

# In the company of expert patients

The Government's vision for health continues to evolve — the Department of Health has announced that its Expert Patients Programme for people with long-term conditions will be transferred to a social enterprise company and Patricia Hewitt, Secretary of State for Health, has sung the praises of social enterprise for the delivery of health care services in a recently published pamphlet. **Matthew Wright** investigates

**S**ocial enterprise can play a key role in unleashing the potential of staff to transform health and social care services. So said Patricia Hewitt, Secretary of State for Health, with the launch of her pamphlet "Social enterprise in primary and community care", published by the Social Enterprise Coalition last month. But what is social enterprise and how is it connected to health care?

## Social enterprise

Social enterprises are types of businesses that fall under the umbrella of the "third sector" — a broad term used to describe organisations not run by the Government or in the private sector. The Social Enterprise Coalition, which promotes and demonstrates the benefits of these organisations nationally, defines social enterprises as dynamic businesses with a purpose working to deliver lasting social and environmental change.

Matthew Walsham, senior policy officer at the SEC, explains: "By combining the entrepreneurial drive of a business approach with a public service ethos, social enterprises can offer innovative solutions, engaging and empowering patients, staff and other stakeholders in new models of delivery."

In her pamphlet, Mrs Hewitt discusses how social enterprise is well placed to provide health and social care services and looks at what the Government and the NHS need to do to optimise the potential of the third sector (see Panel).

Mrs Hewitt's interest in the third sector is established: she set up a Social Enterprise Unit in October 2001 when she was Secretary of State for Trade and Industry. Commenting on the pamphlet, she said: "As the NHS continues to develop services to meet the needs of patients in diverse communities, I believe we will see a growth in the involvement of social enterprise and the voluntary sector."

Mr Walsham says that many social enterprises, particularly those already delivering social care services, are exploring opportunities in the primary and community care markets.

"There is also increasing interest in the potential for social enterprises to emerge from the NHS — something which has happened within local authority provision of social housing, leisure and social care," he adds.

## Community interest companies

The Government's commitment to the involvement of social enterprise in health care delivery is tangible: a national community interest company (CIC) has been established to take over the running of the Department of

Health's Expert Patients Programme in England and the Government recently announced the appointment of three board members for the company.

Since July 2005, social enterprises have been able to register as a community interest company, which operates under a new type of legal framework. According to the Office of the Regulator of Community Interest Companies, a CIC is a company that operates for a social purpose and uses its assets and profits to promote these aims.

A crucial aspect of a CIC is "asset locking" — where assets remain within the company and in the event of its dissolution can only go to another asset-locked body.

Before the legal framework for CICs came into effect, there was no simple way for a company's assets to be locked for public benefit other than to apply for charitable status. Whereas a charity can exist only for charitable purposes, a CIC may be established for any objective so long as its activities are carried out for the social good, and it can operate using strong business principles and goals, provided there is no financial benefit for stakeholders.

Over a year later, some 450 companies are now registered with the CIC regulator.

## Expert Patients Programme

Since its inception, the Expert Patients Programme has existed as an NHS-run training scheme, providing people with long-term medical conditions the opportunity to develop new skills for better managing their condition day to day.

Alison Blenkinsopp, from the department of medicines management, Keele University, was involved in writing a document about community pharmacy's contributions to the management of long-term conditions, published by the Royal Pharmaceutical Society and launched at the British Pharmaceutical Conference last month (*PJ*, 9 September, p299). Professor Blenkinsopp explains: "The idea for the EPP is to have a CIC that oversees the organisation, provision and development of self management training for patients. This is to strengthen the infrastructure and co-ordination to enable a big expansion of EPP courses."

According to the DoH, the expert patients CIC will be a not-for-profit organisation that will reinvest any surpluses in the company. This approach allows the organisation to retain the values of the current programme but with the ability to build social capital.

A spokesman for the DoH says that community interest companies, unlike arm's

## Inside the pamphlet

The pamphlet says: "Social enterprises, with their capacity for developing innovative and flexible solutions, and their ability to create wealth and employment, could play an even greater role in future, particularly in the delivery of public services."

The document says that there are many third sector organisations providing different aspects of community-based mental health services and sexual health support. It points out that a change in the mindset of commissioners is needed if the NHS and social care is to make the best use of the third sector to improve the health and wellbeing of the public.

However it goes on to say that third sector organisations will also need to adapt. "To realise its full potential with an increasingly diverse and challenging market, third sector organisations will need to more effectively communicate their unique selling points to commissioners, develop strategies for ensuring the services they deliver are of the highest possible quality and effectiveness, and secure robust and transparent systems of governance," the document says.

The pamphlet can be accessed via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

length bodies and special health authorities, can trade. He explains: "This will mean that the EPP can be commissioned by a range of organisations, not just PCTs, making the EPP more widely available to people in their communities."

The DoH spokesman points out that, to date, the EPP has been funded centrally, which is inconsistent with the drive for local decision making on the use of resources.

"The majority of health service funding is provided directly to PCTs to allow them to decide how this resource is spent to meet the needs of their communities," the DoH spokesman explains. "PCTs are currently the main providers of the EPP. [They] are being encouraged to commission more services rather than provide them directly. Due to this, the EPP is less likely to be provided by PCTs in the future, so the EPP social enterprise will provide courses for PCTs and practices to commission."

He says: "The White Paper 'Our health, our care, our say' made a commitment to treble the investment in the EPP. This investment will be used to support the transfer to the CIC and to extend its services to support increasing numbers of people with long-term health conditions."