



MSH Health and Wellbeing CIC



Location
London

Founded
2007, CIC incorporated in 2013

Legal structure
Community Interest Company

Description of activity
MSH are a community interest company providing health and wellbeing services to private and NHS clients, with a focus on public health outcomes, mental health and wellbeing, safe and effective clinical trials and healthy ageing.

Key assets
20 years knowledge and experience of NHS and public health sector.

Employees
Five

Volunteers
Four

Biggest obstacle to success
Accessing commissioned health service contracts.

Overview of MSH Health and Wellbeing

In 2007, after working for 20 years in the NHS, West London resident Justin Gaffney, CEO of MSH Health and Wellbeing (MSH), took an opportunity for voluntary redundancy to start his own business. As part of his previous role, he had been delivering sexual health services to private patients and wanted to develop a business in this area. However, he realised that the business would need to secure health service commissions if it was to be financially sustainable.

Despite a lack of knowledge regarding NHS or local authority health commissioning, he was aware that tackling chlamydia in young people was a priority for the NHS at this time. Therefore, he sourced reports from, what was then, the Kensington and Chelsea Primary Care Trust (PCT) website, which detailed the Trust's chlamydia delivery plan for the area. He found contact details for commissioners of chlamydia screening services and developed a position paper outlining the reasons why the Trust was not meeting its targets, alongside suggestions for a new delivery model. As a result of the position paper, an invitation to elaborate on the proposed new model of delivery was made, although it was made clear that any contracts would be required to go out to tender.

Unfortunately, Justin was unsuccessful in securing this tender. However, a neighbouring PCT (Westminster) had also seen the position paper and offered some non-competitive grant funding for some of the services proposed in order to help the Trust deliver its targets.

This led to the employment of a small number of part time staff members by MSH who supported the Trust in delivering chlamydia screening. MSH achieved its targets quickly and as a consequence, in 2009, the Trust asked MSH to help achieve chlamydia screening targets within its deprived north wards of the borough, funded under the same grant funding mechanism. MSH established a six-month pilot of an out of hours sexual health service, based within a primary care health centre, offering both chlamydia screening and HIV testing. Within three months, the service had become so successful that the Trust asked MSH to scale the service up to a full level two sexual health service with STI diagnosis and treatment, as well as the provision of contraception. Once this had been achieved, the grant funding had rolled into a new financial year and as such, was made into a contract and service level agreement with the PCT, and subsequently did not have to go out to tender.



In 2013, MSH changed from a Limited Company to a Community Interest Company (CIC); with the aims of providing quality health care services for local communities in West London. As such, MSH opened a wellbeing centre for private patients in Angel. The centre employed staff who delivered male grooming and massage services, and worked in partnership with psychotherapists who would hire the counselling room in the centre. When MSH became a CIC in 2013, it was also awarded the chlamydia screening coordination role for all of three boroughs in West London (Kensington and Chelsea, Hammersmith and Fulham, and Westminster).

In 2015, MSH identified a gap in community care provision for older people from the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, and started up a nurse led home care service. Other care providers, although registered with the Care Quality Commission (CQC), were not required to have a clinical background, which gave MSH a unique selling point. This service accepted private patients who could pay for the care service upfront, and other for patients who, under the Health and Social Care Act, received benefit payments that they can use to pay for services i.e. direct payments.

However, in April 2017, Westminster local authority, which had taken over funding responsibilities for public health services, placed the sexual health service out to tender. MSH did not qualify to take part in the tender process due to their limited size and level of indemnities and subsequently lost the contract. With this funding lost, MSH scaled the business down, closing the Wellbeing Centre in Angel and making staff redundant.

As such, MSH now focuses on providing home care for the older LGBT and HIV positive community, and delivers services for My Care My Way (MCMW). MCMW is a three-year pilot, multi-organisational collaboration. GP surgeries, local NHS hospitals, community and social care services all work together in partnership with many charities and not-for-profit organisations, with the patient. It aims to support the health and wellbeing of local people aged 65 or over who have a tier two or three long term condition i.e. they are not managing their long term condition effectively. The aim of the initiative is to support patients in managing their conditions, which in turn reduces deteriorations in health and subsequently hospital admissions. MCMW allows patients to book an extended appointment with a GP, who then draws up an admissions prevention care plan. The patient is then referred to a case manager who signposts patients to support services. MSH has been commissioned to deliver support services via a small team of health support workers, led by a registered nurse.

MSH Health and Wellbeing's journey to success

This section summarises the key factors that MSH attributes to the success of the business and the challenges it has faced along the way.

Adaptability and spotting opportunities

Throughout MSH's history, the business has faced a number of challenges. However, continually adapting the organisation's business model, legal structure and focus has ensured the longevity of the company. For instance, MSH views the sexual health service it provided as one of the most successful aspects of the business in terms of the quality of services delivered. With prior experience of working in an NHS sexual health service, and being aware of the number of complaints regarding waiting times, MSH adapted traditional NHS service models. Once patients had completed their registration form within the clinic, they could leave the surgery and would only be called when one patient was in front of them in the queue. This enabled patients to go for a walk, or go home, reducing levels of frustration or anxiousness. As a result of this change in approach, the CQC rated the MSH service highly and internal evaluation of the service revealed that 90% of patients would recommend the service to their friends and family.

Before MSH opened the Wellbeing Centre in Angel in 2013, MSH, which was a limited company at the time, decided to restructure the organisation. It had become clear that if the company was going to be successful at securing larger commissions and grants, it would need to change its legal status to meet funder requirements. Grant funders and commissioners were not satisfied with MSH having a sole director and signatory, due to the lack of security it provided. MSH therefore changed its legal status to a CIC with two directors and two signatories, providing greater transparency and reassurance to funders and commissioners. Registering as a CIC subsequently led to MSH being commissioned to deliver a chlamydia screening coordination role for three boroughs in London.

As a result of the PCT's dissolution in 2013, and commissioning responsibilities being passed onto Public Health within local authorities, MSH was aware that it may still be too small to secure large tenders. It therefore looked for other niches in the market where it could diversify its offer. MSH identified a gap for community care provision for older people from the Lesbian, Gay, Bisexual, and Transgender (LGBT) community and people who were HIV positive. Research had highlighted how social care providers were unsure how to deal with people from the LBGT community, and HIV was an additional complication. Through partnership working on sexual health services, MSH had developed links with River House in Hammersmith, which is a community based centre for people who live with HIV in West London, providing services such as nursing advice, counselling, benefits advice and complementary therapies. MSH was therefore able to run focus groups with some of River House's older service users and the home care service was established.



However MSH decided to adopt a nurse led model as opposed to traditional home care providers who use carers. Here, every community-based client has a named nurse who delivers his or her services. MSH researched the effectiveness of a nurse-led care model, which had been implemented in Amsterdam, and it indicated that although this model is expensive in the short-term, in the long-term it is more cost effective as it prevents deterioration with health and wellbeing, which in turn reduces hospital admissions.

Managing resources and contracts

In addition to delivering quality services dedicated to the local community, MSH aimed to be an attractive employer by compensating staff generously. As a CIC, it was important for MSH to look after its staff as well as its clients. However, MSH later realised that the health and wellbeing sector was commercially challenging, and in addition to meeting its aim of delivering quality services, it needed to be financially viable. Therefore as a result of the decommissioning of the sexual health service in April 2017, and the generous staff salaries, MSH had to make staff redundant. However, since subsequently growing the business, it has now reassessed its employment practices and offers flexible contracts, which are less financially onerous on the business. Nevertheless, MSH still offers its staff other benefits, including continuing professional development opportunities, to ensure they feel their roles are rewarding. MSH is also registered as a London Living Wage Employer, which guarantees a pay increase annually.

MSH has also taken steps to reducing its overhead expenses by analysing the necessity of providing a designated office for staff. As the only facilities required for working effectively are a telephone and internet connection, the decision was made to move to a remote working model, rather than lease expensive commercial premises until the business had grown sufficiently to justify such expenditure.

One of the most important skillsets MSH is looking to develop is financial management, as it recognises this is currently an area of weakness within the company. When MSH was commissioned by the NHS to run the sexual health service it believes it undervalued its services, maintaining the contract for eight years with no uplift in fees, yet increasing its client base for the same contract amount. MSH highlights how negotiating service level agreements would have negated this barrier and the company now carefully considers any contracts it bids for. For example, a local authority offered MSH a home care contract, but on further investigation, it realised it would be unable to deliver the quality of service it prides itself on for the amount of money the local authority were offering. As such, MSH plans to employ a Financial Director to take over financial responsibilities.

Future direction

Regardless of the challenges and barriers MSH has faced since 2007, it is confident in the longevity of the business,

due to a tenacity and desire to deliver quality health services to the local area. The MCMW three-year pilot has been particularly successful as a multi-organisational initiative, and as such the current providers, including MSH, are forming a consortium to develop a bid for the CCG to continue delivering this service.

In terms of further support however, MSH highlights the difficulties for smaller organisations to secure large contracts. Due diligence checks on smaller organisations mean they are often overlooked due to their financial stability compared to larger organisations. For example, the sexual health services contract was one of 144 smaller contracts worth approximately £500,000 per annum to MSH. When these contracts were recommissioned, they were grouped together and split into clinical services and support services. The clinical services contract was worth approximately £33 million per annum and procurement rules dictated that bidding organisations needed to have an overall income of three times or over the size of the tender to be considered. If larger contracts were broken down into smaller lots, this would enable companies like MSH to be eligible to bid. A change in health procurement policies to allow local services and organisations to support local needs, would go some way to overcome this barrier.

Financial information

The following table provides an overview of MSH Health and Wellbeing’s income, expenditure and assets for the period 01/04/15 to 31/03/16

Income	£398,140
Expenditure	£398,140
Difference between income and expenditure	£0
Surplus/deficit on ordinary activities before taxation	£840
Annual income from grant or subsidy	£0
Fixed assets	£0
Current assets	Stocks: £0 Debtors: £6,072 Cash at bank and in hand: £7,000
Total	£13,072
Net assets	(£5,176)

Source: MSH Health and Wellbeing Annual Accounts, Companies House

