SOCIAL ENTERPRISE

‘Right to Request’ Expression of Interest

for

The Gate Surgery and Canklow Road Surgery

1. SUMMARY

As part of Transforming Community Services, staff in The Gate Surgery and Canklow Road Surgery wish to pursue a ‘Right to Request’ process to develop a business plan for consideration.

Staff wish to provide and develop the unique/specialist services we currently deliver by the creation of a Social Enterprise. In aspiring to become a Social Enterprise the practice teams would wish to develop a competitive, flexible and dynamic organisation with an enterprising culture based on quality and responsiveness to patient needs.

The Gate Surgery and Canklow Road Surgery are situated within Central Rotherham. Central Rotherham is defined by the deprivation indices as a continuous belt of high deprivation. According to Rotherham Super Output Area indicators (SOA’s) Canklow appears most frequently in the five ‘worst scoring’ SOA’s in Central Rotherham. (Central Rotherham Needs Assessment 2008)

The aim of The Gate has always been to drive forward health inequalities to tackle social exclusion through effective working by a multi-disciplinary team, to work with local partners and develop and innovate care pathways. In December 2008 we took over the management of Canklow Road Surgery, during this time we have utilised the Gate’s proven methodology in reviewing the practice population and it is apparent that many of their needs reflect those of The Gate.

As opposed to a traditional medical model, Social Enterprise model would allow staff to achieve optimum benefits and minimise negative outcomes for the practices’ population, it would allow for expansion, existing services could be
continually improved, and new more beneficial services developed - services that many patients find difficult to, or are unable to access.

These would include:
- Dental Hygienist
- Chiropody
- Dietician
- Proposed Hepatitis B/C Consultant led clinics
- Extend existing Outreach Services
- Extend Tuberculosis Screening Services
- Weekly attendance by Refugee Council/Housing/Social Services

It would allow the values of the NHS to be combined with the principles of business in an effective and efficient way, surplus monies being reinvested back into patient care and the community. In addition becoming a social enterprise will allow the service to bid for grant monies and other investments which are not available to statutory NHS organisations

As nurse led services we are innovative, flexible and responsive to local needs, we have a dedicated team of staff who continually work for the best health and social outcomes for the practice populations. We provide holistic care, a safe and non-judgmental environment, equity of service, advocacy where necessary.

The whole of the working environment and the care provided within the services is focused on a patient centred approach. Staff within the practices are passionate that these services should continue and grow and fully back the request. A Social Enterprise model would provide us with the autonomy to deliver services free from organisational constraints and bureaucracy by empowering the staff and allowing them the opportunity to influence the direction and future of the services.

We acknowledge NHS Rotherham’s Strategic Plan regarding list sizes of 5,000, however one must appreciate that the achievement of a 5,000 patient list size may be unrealistic if The Gate stood alone, due to it having a transient population, discreet criteria for registration, and once having achieved a better social standing in life many individuals move out of the area. However including both The Gate and Canklow Road in a Social Enterprise Model would make the list size more achievable.

We would take every opportunity to bid for services which align naturally with The Gate/Canklow Road’s population; this would enable further expansion, whilst keeping the ethos of the surgeries. It is our intention to include EU
Migrants, Gypsies and Travellers, minority groups rapidly increasing in Rotherham presenting main stream general practices with significant difficulties. Maximum impact would be achieved by effective communication and continued collaboration with community partners and clinicians, engagement with public and patients, and the promotion of improvement and innovation.

2. BACKGROUND

As part of the Transforming Community Services/Shaping the Future agenda, there is a need for the Gate and two other General Practices to move from their existing organisational structure within Rotherham Community Health Services to an alternative provider, Canklow Road Surgery being one of these.

The Gate and Canklow Road Surgery are both situated in Central Rotherham, Canklow Road Surgery aligns naturally with The Gate due to the demographic needs of their population which include - high levels of deprivation, unemployment, alcohol and drug misuse - within both registered populations there are also high numbers of vulnerable asylum seekers/refugee/migrants/immigrants, homeless.

Addressing and tackling inequalities in health, and health disadvantages is highly challenging and requires the courage to work in different ways, this is paramount when reshaping and developing services to meet the needs of vulnerable and socially excluded groups. Historically the ‘one size fits all’ approach by services including health has done little to counteract inequalities.

In 2002 Rotherham PCT had the courage to work differently by establishing a surgery with a difference. There was no blue-print to follow and services developed alongside the provision of care. It was apparent from day one that the nature of conditions presenting to the service were very different from that of ‘normal’ general practice and providing the necessary care was going to be time consuming and challenging.

Initially The Gate was a unique service and since its conception in 2002 a specialist team have developed and are key to providing holistic care to a multi-cultural, diverse practice population. To meet the demands of The Gate practice population, additional services have been developed many of which are not in place within other practices, however in recognition of the patient
profile many of these additional services would be implemented and beneficial to Canklow. These include:

- Confidential HIV/Blood Borne Virus screening, including pre and post test counselling
- Tuberculosis screening – Heaf Testing, BCG Vaccination
- Sexually Transmitted Infection Screening
- Counselling and Psychology services – specialising in Post Traumatic Stress Disorder
- Outreach clinics – within the voluntary sector targeting groups suffering from social exclusion, homeless, young offenders etc.

Allowing the practices the opportunity to develop a business case in order to examine a Social Enterprise model, would be the first step in ensuring the continuity and development of primary care services within these areas - services that meet local need, it would maximise potential to innovative, be entrepreneurial by allowing and engaging clinicians in the development and delivery of high quality services, which in turn would ultimately lead to improved outcomes for patients and their families.

As a not for profit organisation all generated income would be reinvested into patient care ensuring that clinicians and patients have up to date modern equipment and premises. A Social Enterprise would allow greater flexibility upon how this income is spent to guarantee value for money, and allow the provision of innovative services centred on patients needs.

3. AIMS AND OBJECTIVES

**Vision**

We will continue to “look beyond the label” and work proactively in recognising needs and providing holistic health, social and environmental care in a safe and non-judgemental way for all who need to access services irrespective of gender, race, disability, age, sexual orientation, religion or belief. By providing a comprehensive service we will focus on individuals who have the most difficulty in accessing appropriate health care and endeavour to improve the quality of life of Rotherham’s most discreet, vulnerable and marginalised groups.
Mission

To provide holistic health and social care to the most vulnerable, deprived and socially excluded groups in the Rotherham area including, homeless, looked after children, and those suffering from drug/alcohol misuse.

To provide care in a safe and non-judgemental environment either in practice accommodation, hostels, shelters or on the streets of Rotherham.

To promote and provide equality of access and service to a multi-racial culturally diverse, transient practice population.

Values

**Equality** – the driving force within the service, we are resolute in the promotion of better understanding with regard to issues of health and social inequality.

**Pro-active** – we work pro-actively in engaging marginalised individuals and groups, overcoming obstacles and embracing change in order to ensure the continuation of a unique, flexible, patient needs directed service

**Courageous** – we have the courage to work differently ‘think out of the box’ in order to reach and improve quality of life and engagement with the service

**Non-judgemental** – Many patients are stigmatised and suffer prejudice, they fear and mistrust bureaucracy and authority, in order to gain the trust of individuals of paramount importance is the provision of a safe, non-judgemental environment

**Integrity** – the provision of a service without discrimination giving full opportunity to access the best health care available as would be expected for the general population

**Inspiring** – motivating individuals to make and maintain change despite living with adversity, encouraging them to persevere through the cycle of change

**Strategic Objectives**

- To continuously improve the range, quality and volume of services provided.
- To involve service users and the local communities in the planning, design and future direction of services.
• To deliver change in areas where entrenched and enduring health and social inequalities exist.
• Continuous innovation in service delivery, breaking down barriers and moving forward with new ideas.
• Empower staff to respond independently and flexibly to service users, so they are not afraid to take risks and be entrepreneurial.
• To increase choice for service users in order to meet their individual needs by moving away from pre-determined pathways of care.
• The benefits resulting from the Social Enterprise are invested back into the communities served.

4. RANGE OF SERVICES

The range of services to be provided for the vulnerable and socially excluded will incorporate:

• Primary Care General Medical Services.
• Primary Care Nursing Services.
• Comprehensive health needs assessment.
• HIV/sexual health screening.
• Vaccination and immunisation programmes.
• Translation/language services.
• Psychological interventions.
• Counselling services.
• Heaf testing/TB screening.
• Drug misuse.
• Alcohol misuse.
• Mens/womens groups.
• Socialisation classes.
• Dental hygiene.
• Chiropody
• Life skills.
• Health Trainers.
• Addictive behaviour counselling.
• Citizens Advice Bureau/Social Services.
• Housing and benefits advice.
• Home Office and Immigration guidance.

The quality of service delivery will be monitored and evaluated through the development of a matrix set of key performance indicators, incorporating data
on access, patient satisfaction, complaints/untoward incidents, referrals/signposting and clinical/social outcomes for individuals.

5. **STAKEHOLDER ENGAGEMENT**

**Staff**

Consultation with staff is an essential pre-requisite of the right to request – this has taken place with staff in the Gate and Canklow Road, staff feel passionate regarding the continuation of these services and are enthusiastic in supporting a move to Social Enterprise as this would safeguard the future delivery and development of the services.

**Service Users**

The involvement of service users will be crucial in shaping the future delivery of services. Patients within both surgeries have always been consulted about their care and this has been pivotal when developing services. With the development of a Social Enterprise we would want to further pursue their involvement, ensuring that their views and opinions would be fully represented.

**Community Organisations**

The service is currently involved with a wide range of community organisations including:

- Shiloh for the homeless.
- Eastwood Mission
- The Red Cross
- National Asylum Support Services
- Nu-Life Church
- Refugee Council
- Eastwood Village Community Centre
- All Pakistani Women’s Association
- Rotherham Unity Centre

**Partner Organisations**

The service has existing links with partner organisations such as Rotherham NHS Foundation Trust, Rotherham Metropolitan Borough Council, Housing Associations, other General Practices as part of the Practice Based Commissioning Consortium, the Home Office, Department of Health. Their
continued and developed engagement will help in the delivery of the service objectives and achievement of holistic outcomes.

NHS Rotherham

As the commissioner of health services in Rotherham, their support to the establishment and ongoing development of the Social Enterprise model is crucial.

Strategic Health Authority

The help and support of the Strategic Health Authority will be essential in ensuring that the Social Enterprise model is the most effective way of delivering service improvement to this client group.

6. **PARTNERSHIP/COLLABORATION**

We are committed to identifying new partner opportunities and the continued collaboration with other statutory, community and voluntary organisations, relationships would continue and be developed in order to best benefit the service users. In particular, this would include collaboration with Rotherham NHS Foundation Trust, Rotherham Doncaster Mental Health Services (RDASH) and Rotherham Metropolitan Borough Council.

7. **COSTS**

If our ‘Right to Request’ is accepted costs would be worked up with the PCT, this area will develop in due course and during the writing of the integrated business plan. However Social Enterprise would enable us to maximise our resources by working efficiently, be innovative, work with local partnerships and effectively use resources thus benefiting the service users.

Business support to progress to and develop a full business case would be required outside of the existing Senior Management structure within Rotherham Community Health Services. Contact has been made and meetings held with both the Social Enterprise Unit and Local Partnership in order for them to work with us
8. RISKS

The immediate risks identified are in relation to the financial skills required to establish a Social Enterprise model. However we have linked into the Social Enterprise unit within The Department of Health and Local Partnership Unit in order mitigate against this risk. The Social Enterprise Investment Fund is expected to provide grant funding to cover the full cost of the development of the business case, the approval of the expression of interest is a prerequisite to making a funding request.

There are also risks in relation to the future commissioning strategies of NHS Rotherham and the associated resource allocation over a period of time, however it is our intention to work closely with local commissioners. At this stage the Board is only being asked to approve the Expression of Interest to explore the option of developing a social enterprise. There will be two further opportunities for the PCT Board to consider the approval of the social enterprise, once when the business plan is completed, and a final opportunity to consider the proposal at the end of the transition stage. The alignment of the business and transition plans with commissioning strategies will be an integral part of these plans.

9. GOVERNANCE

Social Enterprise use a wide variety of legal forms these have been considered but as yet this has not been decided, legal structures under consideration include – Company limited by guarantee or shares, Community Interest Company. However this will be discussed in detail within the business plan. Legal form is the result of ‘what to do’ and ‘how to do it’ and would come towards the end of the process.

We will Look at the most effective ways of involving staff, service users, the local community and key partners in the management and direction of the Social Enterprise.

A clear organisational structure will be established ensuring that key corporate functions including HR and Finance, information governance, clinical/quality governance are managed according to legal and statutory requirements,
identifiable reporting mechanisms and lines of responsibility and accountability will be incorporated.

The Board appointments will incorporate both professionals and lay representation and encompass a firm commitment to engage with both clients and the communities in which they live.

10. TIMESCALE

Detailed timescales will be provided if this ‘Right to Request' is approved by the NHS Rotherham Board, but the intention at this point is to focus on achieving a Social Enterprise model by the end of March 2011 in line with the Transforming Community Services Shaping the Future timescale.

J.McVann/May 2010