



City Health Care Partnership CIC

a co-owned business



Providing Quality Care

**Social Accounts  
2016/17**



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## Introduction

Welcome to City Health Care Partnership CIC's 7th set of social accounts. I hope you enjoy reading about what we have been doing to increase the social value we offer our colleagues, our patients and our communities.

Our social accounting process is used to measure and report on what we do 'over and above' what we are contracted to deliver through our health and care services, showing how we give back to our communities in social value as well as in high quality services.

These social accounts show just a few of the areas and some of the ways in which we are making a difference through this social value; from grants and sponsorships awarded by our Foundation charity to our work helping refugees seeking sanctuary in our country to settle and thrive, and more besides.

We can only choose a selection of examples to audit from these accounts but we hope they exemplify how our colleagues and partners work to make a positive difference to the lives of the people our organisation exists to serve.

*Andrew Burnell, CEO,  
City Health Care Partnership CIC*

“ Thank you to everyone who has contributed to these accounts: our colleagues, partners, stakeholders and our social accountants. ”

*Jenko*



## The Purpose of Social Accounting for CHCP CIC

This social accounting process measures success against our Social Investment Strategy, which outlines all our intentions in relation to our corporate social responsibility agenda and how we plan to invest, aligned with our business objectives for 2014 to 2017.

The Action Plan breaks down activities under four headings:

- **Community**  
Engaging with the local community and social causes to build goodwill, trust and benefit for society
- **Environment**  
Embedding environmental sustainability across different aspects of business practice
- **Workplace**  
Going above and beyond statutory requirements to be a socially responsible employer
- **Marketplace**  
Focusing on how the business behaves in the marketplace, such as buying goods that have been ethically and sustainably produced.

“Preparing annual social accounts is part of our corporate social responsibility. By measuring how we add value, we can be specific about the ‘what, why and how’ we achieve value. It is important now, more than ever, to be entirely transparent about our output. Social accounting is one way we can be transparent about our activities and along with other analysis tools, it is beginning to shape decision-making at board level.”

*Andrew Burnell, CEO, City Health Care Partnership CIC*

## The Scope

### Community

Putting our customers and customer satisfaction at the heart of what we do

- CHCP Foundation
- Community Correspondents
- Gateway Protection Programme
- Volunteer Support - Macmillan.

### Environment

Be a provider of excellent health care services

- 24/7 Single Point of Access Appointment Centre.

### Workplace

Be an employer of choice

- Volunteer Support - Wellbeing.

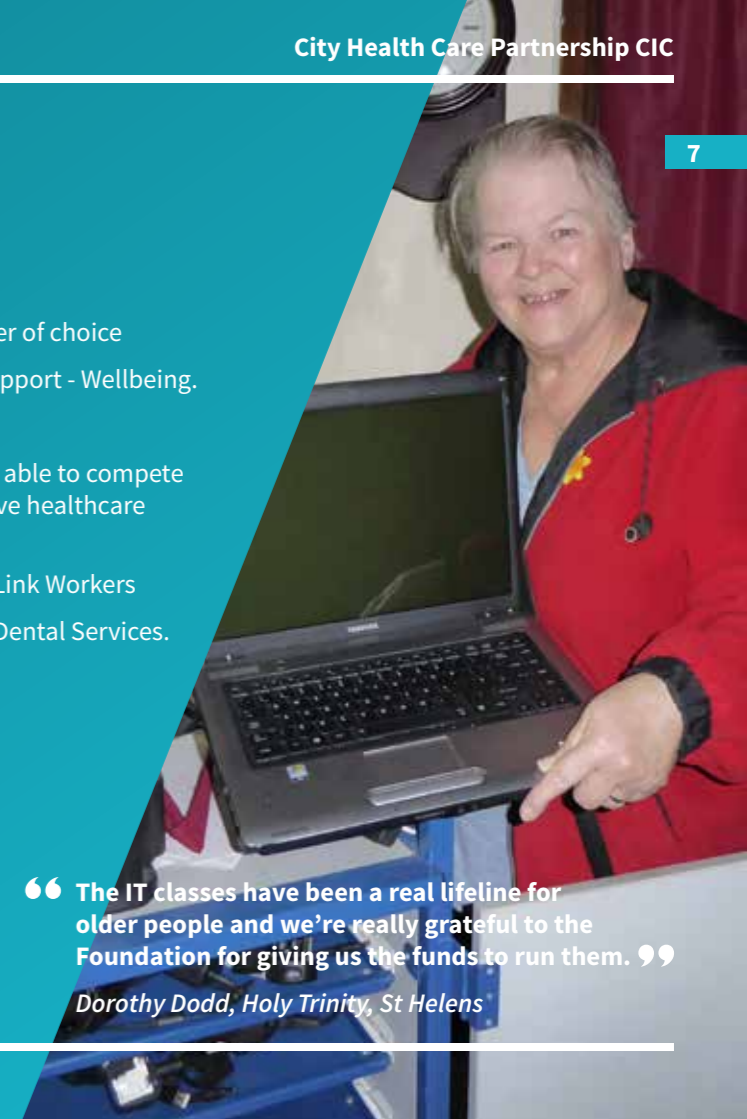
### Marketplace

Ensure we are able to compete in a competitive healthcare environment

- Community Link Workers
- Community Dental Services.

“The IT classes have been a real lifeline for older people and we’re really grateful to the Foundation for giving us the funds to run them.”

*Dorothy Dodd, Holy Trinity, St Helens*



## Social Return on Investment (SROI)

SROI is a framework for measuring and accounting social value and documenting change by measuring social, environmental and economic outcomes. It uses monetary values to represent these outcomes.

There are seven core principles for good SROI Practice:

1. Involve stakeholders
2. Understand what changes
3. Value the things that matter
4. Only include what is material
5. Do not over-claim
6. Be transparent
7. Verify the result.



## The Process

The social accountants use face-to-face meetings, telephone conversations, emails, questionnaires, polling and research techniques with stakeholders to produce an accurate report.

The full Social Accounts were approved by the CHCP CIC Board.



## Community Link Worker (CLWs)

### Reason for Being

A national report by Citizens Advice showed that 20% of GP time is spent on patients who don't have clinical needs. The CLW service in Wigan was designed to ease the pressure on GPs by providing holistic, preventative support to these patients and it provides a much needed 'link' between clients and the valuable voluntary and community services that are out there to help and support them.

**“Locally our data shows that up to 40% of the appointments made with clinicians on a daily basis are for issues that do not require a clinical intervention.”**

*Yvonne Hughes, Operational Lead, Community Link Workers, City Health Care Partnership CIC – Healthy Routes - Wigan*

If issues remain unresolved and patients can't find the support they need they are highly likely to return to the GP or rely on more costly specialist services. Also, as their social and lifestyle issues escalate, they can sometimes lead to serious, tangible health problems.

The CLW service was developed to prevent issues from escalating and having to be addressed by specialist services. It's available to patients over 18 and takes referrals from GP practices across the Wigan borough, Royal Albert Edward Infirmary and through the adult social care system. CLWs connect people with support in their communities, improve their health, wellbeing and independence by introducing them to community based activities and strengthening connections between local communities, the voluntary sector and traditional health and social care providers.

**“Our aim is to reduce the non-clinical burden on GP time by helping people find the right support for problems that may otherwise escalate into serious health problems. We see people with worries about eviction, relationship issues, financial problems etc. We get carers who are advancing in years who often feel isolated and experience difficulty coping. We work with families affected by addiction of one sort or another or dementia or bereavement. Many clients have multiple issues that can be complex in nature. Our service is geared up to provide early intervention and offers a preventative outlook wherever possible. We liaise with multi-disciplinary teams to find the right kind of help.**

We deal with waiting lists on our client's behalf and continuously look for ways to support and empower CLW clients to help themselves. This sometimes involves becoming community volunteers themselves, doing something worthwhile and giving something back by utilising their knowledge, skills and experiences to help others.”

*Yvonne Hughes, Operational Lead, Community Link Workers*

**“Although we have achieved many great outcomes so far and the nature and volume of the anecdotal evidence recorded is clear, this leading edge, social prescribing service is still at pilot stage. We are learning and gathering data as we go and in reality it is proving incredibly complex. The team face many new and challenging scenarios on a daily basis in support of their clients, and they are exposed to a number of grey areas as the ever-significant crossover with clinical, mental health and non-clinical cases regularly present themselves.”**

*Giles Bridgeman, Executive Corporate Business and Relationship Manager, City Health Care Partnership CIC*

## Community Link Worker (CLWs)

### Social Value:

This service is generating incredible levels of social value not only in terms of savings for the NHS and by facilitating improved efficiencies for general practice, but also to the wider NHS and its acute and specialist services longer-term as well as what the service is doing to utilise capacity in the Third Sector.

But by far the largest element of social value is to the clients themselves through the lifechanging support the service delivers to them on a daily basis.

Although the busy service has challenges finding the time to measure and monitor the social value it is generating for end-patients/clients, it is evident by the sheer volume of case studies the service has recorded.

By adopting a holistic and preventative approach to supporting patients the service is undoubtedly having a significant impact on a number of serious social and lifestyle issues that left untreated would fester and no doubt become serious health care problems.

**“The CLWs are a great asset. They enable clients to achieve outcomes that we wouldn’t be able to achieve without them. For example, I know they have done brilliant work helping clients with learning disabilities travel independently.”**

*Community Knowledge Officer,  
Social Care Team*



## The SROI Calculation (Social Return On Investment)

There are two elements to the SROI calculation:

1. The social value the service is generating for the CLW clients
2. The social value CLWs are creating in terms of reduced demand for GP time.

**£1 : £35.62**

## Case Study: Jim's Story

Jim is 56 and is well known to his GP as a result of substance misuse but he had deteriorated since his mother moved into residential care. Having lost his job due to drug and alcohol issues, his relationship with his partner has recently broken down. He asked his GP for help as he was not coping with the day to day aspects of his life including budgeting, debt and putting food on the table.

Having also been threatened with eviction, his drug and alcohol dependence had worsened and he had resorted to spending his mum's pension and benefits. Disillusioned with the regular drug and alcohol services after over 15 years of involvement he was feeling low and ill and called an ambulance.

He was admitted to hospital where he was treated and on discharge he was referred to the Community Link Worker service. Jim was socially isolated, had great concerns about his debt situation and was very anxious about his imminent eviction notice. As his problems escalated so did his dependence on drugs and alcohol.

The CLW referred him to The Brick (a charitable organisation that works with homeless and vulnerable people). He was also signposted to local area housing to apply for help. Brick quickly got involved and managed to stop the eviction notice, arranging rent payment directly to Jim's landlord and an agreement to cover rent arrears.

The CLW immediately organised food parcels and vouchers and negotiated with benefits agencies on Jim's behalf.

Jim has not been in touch with his GP since this CLW referral. He continues to work with Brick and has told his CLW that he is very glad of the support.





## Community Dental Service

### Reason for Being:

The Community Dental Service (CDS) provides dental treatment to children and adults with physical, sensory, intellectual, mental, medicinal, emotional and/or social needs in Hull and the East Riding who need specialist dental care.

Anxious and phobic patients can be helped to accept treatment using various methods ranging from behaviour management through “happy gas” to intravenous sedation. Patients with physical and learning disabilities form the largest group along with those with serious medical problems who need the time and specialist skills to support them through treatment.

CDS also treat patients from vulnerable and disadvantaged groups, including children with acute behavioural problems, people with cerebral palsy, victims of sexual abuse, children and adults with profound autism spectrum disorder, severe learning disorders and dementia, people with Parkinson’s and Huntingdon’s, those with oncology, bariatric and renal problems and children with cleft lip and palate.

“The Community Dental Service gives some people their only chance of accessing dental treatment. We give many patients an opportunity to be treated in a way that is appropriate to their situation, their needs or their condition. In extreme cases CDS gives some patients better prognosis outcomes when undertaking future complex health treatments, such as oncology.”

*Clive Rowe,  
Clinical Director, Dental Services  
City Health Care Partnership CIC*

## Community Dental Service

### Social Value:

Patients, parents and carers of child patients valued the CDS very, very highly. Children and adults with emotional or mental health issues or those with profound learning difficulties or challenging behavioural traits can access a non-judgemental dental service which offers equality of access and they are treated with the dignity and respect that is enjoyed by any other patient of mainstream dentistry.

Some cases of hidden disabilities (such as extreme phobias) or victims of sexual abuse often are prevented from accessing mainstream dental services by nature of their situation. For many children it may be the first time they have felt comfortable enough to sit in the dental chair or open their mouth.

Parents and carers of children with medical problems are often very anxious that the child's medical condition is fully understood and are relieved to know that the dental team has the expertise to deal with their child's individual and often unique condition.

Some cancer patients that CDS care for are placed on chemotherapy drugs called bisphosphonates and also some antiresorptives to help stabilise secondary bone lesions and prevent further spread in some cancers. The Consultant in Special Care Dentistry ensures, where possible, that they are 'dentally fit' for life before chemotherapy starts and can avoid having any teeth extracted in the future.

Once patients have started these drugs, if they were to have a tooth extracted there is at least a 1 in 4 chance that the extraction site will not heal; in a worse-case scenario, they may have to lose half or part of a jaw.

Since 2011 CDS in Hull has only had one patient whom has developed this condition having been assessed before starting treatment.

"Some of my patients are often in desperate circumstances having waited sometimes up to eighteen months before receiving their treatment. We calmly deliver their treatment in a way that is appropriate and meaningful to them. Patients are treated equally, fairly and with the greatest respect for their situation. We obviously do prioritise cases out of medical necessity and urgency, but treatments are always given with empathy and consideration. I believe, in many instances, the work of CDS has improved, extended or even saved some of my patients' lives."

*Gill Greenwood, BDS FDS RCS  
Consultant in Special Care Dentistry  
Training Programme, Director*

*for Special Care Dentistry: HEE  
Yorkshire & the Humber, City Health  
Care Partnership CIC*

"I thought we were doing a good job, but I never quite realised how much it means to patients and their parents and carers. The survey value we did has given me real food for thought about how the service is appreciated. I think we have totally undervalued ourselves as a team – we ARE doing a great job!"

*Dr Elizabeth O'Sullivan, BChD,  
MDentSci, FDSRCS, PhD Consultant  
in Paediatric Dentistry Training  
Programme, Director for Paediatric  
Dentistry: HEE Yorkshire and  
the Humber, City Health Care  
Partnership CIC*



## The SROI Calculation (Social Return On Investment)

There are five elements to the SROI calculation:

- The equivalent cost to the NHS of a complex jaw removal procedure
- Outline equivalent medical costs of stem-cell replacement procedure
- The social value as described by patients themselves
- The value of having reduced anxiety
- The value of having increased confidence.

**£1 : £28.08**







## Case Study: Ben's Story

Ben is a seven year old boy with ADHD and Autism. His behaviour is challenging and requires him to attend a school that specialises in children with these difficulties.

His mum was extremely stressed as Ben had toothache and previous visits to the dentist had resulted in him yelling and swearing in the dentist's waiting room, kicking over a chair and throwing the rubbish bin.

The dentist was not able to get anywhere near Ben. His mum felt she was being judged by other people in the waiting room as she was not able to control his behaviour.

Due to the team's knowledge and expertise on treating children like Ben they were able to speak to his mum on the phone first and reassure her that they were completely used to seeing children like Ben and that would be completely un-fazed by any challenging behaviour.

An appointment was arranged when the waiting room was quiet and Ben would not be rushed and the team directed his mum to an app designed by them to help children like Ben familiarise himself with the clinic before their appointment.

Ben was met in a relaxed and friendly way by the reception staff and chatted to in the waiting room by the dental nurse before coming into the surgery. Despite being a little hesitant to start with Ben sat on the dental chair and let Elizabeth count his teeth. He declared the dental chair "the best chair ever"!

Ben's mum was very happy that her son had been treated in a completely nonjudgemental way and, by the whole team being friendly and relaxed, his more severe challenging behaviours (that are triggered by anxiety) didn't even surface.

## The 24/7 Appointment Centre – Single Point of Contact (SPOC)

### Reason for Being:

In line with CHCP CIC's commitment to 'Making Every Contact Count' (MECC), the 24/7 appointment centre provides a single point of contact (SPoC) appointment booking service 24 hours a day, 7 days a week.

The service has handled 254,791 calls and booked 62,549 appointments in the last 12 months and by 1 April 2017. The team will eventually employ at least 90 people including advisors and call handlers.

The Single Point of Contact Care Co-ordination Centre approach aims to improve access for patients and demonstrates our commitment to MECC and to becoming paperless by 2020.

MECC is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations.

From the Making Every Contact Count Website:  
[www.makeeverycontactcount.co.uk](http://www.makeeverycontactcount.co.uk)

### Social Value:

Providing a co-ordinated and seamless appointment making and advice line for all service users is a long and complex journey but one that is already achieving significant levels of social value.

Our longer-term vision to evolve the service from being an advice and appointment booking line to becoming a care co-ordination centre offering a single point of contact and fully co-ordinated approach to any contact made to CHCP CIC will achieve further social value. Modifying referral pathways to develop a single, integrated referral point will enable all services to adopt referral management as standard.

Having one single point of contact for an efficient appointment booking service is already having a positive impact for patients.

The social impact in terms of saving patient time and reducing anxiety, especially for service users who work, have complex needs and have multiple care providers, is significant. The team also keeps non-attendance to a minimum and can use cancellations to offer appointments to others, reducing waste of clinical resources.

*"We get comments every day from satisfied service users. When a person has a complex health issue and they have to sort out various appointments whilst not feeling 100% physically or emotionally, it can cause a lot of anxiety. We hear firsthand how they really appreciate having one single point of contact where they can speak to a well-trained and caring person on the other end of the phone to book their appointments quickly and easily with as little hassle as possible."*

*Sally Jackson, Care Co-ordination Centre Customer Services Manager, City Health Care Partnership CIC*





## Case Study: Weightwise

A patient cancelled their appointment for the assessment afternoon with the Weightwise service one hour before they were due to attend.

As the assessment afternoon comprises of four patients seeing a range of highly skilled health professionals including a consultant endocrinologist, clinical psychologist, care co-ordinator, psychological wellbeing practitioner, specialist dietician and an administrator, leaving this slot available would have been a significant waste of resources.

The team was alerted by 24/7 that the patient had cancelled and asked if anyone could contact patients on the cancellation list to see if we could get anyone into the clinic within an hour for an assessment afternoon; at 12.55 a patient walked into the 1pm slot for the assessment afternoon clinic saying she had been contacted by 24/7 and was really pleased to accept the cancellation as she was not expecting to be seen for several months.

“We are only at the start of the process switching this over from a Single Point of Contact to a fully-fledged Care Co-ordination Centre – and the team is making great progress. Co-ordinating an individual’s care, putting them in the right place and making sure they are seen quickly by the appropriate service is meeting the wider needs of MECC (Make Every Contact Count)”

*Andrew Burnell, CEO, City Health Care Partnership CIC*



## The SROI Calculation

There are eight lines in this SROI Impact Map

- Reduced DNAs (Did Not Attend)
- Service rebooking cancellations
- Reducing stress and anxiety for patients of having to ring several telephone numbers to organise their appointments
- Reducing time taken and stress for patients making appointments, especially when it encroaches on their time at work
- Freeing up clinician time
- Freeing up service admin time
- The cost savings to the NHS in terms of reducing unnecessary A&E visits
- The cost saving to the NHS in terms of reducing unnecessary GP appointments.

**£1 : £14.97**

## Case Study: Julia's Story

This has been a steep learning curve for all concerned and all credit goes to colleagues in the Care Co-ordination Centre (CCC) as they have had to learn a lot in a short time about multiple services – this can't be done overnight and this is why we are still developing. But there has always been a willingness to make this work and the staff have worked in partnership to iron out any problems and/or address queries.

As with any change clinicians were anxious at first. They said, "Why change when things are working well?"

But once they understood this move was a step towards a single point of contact in line with the 2020 vision and how the

commissioners felt having one number to call would benefit health professionals and service users alike, people have slowly started to come to terms with the change. Twelve months on, there is an understanding now that the CCC are part of the team.

There are now regular communications with the CCC team lead and this continues to help operations make the service even better, especially around timely bookings. The introduction of texting to patients has had a positive impact on the DNA rate and patients and staff are happy with this. I think where we are now compared to where we were a year ago is a very different place.

Of course we are still developing so it is not yet perfect but there is engagement and good communication with the teams. The CCC do all they can to make it work.

*Julia Petty, Hull Community Service Manager, City Health Care Partnership CIC*



## The Quays: Gateway Protection Programme (GPP)

### Reason for Being:

The Quays General Practice provides health services for refugees under the Gateway Protection Programme (GPP) which is operated by UK Visas and Immigration in partnership with the United Nations High Commissioner for Refugees (UNHCR).

The programme offers a legal route for up to 750 refugees to settle in the UK each year, many of whom have lived in refugee camps for several years and have been selected for resettlement because they are at risk. Hull City Council accepts 90 refugees each year through GPP.

The Quays arranges a half-day nurse-led comprehensive health assessment; family groups are assessed together and an interpreter is always present together with screening for TB, a health visitor (if children are present) plus a GP to address any immediate health needs.

Referrals can be made directly to specific treatment services at the time of the health assessment if longer-term health needs are identified. The school nurse service is notified about the presence of any child refugees and the schools they attend.

The comprehensive nature of the health assessment adds value, allowing the testing and screening of many conditions and potential illness to be performed in one session, easing any distress. The refugees are typically registered at The Quays GP practice (although the decision on where to register rests with the refugee) so their health can be monitored over a longer period of time.

It is important to note that mental health conditions brought about by the effects of deep emotional trauma may not manifest themselves for several months as it is only when patients relax following the upheaval of moving to a new country that symptoms of mental health problems may develop.

“It is the professional experience of the team at The Quays that makes the difference to these people. The refugees are assessed by specialist practitioners who fully understand the needs of people who may be disorientated and anxious following their arrival in a new country. Some of the refugees we assess may be suffering from physical and emotional trauma and our practitioners have a deep understanding of how this may impact upon them.”

*Claire Ripper, Senior Operational Manager, Integrated Primary Care, City Health Care Partnership CIC*







## The Quays: Gateway Protection Programme

### Social Value

The main benefit is that the refugee families and individuals have a multi-disciplinary health check at one time and in one place where many aspects of their health are assessed.

Any immediate health concerns can be assessed, diagnosed and, in some cases, treated there and then by having a GP present. Having an interpreter present allows a trusting relationship to develop quickly with their first health service contact after arriving in a new country.

All of the refugees that come to Hull through GPP have been living in recognised United Nations camps, yet before this they may have been subjected to physical and emotional trauma (and in some cases torture) and it is the understanding of these issues by the practitioners that conduct the screenings that benefits the refugees most.

TB, HIV and female genital mutilation (FGM) are not uncommon issues that refugees face and addressing these with a knowledgeable yet empathic approach helps deliver effective health diagnoses, treatments and onward referrals to connected health services such as dental, sexual health and immunisation.

“The options for accessing health care for this cohort of society are often limited and it is clear that an enhanced health assessment and direct route to primary health care is of value to a newly-arrived refugee. It is the wrap-around services we offer that give the most benefit. It is our role to be not afraid of these difficult areas of work and try to break down some of the stigmas that exist around refugees.”

*Andrew Burnell, CEO, City Health Care Partnership CIC*



## The SROI Calculation

There are five lines in this SROI Impact Map:

- Benefit of a multi-disciplinary health assessment
- Decreased anxiety about health matters
- Increased confidence of the refugees through better health provision
- Value of becoming 'work-ready'
- Value of becoming 'school-ready'.

**£1 : £12.78**

## Case Study: Patient C's Story

Patient C is a woman in her 30s with two children under 10. Originally from Syria, she had fled with her sister and two children following an attack to her village; she and her sister both suffered rape during this attack and were subsequently raped within the refugee camp after arriving there.

The camp itself was later attacked resulting in the death of 150 refugees; patient C was shot in the arm. The two women hid with the children so Patient C did not receive medical attention for three days.

She underwent amputation of the arm before arriving in England with her children and her sister. All other family members are presumed dead.

Immigration health notes indicated hypertension in addition to the amputation. She appeared very thin and very subdued.

She complained of phantom pains in her arm and was finding physical difficulties with managing normal household tasks, but the sister had helped with these. This woman was very fearful at consultation, repeatedly asking how often people were shot locally.

She was very emotional and was offered support through the specialist counselling service before the physical assessment was complete. All tests for sexually transmitted infection fortunately came back negative.

She has yet to agree to a cytology screening test. Since initial consultation in addition to unscheduled vaccinations this patient has required repeated appointments for phantom pains and for support with depression. She is also still seeing the specialist provider for support.

## Volunteer Support - Wellbeing Service

### Primary Care Learning Disability Liaison Service

#### Reason for Being:

This service aims to address physical health inequalities experienced by people with a learning disability and to raise awareness of the issues, reduce stigma and increase social inclusion by supporting GP practices to carry out annual health checks, develop and promote tools and resources, raise awareness and increase the health literacy of the approximately 7100 people with learning disabilities in Hull. The team refers to people with learning disabilities as 'learners'.

**“There is a widely underestimated misunderstanding in society at large about the difference between a learning disability and a learning difficulty. A learning disability can impact on all areas of a person’s life, whereas a learning difficulty such as dyslexia which does not. Reasonable adjustments are not a choice for health care organisations. Legislation states it is a legal requirement to make improvements to prevent inequalities for people with learning disabilities. This can benefit all patients, because if we can get it right for people with a learning disability we can get it right for anybody. To treat someone equally sometimes we have to treat them differently.”**

*Suzanne Nichols, Primary Care Learning Disabilities Liaison Nurse, City Health Care Partnership CIC*

#### Social Value:

This service transcends the adult population of Hull living with learning disabilities to their families who care for them and the clinicians and staff who manage their health. Activities the team is involved in:

- Training GP practices and other health care service providers on learning disabilities awareness; support all Hull GPs with the learning disabilities annual health check
- Re-designing, re-vamping, re-writing documentation so that people with learning disabilities will be able to read it and understand it easily
- Providing a much under-represented ‘voice’ of people with learning disabilities e.g.

This Ability Event (supported by Channel 4)

- Working with hospitals and prisons to improve
- Removing barriers and improving confidence of staff in health care for people with learning disabilities
- Ensure all prisoners are given information in a format they can understand

“This service has trouble re-commissioning as it is not always easy to communicate its true value. This report shows, however, that the service is a fine example of proactive care at its best. When austerity bites, the most vulnerable are often the first to suffer. Commissioning decisions are tough but this kind of data shows the service from

a very real and highly sensible perspective.”

*Andrew Burnell, CEO, City Health Care Partnership CIC*

“I hate it when people ignore me. I know my speech isn’t always easy for people to understand but I don’t mind being asked to repeat my words. The more you hear me the easier it gets.”

*Colleen Hemsworth, Volunteer, Primary Care Learning Disability Liaison Service*

“The training has helped me understand the barriers learners face and the first-hand experience from Graham made the information real.”

*A Hull GP after attending the Learning Disability Awareness Training*



## The SROI Calculation

There are six lines in this SROI Impact Map detailing the social value of:

- Health check book for the people with learning disabilities and their families
- Training clinicians and other staff in GP practices
- Resources on offer to people in Hull with Learning Disabilities and their families via the service's web site
- Prisoner's handbook for HMP Hull and Humber
- Health check handbook as a result of early diagnosis of diabetes in terms of savings to the NHS
- Confidence and self-esteem for the two volunteers who work tirelessly for this service, who have learning disabilities themselves.

**£1 : £59.88**





“I think I’ve made the right choice.  
If I can help people, I will and I’m  
doing that already.”

*Graham North, Wellbeing Volunteer*



## Case Study: Graham and Colleen

Graham North and Colleen Hemsworth are volunteers with the Wellbeing Service, which works with GP practices to reduce the health inequalities experienced by people who have a learning disability. Service lead Suzanne Nichols says that having Graham and Colleen on the team to help train staff at practices has made a massive difference.

**“Colleen and Graham both have learning disabilities themselves and it’s so much more powerful when they can tell staff at practices about their experiences, what it’s like for someone with a learning disability to access services and what the health check should cover.”**

**“One doctor’s surgery said it was the best training ever.”** said Graham.

**“We talked about cataracts, going to the dentist and blood pressure. I have a health action plan but before I got it, I didn’t have any teeth for 10 years and I had cataracts. I talk to the doctors about health action plans and how they can help people; you need to step into someone’s shoes and think about what’s best for them.”**

**“I like doing the work and training,”** said Colleen.

**“Colleen has become so much more confident.”** said Suzanne.

**“She used to be frightened of talking but now she likes to have the opportunity to tell doctors and nurses what it’s like to be a patient.”**

Graham says that volunteering has given him a purpose to get out of bed and do something.

**“I think I’ve made the right choice. If I can help people, I will and I’m doing that already.”**

Graham and Colleen have helped to develop the Wellbeing health check booklet and thousands of these have now been distributed to Hull GP practices. The Wellbeing service and Mencap self-advocacy group also received a grant from NHS England to produce a film showing the process of engaging with people who have a learning disability; this has been showcased nationally by NHS England and is used in training and at conferences.

**“One of the practices we went to were so impressed with the stories Graham and Colleen told that they’ve asked us to go back more times so all their admin staff can have the same training,”** said Suzanne.

**“Graham and Colleen have both spoken about their work with GPs at regional conferences in front of over 100 and they were brilliant. We’ve had national, regional and local recognition for our work, including a section in the Oxford Handbook of Learning Disability Nursing.”**

**“I absolutely love working with Graham and Colleen. When they tell their stories, it gives so much more quality to the message and makes it stronger and unforgettable.”**

## Volunteer Support - Macmillan

### Reason for Being:

This CHCP CIC Volunteer Service is one of six pilot innovation centres in the UK that are part of the Macmillan Specialist Care at Home Project, a partnership approach to providing palliative care in the community.

It is a new holistic approach to patient and carer support that improves care for people affected by cancer and other life limiting conditions at the end of their life. People cared for with this model tend to have fewer A&E attendances, spend fewer days in hospital and are more likely to die in their preferred place of care.

The Hull multi-disciplinary team includes speciality doctors, Macmillan nurses, Macmillan pharmacists and a Macmillan therapy team; part of the project has been to set up a brand new Macmillan volunteer service in Hull.

“We are very pleased to have been given the opportunity to work with Macmillan Cancer Support to develop this innovative model. It has enabled us to build on the excellent End of Life work we have done already. Bev Clark has done a great job. This is not a cost neutral exercise despite being volunteer focused. It has highlighted we need a better company-wide volunteer strategy.”

*Andrew Burnell, CEO,  
City Health Care Partnership CIC*





## Volunteer Support - Macmillan

### Social Value:

The Macmillan volunteers receive an in-depth induction and specialist training to become part of a multi-disciplinary team supporting end of life patients. The volunteers fulfil many important roles and are a key part of the Macmillan specialist care at home service.

Along with the members of the specialist palliative care team they help patients achieve a 'good death', enabling them to die where they prefer; for many that is at home. Volunteers provide low level emotional and practical support to patients with an end of life diagnosis, either face to face or over the telephone.

They help with shopping, picking up prescriptions, accompanying patients to appointments, light cleaning, dog walking and make people feel less isolated. If the patient or carer has suffered bereavement, the volunteer will provide emotional support and possibly help registering the death, arranging the funeral and perhaps signpost to other relevant service.

**"My phone support was always on time and I would receive a text from my volunteer if she was unable to contact me. Our calls flowed well. We talked about how I was feeling and it felt good. We really did get on to some difficult subjects."**

*A Patient*

**"I initially wanted to volunteer to gain valuable experience in the field of social care. What I didn't anticipate was the amount of fulfilment I would get from becoming a dementia befriender. So much so I have learned a lot about myself and this experience has guided me in terms of what I want to do when I finish my degree. It has become very clear that I want to work helping others with dementia or other degenerative conditions. More importantly the family I have helped are very grateful they have someone visiting their son and it seems both parties had significant gain from the whole volunteering experience."**

*A Macmillan Volunteer*



## The SROI Calculation

There are eight lines in this SROI Impact Map:

**£1 : £3.22**

- Value generated because more people are enabled to die at home rather than in hospital
- Value of the volunteers to the patients
- The value of respite for patients' regular carers
- Benefits for volunteers in terms of employability and experience
- Reduction in hospital inpatient stays
- Reduction in A&E attendances
- Reduction in unnecessary GP appointments
- Savings generated by the volunteers supporting unpaid carers in Hull allowing them to continue caring.



## Case Study - Betty's Story

Betty, an 82 year old patient with metastatic lung cancer, had been experiencing increasing difficulty with pain, mobility and dexterity issues. Betty expressed concerns she was struggling to keep on top of her laundry and that she had not been able to change her bed linen for a number of weeks. This was causing her great distress and increasing her physical pain.

When Betty had to slowly kick the washing to the machine in order to load it and the process could often take Betty days to complete. She did not qualify for continuing care funding and had no family close by who could help her.

One of our newly trained volunteers went to meet Betty. She was able to change Betty's bed linen and visited on four occasions in the first week so she could catch up with Betty's laundry. The impact of this simple intervention was immense. Betty described feeling relieved and less distressed and her physical pain also lessened.

The volunteer visited twice a week every week until Betty sadly died at home (her preferred place of death) six weeks later, to offer similar support and Betty found this a huge help. It helped her to not worry as much as she was a very proud lady who liked to keep her house clean.

She felt less anxious about outstanding household jobs was able to feel more relaxed safe in the knowledge that this would be sorted out for her.



## City Health Care Partnership Foundation

### Reason For Being:

City Health Care Partnership Foundation is our charity, set up to support and fulfil our objectives as a social business, to give colleagues the opportunity and experience of running a small business and to make our resources work harder. The Foundation is managed by a board of trustees who are all staff shareholders. CHCP CIC provides the Foundation with financial support and is the charity's guarantor.

Grants of up to £1,000 are awarded to local groups, charities and organisations through small grant programmes and to local or national charities by sponsoring staff up to £500 for charitable endeavours. Culture Health+ grants have also been awarded for arts based and cultural projects that benefit the health of local people.

**“We fund CHCP Foundation with its charitable aims and objectives, but it should be recognised it is a separate organisation from CHCP CIC. The Foundation is now taking on its own fund-raising and CHCP CIC is not the only contributor to this social good. It is important for us that health-beneficial charitable activities are supported in all of the geographical areas in which we operate.”**

*Andrew Burnell, CEO,  
City Health Care Partnership CIC*

### Social Value:

We have been evaluating the social value created through our small grants and staff sponsorship programmes for the past five years:

2012/2013 - £1 : 28:15

2013/2014 - £1 : 33.90

2014/2015 - £1 : 36:38

2015/2016 - £1 : 37.16

### 2016/17

- Small grants: £14,098 awarded to 31 voluntary and community organisations
- Staff sponsorship: £1250 awarded to three colleagues.

We have been evaluating the social value created through the Foundation's small grants and staff sponsorship programmes for the past five years.

Under its Small Grants scheme the Foundation continues to support many community groups, voluntary associations and small charities for causes where mainstream funding may not be available.

Some of these groups and organisations might not exist, or be able to run a project without this assistance.

The financial help given to these grass roots activities is invaluable to our communities.

The staff sponsorship scheme allows colleagues to apply for support for activities they're taking part in to raise money for charities that are important to them.

## The SROI Calculation

There is one line in this SROI Impact Map.

- The social value generated for Small Grant recipients – 2016/17.

**£1 : £38.38**



“Boss day with my boys, we never get to do anything like this together”

*A dad taking part in Bushcraft day at Whiston Dads' Club*



## Case Study: Kingston Kayak Club's Story

Kingston Kayak Club is based at Albert Avenue pools in West Hull where they train, either in the indoor pool in winter or outside in summer. The club welcomes people of any age and ability and is run by dedicated and enthusiastic volunteers.

Their grant of £250 from City Health Care Partnership Foundation was for coaching and pool maintenance; the outside pool is used exclusively by the club and needs a fair amount of upkeep. They also put on summer schools, days out and camping weekends that are universally popular. Abbie, 13, said,

**"Summer school is AMAZING! We play loads of games and learn such a lot. We do it in the outdoor pool; my favourite bit is lining up all the boats and running across then jumping in the water at the end. I've been coming to the club for three years and I'm definitely going to keep it up. I really want to coach when I'm older. It's such a great hobby, it is great exercise and most of all, it's really, really fun!"**

Mum Catherine, whose 11-year-old daughter is one of those in the pool, thinks the club is brilliant.

**"It's all about teamwork and they really look out for each other,"** she says.

**"And it's great for fitness because they're paddling the whole time. The social events are fantastic for everyone, parents, kids and older members but the coaches are the mainstay of the club. They're incredibly dedicated and clearly really enjoy it and they are vital to its success."**

**"We're really grateful for the grant from CHCP Foundation,"** said Meg, one of the club committee.

**"Grants like this are vital to keep clubs like us running and to get as many people enjoying the pleasures of kayaking as possible."**



## Case Study: Movement to Music's Story

Movement to Music makes exercise fun for people with dementia and those who care for them. City Health Care Partnership Foundation awarded Louisa Ingleson a small grant of £750 to run gentle circle dancing sessions for people over 55 and she works with organisations like the Alzheimer's Society to bring them to groups across the city.

Everyone clearly relishes the opportunity to sing along to some old favourites like Bye, Bye Blackbird while moving their arms and legs in time to the music.

"I just really love doing this, it's a passion," says Louisa.

"People just enjoy themselves so much because it's not just the exercise, it's the singing as part of a group that lifts everyone's mood. One lady was completely withdrawn before we started but as soon as the music comes on, her face lights up and she leaves with a huge smile. It's wonderful to see the impact I'm making."

Eileen comes to the groups with her husband, Cyril, who was diagnosed with dementia two years ago.

"He really enjoys it," she explains.

"He only goes to places where people understand about dementia and he loves coming here. It's good for me, too, because I get to know other carers and we can support each other. It's helpful to know that other people understand and have to cope with the same things. Cyril loves the groups and thoroughly enjoys himself."

Cyril himself is very enthusiastic about the sessions.

"It's the quality of the music that attracts people," he says, "then they encourage other people to come along."

One recent Movement to Music session attracted 30 people and a participant commented,

"I'm having more fun at 90 than I did at 80!"

“ I'm having more fun at 90 than I did at 80!”

*A participant in Movement to Music*



## City Health Care Partnership Foundation: Culture Health and Community Correspondents

### Reason for Being:

The Culture Health Programme is open to local voluntary and community organisations, charities and other not-for-profit organisations for projects based around cultural or artistic activities that promote mental wellbeing, encourage a healthier lifestyle, increase exercise and/or promote public health messages.

The Foundation awarded Freedom Festival £10,000 in support of their Community Correspondents project. Freedom Festival celebrates, through artistic and cultural expression, Hull's independent spirit and historic contribution to the cause of freedom.

Community Correspondents harnesses the passion and commitment of local people, encouraging them to play a central role in showcasing the cultural transformation taking place across the city. Twelve Hull residents were chosen from a range of applicants to be the 'voice' of the festival in their local area, as part of an exciting, industry-leading new programme, first piloted last year.

The volunteer Correspondents were official 'roaming reporters' for Freedom Festival, spreading the word about the festival and Hull's growing cultural credentials throughout Hull and beyond.

"Without doubt, the health and wellbeing of the local community can be improved through active engagement and meaningful contribution. The Community Correspondents is a great example of putting into practice health-beneficial activities in a way that benefits many, beyond the volunteers themselves. Support of cultural events can only assist our principle aims and outcomes of any of CHCP Foundation's grant awards."

*Andrew Burnell, CEO,  
City Health Care Partnership CIC*



## City Health Care Partnership Foundation: Culture Health and Community Correspondents

### Social Value

The Correspondents have received training, supported by BBC Radio Humberside and BBC Look North, that has helped them develop their own creative voice and writing skills for print and online publications. They participated in a number of exclusive experiences, including working with programme teams at the BBC in Hull.

They have also reported on various cultural events in Hull and visited another of the UK's leading arts festivals, Stockton International Riverside Festival. Throughout the project, participants were supported and encouraged to produce media content in the form of film, interview recordings, blogs and newspaper articles, honing their media skills, demystifying art and raising local and national awareness of the growing arts programme in Hull.

They were also supported to conceive, design and develop content for the first ever Freedom Festival newspaper, which was extremely well received by audiences and artists attending the festival.

They formed part of the media team documenting, reporting, interviewing and developing the narrative of Freedom Festival 2016.

“The real social value of the Community Correspondents is in giving people a voice within their own community. The health and wellbeing of the correspondents has undoubtedly improved, particularly in terms of their social interaction. The upskilling and broadening of horizons that took place has increased the confidence of the correspondents but a much bigger impact is achieved when our volunteers take their stories back to their communities. This ‘depth of change’ matters most.”

*Jenny Howard-Coombes, Executive Director, Freedom Festival Arts Trust*





## The SROI Calculation

There are five lines in this SROI Impact Map.

- Health and wellbeing improvement of volunteers
- Skills development of volunteers
- Increased confidence of volunteers
- Value to the local community of the Freedom Festival newspaper
- 'Depth of change' where the volunteer correspondents informed their local communities of events and cultural change being delivered by Freedom Festival.

**£1 : £5.93**



## Case Studies : David's story

David is a person who, in his own words, is motivated by pleasure and is inspired by the arts; especially music and poetry.

He is a keen football fan and since his retirement has kept active by writing and performing his own poetry and has become involved with many initiatives which support the history and culture of his hometown of Hull.

As part of the project David received training, which he says he has benefitted from enormously. This included media skills, broadcasting and writing. He also was given the opportunity to attend the Stockton International Riverside Festival.

David believes the work he has done as a Community Correspondent has benefitted the health and mental health of some of his community by allowing him to deliver poetry therapy to cancer survivors at a local hospital.

David describes his experience as a Community Correspondent as broadening his horizons by being included in a diverse group of people and he says,

**“I think my self-confidence has certainly improved. I am now more open to attempting things I may not otherwise have tried.”**

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City Health Care Partnership CIC

Social Accounts

5 Beacon Way

Hull

HU3 4AE

[www.chcpcic.org.uk](http://www.chcpcic.org.uk)

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