



IV International Congress Long Term Care and Quality of Life

Public Private Partnerships

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Public Private Partnerships

- Experience over 30 years in the NHS
- From Adversaries to Partners
- Examples of real cooperation
- Summary

Experience over 30 years

	1984	2014
Specification	Input	Output
Service Range	Single	Multi service/integrated
Service Requirements	Detailed	Achievements of the client
Evaluation Process	Tick in box	Dialogue
Monitoring	Complex/Penal	Ad-hoc/audit
Relationships	Adversarial	Co-operative
Financial	Secretive	Open
Risk Transfer	Unknown	Risk rests with appropriate party
Value for Money	Low	High

Key Drivers of the Changes

- Government Led Programmes
 - Compulsory tendering – Politically led
 - Private Finance Initiative – Pragmatic reasons
- Budgetary constraints – Needs led
- Real engagement between Public and Private
- Evaluation Process

Recent Developments – Royal Air Force

- Evaluation by Dialogue
- Embedded RAF Personnel
- Open book accounting
- Shared profits
- Capped profit margin
- Longer term contract
- High level of investment
- Joint Board of Management
- Underpin morale of serving personnel

Recent Developments - Healthcare

- Improve Patient Catering
 - Start with assessment
 - Establish dietary needs
 - Enable a flexible menu
 - Choice at time of service
 - Flexible meal times
 - Individual patient focus
- Underpins delivery of healthcare by
 - Avoiding malnourishment
 - Avoiding hydration issues
 - Aids recovery
 - Reduces re-admissions

Summary

- Public/Private sector partnerships do work
- Can deliver huge benefits both in welfare and financial terms
- Starts with communication and open discussion
- **BOTH SECTORS CONTRIBUTE TO THE SUCCESSFUL DELIVERY OF ANY PUBLIC SERVICE**