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DH Department
of Health

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Social Enterprise in Health & Social
Care Debrief Report



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Introduction & background

01

Background



Encouraging social enterprises within health and social care has been identified as a key focus for the Department of Health's patient led reforms

- In 2008, the Next Stage Review (NSR) acknowledged the significance of SE by introducing a staff '*right to request*' to set up Social Enterprises
- Presently, Social Enterprise & the '*right to request*' is through published documents & organised events
- The SEU at the Dept. of Health are now looking to introduce a more developed communications campaign
 - aimed at raising awareness to the '*right to request*' amongst healthcare professionals
 - ensuring SHA & PCT clarity of their role & obligation
 - enhancing support from national stakeholders
- From this research was required to gauge understanding of awareness & understanding

The research objectives fall into three broad areas



1

Examine awareness, understanding, attitudes and interest in social enterprises amongst key audiences, including:

- Initial motivations / triggers to setting up a social enterprise
- Characteristics of those setting up social enterprises
- Key barriers to setting up social enterprises

2

Explore awareness and understanding of the '*right to request*' process amongst key audiences, including:

- Level of awareness / how made aware of social enterprises
- Understanding of social enterprises
- Key drivers and barriers to engage / call to action

3

Recommend how to effectively reach target audiences in terms of channels of communication and message content

- Key drivers to promote in communication material
- Key barriers to recognise and react to
- Appropriate / effective channels of communication

Sample design comprised of 4 x 1.5hr group discussions & 32 x 1 hr depth interviews

4 Mini group discussions



2 x Potential Entrepreneurs within Allied Health Professionals



2 x Potential Entrepreneurs within Nursing

32 Depth interviews



12 x with existing social enterprises or applied through 'right to request'



8 x Potential entrepreneurs within General Practitioner & Dentist sectors



12 x PCT Commissioners, SHA Facilitators & Provider Arms



Social Enterprise Climate

02

Social enterprise climate – the big picture

Perceptual sector issues evident across audiences

In all, sector perceptually:

- lacking in widespread cohesive clarity, saliency of Social Enterprise
- in need of dynamic momentum to engage sector, broader spectrum of influencers and supporters at large
- clarify target audience & ensure clinicians are aware social enterprise extends beyond provider arms

Social enterprise climate – the big picture

Key strategic requirements:

1

Create excitement & engage interest / understanding amongst:

- Broad spectrum of influencers & enablers
 - Strategic Health Authority through to clinicians
- Convey the true social impact of the model

2

Enable and empower would-be social enterprises involved to:

- Self learn and understand more about personal opportunities
 - convince it is for them and is a viable / sustainable path to take
- Put ideas into action

Social enterprise climate – the big picture

4 broad steps to achieving these strategic aims

1

Create excitement & engage interest / understanding

Promote distinctive, dynamic positioning that establishes unique purpose / role and sets apart from existing offerings

2

Drive saliency and understanding that inspires and convinces of sector viability and sustainability across target audiences

Enable and empower would-be social enterprises involved

3

Enable self investigation and understanding of personal opportunities – instil belief that *'I too could do that and make it work'*

4

Empower with easy access to professional social enterprise services & support

- Give a sense that support exists & appropriate bodies are behind social enterprise

Audience Overview

03

Audience Overview



Potential Entrepreneurs
within Allied Health
Professionals



Potential Entrepreneurs
within Nursing



Potential entrepreneurs
within General
Practitioner & Dentist
sectors



Existing Social
Enterprises & applied
through 'right to request'



PCT Commissioners,
SHA Facilitators &
Provider Arms

Strategic Health Authority - bought into the ethos of SE



Fully au fait with the big picture & ethos of Social Enterprise

- Driven by an internal 'innovation agenda'
 - of which SE is considered an integral part
- Appreciative of the rationale & benefits to the both health & social care
- Social Enterprise seen by most as a mechanism to help update & innovate the NHS
 - one of many solutions to streamline the NHS
 - *“I can appreciate some people feel it is privatisation but I don't see it that way...the NHS is changing and Social Enterprise is a great format for many provider arms to become more flexible”*
- More considerate of the ethical / long term benefits of Social Enterprise
 - *“I fundamentally believe in what SE offers...it's the right way forward for the NHS”*

Primary Care Trust – understanding yet confusion surrounds the ‘why’



Understanding of how SE works but limitations to the ‘why’ & ethos behind it

- Feeling of being pressed into involvement in some instances
- Invariably consider SE as one of many options available
- Understanding & appreciation driven by a number of core factors
 - experience / personality / background of the individual etc.
 - some impartiality, however many offering personal views
 - which can often be negative
- PCTs invariably closer to the ‘ground’ & appreciative of the needs of those involved
 - able to decipher which audiences require more support & advice
 - understanding of the individual needs & requirements of provider arms
 - able to decipher whether Social Enterprise is indeed the best option available



Provider Arms – two broad categories exist



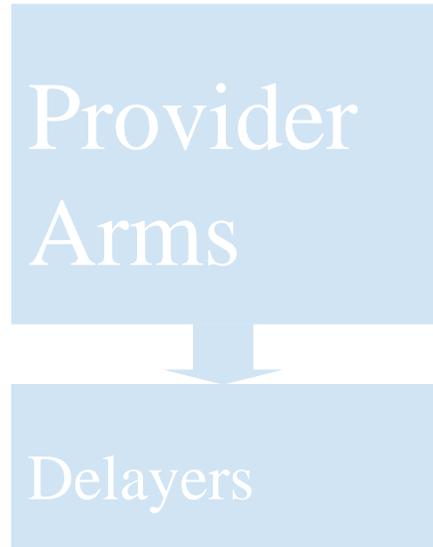
Invariably provider arms are divided into two broad categories:

1. Active considerers

- Those who have considered the options available to them
- Management invariably entrepreneurial in mindset
 - often had experience of private sector, therefore comfortable with a variety of business formats
- Aware of the options available outside of Social Enterprise
 - have done their homework
- Fully immersed in the idea of Social Enterprise & its ethos
- Inclusive of all staff, often from the outset
 - aware of the need to have staff behind the idea & involved



Provider Arms – two broad categories exist

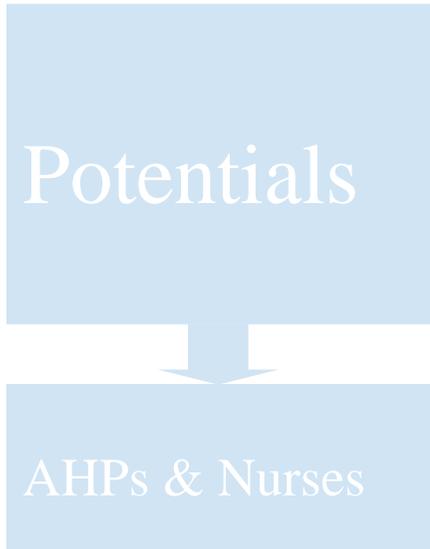


2. Delayers

- Awareness tends to be limited
 - those aware have varied understanding
- Tend to be awaiting confirmation from Dept of Health as to the likely options available to them
- Rationale for this tends to revolve around many concerns:
 - pensions and terms & conditions
 - degree to which the level of service will change
 - generally considered an alien proposition in comparison to much of the NHS
- Management have either yet to buy into the process of gaining knowledge or decided to bide their time
- Less entrepreneurial mindset
 - often been within the NHS all of their careers
 - somewhat risk averse in nature



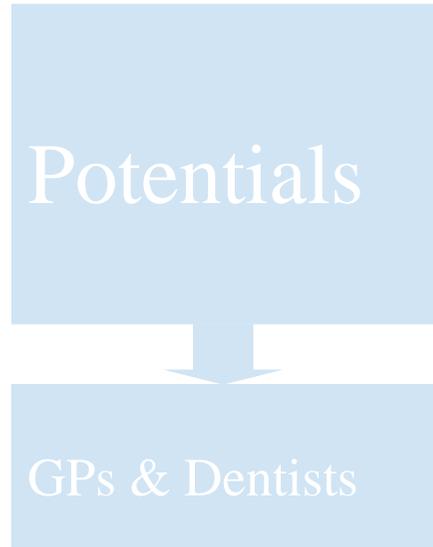
Potential (AHPs & Nurses) – limited awareness of Social Enterprise



Little to no awareness or understanding of SE

- Although awareness of the concept is low many spontaneously appreciative of benefits of SE (albeit without knowing it)
- Spontaneously suggest there is a need to improve:
 - flexibility
 - bureaucracy
 - end patient outcome
- However, the idea of starting their own SE a scary proposition for most
 - *“I’m a nurse not a business woman...I’d love to improve the service to patients but I wouldn’t have the first clue about setting up my own offering”*
- Those aware do not consider it is an initiative aimed at them
 - rather it is aimed at provider arms
 - stemming from perceptions & communications stimulus

Potentials (GPs & Dentists) – varied awareness



Awareness varied

- GPs can see a place & benefit in SE
- Tend to be relatively entrepreneurial in mindset, therefore appreciative of the model
 - regularly see the opportunity / benefits that SE offers in everyday life
- Most used to working outside of NHS regulations therefore open to the idea of life outside of the NHS
 - already working privately
 - appreciative of the removal of NHS bureaucracy
- Dentists tending to be less appreciative of the concept
- Struggle to see the benefits for them or their industry
 - invariably became dentists to make money rather than for the social good
 - *“Social Enterprise sounds like private dentistry without the perks”*

Already running / setting up a Social Enterprise – invariably driven innovators with a social conscience

Already
running /
setting up



Unsurprisingly vast awareness

- Initial awareness attained via a wide variety of formats
 - word of mouth / workshops / presentations / networking / publications etc.
- Social conscience key rationale for SE set-up
 - see the need & want to offer a solution
- Innovators / entrepreneurs by nature
 - hugely driven (often mavericks)
 - have discovered SE as an option irrespective of PCT involvement / promotion
- Remain firm believers in SE
 - however, questioning that SE should be targeting all clinicians
 - ultimately believe that starting a SE is driven by enterprise combined with social awareness not the latter alone
 - suggesting that entrepreneurial clinicians are few & far between
 - *“I’ve been to SE forums and of 100 clinicians attending there are 1 or 2 who are genuinely entrepreneurial enough have the inclination to set up a social enterprise”*

Audience summary



SHA	<ul style="list-style-type: none">■ Fully bought into the ethos & understanding of SE■ However, slightly more removed from the 'ground'
PCT	<ul style="list-style-type: none">■ Although aware of the detail, struggle with the ethos & often yet to buy into the core rationale behind SE
Provider Arms	<ul style="list-style-type: none">■ Divided into two core categories – those who have bought into the process & those awaiting stimulation / information
Potentials	<ul style="list-style-type: none">■ Nurses & AHPs low awareness & unappreciative they are a target audience■ GPs & dentists more appreciative of the concept & ethos
Already running / setting up	<ul style="list-style-type: none">■ Hugely driven & motivated entrepreneurs■ Fully immersed in the ethos of SE■ Motivated by their social mindset & entrepreneurial drive



Barriers & Benefits

04

Delayers within provider arms concerned with the unknown

Provider Arms



As said the 'Delayer' audience are much more questioning of the idea

- Size
 - are we big enough?
 - is there evidence to show it works and is comparable to us?
- VAT – something alien to many
 - having a huge impact on the economic viability of the enterprise
- Trade unions
 - invariably negative towards the concept
 - a challenge to convince
- Exposure to risk
 - loss of safety net of the NHS
 - managing our own cash flow
- Challenge of taking the workforce with us
 - need help in convincing

Delayers within provider arms concerned with the unknown

Provider Arms



- Shift in priority
 - will we have to become bottom line focused versus patient focused?
 - a shift in mindset

 - Ultimately provider arms require reassuring & convincing it is the right route (or at the very least a viable route) to take
- 
- Once convinced they require support in convincing downwards
 - staff
 - unions etc.....

Barriers & concerns for AHPs & nurses are numerous

AHPs & Nurses



“Is this privatisation?... what will happen to the NHS”

Many concerns are raised at the outset:

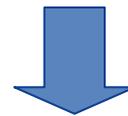
- Pensions
- Retention of terms & conditions of employment
- General job security
- Retention of NHS working practices
 - although many frustrations exist working practices are generally considered positively
- Support mechanisms
 - concern they will have to do an array of ‘other’ jobs
- Loss of values / links to the NHS
 - NHS seen by many to be a family – concern this will be lost
- Loss of connection with other NHS bodies
 - *“will we be able to rely / use NHS bodies we currently rely on?”*

Unions need to be targeted & involved in future communications



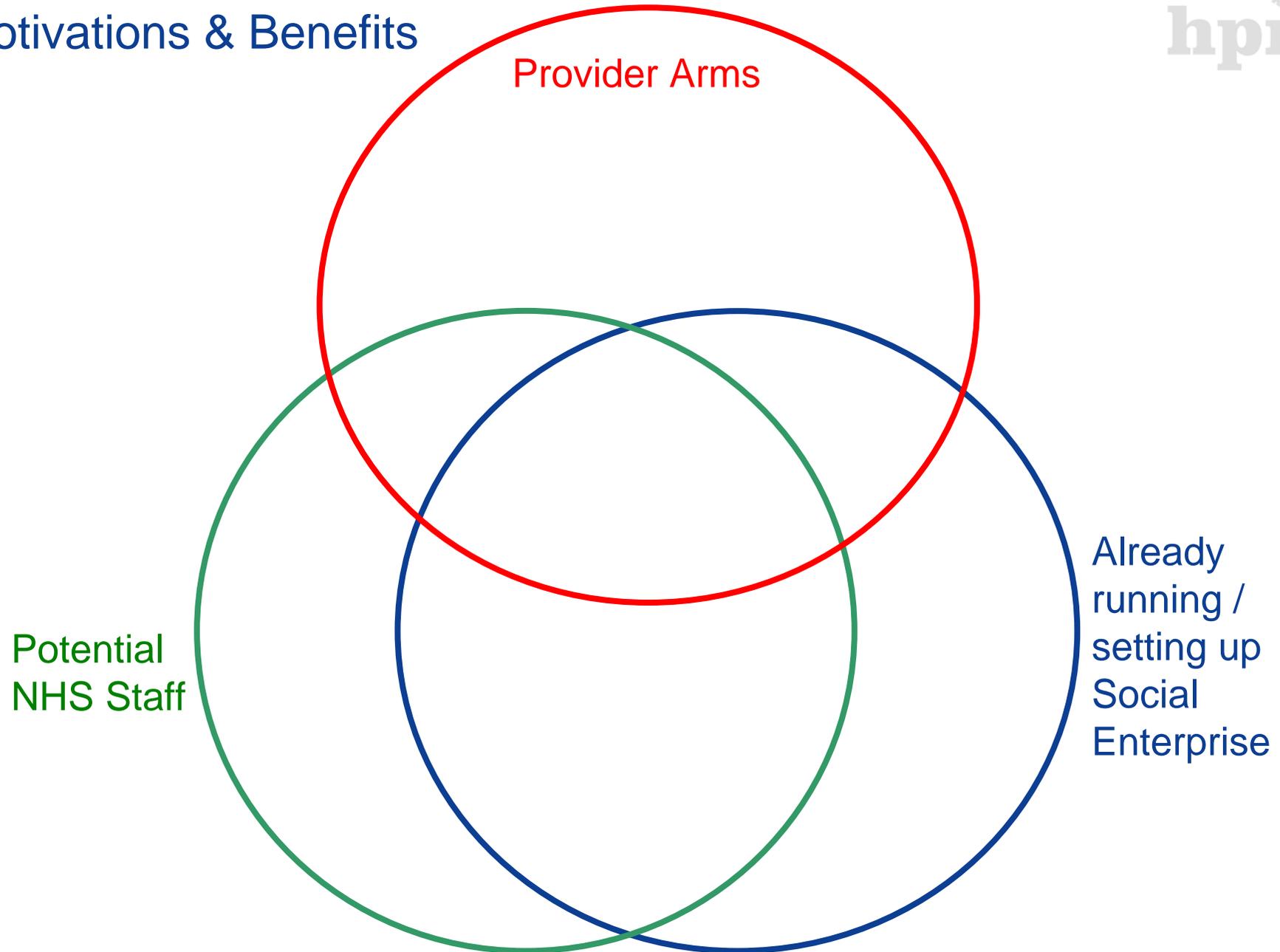
Hugely influential audience

- Much of our sample suggested unions could & do play a role in any movement into a social enterprise
 - particularly relevant for provider arms

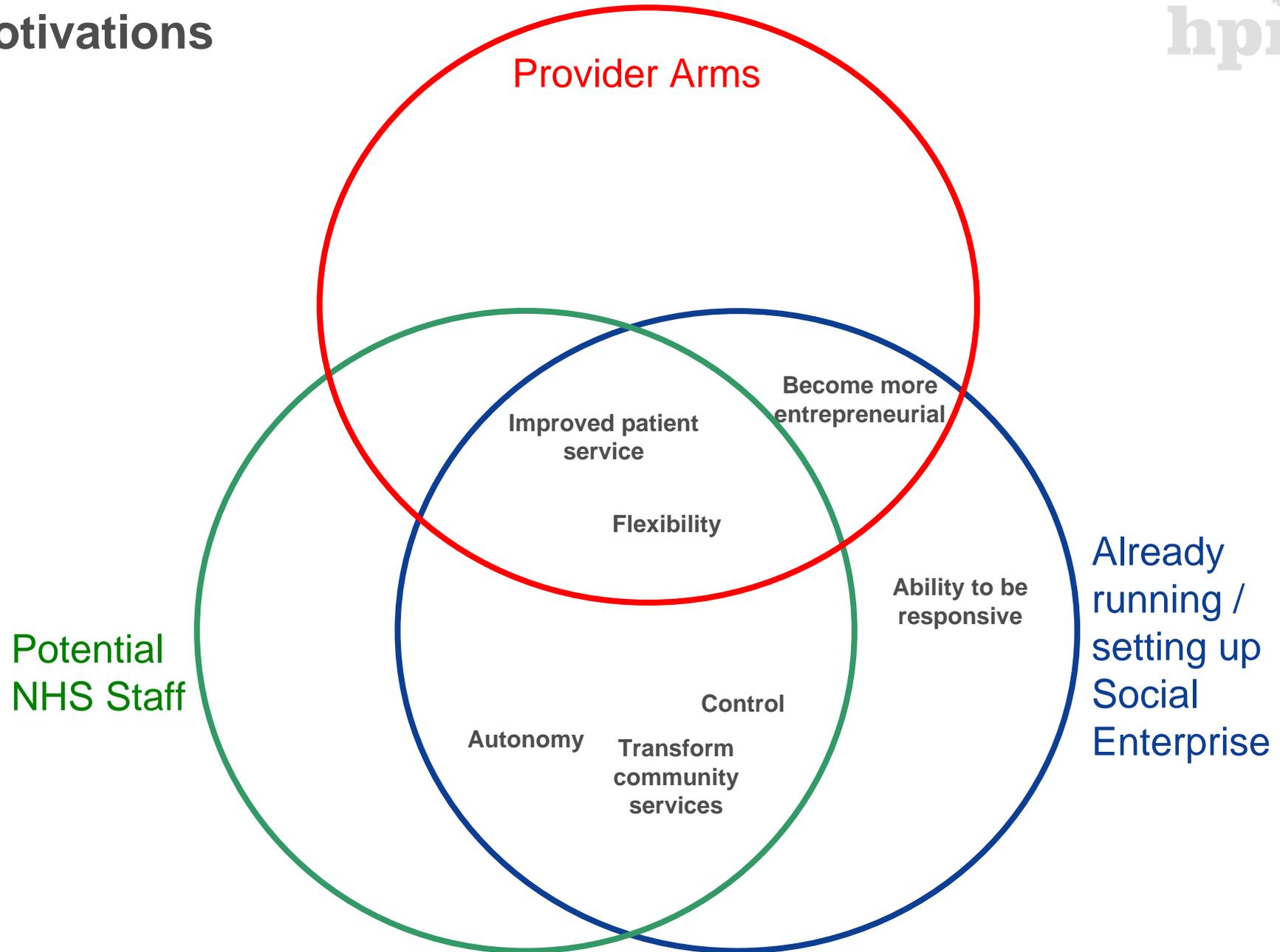


- They have the ability to scupper any proposed Social Enterprise (within provider arms)
- Often due to lack of information or indeed misinterpreted understanding
- Likelihood much of this audience will be 'hit' via communications directed at both provider arms & clinicians

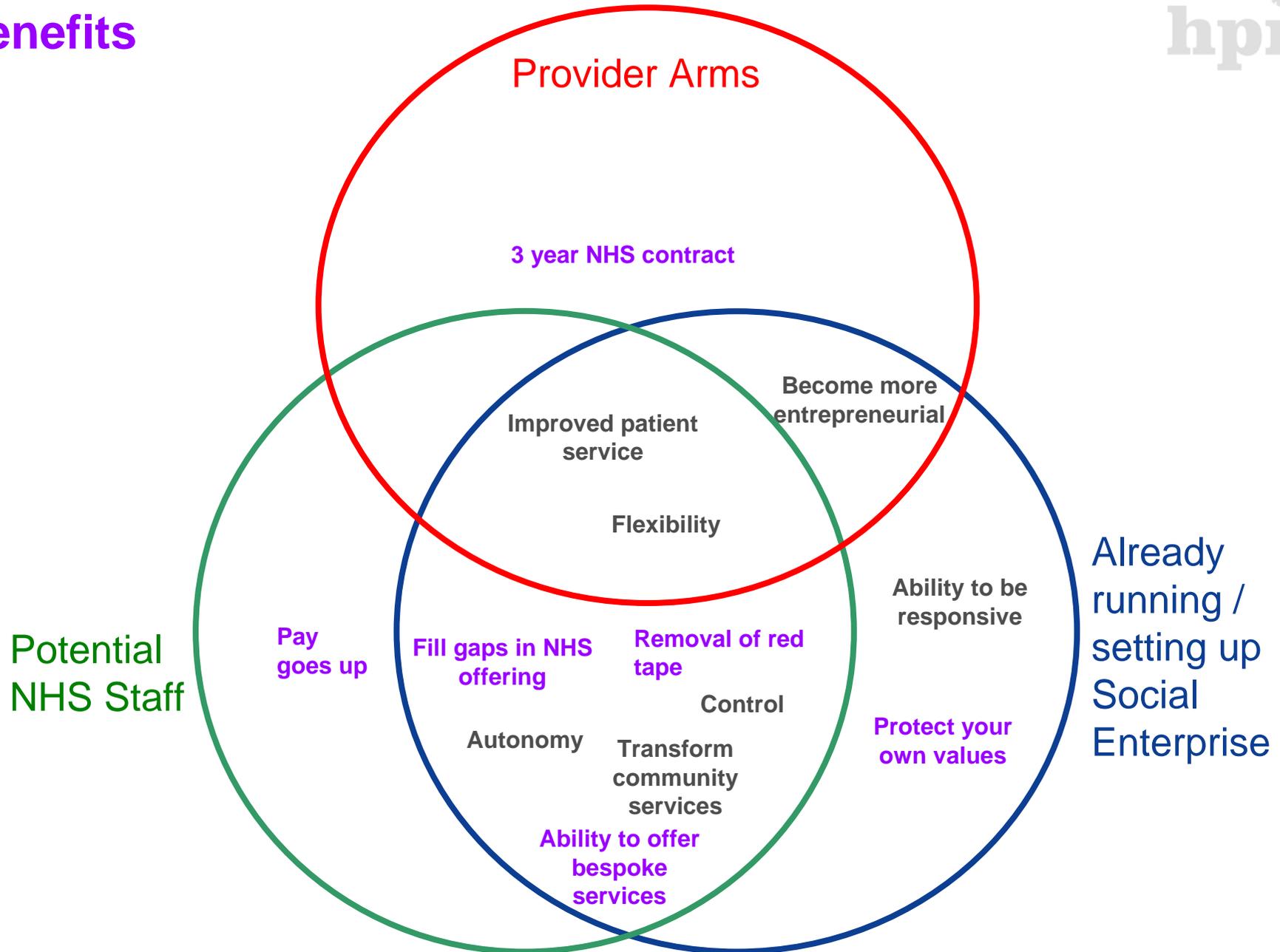
Motivations & Benefits



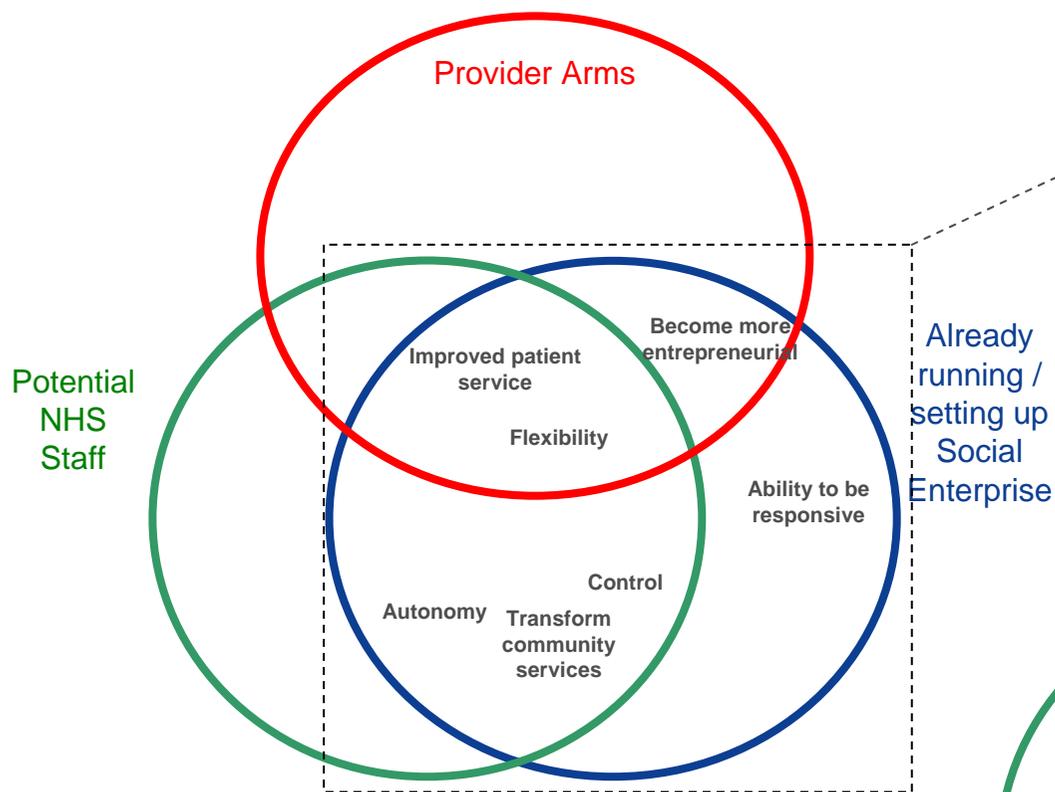
Motivations



Benefits



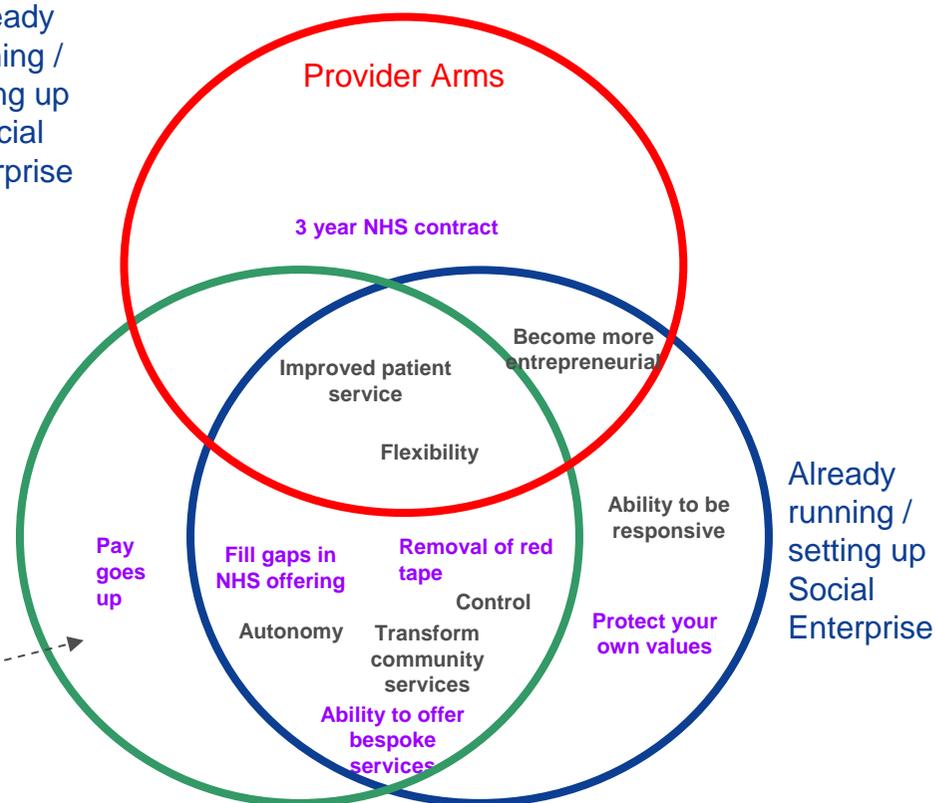
Motivations & benefits



'Entrepreneurs' engaged in the ethos of SE have many motivations in comparison to those yet to fully buy into the idea.

Highlighting the need to increase understanding of SE amongst these audiences

Unsurprisingly, benefits that refer solely to a particular audience are personal, whereas those that are shared are for the community



Right to Request



05

Right to Request 'concept' generally considered positively

I've seen it before where other clinicians have considered setting up on their own, they've been threatened with the sack
Nurse

Awareness of Right to Request varies across audiences

- Clinicians in the main unaware
- Provider arms much more familiar with concept & rationale behind it

However, once aware the general concept felt to be a good one

- Offering a degree of officialdom to the process
 - a reassuring safety net outside the NHS
 - Right to Request means the PCT have to consider our application
- Especially important for nurses / AHPs to reassure
 - given that some are concerned that management would be unimpressed if they were to consider setting up a SE
 - some going as far as suggesting management would sack them if they were to consider setting up on their own

Who would I go to with an idea? I couldn't go to my managers...I'd expect them to be totally against it
Nurse

One size fits all framework an issue

I agree with the principle of the right to request but it can't work the same for a clinician & NHS management... they both have very different skill sets & understanding of procedure, they need to be able to work in their own parameters
PCT
Commissioner

As with many new processes teething problems exist

- PCT through to entrepreneurs find it confusing
 - everyone learning as they go

Existing Right to Request felt to be a one size fits all framework

- Consensus that NHS staff & management are used to structure & process
 - therefore welcome the idea of an official procedure / framework
- However, Right to Request felt to lack in suitability for both clinicians & provider arms
- This ultimately results in many feeling that the process is constrictive & narrowing
 - can be off-putting, especially for less business savvy clinicians
- Ultimately Right to Request must convey a degree of flexibility yet offering the much expected structure

Right to Request - Key messaging channels

Word of mouth



Word of mouth is *incredibly* powerful

- Clinicians more easily reached through discussion with peers & colleagues
- High regard placed on personal recommendations and assistance
- Filtering information through PCTs and managers is by far the best way to reach clinicians on the ground
- *'It's a drip feed effect. That's the best way to reach us. I'm more likely to listen to something someone says than something written down. The written stuff is great when I'm already interested, but that initial hook, is more impactful if its been recommended to me'* – potential dentist
- *'More can be done to sell the sizzle and not the sausage'* – applying to set up a SE
- *'They need to engage people in dialogue, that's the best way to get the message through to us'* – prospect nurse

Right to Request - Key messaging channels



Case studies

CASE STUDY

SALFORD HEALTH MATTERS

Background
Salford Health Matters was born after Salford PCT saw a need to seek alternative providers to deliver the services of three of its general practices. The high morbidity and mortality rates in the practices, combined with high levels of deprivation, meant that the traditional medical model was not the most appropriate to address health needs. Salford Health Matters is a Community Interest Company (CIC) whose mission is to add years of life to 50,000 people in Salford. The organisation has a strong list of values to underpin its work and each member of the organisation is accountable for living these values which include creating an environment in which people can flourish and give their best and treating everyone with dignity and respect.

Why Community Interest Company?
When considering which legal form to adopt, Salford Health Matters considered all the options from an industrial provident society to a private company limited by shares. They decided to become a CIC as it reflected their values. They wanted the entrepreneurial aspects of a private company and also wanted to uphold the values of the NHS and reinvest any surplus back into the community rather than take it as dividends for shareholders. The CIC legal structure allowed them to do this. The fact that a CIC has social mission and asset lock that is regulated allows Salford Health Matters to keep their social values at their core. So far being a CIC has not placed any limitations on the type of contracts available to them and their CIC status allows them to bid for work from a variety of sources, such as New Deal for Communities and local authorities, and they have the option to apply for both grants and loans. The multi-professional nature of Salford Health Matters means that decisions are made by a wide range of professionals and by representation on the board combined with a firm commitment to

engage with patients and the wider public. This means that there is genuine public involvement in strategic decision making.

How being a CIC has affected staff and services
Dr Ann Smalldridge, Group Director, says that the challenge has been to show staff transferred under TUPE what opportunities the ethos of the organisation offers them in terms of working outside of traditional roles. New staff, however, who applied specifically to work for Salford Health Matters are certainly committed to working in a CIC as they feel that their efforts are for the benefit of the community rather than for "fat cat directors". They are excited by the possibility of innovation and expansion of their roles by being outside large NHS organisations. Whilst it is still early days for the organisation, they expect that being a CIC will allow them to develop new services that patients would not otherwise have access to. They are developing a social prescribing project in partnership with another local social enterprise that allows assessment of patient's needs for education, social contact, exercise, diet and other support to improve their health and well-being. They are also developing a 'gardening on prescription' project at local allotments, which is being fully evaluated to demonstrate reductions in medication use and improvements in blood pressure, cardiovascular risk and mental health. Over the next three years Salford Health Matters plans to expand the business to take on more practices and services in the Salford area. Dr Ann Smalldridge believes that the flexibility and innovative nature of their organisation fits well into the world class commissioning agenda and is well placed to bid for and run the new 'nazi' centres that are planned across the country. As a social enterprise, they demonstrate local leadership, collaboration with community partners, engagement with public and patients, collaboration with clinicians and the promotion of improvement and innovation.

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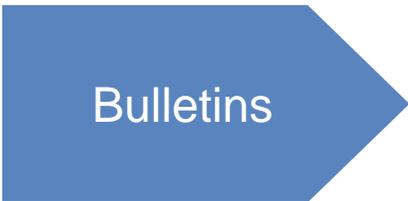
Working well for all audiences

- Inspiring / motivating & if relevant can be highly engaging
- *“it brings it to your level, inspires you. Particularly if it is a similar business type it gives you confidence”* – Already set up a SE
- Personal testimonies from perceived likeminded people working well to help visualise
 - helping along the learning curve
 - essential to cover a range of mindsets & typologies
- Visually impactful imagery of ‘front line clinicians’ working well to engage & bring to life

Important however to give honest and real explanations

- Appreciating barriers and hurdles rather than simply giving a ‘rose tinted’ explanation of the success stories

Right to Request - Key messaging channels



Mixed reactions towards bulletins

- Hit & miss with clinicians
 - many suggesting they only read sporadically
 - some bulletins considered negatively e.g. Nursing Times
- Low positivity to advertising in AHP and CNO Bulletins given low noted awareness or readership
 - additionally, some suggestion that readership is predominantly higher level clinicians
 - therefore, lower clinician levels missing communications
- Suggested bulletins:
 - professional body bulletins
 - 18 weeks bulletin
 - internal bulletins / newsletters
 - within pay packets



Right to Request - Key messaging channels

RTR
full guide

Muted response to the current Right To Request information booklet

- Language overly dry – lacks engagement, excitement or motivation
- Language and content overly complicated – a little ‘fluffy’ in places whilst complicated language in others
 - *‘It’s typical Department of Health speak. Gobbledigoop. Doesn’t make sense to a clinician on the ground’* – SHA
 - *‘It’s patronising, it’s not exciting. What does it even mean, what is it actually saying??’* – potential GP
- Case studies highly motivating
 - however, current overly positive approach consider flaky
 - additional information on hurdles, concerns and barriers required
- Lacking in visual imagery of ‘front line clinicians’
 - current images of suited individuals fails to engage, motivate or portray relevance

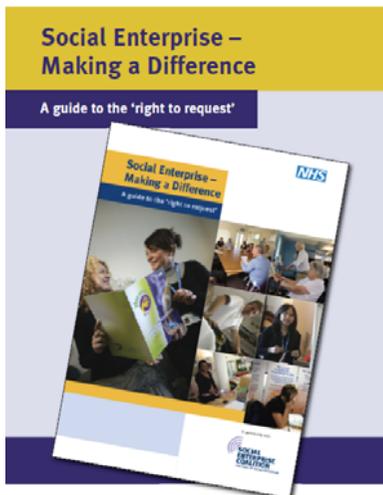


Right to Request - Key messaging channels

RTR summary guide

A welcomed piece of documentation

- A brief introduction to Right to Request – ahead of full booklet
- Case studies again working well



However, a few improvements were considered necessary

- More succinct explanation of Right to Request – current explanation a little vague and lacking clarity
- Suggestion that a clear description of SE should come first, before explaining 'right to request' (i.e. on left hand side of page)

Right to Request - Key messaging channels



Guardian supplement



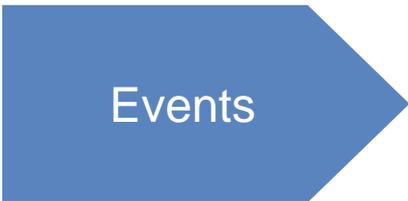
Mixed response to Guardian supplement – many question if relevant audiences would read / see

- Although appreciative of the more socially minded readership the mechanism generally felt to be too mainstream
- A few did feel more mainstream advertising was a good idea
 - however, as a resource for the general public rather than to drive interest and understanding amongst NHS staff
 - as such less relevant as Right to Request communication, more suited to a general awareness communication

Not surprisingly however, overall takeout from the Guardian supplement was that the greater the number of channels used the better

- *‘Little bits of information here and there mean that by the time they hit you with the detail you already have an understanding of what it’s about’ – potential nurse*

Right to Request - Key messaging channels



Events



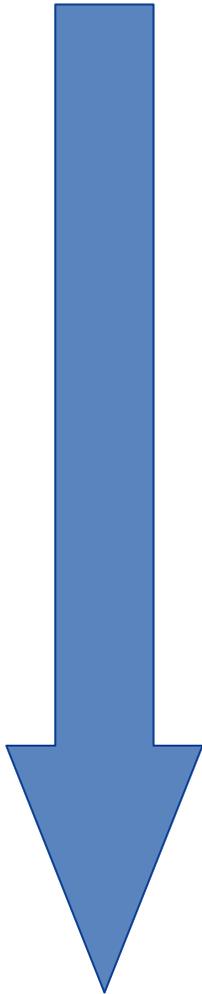
Events and workshops considered a strong hook of high appeal

- Opportunity to ask questions and hear directly from those with experience
- Hearing success stories creates interest, motivates and inspires
 - *'It's more than just the information you get [at an event], it buoys you up, gets you interested'* - already set up a social enterprise
- Opportunity to show established groups on board – such as SE coalition, unions, professional bodies, local PCTs etc.

Roadshow style events most positively endorsed – taking information to staff

- A variety of events covering all areas also welcomed
- General information events through to specific workshops for those filling out business plans

Right to Request communication...



Although important & considered a 'way in' for many clinicians, the communication of Right to Request is less pivotal at this juncture

Ultimately communication of 'right to request' needs to come after:

- General awareness has been established
- Buy-in to Social Enterprise ethos has been achieved
- Benefits & hurdles are understood & considered
- Recognition that a support mechanism exists



Communications

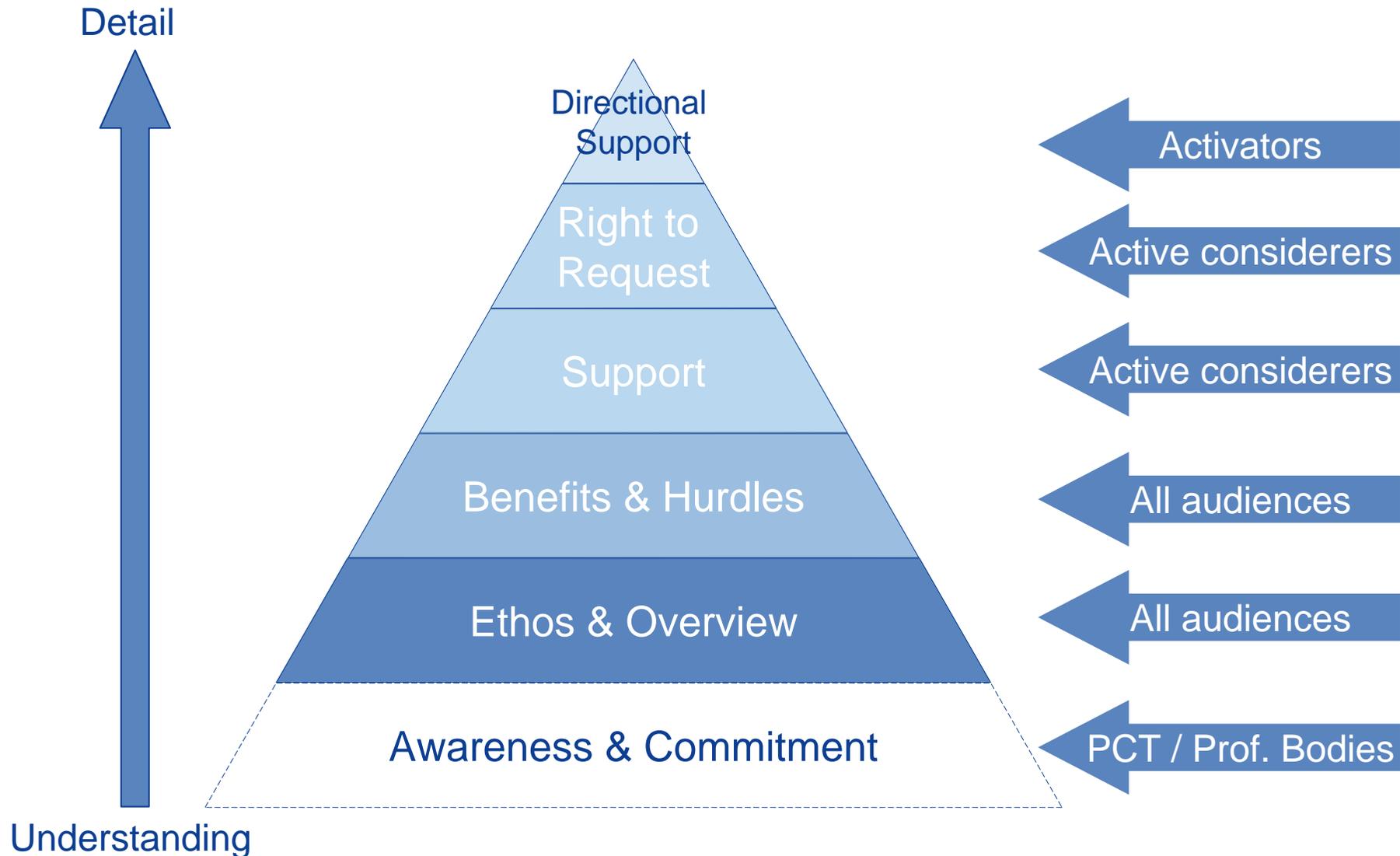
SE lacks clarity in definition for much of the target audience

A real need to create clarity in health & social care sector

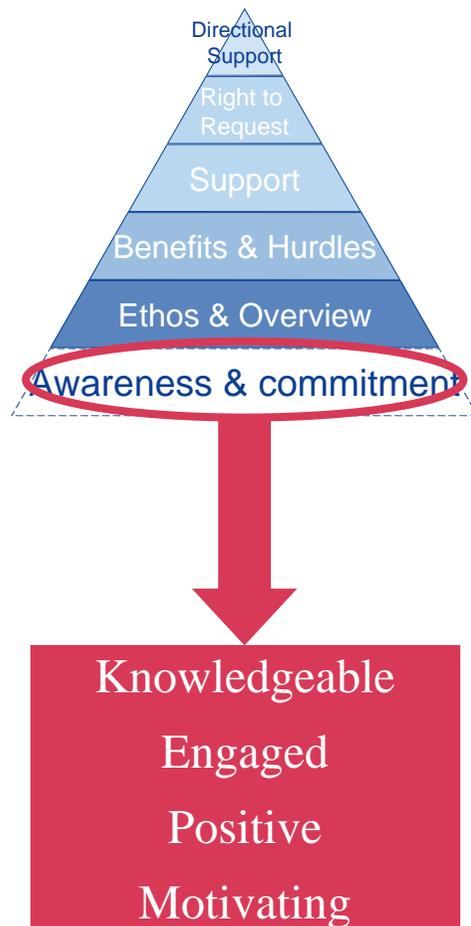
Defining who it is for & reassuring the central drive behind it

- Feels very vague / woolly
- Uncertainty regarding:
 - where / how it fits in
 - what distinctive role & values are vs. APO / CFT etc.
- More often aligned / confused with
 - privatisation through the back door
- Question managerial commitment to concept
 - is it another Dept. of Health initiative that won't come to anything?!
- Suggestion that the Dept. of Health is the wrong driver behind SE (mainly GPs & dentists)
 - professional bodies such as British Medical Association considered to offer greater credibility & reassurance

Communications strategy is pivotal to the success of Social Enterprise within the health service



Awareness & commitment - PCT/Professional bodies



PCT & professional bodies 'buy-in' is essential to the future success of Social Enterprise & its subsequent communications

- As said PCT warmth & understanding towards SE is varied
- Therefore getting them 'up the learning curve' & 'on board' is essential
- They can often be the first port of call for any aspiring SE
 - therefore they must be armed with the appropriate information
 - coupled with the appropriate level of warmth towards the concept
- Any potential SE must feel from the outset that support is both available & convincing
- Pivotality without PCT buy-in many potential entrepreneurs & provider arms are at risk of dismissing the concept out of hand

Communication of awareness & commitment

Appropriate messages:

Create awareness of the benefits of Social Enterprise:

- *'The ability to provide a rapid / more focused response'*
- *'Enabling greater flexibility of finances'*
 - suggested messages - highlighting elements of SE that will resonate well and create further engagement

Indicate the commitment of the DH / SEU to Social Enterprise:

- *'The DH Social Enterprise Unit has invested, to date, more than £20m in 150 Social Enterprises in health & social care'*
 - giving an indication of the scale of Social Enterprise

Indicate the support available to them as 'commissioners'

- *'A one stop service has been established for PCTs in the support & development of Social Enterprises. This includes a panel of relevant organisations to tap into for support...'*
 - highlighting an array of areas in which support and guidance is available

Social Enterprise is a cracking idea, but it needs to be owned by the people who make it happen

PCT Commissioner

Appropriate channels:

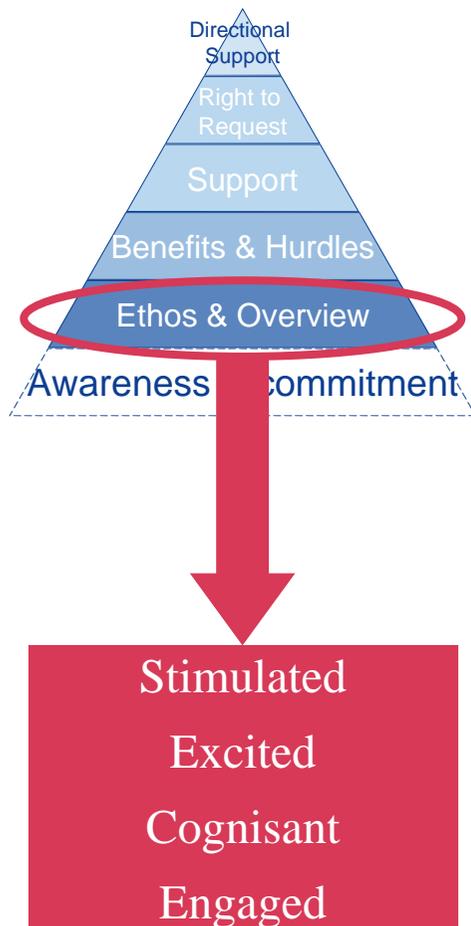
Communication to PCTs needs to be considerable and direct

- They need to become fully immersed in the idea
 - the majority face a steep learning curve
- Training in Social Enterprise would be the most effective method
 - enable Commissioners to fully understand the ideology behind SE
 - encourage 'buy in' to Social Enterprise
 - enable commissioners to speak with authority and to advise appropriately

The training could take the format of:

- Workshops and seminars
 - this will enable learning and offer the opportunity for interactive sessions

Ethos & Overview – all audiences



Although awareness for some audiences is good, the vast majority would profit from greater understanding

- Social Enterprise ethos
 - will help harnessing good will versus scepticism
 - prevent misunderstanding, which is currently common
- In general pre-empt many of the issues / barriers that currently exist
 - much of the barriers currently at play could be prevented via greater understanding
 - especially important for nurses & allied health professionals who struggle to appreciate the concept & their likely involvement
 - fundamentally driven by the foreign nature of business & their proximity to it currently within the NHS
 - lacking in awareness of the social ethos of SE
 - all the while closing their minds to the concept

Communication of ethos and overview

Appropriate messages:

Create an understanding of what Social Enterprise stands for, and the benefits available for those involved:

- *'SE is about innovation & catering to local need'*
- *'Social Enterprises enable clinical leadership and allow you to make a difference and improve services'*
- *'Social enterprise marries the best of business practice with the values that are shared by the NHS'*
 - improving local services is a key message, coupled with updating NHS practices

'You need to create a buzz within the sector, at the moment I imagine you are probably getting a lot of blank expressions'

Potential, GP

In order to ensure people engage with the idea, need to create a feeling of enthusiasm / excitement around Social Enterprise:

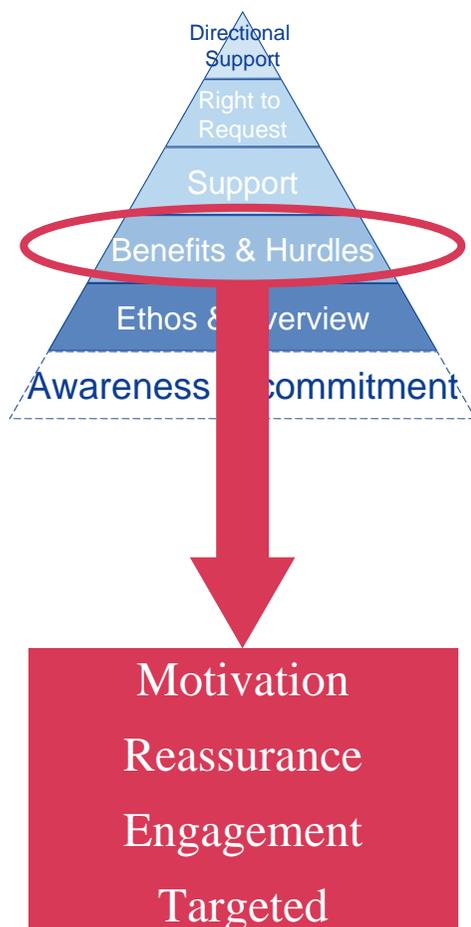
- *'Opportunity to design, organise & manage the services you deliver to better meet the needs of patients and the local community, allowing you to spot gaps and move into areas where services are not provided'*
 - creating the 'opportunity' to do the things they want is key

Appropriate channels:

Spread the word of Social Enterprise within the industry

- Articles in the British Medical Journal
- Articles in the publications of other professional bodies, such as the BMA and BDA
 - these channels will give greater credibility and reassurance
 - they can also encourage the spread of WoM
- Information available on the internet
 - overview / topline accounts
 - DH website / professional body websites / Google
 - PCT intranets
- Internal bulletins / emails
 - targeting different audiences (AHPs, Nurses, GPs etc.)
- Posters
 - around staff areas within NHS buildings

Benefits & Hurdles – all audiences



Once a clear understanding of the concept is understood many target audience recipients will become disengaged

- Invariably deciding it isn't for them
- This poses two challenges:
 1. Maintaining momentum for entrepreneurs still engaged
 2. Engaging employees of would-be SE provider arms
 - to avoid negativity if / when their employer considers SE as an option
- Pre-empting the barriers & concerns at this juncture will pay dividends in the future
 - helping interested provider arms gain the support they require from staff
 - speeding up the process (reducing the need to convince staff & encouraging unions buy-in)
- Communications equally must resonate with the target audience, therefore targeting benefits to audience is essential

Communication of the benefits and hurdles



Appropriate messages:

Create awareness of both the benefits and hurdles of Social Enterprise:

- *'Staff are eligible to maintain their NHS pensions whilst providing NHS commissioned services'*
- *'Social Enterprises are businesses that require robust planning'*
 - communicating the hurdles can be polarising

Use messages that are motivating without over-promising

- *'Combine a public sector ethos with the independence and efficiency of business. It offers the opportunity to work in organisations for public benefit, but with greater freedom and independence'*
- *'They share with the NHS a commitment to high quality and efficient services that put patients, service users and the community first, but their added value lies in their ability to be independent, innovative, flexible and responsive'*
- *'Enable staff to set up and lead organisations, creating the conditions where NHS staff can innovate and lead'*
 - greater flexibility is motivating, but 'entrepreneurial' messages can be off-putting

Communication of the benefits and hurdles



Appropriate channels:

Generate more information and resources

- Provide the detail people need to understand the pros and cons of getting involved
- Internet – the first port of call for many
 - ensure there is detailed information available (PDFs to download)
 - DH website / professional body websites / Google
- Brochures and leaflets to pick up at NHS sites
- Internal emails / bulletins circulated to different audiences
 - AHPs, Nurses, GPs etc.



Road shows will give SE a voice and the feel of someone pushing it – that will show that Social Enterprise is a priority

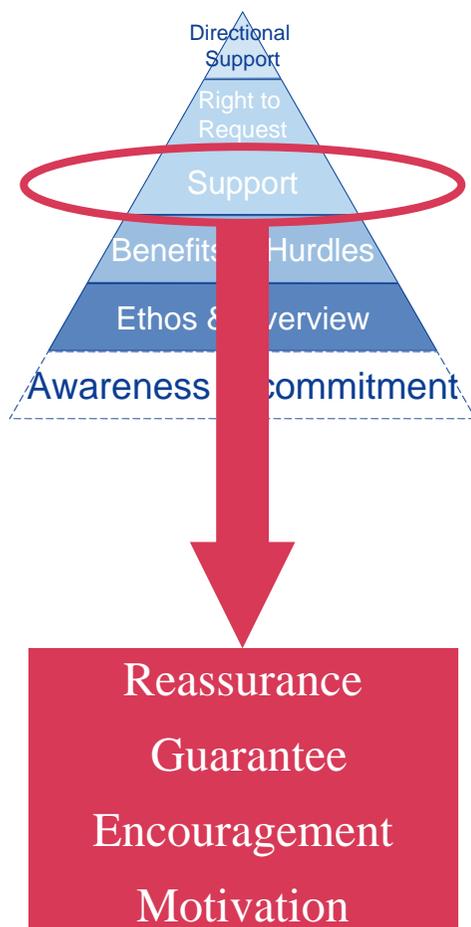
Potential, Dentist



Encourage people and build confidence in the scheme:

- Roads shows / events / case studies
 - talks by those who have already set up Social Enterprises providing general experience / benefits / hurdles first hand
- Seminars
 - provide the opportunity for Q&A sessions

Support – active considerers



Again the audience positivity will decrease

- Simply because of the entrepreneurial mindset required to both consider & appreciate SE

However those interested will benefit from a degree of reassurance that support is available

- Important to all audience types
 - some hugely driven entrepreneurs will push through barriers with limited support (driven by their industrial nature)
- However, the vast majority require reassurance of a support mechanism
 - to help both engage & encourage to take further steps
- Most clinicians have little to no business acumen, therefore involvement will often be dependent on level of support available

Communication of support



Appropriate messages:

Let people know that there is support available:

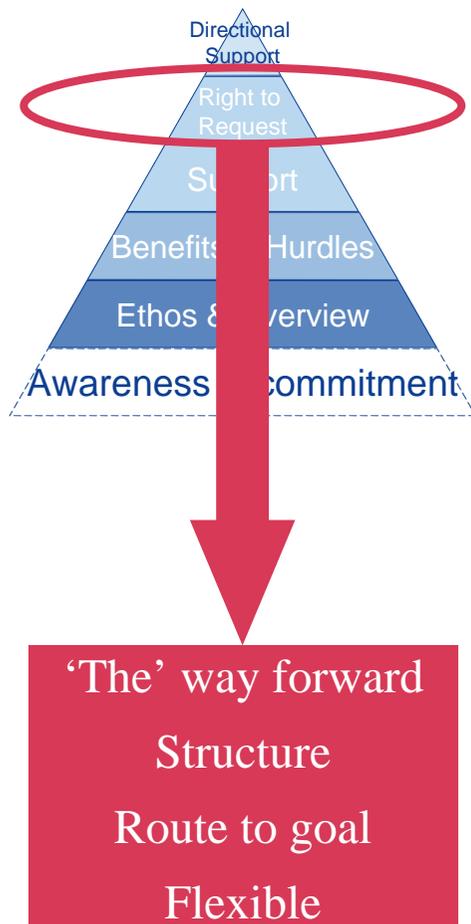
- *'The Department of Health has established a £100m Social Enterprise Investment Fund to support Social Enterprises and build their capacity'*
- *'The DH Social Enterprise Unit has invested, to date, more than £20m in 150 Social Enterprises in health & social care'*
- *'A one stop service has been established for PCTs in the support & development of Social Enterprises. This includes a panel of relevant organisations to tap into for support...'*
 - all audiences indicated the need for both financial and consultative support

Appropriate channels:

Audiences are engaged at this point & have bought into idea

- Less need for 'hand holding'
- Websites designed specifically for SE in this sector
 - sections on the website outlining the different areas of support available
 - information split by audience (AHPs, Nurses, GPS etc.)

Right to Request – active considerers



As said, the ‘right to request’ offers a degree of reassurance to some target audience

- Although only relevant once buy-in has been fully established
- At this juncture ‘right to request’ must be seen as ‘The’ way forward
 - offering structure to the process
 - reassuring that it is taken seriously
- Ultimately being seen as the mechanism to help you in achieving a Social Enterprise

Communication of Right to Request



Appropriate messages

Once again, people will want to see examples of how this has worked first hand:

- *'The first wave of Social Enterprise projects that were successful through the 'Right to Request' process will be announced and available for examination'*

Explain the benefits of setting up a SE through RTR

- Transfer of NHS Pensions and T&Cs
- Uncontested contract
- Support & guidance available through PCT involvement
 - ultimately communicating that the RTR is 'the' way forward

Appropriate channels

This information should only be targeting those who are actively considering setting up a SE

- Information available on a SE website
 - PDFs to download
- Events / seminars / case studies
 - talks by those who have been through process / Q&A sessions

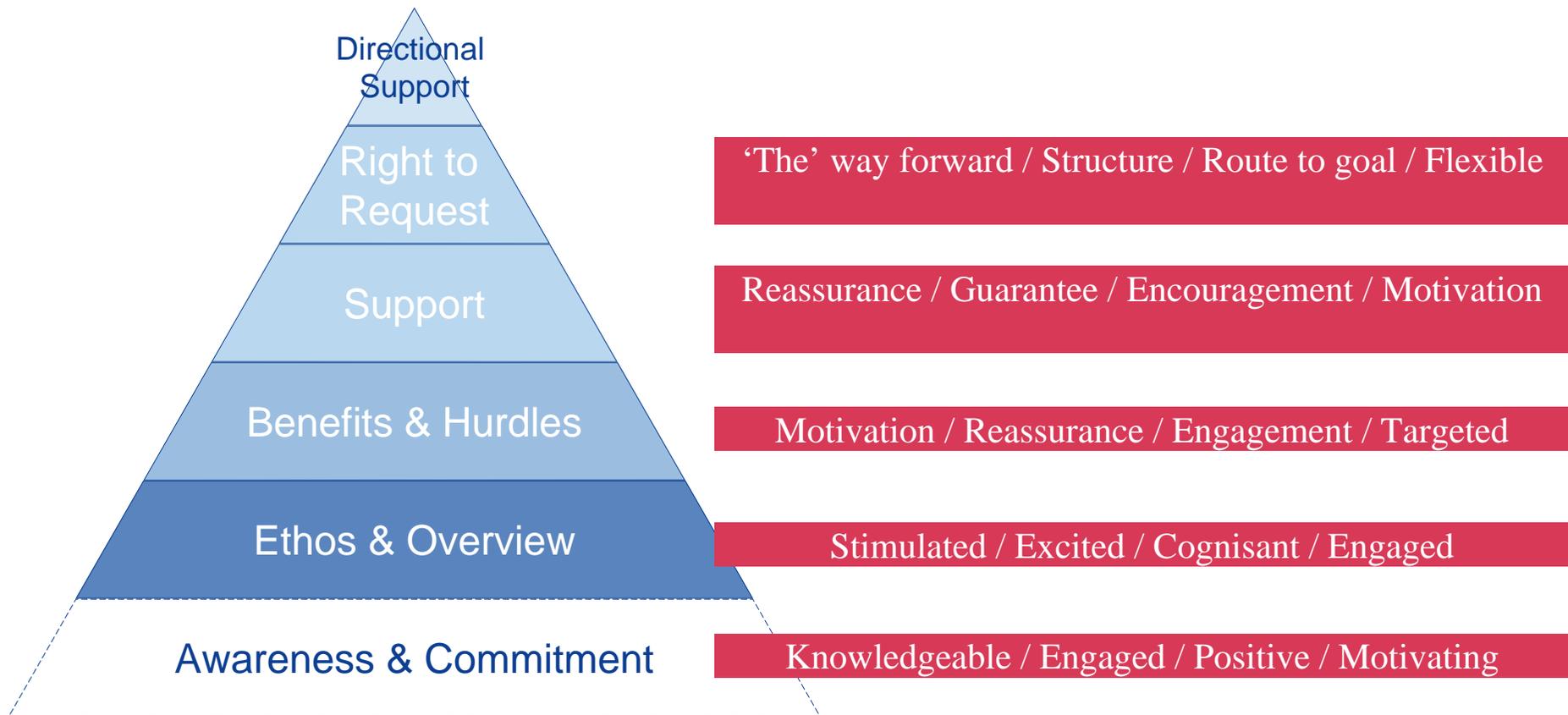
Directional Support – activators



Buy-in has been achieved, therefore at this juncture an element of reassurance is required

- Not necessarily from a communications point of view
- Offering signposting to support available
- Pre-empting issues or concerns once the ball is rolling
- In the main continuing support throughout the process
 - generating or maintaining support structures
 - via networking structures within the SE community within health & social care

Summary – core messages within strategy



Communications break out Session

07

Break out session



1

Split into teams

- Provider Arms
- Potentials - Nurses
- Potentials - GPs / Dentists

2

Work to evolve / refine successful messaging

- At each juncture of the strategy
- Baring in mind the core benefits & motivations for your particular audience

In conclusion

08

In conclusion



Audience overview:

1	2	3
4	5	6

SHA

- Fully bought into the ethos & understanding of SE
- However, slightly more removed from the 'ground'

PCT

- Although aware of the detail, struggle with the ethos & often yet to buy into the core rationale behind SE

Provider Arms

- Divided into two core categories – those who have bought into the process & those awaiting stimulation / information

Potentials

- Nurses & AHPs low awareness & unappreciative they are a target audience
- GPs & dentists more appreciative of the concept & ethos

Already running / setting up

- Hugely driven & motivated entrepreneurs
- Fully immersed in the ethos of SE

In conclusion



Continued...



Define & promote to PCT / professional bodies

- Set aside from other options
- Credible business proposition
- Broaden perceptions – ensure not misunderstood
- Create buy-in to encourage promotion

Ensure consistent, coherent & continuous messaging

- Not only bare facts – deliver clean & distinctive story with benefits
- Business models to help shape understanding
- Case studies – humanise / clarify / bring to life

In conclusion



Continued...



Leverage target audience benefits

- Tailor communications towards each target audience
- Utilising audience specific messaging & channels
- Fit case study messaging towards each key target audience
 - humanise / bring to life

Right to request communication must follow once:

- General awareness has been established
- Buy-in to Social Enterprise ethos has been achieved
- Benefits & hurdles are understood & considered
- Recognition that a support mechanism exists

In conclusion

Continued...

1	2	3
4	5	6



- 'The' way forward / Structure / Route to goal / Flexible
- Reassurance / Guarantee / Encouragement / Motivation
- Motivation / Reassurance / Engagement / Targeted
- Stimulated / Excited / Cognisant / Engaged
- Knowledgeable / Engaged / Positive / Motivating

Ensure a sound basis for all future SE communications

- Ensuring PCT buy-in & commitment as the basis of which any potential SE must build from
- Consider the core needs of the target audiences at each layer of the communication strategy



Thank you