



Department  
for Culture  
Media & Sport

# **GROWING UP, TOGETHER**

**Evaluation of the Mutuels Partnership Support  
Programme**

**Baxendale**  
**July 2019**

# Table of Contents

Acknowledgements .....	2
List of abbreviations .....	3
Executive summary .....	4
Recommendations .....	5
Introduction .....	6
Objectives.....	7
Programme design .....	8
Aim and structure of the report.....	9
Methodology .....	10
Approach .....	10
Limitations .....	10
Findings .....	11
Key observations .....	11
Has the programme met its objectives? .....	15
Conclusion .....	17
Recommendations .....	18

# Acknowledgements

This report was produced by Baxendale for the Department for Digital, Culture, Media and Sport.

Edited by: Saimah Heron

Written by: Claire Bonsignori

The project would have been impossible without the support provided by the Mutuels team in the Department for Digital, Culture, Media and Sport.

We are particularly grateful to our interview participants who took the time to answer our questions and assist us in our research:

- Sharon Charlton, Director of Resources, Anglian Community Enterprise
- Giles Bridgeman, Executive Corporate Business and Relationship Manager, City Health Care Partnership
- Sarah Billiald, CEO, First Community Health and Care
- Rob Howard, Associate Director, Business Improvement and IT, Medway Community Health
- Sheena McDonnell, Interim Director of Customer and Community, Rochdale Boroughwide Housing.

## List of abbreviations

CQC	Care Quality Commission
DCMS	Department for Digital, Culture, Media and Sport
GP	General Practitioner
ICS	Integrated Care System
ICP	Integrated Care Partnership
ILS	Independent Living Scheme
IT	Information Technology
MOU	Memorandum of Understanding
MPSP	Mutual Partnership Support Programme
MSP2	Mutual Support Programme 2
NHSE	NHS England
NHSI	NHS Improvement
PCN	Primary Care Network
PMO	Project Management Office
SRO	Senior Responsible Owner

## Executive summary

- 1. This paper evaluates whether the pilot Mutuals Partnership Support Programme has met its objectives.** To do so, it analyses feedback from deep dive interviews with senior leaders from the three projects supported by the programme – data driven community care; Rochdale Boroughwide Housing and First Community Health and Care.
- 2. It shows that the programme has succeeded in meeting its short-term objectives.** All participants reported that they were now better aware of their partnering environment and felt empowered to apply the knowledge and processes needed to partner again without external support. Additionally, recipients have benefitted from gaining commercial capabilities and new business tools.
- 3. Yet the more complex goals need further work.** For individual mutuals, an initial objective of MPSP was that they would partner for bigger contracts. Only one mutual is expected to do so straight away, albeit others plan to benefit from shared efficiencies. At a sector level, MPSP has not yet led to increased awareness of mutuals. Organisations reported that partnering boosted their market presence, but observed it was not linked to mutuals or the sector overall.
- 4. Overall, MPSP has positively impacted the five mutuals it supported.**
  - Two out of three projects have resulted in formal partnership agreements and the development of meaningful collaborative relationships with other providers.
  - The third project has led to a roadmap to form a partnership, following deep analysis of gaps in service provision matched to user need.
- 5. We therefore conclude that MPSP is a helpful illustration of how to support mutuals to future-proof and expand their service provision, and could be improved in future iterations with the following recommendations.**

# Recommendations

**1. We recommend continuing to offer a dedicated programme for existing mutuals to grow. We suggest extending the programme over a longer period, broadening the remit to explore growth opportunities beyond partnering, and adopting refinements that take into account lessons learnt.**

## *Characteristics to retain*

- Broad definition of partnerships to allow creative, user-focussed partnerships to form.
- An advisor-led application process to minimise administrative burden for applicants and DCMS.
- A requirement for support recipients to provide match funding, to both demonstrate commitment to the project and lower risk for DCMS.
- Ensuring a neutral third party delivers support so that trust between parties is quickly won.
- Commitment to knowledge transfer to enhance skills and capabilities within supported mutuals.

## *Improvements to the programme*

- Extend the remit so that the programme supports growth through a variety of means e.g. income diversification, development of new products or services.
- Extend the length of the programme to 24 months in order to account for varying project lengths due to the complexity of dealing with multiple parties.
- Where needed, offer support to all parties rather than only the mutual so that the project can be managed more effectively and trust more easily achieved.
- Provide greater access to the mutuals team using site visits or show and tell days so that key messages can be distributed across government.

**2. We recommend providing additional resources to support the mutual sector, both overall and specifically within health and social care.** This is the sector with the highest number of mutuals and the one in which the majority of the pilot participants operate.

- *Overall:* Raise awareness and re-energise leaders in the system around the concept of mutuals.
- *Health & social care:* Reinforce the relevance of mutuals to commissioners via active direct engagement and ensure that they have an equal opportunity with NHS organisations to obtain public contracts.

## Introduction

With public service commissioning shifting towards contracting across larger geographic regions and service remits, providers have an increasing need to develop new services, bid for larger contracts and strengthen and expand service delivery.

Among those responding to this changing demand are public service mutuals (mutuals), spin outs characterised by a significant degree of staff influence or control. Despite being a less well-known delivery model, mutuals have been demonstrated to be particularly successful, 92% of mutuals being profitable in 2017/18 with turnovers growing on average by 50% since launch<sup>1</sup>. Moreover, mutuals are particularly good at attracting and retaining staff, with 85% finding that they have a more engaged and happier workforce, leading to improved productivity<sup>2</sup>.

Typically, mutuals spin out with a single contract and with minimal in-house business development resources. Yet their long-term survival depends on securing new contracts and diversifying their offer. Forming partnerships with complementary providers is one way mutuals can meet commissioner – and user – needs and best position themselves for a sustainable future.

Whilst the survival challenges faced by mutuals mirror those of other public sector service providers, mutuals are in a unique position. They have been created as a result of government policy, often with the implicit offer of a benign operating environment. In contrast to organisations that form and grow organically, mutuals must deliver (often sizable) contracts from day 1 whilst also acclimatising to a new competitive landscape. For mutuals to be on a level playing field, there is a need to rapidly build commercial capability, bringing in external advisors for support and knowledge transfer where appropriate.

---

<sup>1</sup> Social Enterprise UK (2018). *Public Service Mutuals: The State of the Sector*.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/722052/Public\\_Service\\_Mutuals\\_-\\_State\\_of\\_the\\_Sector\\_April\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722052/Public_Service_Mutuals_-_State_of_the_Sector_April_2018.pdf)

<sup>2</sup> *Ibid.*

In this context, the Department for Digital, Culture, Media and Sport (DCMS) established the 'Mutuals Partnership Support Programme' (MPSP) in January 2018, together with four other initiatives designed to understand and develop the mutuals sector.

## Objectives

MPSP was initially conceived as a pilot project to:

- (i) assess the appetite, potential and need for mutuals to partner (i.e. **research**); and
- (ii) support the creation of partnerships between mutuals and other parties to bid for new contracts (i.e. **delivery**).

For the purposes of this paper, partnerships are defined broadly as inter-organisational collaborative relationships which allow partners to achieve outcomes in service delivery. These partnerships can range from informal consortia or subcontracting arrangements to forming a new legal entity.

Our report, 'Partnerships for Better Public Services'<sup>3</sup> outlines the research performed in respect of (i) above. Broadly, we found that whilst most mutuals have some experience of partnering, there is nevertheless substantial appetite across the sector to develop strategic partnerships. However, respondents also identified a number of barriers to forming partnerships, namely complex legal arrangements, incompatible values and time constraints, which is why 94% of the mutuals interviewed express the need for consultancy and legal support throughout the process.

Taking into account our findings, the mutuals team within DCMS developed more granular objectives to achieve the delivery focused goal in (ii) above. These are:

1. **Raise sector profile.** Achieve a wider understanding of the mutual sector by multiple stakeholders (government, commissioners, mutuals, potential partners);
2. **Create awareness of partnering.** Staff, senior management and the above stakeholders are aware of potential partners, benefits, success factors, risks, challenges and 'how to' related to partnering with other organisations;

---

<sup>3</sup> Baxendale (2018). *Partnerships for Better Public Services*.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/715302/Partnerships\\_for\\_Better\\_Public\\_Services\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715302/Partnerships_for_Better_Public_Services_2018.pdf)

3. **Enhance skills.** Continuous development of commercial skills and capabilities by mutuals: financial modelling, access to finance, legal, commercial, business planning, joint working;
4. **Deliver commercial success.** Mutuals form partnerships with other organisations and successfully bid for bigger, more and/or different contracts in partnership that they could not bid for alone.

This paper examines MPSP's success in achieving each of the four objectives aforementioned.

## Programme design

As outlined above, MPSP is split into two parts: research and delivery. This paper reviews the success of the delivery phase.

The process to identify which mutuals to support was as follows: advisors curated potential partnerships and presented a long list of recommendations to the mutuals team within DCMS who then selected the successful applicants.

The three projects chosen to be supported through the programme were all within or closely linked to the health and social care sector, in which 52% of mutuals operate. They were:

- **Data driven community care.** *City Health Care Partnership (CHCP), Anglian Community Enterprise (ACE), Medway Community Health (MCH)*

This project supported three mutual community health providers to partner and pursue three areas critical to achieving data insight-driven decision-making: logistics data, analytics and reporting, and self-care. The parties collaborated to share best practice in these priority areas, explored partnerships with third party experts / providers and piloted new software.

- **Care at home.** *Rochdale Boroughwide Housing (RBH)*

RBH is a social housing provider co-owned by tenants and employees. Some of its tenants currently receive different levels of care e.g. domiciliary care at its 26 Independent Living Schemes, or extra care at its specialist facility, however RBH is not a care provider. This project focused on helping

RBH analyse whether it should partner with a third party to provide care services to RBH's residents and the wider population in Rochdale.

- **Integrated care partnership.** *First Community Health and Care (FCHC)*

FCHC is a mutual providing front-line NHS community healthcare services to people living in East Surrey. This project assisted FCHC in creating a formal collaboration with three other providers to identify community-based solutions that could work across an Integrated Care System (ICS) geography once created locally. This project created an early structure for an Integrated Care Partnership (ICP) to prepare the group to collectively bid for integrated care pathways.

Further information on each of the above projects are outlined in a complementary case studies document.

## Aim and structure of the report

The aim of this paper is to inform future policy by determining whether the MPSP pilot programme has been successful in realising its stated objectives, and whether supporting further partnerships would enable the broader mutual sector to grow in size and strength.

The remainder of the report is organised into the following sections:

- **Methodology** sets out the process to evaluate the programme.
- **Findings** highlights the key observations from interviews with support recipients.
- **Conclusion** summarises the overall evaluation.
- **Recommendations** outlines the recommendations arising that support the objectives of the programme.

# Methodology

## Approach

The evaluation of this programme focused on obtaining primary, qualitative feedback from participants.

We conducted:

- **Participant interviews.** In-depth interviews with senior leadership from each mutual supported.
- **Project lead interviews.** 1:1s with the consultancy lead for each project.
- **Detailed analysis.** Review of interview feedback, together with documents setting out MPSP goals to identify trends and key recommendations.

Baxendale provided consultancy support as part of all of the projects within this programme. To preserve independence, interviews were conducted by individuals not directly involved in the delivery of each project.

All participants provided consent to be named in the report. For any quote, participants were contacted separately to seek explicit consent.

## Limitations

It is too early in the lifecycle of each project to measure the impact on end users, therefore we recommend that a further assessment is performed in March 2020. This would allow enough time for the mutuals involved to finalise their partnerships and change the way their services are delivered accordingly, which would thus leave time to reflect on achievements and learnings from the partnerships currently being formed through the programme.

# Findings

## Key observations

Overall, all the clients supported via MPSP report it has had a positive impact on their organisation. The main findings arising are as follows:

### 1. **There is a need for mutuals to be supported to partner.**

In 2018, our research<sup>4</sup> on the mutuals sector's appetite for partnerships found that mutuals have a substantial appetite to partner with other organisations, although they usually lack the legal and commercial knowledge as well as the time and capacity to do so. Mutuals therefore require support to form strategic partnerships.

All participating organisations noted that partnering responds to several needs they have as 'mature' mutuals wishing to establish themselves as key actors in the provision of services to their community. Improving relationships with neighbours or complementary providers enhances their market presence, whilst also giving them a better knowledge of the local context. Partnering also enables income and service diversification by creating genuine capability and giving mutuals the possibility to collaborate with other providers to design innovative local public services.

This is especially the case in the current health and social care environment, with the *NHS Long Term Plan* shifting the direction towards the greater integration of care. The headline commitment of the plan is to both move care from hospital to primary and community services and to improve the care provided outside of hospital<sup>5</sup>, through encouraging the joint working of GP practices, community, mental health, social care, pharmacy and voluntary services in local areas. In this environment, there is a risk for small mutuals to fail amidst bigger 'integrator' organisations. Establishing partnerships with other providers enables a collective voice that could ensure the needs of the mutual are taken into account within the wider Integrated Care System (ICS).

---

<sup>4</sup> Baxendale (2018). *Partnerships for Better Public Services*.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/715302/Partnerships\\_for\\_Better\\_Public\\_Services\\_2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715302/Partnerships_for_Better_Public_Services_2018.pdf)

<sup>5</sup> The King's Fund (2019). *The NHS Long-Term Plan Explained*. <https://www.kingsfund.org.uk/publications/nhs-long-term-plan-explained>

To further illustrate the latent demand for a programme that supports mutuals to partner, we are aware that several mutuals, all within the health and social care sector, applied for funding from a separate DCMS run programme, Mutuals Support Programme 2 (MSP2). The only mutuals eligible for support through this programme are those that are relatively recently established and still delivering their original service contract. For just this cohort, support needs included mergers, takeovers and partnerships to support local integration. Our expectation is that support needs from the wider sector will include both these and other complex forms of partnership.

## 2. Mutuals valued and benefited from the support provided by MPSP.

MPSP enabled mutuals to gain access to wide ranging consultancy and legal support, such as:

- **Project management:** establishing regular meetings, reporting lines, risk management and strong governance;
- **Partnership brokering, scoping and development:** exploration of potential partners, facilitation of communication, development of shared understanding, establishment of partnership behaviours and processes, definition of routes for collaboration and governance infrastructure;
- **Market research** into best practice and different models;
- **Financial modelling:** examining current and future costs of service delivery;
- **Operational design:** development of frameworks for partnership working; and
- **Legal advice:** drafting Memorandums of Understanding and advising on implications of new operating models.

All the mutuals said they benefited from this support, gaining capacity and knowledge, not to mention better awareness of partnering. They all affirmed that they now knew who they could partner with and how to partner with them, and said they felt confident they would be able to partner again without external support.

The different projects allowed the providers to gain knowledge and understanding of several areas. For the data driven community care project, all three providers boasted a better knowledge of the market place and a better understanding of the methods around data and analytics. Regarding the RBH project, the organisation believed it understood better its service provision and gaps within it,

and the strategic direction it should take. For FCHC, receiving support gave structure to the partnership and got people in the room in the first place. This enabled FCHC to have the governance structures and relationships already in place before the development of primary care networks and of the integrated care system, in anticipation of meeting future commissioner requirements.

There was also a substantial amount of knowledge-sharing. The three providers of the data driven community care project have increased their understanding of how to use and present data.

The project team produced replicable templates, notably around setting up a pilot, that the three providers will be able to use again. In the FCHC project, Baxendale worked with the different Senior Responsible Owners (SRO) for each workstream and helped them develop the skills to keep the administration of the projects running when the support stops.

### **3. MPSP either resulted in the creation of successful partnerships or of roadmaps to the creation of a partnership in the near future.**

Two out of three projects have resulted in formal partnership agreements and the development of meaningful collaborative relationships with other providers.

Through the data driven community care project, ACE, CHCP and MCH developed a knowledge-sharing partnership to share experiences around their innovations in logistics, data analytics and self-care. They signed a Memorandum of Understanding (MOU) and now have a stable relationship, with established lines of communication and clear examples of things they are successfully doing together. A collaborative framework is now entrenched to enable them to continue working together in the future. The three organisations are now considering joint procurement around IT systems and processes, which shows that they see clear benefits from working together.

First Community Health and Care has successfully established a partnership board with three other organisations, which is providing established channels for partners to discuss challenges and test solutions with each other. An MOU was signed between the organisations to form the PCN, and a joint programme plan supporting PCN development is being implemented. The process has successfully mobilised joint resources and is delivering outcomes and a more cohesive community voice, which bodes well for the creation of an integrated care partnership in the longer term.

Rochdale Boroughwide Housing has not yet formed a collaborative relationship with a partner, but it does have a clear roadmap to achieve a strategic partnership. The first part of the project was dedicated to evaluating RBH's current extra care provision and establishing the level of care need across the rest of the tenant population, as well as determining possible partners and the process to create a partnership for the provision of extra care. RBH now has a solid overview of its service provision and a good understanding of which partnerships could allow it to further improve its offer.

#### **4. Small amendments can be made to improve MPSP for future cohorts.**

- *Extended duration to deliver projects*

The pilot was time bound to a single financial year, which presented challenges to several recipients in terms of their ability to achieve immediate outcomes. Having greater flexibility with the timelines would take into account the complexity of achieving consensus within multiple organisations.

Many of the objectives of the data driven community care project have been met, notably the creation of a strong relationship with established routes for collaboration and knowledge-sharing between the providers, as well as the roll-out of different pilots. Yet it is too early to assess the impact of the pilots. For RBH, the initial objective was to explore whether partnership working for extra care provision was feasible and what the appetite for it was in the organisation. This has been achieved. The project team presented their findings to the RBH board who accepted the need to partner for extra care provision, and RBH identified a potential partner and will soon be able to pilot a formal partnership. Progress was however slower than anticipated due to unexpected movements in key personnel.

It also took longer than expected to get the organisations together for FCHC, which means that the delivery of final planned outputs is expected at the end of June. Moreover, the design of the new services and of the new delivery model has been delayed by the commissioner. For these reasons, FCHC highlighted that the funding was given to them too quickly.

- *Availability of support to all parties*

The independence of external advisors was highly prized. Where circumstances demand it, being able to provide support to all parties rather than only the mutual may enable rapid trust building and quicker project set up.

- *Greater interaction with DCMS*

Several recipients highlighted that they had not had any direct contact with DCMS. They were keen that this is introduced as a feature if the programme is extended, as they welcomed the chance to communicate what they were doing.

## Has the programme met its objectives?

The table below considers the extent to which each stated objective has been met. It shows that whilst short term objectives have largely been delivered, further work is needed to deliver a sector-wide impact.

Objective	Analysis
<p><b>Objective 1: Raise sector profile. Achieve a wider understanding of the mutual sector by multiple stakeholders (government, commissioners, mutuals, potential partners).</b></p>	<p><b>Objective partially met</b></p> <p>Where partnerships have formed, recipients reported improved visibility of their organisation. Yet this awareness is typically not linked to the organisation being a mutual or to the sector as a whole.</p> <p>An exception to this is the data driven community care project, where participants highlighted that their partnership enabled them to have strategic conversations with NHSI and NHS Digital and to raise the profile of the mutual model within NHS organisations.</p>
<p><b>Objective 2: Create awareness of partnering. Staff, senior management and the above stakeholders are aware of potential partners, benefits, success factors, risks, challenges and ‘how to’ related to partnering with other organisations.</b></p>	<p><b>Objective met</b></p> <p>All support recipients now have greater confidence in forming new partnerships, with considerably deeper understanding of the partnering landscape. Two of the three projects have set up partnership processes and behaviours which will likely be used again by the organisations in their future partnerships.</p> <p>All participants claimed to be able to partner again without external support, illustrating successful knowledge transfer to senior management with the knowledge and processes needed to partner with other organisations.</p>

Objective	Analysis
<p><b>Objective 3: Enhance skills.</b></p> <p><b>Continuous development of commercial skills and capabilities by mutuals: financial modelling, access to finance, legal, commercial, business planning, joint working.</b></p>	<p><b>Objective partially met</b></p> <p>The extent to which new commercial skills were developed has depended on the latent skills within each organisation and scope of each project.</p> <p>At one end of the spectrum, participants in the data driven community care project found that they gained a better understanding of how to use data for service improvement purposes. RBH improved commercial skills, particularly in relation to financial modelling. At the other end, FCHC did not find that their commercial skills were enhanced by the project. This reflects that skills growth was not an aim of the project for them.</p>
<p><b>Objective 4: Deliver commercial success.</b></p> <p><b>Mutuals form partnerships with other organisations and successfully bid for bigger, more and/or different contracts in partnership work that they could not bid for alone.</b></p>	<p><b>Objective partially met</b></p> <p>None of the organisations are planning on using these partnerships to bid for contracts immediately. Yet these projects will indirectly help each organisation to bid for bigger and/or different contracts as they are creating a genuine capability to do things differently, use new tools and work in partnership with other organisations.</p> <p>Having an established relationship with key providers will, for instance, help: FCHC meet commissioner requirements around the formation of an ICS; community providers use their collective bargaining advantage to jointly procure IT systems; RBH benefit from providing care on its own terms rather than on Council-determined terms. These projects will thus enable organisations to be more efficient and provide care differently in a way that allows them to demonstrate better value to commissioners.</p>

## Conclusion

MPSP was a trial that allowed five mutuals to strategically incorporate partnerships into their organisations, with the ultimate aim of improving public services.

### **The programme has made the sector more sustainable, by:**

1. Making mutuals aware of their partnering environment and giving them the tools to successfully partner with other organisations;
2. Allowing mutuals to have a better understanding of their environment and how to reap the benefits of working with key providers to bid for different kinds of contract and/or to save money;
3. Giving mutuals commercial skills and building the capacity to create sustainable businesses;
4. Offering mutuals the possibility to diversify income sources by presenting them with new opportunities and opening up new markets they were not previously aware of;
5. Enabling the organisations involved to achieve greater visibility and build positive, collaborative relationships with the other providers in their environment.

### **The programme has set each organisation up to deliver positive benefits to end users, but it is too early to gauge the impact.**

Both the FCHC and the data driven community care projects are already showing outputs, but it is too early to demonstrate impact on end users. The RBH project has not yielded a new partnership but the increased awareness of how partnering can improve gaps in service provision is likely to have a positive impact on their customers.

### **There are several areas for improvement, including:**

- *Length of projects*: Due to the complexity associated with building new trusted relationships, mutuals may benefit from greater flexibility in delivery timescales.
- *Greater access to DCMS*: Several mutuals observed that a direct line into the mutuals team would provide comfort that their work was achieving the government's strategic goals as well as an opportunity to highlight the realities of operating mutuals in an ever-changing landscape.

We therefore conclude that, although there are key opportunities for improvement, this programme shows strong precedent of a support programme that creates genuine and long-lasting capacity within mutuals to future-proof and expand their service provision. This should therefore be repeated on a larger scale.

## Recommendations

---

**Recommendation 1: We recommend continuing to offer a dedicated programme for existing mutuals to grow.** We suggest extending the programme over a longer period, broadening the remit to explore growth opportunities beyond partnering, and adopting refinements that take into account lessons learnt.

---

We recommend that MPSP should remain a separate programme from MSP2. MSP2 has been incredibly useful in growing and strengthening the mutual sector, but its eligibility criteria is restricted to aspiring or new mutuals. Having a programme dedicated to helping existing and well-established mutuals explore new paths to growth will play a central part in building a diverse and resilient sector.

Key MPSP elements that we recommend keeping:

- (i) **Broad definition of partnerships.** Mutuals appreciated that they were able to work towards their own objectives and design partnerships to fill identified gaps. Moving away from the narrow goal of bidding for bigger contracts opened the possibility for mutuals to be creative about how to partner and with whom.
- (ii) **Advisor led application process.** The pilot involved advisors curating projects, resulting in a reduced administrative burden for support candidates. This was welcomed by candidates and also minimised sifting time for the mutual support team.
- (iii) **Match funding requirement.** This was an effective tool to ensure that only candidates committed to the project were supported, thus lowering the delivery risk.
- (iv) **Neutral advice.** For several projects, an initial stumbling block was the creation of trusting relationships between the partnering organisations. The presence of independent advisors encouraged organisations to trust that the partnership was not going to be built or managed to the benefit of one particular organisation over others.
- (v) **Knowledge transfer.** Mutuals valued receiving project elements such as MOUs and provider intentions in a replicable format so that they could use them in the future.

Key MPSP elements that we recommend changing:

- (i) **Extend the remit so that the programme supports growth through a variety of means** e.g. via income diversification or development of new products or services. Mutuals can then take a highly strategic view on where best to direct their attention.
- (ii) **Extend the length of the programme to 24 months** to account for the complexity of dealing with multiple parties and the time needed to build trusting and collaborative relationships with other providers.
- (iii) **Where relevant, provide support to all the organisations involved in a new partnership.** Both the mutuals and the end users benefit from strong partnerships where all partners feel equally involved and equally supported, ensuring that they are not one-sided. In some cases, acting as an independent advisor to all parties, as opposed to only advising the mutual, will result in more productive partnerships forming.
- (iv) **Increased access to mutuals team.** Use site visits or ‘show and tell’ days to update the mutuals team, share learnings and highlight key messages for wider government.

---

**Recommendation 2:** The mutual sector requires continuous investment to highlight its existence and the benefits it offers, especially in the health and social care sector which represents the majority of existing mutuals.

**We recommend providing additional resources to support the mutual sector.**

---

- **Raise awareness and re-energise leaders in the system around the concept of mutuals** to reinforce the message that mutuals are a viable delivery option in the current policy context. This can be done through **disseminating knowledge around mutuals and their benefits** both at a central and local level and **ensuring that mutuals are featured in the key relevant policy, strategy and operational documents** as one of the alternative delivery models that can facilitate integration within the health and social care sector, e.g. through exhibiting case studies and successful examples of mutuals.
- **Reinforce the relevance of mutuals to commissioners via active direct engagement, and ensure that they have an equal opportunity with NHS organisations to obtain public contracts.** Use forthcoming commissioner training as an opportunity to educate individuals about mutuals.