services are procured, opening up opportunities for social enterprises, this is set against a bigger trend of block awarding of contracts.

Dave highlighted the need to focus on the purpose of the organisation. What is the big idea and why does it need to be delivered by a social enterprise? How will the enterprise help:

- Profit - made to reinvest
- Process - how the enterprise will work with people e.g. who you employ and support to improve their health
- Product - what you do

The Social Enterprise Model

From the Social Enterprise Foundation

The term 'social enterprise' is used to define a wide range of 'enterprises' driven primarily by the desire to create social and/or environment improvement. This is called **social purpose**. It is the social purpose that forms the fundamental difference between social and private enterprise, and lies at the centre of the Social Enterprise Model.

The Social Enterprise Model also illustrates the three fundamental values that should underpin the pursuit of the social purpose through enterprise:

- * Sustainable enterprise
- * Inclusive governance (where people are in the driving seat)
- * Social investment (an investment to society not an investor)

www.socialenterprisefoundation.org

There is often confusion between the customer and the beneficiary, and what role the customer should play in delivery. Tensions are created because the customer is (almost) in charge. Despite the difficulties, there are some very successful enterprises out there making a bit difference to people's health. Don't give up!

SOCIAL ENTERPRISE AND HEALTH **Useful documents**

Enterprising Healthcare - a commissioning toolkit for social enterprises and Primary Care Trusts provides practical information and advice about procurement processes for social enterprises and commissioning from the third sector for Primary Care Trust commissioners. From Social Enterprise London
http://www.sel.org.uk/enterprising_health.html

Healthy Business - a guide to social enterprise in health and social care, from the Social Enterprise Coalition
www.socialenterprise.org.uk/pages/healthy-business.html

COMMUNITIES AND UNIVERSITIES: SOUTH EAST COASTAL COMMUNITIES PROJECT

Local community engagement to improve health and wellbeing is being given a significant boost through the **South East Coastal Communities Project**.

Professor Debra Humphris, from the **University of Southampton** explained that this is enabling the skills of Universities in Southampton and Portsmouth to assist three projects in Hampshire. Universities have a duty to share their intellectual capital and a civic and corporate responsibility to engage with the local community.

The South East is a region characterised by some of the highest levels of income in the country, yet there are pockets of severe deprivation, particularly around the coastal region. The project aims to establish a model of collaborative funding which provides additional money for community engagement initiatives. Funded by the Higher Education Funding Council for England, the project will enable coastal communities to develop their capacity and bring long-term benefits to their health and wellbeing.

The three South East Coastal Communities Hampshire projects are:

- Developing new care services through individual budgets (see overleaf)
- Add value to the coordinated development of existing health and wellbeing activities in Thornhill (led by Southampton Solent University)
- Young People in Havant (led by University of Portsmouth)

**South East Coastal Communities:
Developing new care services through
individual budgeting**

This project is a partnership led by University of Southampton School of Health Sciences and includes Southampton City Council, Communication and Action, Carers Together and RISE Community. It aims to work with local communities in the City of Southampton to support the development and sustainability of social enterprises delivering to the needs of Individual Budget holders.

As Self Directed Support, also known as Individual Budgets and “in Control”, is rolled out we will work with people to map out the sorts of services they require but cannot source - establishing the untapped economic potential or the “gap in the market”. The team are currently engaging with Brokers and Individual Budget recipients. Further work will enable us to define what these services should look like, where they are needed and what the level of demand is. We will work to identify those stakeholders who want to be involved in ownership and governance of social enterprises meeting their needs. Ideally this will include the “customers” and members of the wider community but could also include staff.

Our role is to identify the economic opportunities and then support people to develop enterprising responses. We may also investigate alternative provision of existing services through Social Enterprise, to see if they the “customer offer” can be improved through more responsive delivery, added value or economies of scale.

For more information contact Nathan Brown,
Development Worker at Rise Computers
nathan@risecomputershop.com
Tel: 02380 878933

**PUTTING THEORY INTO PRACTICE
SCA GROUP: A LOCAL SOCIAL
ENTERPRISE**

Social enterprises such as SCA Group have grown in response to the demand for more community care. **Brian Stevens**, from **SCA Group**, talked about the way that this Southampton-based enterprise has been able to bring the Fenwick hospital in Lyndhurst back into use.

To provide some context, SCA is a group of social enterprises established in 1991 in response to the NHS and Community Care Act. By 2007/08, it has a turnover of £10m and 750 employees providing a range of care services including day care, domiciliary care, specialist transport, training and dental services in areas where there is no NHS provision.

Fenwick was a much-loved hospital in Lyndhurst, but had become run down with services transferred elsewhere. The hospital was at risk of permanent closure. SCA worked with the local community, League of Friends and Primary Care Trust in Lyndhurst to reopen the hospital. Known as Fenwick2, it has become a centre providing health-care for long-term conditions, complementary therapies, advice and respite services. A range of organisations pay rent to cover costs and maintenance, with the PCT being an anchor in terms of the rent payments.

The project was supported through a feasibility study grant from New Forest District Council, with funding for renovation received from the Primary Care Trust, a Department of Health (DH) Social Enterprise Pathfinder grant and also a DH Capital grant.

The project has been successful for a number of reasons: the local community has wanted to be involved, all parties have provided dedicated commitment to the cause, and there has been some flexible thinking on how to deal with the building as a public asset. At the heart of the project, was the social need to deliver health services within this community.

**HIGH QUALITY CARE FOR ALL
NHS NEXT STAGE REVIEW JUNE 2008**

Lord Darzi's major review of health provision in the UK included some encouragement of social enterprise provision of health services:

* NHS staff will be encouraged and enabled to set up social enterprises by introducing a 'staff right to request' to set up social enterprises to deliver services.

* By Spring 2009, all PCTs will include within its strategic plan emphasis on partnership working between PCTs, local authorities and other partners (including social enterprises) to ensure that local health and wellbeing needs are better understood and addressed.

"Health and wellbeing can be improved through community led interventions (e.g. food co-ops) in addition to health/care led responses" *Conference delegate*

The Directory of Social Enterprises is available via Southampton Partnership website: <http://www.southampton-partnership.com>
Click on 'Southampton Partnership' then the tab called 'Buy Ethical Buy Local Directory'.

"Role of universities in evaluating projects and disseminating knowledge - providing manpower for projects and learning opportunities" *Conference delegate*

**TOP TIPS FROM DELEGATES:
THE POTENTIAL OF SOCIAL ENTERPRISES**

Through four workshops, delegates discussed ***the potential for social enterprises to deliver health and care improvements***. Here is a brief summary of some of the main points made.

Understanding social enterprise

The workshop identified the two big issues as: social enterprise based provision of childcare; and the need for training and support to develop social enterprise.

Funding for social enterprise

The workshop highlighted the need to sell the concept of social enterprise to the community and encourage ethical purchasing decisions. A Directory of Social Enterprises would encourage purchasing from local social enterprises. Southampton-based *Sector* offered to co-ordinate the production of this Directory, which is now available.

Commissioning

The workshop proposed greater understanding of commissioning process for public, users and local councillors, and to be more accessible by social enterprises. Small commissioning 'pots' should be used to encourage innovative approaches to service development.

Networking

The Local Strategic Partnership should promote and better communicate the benefits and successes of social enterprises. Also, with regard to involving the academic sector, we should be working with students to support and promote community projects.

SUMMARY OF CONFERENCE RECOMMENDATIONS

The conference provided a large amount of debate and many useful and valid comments many of which cannot be included here. These comments have been collated anonymously, and are available to view to professionals working to promote better health and care delivery and supporting the development of social enterprises. Contact Dave Shields dave.shields@Southampton.gov.uk for more information. The main points were:

Cultural change within public services

The culture of our government and health authorities should support positive risk-taking (not to be confused with blame), if service-delivery is to meet customer needs. There is also concern about professional barriers from within our public services, with these organisations being very protective of their territory.

With regard to health and care commissioning, there is a need for greater transparency of processes, more support for service users and overall better links and understanding between everyone involved in commissioning. Commissioning processes should encourage innovative approaches to service development.

Engaging with individuals and communities

There are many opportunities to give people greater say, and ensure those views are heard, in decisions that affect people's lives, including:

- Supporting informal ways of listening to people and engaging with them.
- Encouraging decision-making at a local level, involving everyone.
- Handing control of expenditure to the individual. Institutions need to change processes to allow local citizens to have a greater say on spending decisions.
- Involving people working at the frontline and community 'activists'.

Statutory agencies need to listen and act on what people tell them, as well as provide feedback to customers/users about how their contribution has made a difference.

The need for corporate social responsibility

Our public services should be purchasing services from our local social firms. The public sector should also lead the way when it comes to investing in the health of their own workforce, and help demonstrate the business case for these actions.

Developing social enterprise

There is a need for more training and support to develop social enterprises, and also 'spreading the word' about the potential of social enterprise to deliver better health and wellbeing. Procurement processes must be friendlier to social enterprise.

Working with academic sector

Our universities have potential to add significant value to health and wellbeing processes e.g. by providing academic input to service development, helping community organisations to evaluate and promote their services, and utilising students as a potential resource for community involvement.

Promoting the good practice

There is plenty of local good practice, but ways are needed to promote this positive work e.g. through the Southampton Partnership and local media.

Working together

Overall there is a need for more shared working and information exchange between all agencies involved in promoting better health and wellbeing.

Thank you for reading this report and good luck with promoting better services.