

U Social Enterprise in Health Services – what does research tell us? B

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Some definitions.....*social enterprise*

- Business [es] 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)
- Can be 'not for profit' or 'for profit'
- Overlap with 'mutuals' & 'co-operatives'

More definitions – *social entrepreneurship*

- Three types of entrepreneurship -
‘commercial entrepreneurship’, ‘social entrepreneurship’ & ‘public sector entrepreneurship’
- Three types of social entrepreneurs –
‘social bricoleurs’, ‘social constructionists’ & ‘social engineers’

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Limitations of research

- ❑ We don't have an agreed definition of what defines a 'social enterprise'
- ❑ We don't know how many social enterprises there are and which ones deliver 'healthcare'
- ❑ Social enterprises delivering 'healthcare' in the UK are a relatively new development
- ❑ Attributing 'cause' and 'effect' is difficult

The Traynor Review - Contribution of Nurse, Midwife & Health Visitor Entrepreneurs (2007)

- Map the range and types of NMHV entrepreneurial activity in UK
- Review models of entrepreneurship in health care
- Identify 'drivers' & 'inhibitors' of entrepreneurial activity with particular focus in relation to patient choice

Contribution of Nurse, Midwife & Health Visitor Entrepreneurs (2007)

- Very little research literature and personal, 'heroic' & journalistic accounts dominate
- Public Health & Clinical Specialists more likely to show 'intrapreneurial' behaviour
- Evidence of NHMV entrepreneurial activity in UK but only a very small proportion of NMHV's engage in such activity
- Activity relates to both 'indirect' and 'direct' health care services

Contribution of Nurse, Midwife & Health Visitor Entrepreneurs (2007)

- Four types of aspirational claims – ‘professional’, ‘financial’, ‘mercantile’ & ‘empathetic’
- Very few studies evaluated outcomes
- Push & Pull factors influence entrepreneurs to set up in business
- Obstacles include wider context and professional environment

The Pollock Review –Not for Profit Organisations & health care (2007)

- ❑ Reviewed literature on Structure and Performance of Not-for-Profit health care organisations.
- ❑ Examined evidence for ‘quality, efficiency, innovation, trust & emphasis on values’
- ❑ Most studies have focussed on experience of healthcare in the USA
- ❑ Limitations in the scope of previous studies

Findings of review

- ❑ *Efficiency & Quality* – Mixed evidence – not for profit were better in terms of staff ratios & skill mix
- ❑ *Innovation & Trust* – very few studies
- ❑ *Values* – Not for Profit were more community orientated & provide ‘unfunded’ care
- ❑ No consistent evidence that ‘not for profit’ perform better
- ❑ In a competitive environment both sectors behave similarly

NHS Mutual – Ellins & Ham (2009)

- Study of relevance and applicability of employee ownership & staff partnership models to the NHS
- Literature review and study of 4 case study organisations
- Employee ownership can be at different levels, be direct or indirect, and be achieved through different organisational forms

2008 NHS staff survey

Survey question	% agree or strongly agree
Senior managers here try to involve staff in important decisions	29%
Communication between senior managers and staff is effective	27%
Senior managers encourage staff to suggest new ideas for improving services	36%
On the whole, the different parts of the trust communicate effectively with each other	20%
I am involved in deciding on the changes introduced that will affect my work area/team/department	50%
I am consulted about the changes that affect my work area/team/department	52%

Evidence: the headline findings

- Productivity and performance ↑
- Staff turnover ↓
- Staff absenteeism ↓
- Employee wellbeing ↑
- Confronting/reporting underperforming colleagues ↑
- Innovation ↑

End user outcomes

- ❑ Few studies have assessed impact on user outcomes
- ❑ EO organisations report stronger user focus and responsiveness
- ❑ Impact on staff turnover/absence and innovation would be expected to benefit users
- ❑ Evidence that mutuals are able to prioritise member/customer interests which fosters trust and loyalty

Culture of ownership

- ❑ Two additional factors need to be present for EO to deliver benefits:
 - Human resource management practices that foster staff participation (informing, consulting, involving)
 - A mechanism for staff to have a collective voice within their organisation
- ❑ This suggests the need for a more participative style of management

Employee participation without EO

- ❑ Initiatives to increase staff participation can improve financial performance, employee turnover and satisfaction, but only when they.....
 - Grant employees greater autonomy and control
 - Are implemented intensively and consistently (not as one-offs)
 - Are actively supported by managers
- ❑ Neither EO nor staff participation schemes by themselves produce the same level and sustainability of impact as they do in combination

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References

- Day, G & Girach, M (2010). The semantics of the big society. NHS alliance (on line).
- Ellins, J. & Ham, C (2009). NHS Mutual – Engaging Staff & Aligning incentives to achieve higher levels of performance. The Nuffield Trust.
- Lyon, F., Teasdale, S. & Baldock, R. (2010) Approaches to measuring the scale of the social enterprise sector in the UK. TSRC (on line)
- Pollock, A, Price, D, Miller, E, Viebrock, E, Shaoul, J, Mohan, J (2007) A *literature review of the structure and performance of not-for-profit health care organisations*, for NHS Service Delivery and Organisation R&D Programme (on line – SDO)
- Traynor, M, Davis,K, Drennan,V, Goodman,C, Humphrey, C, Locke, R, Mark,A, Murray, S, Banning,M & Peacock, R (2007) The contribution of Nurse, Midwife & Health Visitor Entrepreneurs to Patient Choice: A scoping exercise . SDO