

Social Enterprise Health & Wellbeing Roundtable

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Introduction

The Social Enterprise Health & Wellbeing Roundtable gathers together strategically placed individuals committed to maximising the benefits that a social enterprise approach can bring to delivering public health in Scotland. It does so through:

- Increasing awareness of social enterprise and how it impacts on health.
- Improving links between public health agencies, policy makers, academia and social enterprises.
- Promoting opportunities for social enterprises to deliver public health contracts and other services directed at improving the health and wellbeing of the public.

The Roundtable supports the activities of both the Health SEN and Community Food SEN (see Appendix 1) in helping overcome barriers faced by social enterprises delivering public health benefits, and evidencing the added value they can bring to Scotland's communities.

The Social Enterprise and Health Roundtable provides a forum to engage with Scottish Government's Health Directorate, Third Sector Division, NHS Health Scotland and social enterprise on key policy issues of relevance to social enterprises operating in the delivery of health-related outcomes. This interaction between the social enterprise sector and Scottish Government seeks to contribute to the delivery of NHS Scotland Quality Ambitions, Health & Social Care outcomes as well as outcomes agreed locally and nationally through Single Outcome Agreements and the National Performance Framework.

Social Enterprise Health & Wellbeing Roundtable Offer

The Social Enterprise Health & Wellbeing Roundtable will continue to support social enterprises across Scotland to maximise the opportunities that present themselves and address barriers they face when delivering public health benefits. Specifically, it will:

1. Raise the profile of social enterprise amongst statutory partners and increase understanding of its role as a key contributor to developing fit for purpose and sustainable solutions, with a particular focus on the thematic priority issues. (see Appendix 1, Table 1)
2. Encourage and promote good practice in co-production through for example Public Social Partnerships in delivering improved health outcomes.
3. Raise the profile and support the potential of social enterprise in delivering health & well-being outcomes and wider community benefit within a commissioning and procurement context and in the wider preventative context.
4. Represent Social Enterprise Health & Wellbeing Roundtable on various groups including: Third Sector Health & Social Care Advisory Group & Third Sector Prevention Roundtable.
5. Encourage research collaborations to enhance the evidence base on the impact of social enterprise on health and well-being, as well as the effective dissemination of research on this topic.
6. Identify and promote examples of innovation and best practice operating within the wider service reform and preventative context and that will help to shift the balance of care to the community as part of health & social care integration.
7. Connect various policy areas relevant to social enterprise and health & wellbeing, ensuring Roundtable conversations identify the key opportunities presented across policy areas.

Policy Context

Addressing Health Inequalities

Social enterprises are businesses 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 shareholders and owners (DTI 2002). They operate in all areas of the economy, tackle a wide range of social and environmental issues, and are active in a diversity of markets, including health and social care.

Social enterprises are often found in areas of poverty, deprivation and ill health and impact on areas of life that help improve the health and well-being of individuals, families and their communities. In addressing health inequalities in our society, there has tended to be a focus on a deficit model – which strives to fix problems, needs and deficiencies. More recently, Scottish Government has indicated its support for a “preventative spend” approach which would direct resources to support an asset-based model. This approach focuses on the capacity and potential for individuals and communities to positively take control of the factors that influence poor health. The benefits of such an approach are being recognised as a way of moving things forward.

Social enterprises are impacting on vulnerable, hard to reach disenfranchised and under-served groups but their worth and value needs to be more fully recognised and valued; and their potential to deliver more fully realised. The Social Enterprise in Scotland: Census 2015 reports that 623 social enterprises operate in the area of health and social care. Social enterprises will play an important role in sharing their valuable experience, their knowledge of community assets and assisting to embed an asset based and person-centred approach in mainstream practice that also allows a stronger emphasis on choice and flexibility in care.

Integration of Health & Social Care

Since the launch of the Quality Strategy (2010), the Scottish Government announced its ambitious plans for integrated health and social care. The Cabinet Secretary for Health in 2011, set out the 2020 Vision for achieving sustainable quality in the delivery of health and social care across Scotland. The Strategic Narrative, underwritten by the Directorate General with Chief Executives of all health boards in Scotland, accompanies the 2020 Vision and highlights the priority areas for action with a focus on: *protecting and improving quality; the integration of health and social care; prevention, anticipation, early intervention and support for self-management; together with creating a sense of urgency around the need for action by everyone* (Scottish Government, NHS Scotland, Autumn 2011). In May 2013, Sencot published case studies, which demonstrate how social enterprises are contributing to the 2020 Vision. Integration has now taken place (April 2016). Partnerships are now established with agreed budgets and published strategic plans. There is a new health & social care landscape that social enterprise must be part of.

Strategic focus for SEHWRT

Three areas of particular interest to social enterprise and where they can contribute and add value are: Strategic Commissioning & Procurement; Public-Social Partnerships, and Co-Production.

STRATEGIC COMMISSIONING & PROCUREMENT REFORM

The Procurement Reform (Scotland) Act 2014 and new EU Directives provide a number of legislative levers to ensure that public procurement maximises economic impact as well as address community benefit, well-being and social and environmental issues. The Scottish Government acknowledges the importance of public services being outcomes based and

person-centred, and that these principles apply to procurement as much as any other aspect of public service. The current policy landscape in Scotland – Procurement Reform, Service Reform, Health & Social Care integration, Self Directed Support and recently announced policy on national clinical care and the review of NHS targets all point towards a need to adapt service delivery models whilst continuing to improve outcomes and efficiencies.

The statutory guidance on the procurement of health & social care services is important in this context and social enterprise in particular is ambitious to play a greater role in the implementation of health and social care outcomes.

Useful Links

[Statutory Guidance](#)

[Case Studies on community benefits and social value](#)

PUBLIC-SOCIAL PARTNERSHIPS

Since the Christie Commission report on reforming public services and the Scottish Government's response to its recommendations - the Service Reform Programme in Scotland is supporting a decisive shift towards Prevention. Public Social Partnerships have the potential to make a significant contribution to this agenda, including meeting the Government's ambitions to engaging the third sector earlier and more deeply in the design and delivery of public services.

Public Social Partnerships (PSPs) are a model for the Third Sector to be involved earlier and more deeply in the commissioning and service design process. It is based on the principle of co-production to design a new, or re-design a current service with the goal of delivering better outcomes for citizens. Importantly, the service users voice is central to the PSP process. Once designed and trialed, the services can then be commissioned for the longer term through a competitive tendering process or other route.

Ready for Business is currently delivering PSP support as part of the Scottish Government's Developing Markets for Third Sector Providers' Programme. A number of organisations are successfully using the PSP approach.

A Lessons Learned document and case studies have been produced in collaboration with the strategic PSP projects supported by Ready for Business. They include:

- HMP Low Moss Prison – Prisoner Support Pathway Service
- NHS Lothian – Wayfinder Mental Health Rehabilitation Pathway; Greenspace:Artspace, Trauma services; Gamechanger
- East Renfrewshire CHCP – Supported Living for Learning Disabled
- Glasgow – The Life I Want – learning disability day services
- SPT Community Transport PSP

Useful PSP Links:

[Programme Offering](#)

[Case Studies](#)

CO-PRODUCTION

The Commission on the Future Delivery of Public Services in Scotland (Christie, 2011) report has spoken of the need to work differently in Scotland. A programme of reform is necessary

to ensure that “public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience” (Christie, 2011: section 8.2).

The reform cannot succeed unless individuals, communities and public sector organisations work together in co-producing the services they use. Essentially co-production is:

- An asset approach which builds on the skills, knowledge, experience, networks and resources that individuals and communities bring
- Built on equal relationships, where individuals, families, communities and service providers have a reciprocal and equal relationship,
- An approach where services ‘do with, not to’ the people who use them and who act as their own catalysts for change.

An asset based and co-productive approaches are concerned with identifying the protective factors that support health and wellbeing. They offer the potential to enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities.

Useful Co-Production Links:

[Working with the Third Sector to Reshape Dementia Service in East Dunbartonshire](#)

Appendix 1

Senscot & Thematic Social Enterprise Networks

Senscot supports the Thematic SENs in working towards three key outcomes:

- Thematic social enterprises at a grassroots level are better informed, encouraged, networked and supported.
- Thematic Social Enterprise Networks and their members make a greater contribution to the development of policy (both locally and nationally) and increase the value they bring to local communities - economically, socially and environmentally.
- Thematic Social Enterprise Networks and their members work more collaboratively together – building their capacity and play an increasing role in the delivery of services to their respective communities.

Via the thematics we provide SEN members with opportunities for:

- peer support
- resource sharing, joint working and development of markets
- a focus point for issues specific to social enterprise
- a collective voice both locally and nationally
- raising the awareness and profile of social enterprise both locally and nationally

Senscot supports the vision of a larger, more vibrant and more diverse social enterprise movement in Scotland as outlined in **Scotland’s Vision for Social Enterprise 2025** and will contribute to the four key elements of the vision, including: Building a Movement; Building Capability; Building Markets & Building on Potential.

The Thematic SENs currently supported include: Health, Community Food, Sport, Culture & Employability. Following a recent review of thematic activity Senscot has refreshed its approach for 2016-17. In order to most effectively utilise the limited resources available, a number of key policy / development areas have been prioritised to maximise the strategic level impact. Health & Community Food priorities and other thematic priorities noted below.

Table 1

Thematic SEN	Priority Areas
Health & Community Food	Health & Social Care Integration Self-Directed Support Food Poverty
Sport	Sport for Change
Culture	Tourism & Heritage Creative Industries
Employability	Employability

To reflect the identified priorities and to support this approach, some restructuring of the thematic Roundtables was required. In consultation with existing Health RT and Community Food RT members, we have combined these RTs in to one core group and reviewed membership to ensure strategic representation for all three of the priority areas identified for Health and Community Food.

Appendix 2

Social Enterprise Health & Wellbeing Roundtable membership



Appendix 3

Policy Background

Current Scottish Government Policy

Equally Well, along with the Early Years Framework and Achieving Our Potential, set out the Scottish Government's and COSLA's shared approach to tackling the major and intractable social problems that have affected Scotland for generations. These three interlinked social policy frameworks recognise that social enterprises have a key role to play in public service delivery, putting people and the service users at the heart of service design and delivery. If we are to successfully deliver health improvement outcomes for Scotland and reduce inequalities, effective partnership working will be essential. The complexity of the linked issues that contribute to poor health, require a range of effectively targeted interventions and the development of cross cutting solutions.

Scottish Health Policy Links:

[Better Health Better Care](#)

[Equally Well](#)

[Equally Well Review 2010](#)

[Reshaping Care for Older People / Change Fund](#)

[Early Years Framework](#)

[Achieving our Potential](#)

[Public-Social Partnerships](#)

[Preventative Spend: Commission on the Future Delivery of Public Services](#)

[Transport for Health and Social Care](#)