

# OUR MUTUAL INTEREST IN HEALTH AND SOCIAL CARE

**Exemplar mutual stories**

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# Introduction

This document is a companion document to the report 'Our mutual interest in health and social care: Routes to replicate mutual models at scale within health and social care'.

Recent research demonstrates that mutuals are profitable, growing and innovative.<sup>1</sup> However, there is a general lack of awareness amongst health and social care practitioners and commissioners of the success of the mutual model. Leaders of mutuals that were interviewed as part of our research viewed this lack of awareness as the main obstacle to the widespread take up of the model. The mutual sector requires increased visibility, and there are many successful mutuals whose stories could inspire visionary leaders to make the leap towards mutualisation.

This document has been created to provide more practical information for those considering mutualisation, highlighting key success factors and challenges, and then to showcase those mutuals that have been successfully established.

Although many other mutuals have been featured throughout the main report, the four case studies presented in this document were picked because they exhibit both financial success and innovative service delivery. They also have particularly effective engagement mechanisms. Their leaders shared inspiring stories and these case studies examine the reasons for their success and their lessons learnt, from spinning out to maturity.

Special thanks go to our interview respondents who gave us insights into their experience as mutual leaders and explained what they believed contributed to their success.

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<sup>1</sup> Public Sector Mutuals: the state of the sector, SEUK, 2018  
[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)

# Building resilient mutuals: Avenues for success, challenges and solutions

## What is a successful mutual?

A successful mutual is one that is:

- **Financially sustainable:** Successful mutuals increase their turnover year on year and are profitable with healthy margins.
- **Diversified:** A large number of mutuals operate with huge balance sheets, usually relying on a core contract worth several millions of pounds, making them highly vulnerable, especially in periods of re-tendering. The most successful mutuals are the ones that made the transition from their core contract quickly and diversified their income streams and service provision. Diversifying incomes usually entails applying innovation to traditional service lines, developing self-funded offers and moving into related areas of delivery to provide seamless service experience and continuity of care.
- **Engaging employees:** Successful mutuals have a strong culture of employee engagement, participation or ownership.
- **Adding social value to its community:** Measuring success should include determining the effects of the activities of a mutual on the welfare of the community it serves. However, due to the subjectivity of this kind of measure, it is one of the hardest to quantify.

Although the process of mutualisation is challenging, several factors can facilitate the transition and will determine whether a mutual can survive major challenges.

## Key internal success factors

**A clear rationale for mutualisation:** The first wave of mutualisation was encouraged by a particularly enabling government policy: the late 2000s saw government encouraging social enterprises to play a bigger role in service provision. However, mutuals had different motivations for spinning out. Some were motivated by a desire to safeguard services that were going to be cut or outsourced, while others were born out of a frustration around budgets constraints or service quality. Whatever the reason, the most successful mutuals are those that spun out with a clear rationale in mind. Mutuals which produced a comprehensive case

for changing the business model, considering all alternative delivery options, reduced the uncertainty around the change of model<sup>2</sup>.

**Leadership:** Strong leadership is particularly important in taking staff on a journey through change<sup>3</sup>. The process of mutualisation can be particularly worrying for staff, and most successful spin-outs were carried by visionary and entrepreneurial leaders who believed in the mutual model and were able to communicate its advantages effectively not only to staff, but also to the commissioning authority, making the transition smoother and implementation more successful.

**Internal stakeholders buy-in:** What sets mutuals apart from other social enterprises is their particular focus on staff engagement. Securing employee support from the outset is key to a successful transition. In most cases, staff vote on the final decision to spin out, which means that they are involved in the process. Encouraging unions to participate in board meetings and considering the worries and preferences of different professions during the mutualisation process can not only help secure support for the spin-out in the first instance, but also ensures that the right skill mix is developed in the longer term<sup>4</sup>. Designing a mutual with a transparent process for employee engagement with consistent staff councils and feedback sessions to hold the leadership accountable allows the mutual to grow with the support of staff. This in turn leads staff to be more involved, more motivated and thus more likely to kick-start innovation.

## Case study: Independence Matters

Independence Matters is a social care organisation providing care to vulnerable adults across Norfolk. They are a CIC jointly owned by staff and Norfolk County Council.

In their spinning out process, Independence Matters received funding from the SEIF and the Eastern region grant, which they used to pay for consultancy advice to help write their business plan and determine their branding straight away to engage staff early. They also worked with John Lewis around staff engagement.

Sarah Stock, the CEO, also went on a course for social entrepreneurs where she said she was inspired by the experience of other leaders.

She also worked collaboratively with the Council who challenged her and gave input, so that in the end they felt like it was also their project and thus wanted a share in it.

<sup>2</sup> CIPFA (2017). *Research into the Public Service Mutuals Sector*.

<sup>3</sup> Cabinet Office and Department of Health and Social Care (2014), *Final report of the Mutuals in Health Pathfinder Programme*

<sup>4</sup> CIPFA (2017). *Research into the Public Service Mutuals Sector*.

**Key business skills:** Mutual staff are usually people who have worked their entire lives in the public sector, with limited opportunities to develop commercial discipline<sup>5</sup>. Public sector leaders are used to working to specific budgets. Mutualisation means they must combine entrepreneurialism with lean processes and tight cost management. They need to learn to spot opportunities for funding and act on them, and they need to make convincing business cases to gain new sources of income. The most successful mutuals have been the ones that managed to develop entrepreneurial skills and a business acumen not just within their leadership team but also throughout the entire organisation.

**Organisational values:** When they spin out, mutuals need to build a clear and coherent sense of purpose for their organisation. The most successful mutuals are the ones which are able to build an identity and set of values that their staff recognise as values they embody in their everyday work, which in turn reinforces a sense of belonging and motivates staff to work for the success of the organisation.

**Implementation approach:** Developing business processes to manage the day to day running of an independent business is particularly challenging, but essential. Successful mutuals point out the importance of determining their branding early so that staff and external stakeholders understand the direction of the transition. Legal form is also a key element of success. 'Form follows function' and successful mutuals chose their business model based on their needs and vision for their organisation rather than a pre-determined model.

### External key success factors

**Political support:** Political support matters in two ways:

- High level government support: most of the current health and social care mutuals spun out at a particular time during which mutualisation was high on government agenda. This environment played a key role in enabling spin-outs to consider the model in the first place and to convince their parent organisations to allow it and provide a broad range of support.
- External stakeholders buy-in: mutualisation is a complicated task, and convincing the parent organisation of the viability of the project is a particular

“We had a relationship with the Exeter Deaf Academy, which we leant on quite heavily in the first couple of years. Their chief exec was the first chair of Chime. That gave the CCG confidence that the governance was going to be okay and resilient enough to be able to survive.” – Jonathan Parsons, Chime CIC (Managing Director)

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<sup>5</sup> *Ibid.*

challenge. Mutuals that managed to secure the support of key stakeholders such as known local experts or leaders in their service areas were more likely to obtain the support of the parent authority.

**Access to peer support:** Many interviewees particularly valued the support they received from their peers, in the form of mutual leaders getting together to share experiences and to alert others of potential pitfalls and setbacks. Interviewees said that this allowed them to prepare themselves for the challenges ahead. Even after several years of existence, having access to supportive networks in times of uncertainty alleviates worries.

**Access to training:** Training is usually needed to acquire the business skills necessary to run a successful business. Most mutual leaders attended classes to acquire the necessary skillset. However, **Beverley Hawkins**, a professor at the University of Exeter and mutual expert, argued that leadership development programmes should not be limited to leadership or management teams. All staff should undertake classes, so that capacity can be spread throughout the organisation and staff can better understand the shift in mindset that is needed to run a mutual. According to her, two particular competencies are needed for success:

- Having the ability to capture and evidence the impact of the organisation on its community, which is important as mutuals need to generate funding and get new contracts,
- Developing a more entrepreneurial and flexible approach to working, especially spotting new opportunities and acting on them.

**Access to funding:** Most of the mutuals interviewed had access to the Social Enterprise Investment Fund, which allowed them to kick-start their spin out process. Access to grants allowed them to pay for consultancy advice to guide them.

**Successful precedents and existing best practice:** Several respondents pointed out the importance of existing mutuals sharing their experiences and particularly demonstrating their success and value added to create a narrative of success. This can inspire others to do the same, guiding their spinning out process, as well as providing arguments to convince government and local authorities of the philosophical and economic benefits of mutualisation.

## Challenges

Building on the success factors described above, interviewees brought up a range of challenges that the mutual sector is still facing.

- **A lack of awareness of what mutuals are**

The meaning and rationale behind the mutual model is still unclear to a broad range of important stakeholders. Some commissioners do not understand how the model works, and some organisations are struggling with having to explain themselves every time they want to ask for funding. Because of this lack of understanding of what the model entails, mutuals find themselves in a particularly challenging position of having to justify the rationale for their own organisation when asking for funding, as well as the rationale for *the mutual model itself*.

- **A challenge to become business-minded**

Negotiating budgets, obtaining new contracts and diversifying incomes gives mutual staff more freedom in the way they run their business, but requires skills that they may not have, such as demonstrating social value impact, selling the business to investors and discovering funding opportunities. For these reasons, many mutuals are still reliant on their core contract and may struggle to find new sources of income. They often need support from consultancies and other advisors to support them in the process, which may be costly.

- **A demanding task**

Big organisations usually have their whole support networks coming out with them when they spin out, including their HR and finance departments. In smaller spin-outs however, running a business and providing care at the same time becomes an all-encompassing job. Consequently, it is sometimes hard to get staff on board. Figuring out the best avenue of staff engagement has been flagged as a challenge by several interviewees. Staff may also be hard to convince also because public sector jobs are usually secure and comfortable, and they may not understand the necessity to risk this security to become an independent organisation.

“The health community didn’t, and to an extent still doesn’t, understand what social enterprises are. We are still seen as businesses wanting to make profit. CCGs sometimes forget that we do have to break even but that our motivations are different, and they try to control us in the same way that they would if we were directly employed.” – Jonathan Parsons, Chime CIC (Managing Director)



## Case study 1: Primary care



Willow Bank Partnership CIC is a GP surgery that is owned by some of its staff, and that has a staff-led board. It serves a population of 11,000 patients.

### Key services

- Range of primary care services.

### Current business model

Willow Bank Surgery is a Community Interest Company owned by some of its staff, who are shareholders. The rest of the staff are salaried employees. All profits are reinvested in staff development and new services for the community.

Although Willow Bank Surgery is not owned by all of its staff, it has a high level of staff engagement with a staff-run board. The CIC also has a patient participation group who are able to appoint a patient director, currently a local councillor and registered patient of the surgery.

Willow Bank Surgery currently holds an Alternative Provider of Medical Services (APMS) contract to deliver primary care in the south of the city of Stoke-on-Trent. It means that they deliver the same services that any other GP in the locality would, but as opposed to a permanent GMS contract, an APMS contract is a time-limited commercial contract typically lasting 5 to 10 years.

### Rationale for a new delivery model

The GP practice was originally founded as a new Primary Care Trust (PCT) practice in 2003. The PCT had to divest itself of its practices and the Willow Bank service was put out to tender. They were a small practice with a patient population of only 2,000, so going through tender was especially risky. Consequently, they decided that becoming a CIC would allow them better control over their finances and the opportunity to diversify their income sources, and thus applied to the Social Enterprise Programme, which was a Department of Health

### Key Information

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**Location**

Meir and Longton  
(Staffordshire)

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**Date Incorporated**

2008

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**Legal Form**

Community Interest  
Company

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**Ownership**

5 staff owners mandated via  
a shareholder agreement to  
take the views of the  
workforce into account

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**CQC Rating**

Good

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**Current Turnover**

£2 million per annum

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**Number of staff**

39 (2018)

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**Website**

[www.willowbankcic.org](http://www.willowbankcic.org)

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initiative in 2006<sup>6</sup> aimed at supporting 26 social enterprise projects to deliver health and social care services. Since obtaining Pathfinder funding in 2008, they have been growing and now cover a patient population of 11,000.

### **Approach to implementation and overcoming challenges**

Willow Bank obtained Pathfinder money and won a national competition for social enterprises, which gave them £80,000 to pay for legal support. This was used to help find a model that would allow access to the NHS pension scheme and the APMS contract. Since 2006, Willow Bank has relied on the support of Care Through Partnership (CTP), another social enterprise who have nurtured them with some projects and development. CTP helped to get Willow Bank started and has helped it manage the growth in size and complexity of the organisation.

### **Benefits of becoming a mutual**

The democracy inside the practice is different to the one that would be found in a GP Partnership, which is designed to get the best outcome for GPs. The mutual model creates an ideal middle ground between the partnership model which can be risky for GPs, and the salaried model which limits their decision-making power. Becoming a mutual creates a culture within Willow Bank whereby GPs know they have more staff to work with and rely on, and whereby they support the organisation's participative culture because they are part of it.

The GPs are not the only staff who work in the GP practice, and being a mutual allows the other staff groups in the organisation to express their ideas and contribute to the business. This is unlike the traditional partnership model, which is very focused on GPs.

### **Key success factors and enablers**

- ✓ Great leadership is a must, but there is also a need for good management, good administration and consistent organisation around those leaders.
- ✓ 'People want the power but not the responsibility. Getting the balance right requires

“Working as a doctor (and as a leader) in a small mutual is challenging because you have to balance a clinical job with everything else. It would be nice to have the space to do more networking and create a wider understanding of what we are about. Leadership needs time and space to flourish, generally clinical leadership is undervalued in primary care. Attending meetings is problematic so we need to create a wider palette of support options. Webinars and teleconferencing are two possible components.” – Dr Paul Roberts, former CEO

<sup>6</sup> <https://hansard.parliament.uk/Commons/2008-10-14/debates/0810158000031/Non-ProfitMakingAssociationsFinance?highlight=willow%20bank#contribution-0810158000929>

understanding, challenge and attention from both the organisation's leader and chair".  
(Paul Roberts, former CEO).

- ✓ The need to support staff in developing their understanding of what their new role as business owners entails cannot be underestimated.

### **Lessons learned**

- The journey to spinning out is long and complicated, and the work needed to make the transition successful is easy to underestimate. The GPs are usually the ones leading the transition, but they do not necessarily interact with the rest of the staff on a daily basis. Therefore, strong non-clinical day to day leadership would be needed to facilitate the transition and make sure the priorities of all staff members are considered.
- One difficulty is that participative behaviours do not always continue. Although employee participation was well-established at the creation of the mutual, Willow Bank's staff grew from 9 to 40, which brought some challenges. Being a mutual made recruitment easier, but there was also a need to ensure that the engagement culture was preserved as more staff joined the organisation.

## Case study 2: Specialist GP



Bevan Healthcare is a social enterprise providing NHS General Practice services to vulnerable people including homeless people, refugees and asylum seekers. It has two practices and a wellbeing centre.

### Key services

- GP services for vulnerable people
- Additional services including mental health support, rape clinics and social prescriber services
- Non-medical health and wellbeing services at the Wellbeing Centre

### Current business model

Bevan Healthcare is a Community Interest Company providing responsive NHS General Practice services designed to meet the needs of people who are homeless, who are refugees or seek asylum in Bradford and Leeds.

It was originally founded in 2003 as a Primary Care Centre for homeless people, asylum seekers and refugees in Bradford and became a Community Interest Company in 2011. Since then, it has grown and diversified its service provision, developing Outreach Services in 2013, opening a Wellbeing Centre in 2016 with the help of the Big Lottery Fund, and acquiring a new practice in Leeds in 2017.

Currently Bevan has a high level of patient and staff engagement in the governance of its organisation. It is looking to introduce formal staff ownership in the future.

### Rationale for a new delivery model

Bevan Healthcare spun out through the Right to Request in 2011. Staff and patients were involved in shaping the new delivery model and voted for it to become a social enterprise due to the inclusivity of the model.

### Key Information

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**Location**

Bradford and Leeds  
(Yorkshire)

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**Date Incorporated**

2011

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**Legal Form**

Community Interest  
Company

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**Ownership**

No staff ownership.  
2 Directors as owners.

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**Number of staff**

70 (2019)

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**Website**

[www.bevanhealthcare.co.uk](http://www.bevanhealthcare.co.uk)

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## **Approach to implementation and overcoming challenges**

Bevan Healthcare CIC secured a loan from Social Investment Business in 2014, which funded their purchase of the building they operate from. They believe being owners of the building was essential to their success.

Their biggest challenge was that the staff were clinicians and administrative staff and not business people. They applied for the Social Enterprise Investment Fund funding which enabled them to buy business consultancy support, review payroll, HR issues and the wider business plan in the short term. Meanwhile support from local government and SEUK set them up for the longer term e.g. training programmes to learn business skills were notably useful to secure the right skill mix for the new organisation.

## **Benefits of becoming a mutual**

The main benefits of being a mutual have been the relationships that Bevan have formed, both with the CCG and with the broader mutuals community. Gina Rowlands, CEO of Bevan Healthcare, finds that the mutuals community is very supportive and the mutuals team in DCMS is always available if she ever needs

“The best thing you can do is, when you see a gap of something you can plug, go to the commissioners with a solution to their problem and make them an offer. Say ‘this is a problem for you at the moment, this is what you could do to fix it, this is how we can help’. Being a social enterprise allows you to do that.” – Gina Rowlands, CEO

support or advice. Being part of the mutuals community has given Bevan access to support and to new partners to improve care delivery.

Bevan has also been able to construct a productive relationship with the CCG. Being a mutual means being able to flag issues and find solutions, a freedom not necessarily found within the NHS. As a successful mutual they are often the preferred provider because of reputation, culture and values. Being able to point out inefficiencies in the system and present solutions to the CCG gives Bevan credibility that they are able to deliver better services for the community.

## **Key success factors and enablers**

- ✓ There is a need for clear leadership, someone entrepreneurial and fearless.
- ✓ There is also a need for the leader to be a good communicator. Communicating with staff as well as service users about what is going on and making sure their needs are taken into consideration is essential.

- ✓ Networking is important: the mutuals community is a strong one and there is support available. Getting to know this network and the people in the sector can really help with success.

### **Lessons learned**

- “Due to lack of business experience, having mentors was very useful” (Gina Rowlands). Mistakes were made along the way but being a mutual and running a business successfully is a learning experience.
- Because of the relative newness of the model, there is still a strong pioneer spirit that comes with being a mutual. To succeed as a mutual leader, you need to have an entrepreneurial spirit.
- Having trusted colleagues and advisors around you is essential for a successful business.

## Case study 3: Social care



**Thurrock Lifestyle Solutions**  
A Community Interest Company

Thurrock Lifestyle Solutions (TLS) is a social care mutual providing services to people with learning disabilities. In their model, service users are truly the ones in control – as Directors on the Board.

### Key services

Services for people with learning disabilities including:

- Well-being support services
- Personal assistants
- Interdependent living service
- Housing
- Day opportunities
- Employment support

### Current business model

Thurrock Lifestyle Solutions is a Community Interest Company. It is an unusual mutual because 100% of its Directors are disabled people: service users are in control of the company.

At first, its business model was based on winning and delivering a single contract from the local authority. Since then, TLS has evolved towards having ‘individual service funds’ for 48% of its client group. This is a tripartite agreement between the Council, the mutual and the service users whereby TLS holds money on behalf of clients that they can choose to spend on their services, keep or invest into the community. TLS has also widely diversified its income sources, now owning around £1.5 million worth of properties, holding contracts with a variety of organisations including schools, developing new product ideas (such as encouraging its users to run a cafe) and investing in small companies. Now, rather than have a single contract, it has around 120 individual contracts.

### Rationale for a new delivery model

As a service manager within the local council, Neil Woodbridge, the current CEO of TLS, was frustrated by numerous inefficiencies in how money was spent. While seeking an alternative way to deliver services well and save money, he discovered the CIC model. This achieved the

### Key Information

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**Location**

Thurrock (Essex)

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**Date Incorporated**

2007

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**Legal Form**

Community Interest  
Company

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**Ownership**

9 elected directors from the  
service users

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**CQC Rating**

Good

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**Current Turnover**

£2.8 million

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**Number of staff**

Over 80 (2018)

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**Website**

[www.choiceandcontrol.co.uk](http://www.choiceandcontrol.co.uk)

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dual objective of saving the Council money while investing profit back into the community. The choice of ownership came from a push by a group of disabled people saying they could run these services better themselves and move from passive recipients of care to active citizens in control.

### **Approach to implementation and overcoming challenges**

The journey to spin out started in 2007 and took more than four years to complete.

TLS obtained grant funding from DH's Social Enterprise Unit to pay for consultancy advice, which included support to assess its options and develop a business plan. Neil had a private sector mentor with a background in banking who helped him acquire the right business knowledge needed to create a financially viable organisation. In parallel, Neil waged a long campaign to convince local councillors and senior officers of the viability of the project.

“It’s the classic social enterprise story: if on a Monday, someone says we should deliver respite services from a camper van, on Wednesday we go on eBay and we’ve bought it and two weeks later we’re delivering respite services from a camper van because they’re cheaper and more efficient. In local government, you would need 5 months of meetings, everyone stepping in and politicians going mad... all that bureaucracy goes away.” – Neil Woodbridge, CEO

The Social Value Act did not exist back then, so the local authority had concerns about the mechanics of procurement and were hesitant about approving the spin out. What made the process possible was direct governmental support: a senior civil servant came to Thurrock to talk to the Council and reassure them as to the viability of the project.

### **Benefits of becoming a mutual**

Being a mutual freed Thurrock Lifestyle Solutions from the bureaucratic obstacles that they encountered in the Council. As a mutual, they are now run by their staff and their directors who, as disabled people, are ‘experts by experience’. This means that they are better able to identify what is needed and where efficiencies can be made. When a staff member or a service user has an idea to make a service more efficient or cheaper, it is easy to implement the idea almost immediately, when it would have taken several months if the service had still been provided in-house. This has not only saved the Council money – about £400,000 a year – but it has also made staff happier, as they feel empowered to have ideas they can act on and make decisions that can improve the way services are provided.



### **Key success factors and enablers**

- ✓ Diversification is critical. TLS finds new income sources based on something it calls “principled opportunity”: as long as it’s principle-driven (i.e. aligned with the organisation’s mission and vision, and benefitting the users or the wider community), it will go for the opportunity.
- ✓ Having a mentor from the private sector was essential in future-proofing the organisation.
- ✓ The overall political environment at the time, which was pushing for new and better ways of delivering services for less money, also helped make the process successful.

### **Lessons learned**

- “In some respect, there is a bit of luck in this. There always is. We were at the right place at the right time – the skill is on recognising this and seizing the opportunity.” – Neil Woodbridge, CEO.
- Knowing the right numbers at the beginning is important. There might be a need to make tough decisions such as redundancies, and leaders should be prepared for this.
- Taking a few years to spin out was beneficial in this case, because it meant that Thurrock Lifestyle Solutions was able to negotiate new contracts and find alternative sources of revenues while still being in the Council and relying on the core contract.

## Case study 4: Specialist services



Accelerate CIC provides specialist care for people living with chronic wounds and lymphoedema.

### Key services

- Complex leg ulcer and wound management
- Lymphoedema management
- Mobility and biomechanics
- Skincare and dermatology
- Dressing Optimisation
- Education.
- Managed Services

### Current business model

Accelerate CIC is a Community Interest Company limited by guarantee. It is 100% staff owned, based on £1 share buy-in.

Accelerate holds two NHS contracts to deliver specialist community services, and they also have a tariff-based treatment centre. Its business model relies on delivering a highly specialised service to a wide geography. Instead of competing for a large contract, it accepts referrals from a large number of CCGs. 70% of their referrals to their Treatment Centre come from the North East London STP region.

### Rationale for a new delivery model

The original Wound Care and Lymphoedema Team in Tower Hamlets Primary Care Trust took the opportunity offered by the Right to Request Process in 2010 to become an independent business. The CIC legal framework was the preferred and suggested model at the time. The team were very aware of their opportunity to develop a business due to the long waiting lists from surrounding CCGs and their success to date delivering award winning local services and delivering cost effective management. There was a drive to create greater reach to meet patient need.

### Key Information

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#### Location

Tower Hamlets (but accepts referrals from 35 CCGs)

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#### Date Incorporated

2011

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#### Legal Form

Community Interest Company

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#### Ownership

100% staff owned

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#### Current Turnover

£2 million (2017/18)

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#### Number of staff

28 (2018)

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#### Website

[www.acceleratecic.com](http://www.acceleratecic.com)

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## **Approach to implementation and overcoming challenges**

Accelerate received funding from Social Enterprise Investment Fund and other social investment funds, which they used to kick-start the spin out process and pay for consultancy advice. Receiving this alongside business training helped create a financially sustainable organisation.

However, the element that made the difference for them was the support of their Director of Operations and Business, who has a sales, marketing and commissioning background. This business background allowed Accelerate to create a strong brand that communicates well to others. Combining the CEO's specialist nursing knowledge with the Director of Operation's marketing skills means that they can succinctly communicate their unique selling point to CCGs, which has played a key role in their success.

“Being a mutual means that you can duck and dive, you can challenge kindly what you're seeing because you don't have to toe the line, you can speak truth to power, even if people get upset over it. That's the power of being a mutual: it's being outside of the system, bringing innovation and challenge to the system.” – Alison Hopkins, CEO

## **Benefits of becoming a mutual**

Becoming a mutual has allowed Accelerate to focus on their innovative edge in wound care, specifically leg ulceration and lymphoedema management, which they communicate both internally and externally. Having a clear organisational vision and mission gives a purpose and motivation to staff as they understand what sets them apart from other organisations. This has also enabled Accelerate to develop a reputation for innovation and to have the credibility to challenge the status quo. Being independent has afforded them more freedom to develop a creative approach to clinical policies and patient management. Being a mutual has also allowed Accelerate to work alongside partners and other providers to deliver care differently and try to improve the system.

## **Key success factors and enablers**

- ✓ Initial funding and consultancy advice, especially financial support.
- ✓ Strong leadership with the right combination of skills to merge care with business.
- ✓ Having a strong purpose, focusing on the unique selling point to motivate staff and gain a reputation in the system.

## Lessons learned

- It is necessary to establish what co-ownership means in a small environment where staff already have close relationships. Having a formal engagement structure ensures that people are part of the key decisions.

- There are challenges to being a small business within healthcare where the demands of a good governance

infrastructure are the same as for a significantly larger business. It is essential that the organisation can afford space for innovation, mentoring and succession development.

- Success for a social enterprise does not necessarily mean becoming bigger, because this does not necessarily change the system. Being able to work alongside the smaller players and create innovation is the biggest strength of the social enterprise model.

“I know we want to show how marvellous this is but it’s also really hard work. It’s hard to do everything well and to have the benefits of being a mutual, you do have to spread yourself a lot, wear multiple hats, and the smaller social enterprises tend to be more challenged to achieve this. Having said that, the benefits of being a social enterprise are real: leadership is more devolved, we have more opportunity to challenge the status quo and we have a majority of women in leadership positions...” – Alison Hopkins, CEO