City Health Care Partnership CIC

a co-owned business

Social Accounts 2012/13

Prepared and audited by Jenko Limited

Providing Quality Care

NHS

Executive Summary

Introduction from:
Andrew Burnell, Chief Executive

This is the third set of Social Accounts for City Health Care Partnership CIC (CHCP CIC) and it is great to see the progress achieved across the course of the 3 years in terms of our social, economic and environmental impacts.

This year's accounts differ slightly from previously in that rather than an overview of overall achievement against our mission, vision and values, there is a concentration on key areas of achievements and projects that have delivered against one of the organisation's key value sets: 'Creativity and Innovation'.

There is also a focus this year on measuring and reporting the anecdotal evidence as well as the Social Return on Investment (SROI) for each of the areas examined. This I think presents not only the social impacts but also captures the potential financial return as a result of the innovations and developments in our delivery.

As always, a big thank you to the contributions from all those involved in providing information for the accounts, from the staff, wider stakeholders and of course the Social Audit Panel and Social Accountants.

Andrew Burnell
Chief Executive
City Health Care Partnership CIC

Introduction

City Health Care Partnership CIC is the parent "for better profit" co-owned business, for a group of established and developing businesses providing locally responsive services and support across sectors including community health and social care services, primary and specialist care to name but a few.

CHCP CIC provides over 75 'core' community, primary health, specialist and integrated social care services to over 500,000 people in Hull and the East Riding of Yorkshire, alongside City Health Pharmacy Ltd: a retail, care home and wholesale high quality pharmacy offer, and Tangerine Discretionary PCC Ltd: our contingency and risk business.

CHCP CIC is also one of four shareholders in Albion Care Alliance CIC, a national alliance of like-minded organisations offering a credible alternative to the traditional for profit sector. Our charity, City Health Care Partnership Foundation, enables us to provide additional support to the communities in which we work.

At its core CHCP CIC is a social business, investing all profits from all our growing ventures into services, staff and the communities in which we work. Having formally separated from NHS Hull on 1st June 2010, City Health Care Partnership Community Interest Company (CHCP CIC) decided to embrace the social accounting and audit process very early on in its existence. CHCP CIC's Senior Management is keen to develop the social accounting and audit discipline further as a key method by which the organisation can demonstrate its social purpose and ethos, taking into account the impacts it has socially, environmentally and economically.

Denise Anderton, Social Business & Public Relations Director for CHCP CIC said,
"We recognise the value of social accounting as a vehicle that will formally hold us accountable for our social objectives. It is also a tool that will aid our development into the future."

Andrew Burnell, CHCP CIC's CEO said,
"As a learning organisation we are not going to get everything right all of the time. The social accounting and audit process help us to highlight areas of best practice we can learn from as well as any areas of concern or weakness so that we can continually improve."

Scope and Methodology

CHCP CIC has already undertaken two years of Social Accounting and Audit (2010/2011 and 2011/2012) and both sets of social accounts have focused on the organisation's overarching mission, vision and values. Having taken this approach and established a strong baseline position in these first two years, the decision was taken this year to look in more depth at one of the organisations key value sets, 'Creativity and Innovation'.

Looking at Creativity and Innovation with respect to CHCP CIC's Vision, the Social Accountants have reviewed the social value that is currently being created via eight key areas of innovation across the organisation's five business units (shown in the diagram below).

This review takes into account factual and reported evidence that supports the principles of social return on investment (SROI) reporting. Quotes, case studies and activities are considered alongside financial information, metrics and outputs to produce an estimate of social value ratios that the organisation creates.

The Social Audit Panel

The Social Accountants have gathered information, compiled and written these social accounts. City Health Care Partnership Community Interest Company (CHCP CIC) adopts internal governance of its social accounting process. This process is monitored by the Interface Advisory Board's Social Audit Panel (SAP). The SAP has been given delegated powers by the Executive Board to endorse and sign off the social accounts for presentation to the Executive Board of CHCP CIC.

The Social Audit Panel is made up of members of the IAB, including representatives from external community and voluntary organisations, along with CHCP CIC staff members to provide input to the organisation on their approach to delivering services and operating as a community interest company.

The Social Audit Panel has audited the social accounts. The 2012/13 Members of the Social Audit Panel were, as in previous years, made up of the companies Interface Advisory Board:

The 2012/2013 Social Accounts follows a 15 month accounting period from January 2012 to March 2013. The Social Accountants have used a combination of Social Return On Investment (SROI) Analysis, case study evidence and an overarching perspective of the organisation's achievement in terms of the bigger picture and provided contextual narrative to demonstrate the social value being created.

The SROI Network's 'Accounting For Value' framework was developed as part of a three year programme on measuring social value funded, in 2008, by The Cabinet Office. The framework provides a level of consistency and a shared language regarding social value. The framework has been well thought through and is respected and used by many organisations since its inception in 2008. It leads to a ratio calculation of 'benefits to costs'. For example, a ratio of 1:3 indicates that an investment of £1 delivers £3 of social value. It is important to remember though that SROI is about value, rather than money. Money is simply a common unit and as such is a useful and easily understood means of conveying value. The ratio on its own means very little, it is simply an illustration of social value, but when understood in the context of the entire document it provides an interesting perspective of the social, economic and environmental impact being achieved.

Consequently, in these Social Accounts SROI calculations are included alongside additional qualitative data and anecdotal evidence to expand on the SROI Calculations and to further demonstrate the social value that CHCP CIC is delivering through its many, varied departments.

The results and findings

In the sections that follow each of the 8 areas reviewed are considered in turn to give an overview of the key achievements, the SROI calculations and points for consideration.

1

Small grants

The Small Grant programme's activity is to provide an opportunity for local voluntary and community organisations and other not-for-profit organisations to contribute towards the health and well-being of people living in Hull and the East Riding of Yorkshire by accessing a 'small grant' that will enhance, create, safeguard or sustain an activity. The programme provides grants or donations of up to £1,000 to carry out activities, projects or one-off events that require an element of sponsorship.

Funding awards
For the period covered by these Social Accounts, a total of £30,332.00 has been awarded through 57 applications to the Small Grants Programme between January 2012 and March 2013.

The Small Grants programme has however been operational, along with the Staff Sponsorship and other areas of social investment since December 2010. Detailed in the table below is a total breakdown of the types of amounts of awards given out in the period from December 2010 to March 2013, which demonstrates the breadth and level of the support the CHCP CIC has put back into the local communities in which it operates.

Social Value
The SROI Ratio for Small Grants is calculated to be 1:28.15. For every £1 spent on the Small Grants activity, £28.15 of social value is being created. This positive return on investment is demonstrated through the health and well-being of the attendees and participants of the recipient organisations.

Type of award	Number of Successful Applicants	Amounts Awarded to end March 2013
Small Grants	158	£111,847
Staff Sponsorship	24	£16,427
One Off Donations including: CASE, SEED, Whizz Kids, Children's University and the AGM awards to Cat Zero, Local Works and Hull and ER Disability Panthers Triathlon Group 724,200	7	£24,200
Eco Health Grants - Feb	2	£17,800
Grand Totals	191	**£170,272**

Case studies

Jean's story

Jean had started 'having trouble with her memory' which she found very distressing and although a very active 80 year old physically - Jean enjoys walking and she belongs to a bowling club - she was looking for something that would as she put it would 'exercise the grey matter' to keep her mind alert and active too. She joined The Holderness Grange Choir which meets every Tuesday for rehearsals and puts on regular concerts for the local community.

Jean:

"I absolutely love it and really look forward to it every week. Age doesn't come into it - there is a real mix of people. We have Mums and Dads in their 30s who come for a sing once they have got their littles ones to bed, others in their 60s and 70s and although I am the oldest, I sit next to Emily who is only 17 who I hit if off with straight away. In fact she has become my surrogate granddaughter.

"We sing all sorts and I particularly enjoy the traditional stuff and the songs we sang at the Christmas Concert. Of course, I have to work hard, learn the songs and remember them and it is doing wonders for my memory. It's a real social occasion and as well as helping improve my memory, it has given me a real sense of belonging. I really look forward to my Tuesday evenings and I haven't forgotten to turn up once yet!"

Gillian Hanslip,
who runs The Holderness Choir:

"We have a wonderful group of people taking part and I think taking part helps all of them in different ways. We have a lady who suffers with dementia who comes with her husband. Another lady who has suffered very badly with clinical depression in the past who says the chorus has been her saviour."

"Another lady, a top soprano who used to suffer terribly with agoraphobia, now sits in the front row on stage at concerts! Everyone is made to feel welcome, everyone is treated the same with respect and we are sharing something we all have a passion for. We forget our troubles and sing our hearts out! I certainly believe it keeps us all away from the GP's door."

Small grants impact map

Stage 1		Stage 2			Stage 3			
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers.	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
Holderness Choir Members.	Members get out of the house more.	Time.	£1,000.00	The 40 members meet every Tuesday evening to rehearse songs and put on concerts from time to time for the local community.	Members make new friends and spent more time with others through the group activities.	Increase in personal wellbeing and feeling less isolated.	The Group Leader.	40
Members of the East Riding Panthers Triathlon Club.	Members are given opportunities to increase fitness and mix with others.	Time.	£1.000.00	The 72 members meet regularly to participate in running, swimming and cycling.	Members make new friends and increase levels of fitness and mobility.	Increase in personal wellbeing and feeling less isolated.	The Group Leader.	72
Haltemprice Skatepark.	Young people have somewhere to go where they can hang out with friends, where they are welcome.	Time.	£500.00	Approx. 300 local kids.	Young people are occupied, entertained, can exercise without getting moved on.	Increase in personal wellbeing and feeling less frustrated.	Haltemprice Parish Councillor.	300
Total			£2,500.00					

Stage 3				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	The results of a value exercise survey.	£929.79	The Choir Members.	75%	0%	59%	0%	£3,812.14	£3,812.14
1.25	The results of a value exercise survey.	£3,691.00	The Club Members.	75%	0%	0%	0%	£66,438.00	£66,438.00
1.25	Typical admittance price for Laser Quest - a commercially available youth activity with a direct comparision to skate-park culture.	£4.95	www.lqtc.co.uk	75%	0%	67%	0%	£122.51	£122.51
								£70,372.65	£70,372.65
				Present value of each year					**£70,372.65**
				Social return £ per £					**28.15**

2

Staff sponsorship

The aim of the CHCP CIC Staff Sponsorship Scheme is to provide an opportunity for employees to apply for a donation of between £250 and £1,500 funding for charitable activities that they are involved in and for which they require financial sponsorship. The wider outcomes of this sponsorship must be shown to have an impact on the end beneficiaries' general health and well-being and the scheme will provide donations that contribute towards charitable sponsorship activities and one-off events or projects that can be of local, national or international benefit.

Sponsorship awards
A total of £10,275.00 has been awarded through sixteen applications to the Staff Sponsorship scheme between January 2012 and March 2013.

Social Value
The SROI Ratio for Staff Sponsorship is calculated to be 1:2.73. For every £1 spent on the Staff Sponsorship activity £2.73 of social value is being created. This positive return on investment is demonstrated through the greater connection CHCP CIC employees have with their employer, their community and their chosen recipient of funding.

This demonstrates that the Staff Sponsorship scheme gives excellent social value to its immediate community. By measuring the thoughts and feelings of CHCP CIC staff towards their employer rather than measuring the benefit to the sponsorship recipient organisation, we can conclude this scheme derives a greater bond and connection of employees to the place they work and the community they serve. It is important to understand that in the case of CHCP CIC measuring the value of the sponsorship to the recipient organisation would not demonstrate social value in line with CHCP CIC's mission. The value being created supports the vision of 'creating a place where people love to work'.

Case study

Kerry's story

"Josh Fell, from Hornsea, East Yorkshire was 15 years old when he collapsed and died suddenly after playing football with his friends at Hornsea School in June last year. I live locally and have a child who attends the same school where he passed away. Because of this I am aware of how much this tragic loss of life has affected so many people throughout the local community, not just his immediate family.

Following the sudden, unexpected and tragic loss of their son to sudden arrhythmic death (SADS), his parents, Richard and Donna Fell set up a memorial fund in his name alongside the Cardiac Risk in the Young (CRY Charity)(Reg. No. 1050845)) and have been raising money to enable the fund to set up and pay for cardiac screening in local people aged 14-35. They have raised enough money to hold a 2 day screening event at Hornsea Secondary School in April this year.

There has been a lot of local fundraising events for this fund and charity and after speaking to Josh's Aunt and Uncle, who spoke on behalf of his parents, the family hope this can continue and enable further screening events to take place, hopefully on an annual basis for local people in the Hornsea and East Riding area.

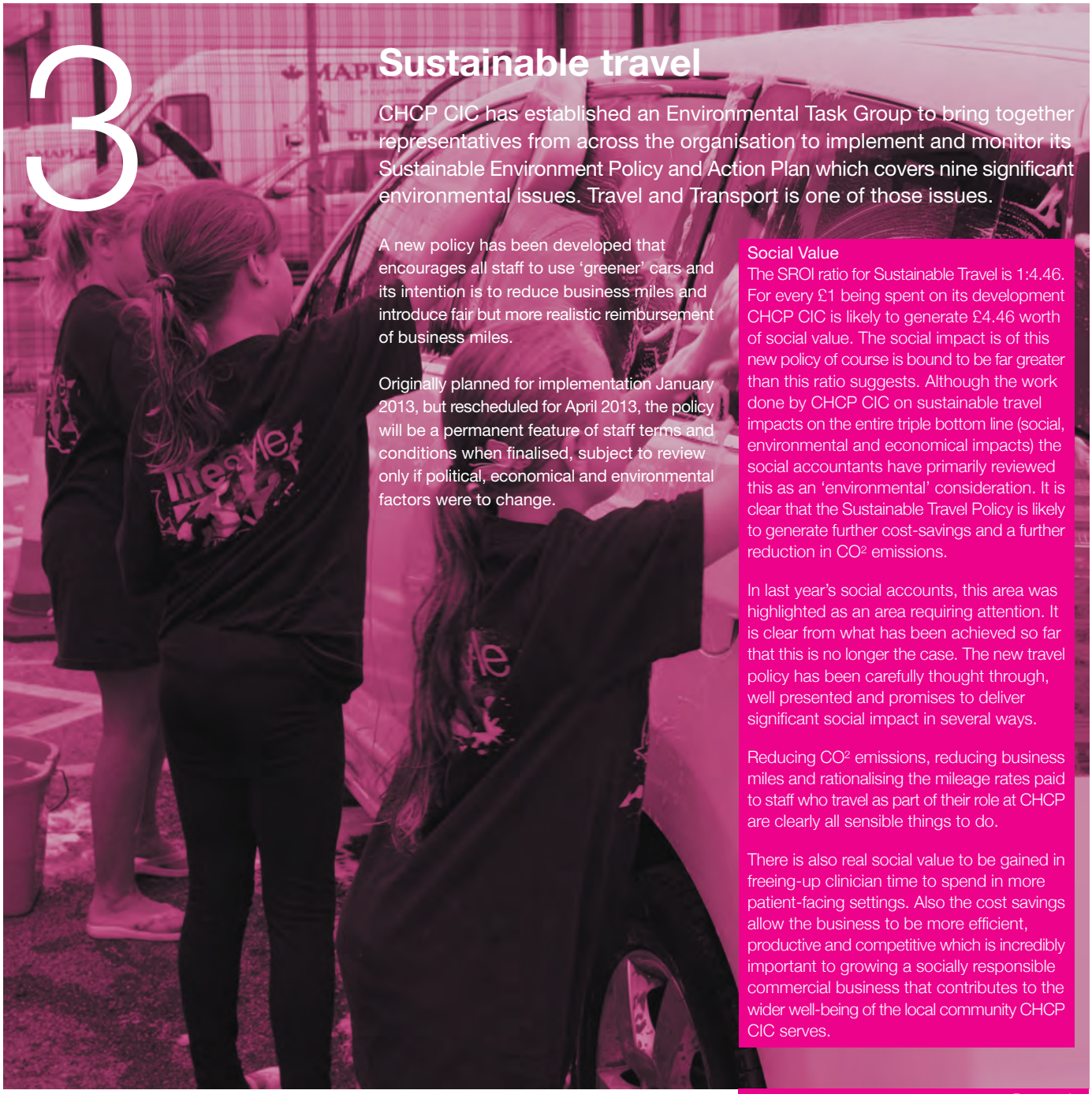
As Captain of my local ladies darts team in Leven, me and the rest of the team decided we would like to do something to raise some money for this cause. The idea started out that we would hold an Easter Raffle and a ìName the Dollî competition (after one of the players donated a doll she had hand-made). The idea has since become more popular and has been escalating in ideas to raise even more money, mainly due to the amount of support and interest people are already showing to raise money for this very worthy cause, still very fresh and raw in local people's minds. We are hoping to raise at least £100 through the raffle and the 'Name the Doll' competition.

I really believe this an incredibly worthy cause especially as it will benefit people in my own local community by giving young people the opportunity to have a free cardiac screen to detect unknown abnormalities. If such screening detects abnormalities in at least one person, and possibly stops another family having to go through something so tragic, then the fundraising will have been worthwhile and I would feel very pleased to think I, alongside others, have helped in anyway possible to raise any amount of funds to enable that to happen."

Staff sponsorship impact map

Stage 1		Stage 2			Stage 3			
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers.	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
CHCP CIC Staff	Staff receive support from their employer allowing them to support to their chosen charities financially.	Sponsorship.	£10,275.00	CHCP CIC support 30 staff annually with charitable activities by providing financial sponsorship of between £250 and £1500.	Staff's perception of CHCP as a socially responsible employer.	Staff feeling valued and supported in their charitable work/activities.	Head of Department.	16
Total			£10,275.00					

Stage 3				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	The result of the value exercise carried out with staff (sponsorship recipients).	£1,750.00	Value Exercise with staff (sponsorship recipients).	0%	0%	0%	0%	£28,000.00	£28,000.00
								£28,000.00	£28,000.00
				Present value of each year					**£28,000.00**
				Social return £ per £					**2.73**



3 Sustainable travel

CHCP CIC has established an Environmental Task Group to bring together representatives from across the organisation to implement and monitor its Sustainable Environment Policy and Action Plan which covers nine significant environmental issues. Travel and Transport is one of those issues.

A new policy has been developed that encourages all staff to use 'greener' cars and its intention is to reduce business miles and introduce fair but more realistic reimbursement of business miles.

Originally planned for implementation January 2013, but rescheduled for April 2013, the policy will be a permanent feature of staff terms and conditions when finalised, subject to review only if political, economical and environmental factors were to change.

Social Value

The SROI ratio for Sustainable Travel is 1:4.46. For every £1 being spent on its development CHCP CIC is likely to generate £4.46 worth of social value. The social impact is of this new policy of course is bound to be far greater than this ratio suggests. Although the work done by CHCP CIC on sustainable travel impacts on the entire triple bottom line (social, environmental and economical impacts) the social accountants have primarily reviewed this as an 'environmental' consideration. It is clear that the Sustainable Travel Policy is likely to generate further cost-savings and a further reduction in CO^2 emissions.

In last year's social accounts, this area was highlighted as an area requiring attention. It is clear from what has been achieved so far that this is no longer the case. The new travel policy has been carefully thought through, well presented and promises to deliver significant social impact in several ways.

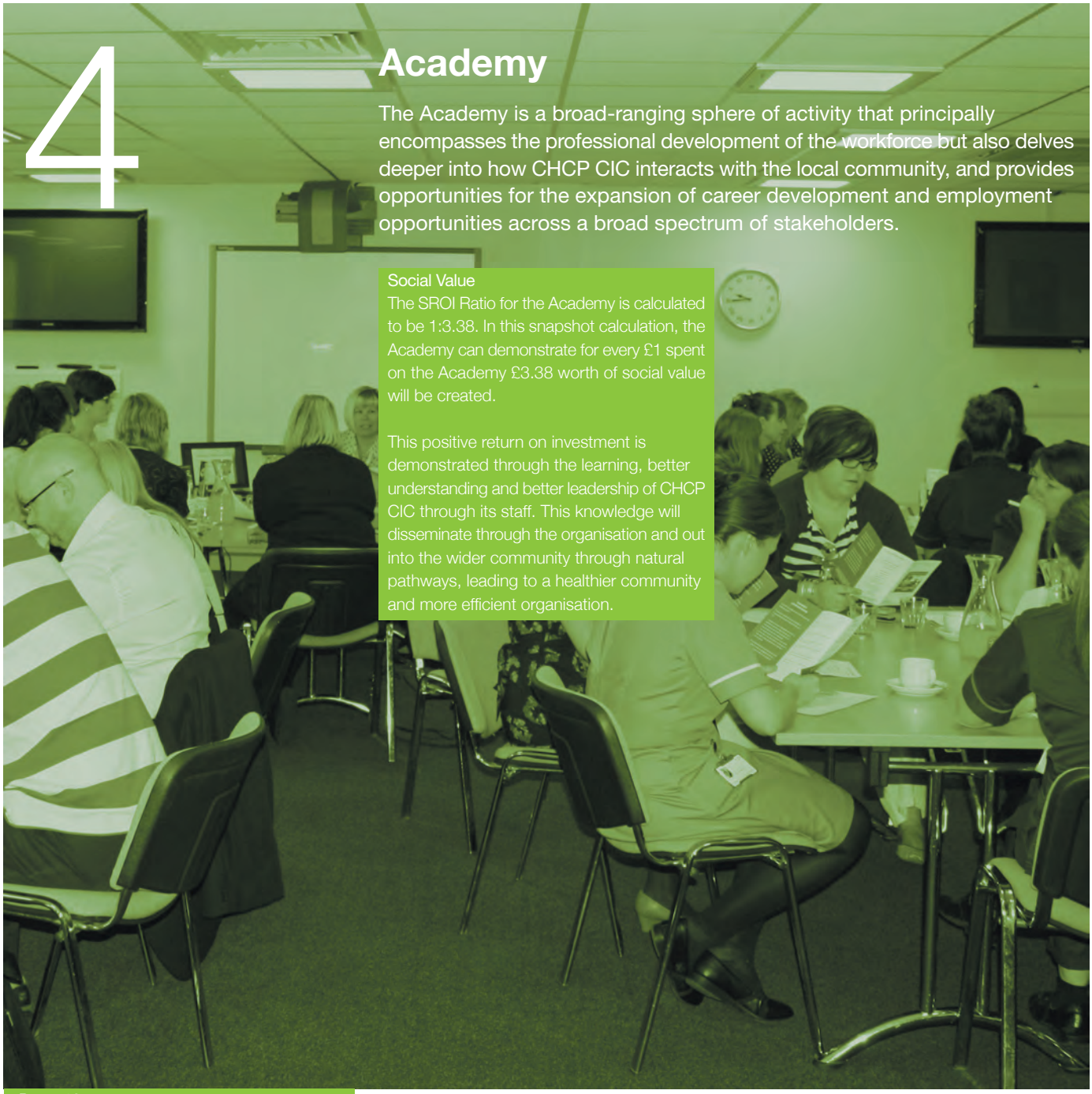
Reducing CO^2 emissions, reducing business miles and rationalising the mileage rates paid to staff who travel as part of their role at CHCP are clearly all sensible things to do.

There is also real social value to be gained in freeing-up clinician time to spend in more patient-facing settings. Also the cost savings allow the business to be more efficient, productive and competitive which is incredibly important to growing a socially responsible commercial business that contributes to the wider well-being of the local community CHCP CIC serves.

Sustainable travel impact map

Stage 1		Stage 2			Stage 3			
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
CHCP CIC.	The number of miles travelled by staff will reduce.	Projected spend based upon management time and staff side and union consultation time.	£5,000.00	The estimated reduction in staff miles travelled in the accounting period.	Cost saving and freeing up of practitioner time to spend patient facing.	Number of miles saved.	Benefits Manager.	32.852
The Environment.	The new travel policy will reduce CO^2 emissions caused by CHCP staff travelling for the purposes of work.			The proposed new Travel Policy is forecasted to reduce CO^2 emissions by approx. 14,489 kg.	The new travel policy will encourage CHCP drivers to change from medium and high emitting cars to low emitting cars.	We are assuming that 10% of drivers change from medium and high emitting cars to low emitting cars in the year 2013/14.	Interviews with Employee, Learning & Resources Director and Benefits Manager for CHCP CIC.	18.111
Total			£5,000.00					

Stage 3				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	Average mileage rate from travel policy being replaced.	£0.65	Benefits Manager.	0%	0%	2%	0%	£21,033.49	£21,033.49
1.25	Social Cost per tonne of CO^2 emissions.	£70.00	Government Economic Service Working Paper 140 - "Estimating the Social Cost of Carbon Emissions" published by HM Treasury and DEFRA - Jan 2002.	0%	0%	0%	0%	£1,267.77	£1,267.77
								£22,301.26	£22,301.26
				Present value of each year					**£22,301.26**
				Social return £ per £					**4.46**



4 Academy

The Academy is a broad-ranging sphere of activity that principally encompasses the professional development of the workforce but also delves deeper into how CHCP CIC interacts with the local community, and provides opportunities for the expansion of career development and employment opportunities across a broad spectrum of stakeholders.

Social Value

The SROI Ratio for the Academy is calculated to be 1:3.38. In this snapshot calculation, the Academy can demonstrate for every £1 spent on the Academy £3.38 worth of social value will be created.

This positive return on investment is demonstrated through the learning, better understanding and better leadership of CHCP CIC through its staff. This knowledge will disseminate through the organisation and out into the wider community through natural pathways, leading to a healthier community and more efficient organisation.

The Academy is not reliant on a single individual or team but is instead an amalgam of CHCP CIC's existing teams and services and some outsourced services. It brings together the leadership and direction of the senior management with the professional skills of the staff. Through the activities of both the learning and development team and the professional and workforce development team, the opportunities, needs and improvements create benefit to service provision and enhance the healthcare of the people of Hull and East Riding.

The Academy provides:

- work experience for young people over the age of 16 in further education
- work experience for those wishing to gain employment opportunities
- apprenticeship pathways
- training, education and experience relevant to competency/role development
- management and leadership development
- extended role skills
- links to formal academic learning through in-house provision
- return on investment evaluations on specialist activities

The Academy operates at a number of levels:

- apprenticeship, work-experience and shadowing
- talent management/development
- soft skills - team or service related skills
- hard skills - team or service related skills
- organisation and service development

The Academy now delivers a strong series of resources that can develop an individual through simple interventions such as mentoring, careers advice or attending in-house training or educational events which require little or no budget input. There is a programme of workshops that are designed to enable participants to apply, understand and examine the processes used within the organisation. This programme (Management & Leadership Academy) can be accessed as a stand-alone class or as part of the whole programme depending on requirement.

These workshops can be beneficial where cross-departmental understanding is missing and so the Academy organises these internal events that explain management activities such as Human Resources and Business Planning and evidence suggests these add significant value back to both the organisation and the individual.

Case study

A young person's work experience story:

I joined a scheme on 16th January called 'Helping Hull' it was a joint venture by the Job Centre and Hull Community Volunteer Services with the aim of getting young people ready for the work place by providing them with the opportunity to gain actual work experience.

I was given a 5 week Placement at Health Central and a 5 Week Placement in the Hull and East Riding Stop Smoking Service Administration office. During my time in these positions my confidence grew considerably, both in terms of my ability to do the job and as a person.

Thankfully, I managed to impress during my time on the placement and was offered an interview for a bank post within the Stop Smoking Admin Office as an Admin Assistant. I was successful in my application and I continued to work within the admin office after my work placement period had finished.

A few months later a permanent position became available within the office and I applied, thanks to the confidence and competence I had gained during my time as a workplace student and on bank, I managed to pass the interview and was offered a full-time contract fixed until March 2013.

Overall, the experience has been overwhelmingly positive and I cannot recommend it highly enough. Thankfully, it resulted in a full-time job for me but even if I hadn't been lucky enough to be successful, the amount of confidence I gained during my time here has been invaluable and the extra experience on my CV will really help in my future endeavours.

Academy impact map

Stage 1		Stage 2		Stage 3				
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers.	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
Employees of CHCP CIC who have taken part in the Academy's Leadership & Management Development Programme.	Employees will enhance their understanding of leadership and management practices.	The average cost of an inhouse session and the average cost of the time spent, based on the salary of an average wage scale for those who attended. (£388 is the average session cost includes facilitator's time handouts, etc + employee time which averages out at £160 per attendee).	£10,960.00	8 employees have completed the whole programme and a further 12 are expected to finish within the accounting period.	Deeper understanding of the organisation and its management and leadership philosphy in line with delivering the mission, vision and values.	Average cost of comparable training by private provider with similar outcomes.	Head of Department.	20
Total			£10,960.00					

Stage 3				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	The cost of a comparable leadership and management programme from a respectable, well-known people development provider.	£1,850.00	www.dalecarnegie.co.uk	0%	0%	0%	0%	£37,000.00	£37,000.00
								£37,000.00	£37,000.00
				Present value of each year					**£37,000.00**
				Social return £ per £					**3.38**

5

School Health+

The initial concept for School Health+ was developed by the CHCP CIC Children and Young People's Service as a collaboration of experienced personnel within the organisation to develop enhanced health and well-being services to be offered to all schools within the Kingston upon Hull city boundary beyond the existing universal service provision.

Following a period of research and pilot schemes to test the emerging innovative service, the new service was to be delivered by the existing school health team and was designed to complement the work already being done in schools. It was aimed at addressing some of the city's health and social issues that negatively affect attendance and educational attainment. The pilot schemes were supported by NHS Hull (outside of the accounting period). Understanding that healthy, happy, safe pupils are more likely to attend school, enjoy learning and achieve their full potential was a natural consequence of the combined experience of the existing team and it was decided the service would be split into two distinct activities; a universal service, and the enhanced (School Health+) service.

Taking feedback from the research and information from the pilot school partners the new enhanced service, School Health+ focuses on:

- attendance
- emotional health
- sex and relationship education
- personal health and social education (PHSE)
- safeguarding

The School Health+ service is directly aligned to the goals and aspirations of the school or academy where there is a direct correlation between attendance and attainment.

The School Health Team can work with the school or academy to target both individual and specific underlying community issues that may be creating barriers to success. Cluster groups of schools have been established and by procuring services collaboratively, can help create pathways to address long-term health, attendance and attainment targets within a community or specific locality. Through cluster group arrangements, the School Health+ service is developing more impactful relationships with their young clients and work with the school's team to support well-being, attendance and attainment plans. These strategies are resulting in long-term positive outcomes for children and success for young people within local communities.

Social Value

The SROI Ratio for the Academy is calculated to be 1:6.70. In the calculation, School Health+ can demonstrate for every £1 spent on the service £6.70 worth of social value will be created. This positive social return on investment is demonstrated through the increased attendance that is experienced by participating schools and academies. This better attendance is leading to healthier children and young people that attain more at school and therefore benefit their communities and society in general.

Case study

Joanne's story

Joanne Robinson, who qualified as a school nurse five years ago with a Public Health Degree, is the nurse allocated to Chiltern Primary School. The nurse's focus is primarily attendance. Apart from holidays in term time, by far the biggest area of concern for the school was medical non-attendance. The school had noticed patterns of non-attendance where entire families would go off sick together. Also, some families were keeping children at home for long periods disproportionate to the nature of their illness - e.g. three weeks for chicken pox.

The school has excellent measures in place for managing and rewarding good attendance. Certificates and prizes are given out regularly to children with 100% attendance weekly, monthly, termly and yearly.

The Head teacher told us; *"The bigger the achievement the bigger the prize. We give stickers out in assembly every week to children with 100% attendance and at the other end of the scale, last year, we gave a bike to a Year 6 boy who had achieved 100% attendance for six whole years. But, this was exceptional and obviously not the norm. Some parents take attendance very seriously and value education whilst others see us as a child-minding service, taking the decision to keep their child off school far too lightly. We do everything we can to encourage good attendance but there is a hard core of persistent non-attenders who often give ill health as their reason for not being in school. This is where the school nurse is a must.*

For a member of school staff with no medical training it is very difficult to combat or question medical non-attendance or even to offer advice. We need a healthcare professional in school because not only can she establish very quickly if a child is indeed fit for school, but is also qualified to advise parents. When Joanne Robinson says it is time to send a child back into school, parents listen and they appreciate and trust the professional health advice now available at Chiltern."

As well as attendance, the remit of the nurse at Chiltern is far reaching and although School Health+ is a relatively recent initiative for Chiltern, the Head and the nurse are keen to develop the role further.

School Health+ impact map

Stage 1		Stage 2			Stage 3			
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers.	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
Pupils of School in Hull.	Pupils receive addtional support from the school nurse.	Cost of investment from NHS Hull who gave £60K for the year to invest in SH+ for the 3 academies' pilot schemes. Time and resources defining the service and marketing and promoting the new School Health+ Service to Hull schools.	£34,000.00	School nurse intervention of attendance related health matters - including emotional health, behavioural problems, sex and relationship advice and safeguarding e.g. Home visits, drop in consultations, counselling and advice.	Improved attitude and understanding of pupil re the importance of attending school.	How the school pupils value the school nurse's input and advice following interventions on health and attendance matters.	Interviews with Head of Department.	780
Hull School Leavers / The Local Economy	The likelihood of school leavers earning more.	Time.	£0.00	School nurse intervention of attendance related health matters - including emotional health, behavioural problems, sex and relationship advice and safeguarding e.g. Home visits, drop in consultations, counselling and advice.	Attainment is improved through increased attendance, increasing the likelihood of GCSE Passes.	Whether pupils are attending school more.	Interviews with Head of Department.	780
Total			£34.000.00					

Stage 3				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	The result of the value exercise carried out with Hull School Pupils.	£254.00	Value Exercise with Hull School Pupils.	50%	0%	15%	0%	£84,201.00	£84,201.00
1.25	The percentage hourly pay gap to employees with GCSE Passes or equivalent level of education in the UK.	£432.77	Office of National Statistics - Labour Force Survey Oct-Dec 2010.	50%	0%	15%	0%	£143,463.26	£143,463.26
								£227,664.26	£227,664.26
				Present value of each year					**£227,664.26**
				Social return £ per £					**6.70**

6

Sexual health virtual clinic

Hull's Sexual Health Virtual Clinic, www.sexualhealthvirtualclinic.co.uk, represents a key area of innovation for City Health Care Partnership CIC. Based on evidence from a social marketing study (NHS Hull August 2010) and studies in efficacy on offering online sexual health services (Pfizer 2009) CHCP CIC recognised the need to develop its own Hull-based Sexual Health Virtual Clinic to offer advice to the 'hard-to-reach' sections of the local community.

CHCP CIC's www.sexualhealthvirtualclinic.co.uk went live on 3 October 2011 as Hull's first specialist Sexual Health Virtual Clinic providing real time access to a specialist nurse over the internet. Clients are offered live, online consultation (Mon-Thu 4pm - 7 pm) with a qualified, Band 6, Sexual Health Nurse who offers advice, postal testing kits, condoms by post and onward referral when required. Aimed initially at 'hard-to-reach' sections of the local community i.e., the very young and vulnerable, gay men etc., the website provides a frequently asked questions (FAQs) area and the facility to send questions to the sexual health nurse electronically outside of live chat hours (answered within two working days).

The virtual clinic has the capacity to reach 2000 online clients per year and has been marketed to people living in Hull who are registered with a Hull GP. The online clinics operate outside of normal working hours in an attempt to make access better for those who work, study or would have difficulty attending a day clinic due to childcare/carer commitments.

Social Value

The SROI Ratio for the Virtual Sexual Health Clinic has come out at 1:1.46. For every £1 CHCP CIC spends on the clinic at least £1.46 worth of social value could be created.

The Social Accountants are very much of the opinion that this SROI ratio is only the tip of the iceberg in terms of measuring the social value that could be created by the Sexual Health Online Clinic. Of course it is an illustration of social value based on just one SROI calculation - i.e., the potential cost savings if CHCP CIC could encourage the 'worried well' to use the online service, freeing up the face-to-face clinic for the people with more serious sexual health problems.

Clearly cost saving is only one aspect of the potential social value that could be created here. The Social Accountants believe the real social value, which has been evident through talking to the sexual health team and from the case study evidence provided, it is all about reaching out to vulnerable and hard-to-reach people who value highly the online experience the virtual clinic provides. Being a strictly anonymous service, on this occasion the Social Accountants and the team felt it was inappropriate to approach users of the virtual clinic with a value exercise. However, the Sexual Health team do ask for feedback, via an online questionnaire, after every online consultation.

Case studies

Aatifa's story

Aatifa, a 14 year old Muslim girl from Hull felt unable to approach her parents with questions about her developing body and menstrual cycle. In fact, she told the nurse during an online consultation that she was very anxious and confused and had absolutely no one she felt she could turn to. She had heard about the virtual clinic at school and decided she would give it a try as she had many questions about what was happening to her body. The specialist nurse was able to answer all Aatifa's questions during one online consultation. Aatifa thanked the nurse and said she felt enormous relief knowing this service exists.

Sarah's story

A 25 year old lady who had been sexually assaulted contacted the Virtual Clinic for advice. She was concerned she might have contracted a sexually transmitted disease as a result of the assault and was very anxious about this. She found it difficult to talk about but having access to the anonymous online service appealed to her. She chatted online with the specialist nurse who gave her information and contact details regarding the Sexual Assault Referral Centre (SARC) for forensic testing and also for the the sexual health clinic for screening. The nurse explained to her what she could what to expect if she decided to go through these two processes and reassured her about the levels of confidentiality the two services follow.

The client was extremely grateful for the information provided.

Sexual health impact map

Stage 1		Stage 2			Stage 3			
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers.	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
NHS Hull.	Patients will use less face to face clinician time.	The cost of setting up the Virtual Sexual Health Clinic.	£35,000.00	An estimate of the number of Patients who will be seen in this accounting periiod that can be classed by the service as the "Worried Well" based on last year's figures.	Frees up practitioner time to see people with more serious sexual health concerns.	Worried Well using the online service and those with more serious conditions using the face to face clinic.	Head of service.	4,878
Total			£35,000.00					

				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	The difference between the average cost of face to face consultation and an online consultation.	£10.47	Head of service.	0%	0%	90%	0%	£51,072.66	£51,072.66
								£51,072.66	£51,072.66
				Present value of each year					**£51,072.00**
				Social return £ per £					**1.46**

7

Evolve - Hull eating disorders service

CHCP CIC is the lead contractor for this new service commissioned by NHS Hull and they are delivering it in partnership with:

- Humber NHS Foundation Trust (which provides services in this area for people with mental health problems, learning disabilities and addictions) through its Child and Adolescent Mental Health Services (CAMHS). This provides a specialist assessment and treatment service to children and young people in Hull who are experiencing significant emotional or mental health difficulties.
- SEED Eating Disorders Support Services a registered charity, set up by Marg Oaten in 2000, that provides support and empathy for people with eating disorders.

The main focus of the service is to provide support for patients with eating disorders in their own home environment. The focus of the service is recovery, with the patient at the centre of a holistic and flexible model of care. The unique advantage of this multi-disciplinary, partnership approach is they can collectively provide care across the entire patient pathway, supporting patients and their families and carers before they are referred into the service, during the treatment and after discharge. Together, the different service providers involved will be doing everything they can to treat sufferers 'in area' (i.e. in Hull) avoiding unnecessary 'out-of-area' referrals.

Social Value

The SROI Ratio for the new Hull Community Eating Disorder Service has come out at 1:1.58. This is saying that for every £1 spent the Hull Community Eating Disorder Service could generate at least £1.58 worth of social value.

It is very important to remember this is an illustration of social value based on just a few specific aspects regarding the impact the new service will have. The Social Accountants have looked at potential savings on 'out-of-area' bed days for sufferers as well as the perceived value sufferers themselves believe they are getting from the service. The accountants have also looked at the potential reduction in the number of GP visits, A&E visits and Acute hospital admissions that will come about as a result of sufferers having somewhere specific they can go in Hull for specialist treatment.

It is clear from the evidence examined from a variety of sources that the true social costs of an eating disorder are incredibly significant that this SROI calculation on this very new service can only scratch the service and there is considerably more to consider. 2012/13 has been largely a 'set-up' year for this new service. The team has been busy recruiting, training, formulating the scope and structure of the service, securing and preparing new premises and planning its marketing strategy.

Case study

Because the Hull Community Eating Disorder Service is so new it is appropriate, at this stage, to include a case study that shows what life for sufferers was like in Hull before this new service began.

Kelly's Story

(A summary of Kelly's Mum's Diary between 1991 and 2005)

- During the first 6 months of 1991, 16 year old Kelly lost 4 stone in weight.
- In denial, she believes she doesn't deserve food and can live without it.
- Mum takes her to the family GP. The GP is able to offer little support and advice.
- Kelly collapses a few weeks later and an emergency GP is called out.
- She is referred to the Gastroenterologist and Adult Mental Health team.
- After that Kelly is seen regularly by a psychologist but advised that they cannot do the 'real work' with her as her body weight is too low.
- In January 1993 at the age of 18, Kelly's BMI is 13 and she is admitted to an out-of-area acute psychiatric unit.
- Kelly has suicidal ideation.
- Input continues from psychologist and psychiatrist and the family is referred for therapy but they encounter many inconsistencies in approach.
- Kelly and her family continue with Kelly's battle with food for a further eight years. Meal times are particularly fraught.
- Eight years later in July 1999, at the age 24, Kelly is admitted to hospital by ambulance to the cardiac unit at Castle Hill emaciated.
- She is examined and discharged on the same day on the condition that she is followed up by a psychiatrist.
- Kelly then has follow-up appointments with psychiatrist every 3-6 months, lasting 20 minutes each, for next 2 years.
- In October 2001 Kelly is weighed for the first time and prescribed medication.
- January 2002 Kelly collapses in street.
- She refuses ambulance, but visits and out-of-hours GP who advises she discusses what has happened with psychiatrist at next appointment.
- The next few years are a blurr of cognitive analytical therapy, psychologist and GP differences of opinion and significant weight loss. Kelly's family are going out of their minds.
- May 2003 - aged 28 - Kelly has a private consultation with psychiatrist.
- Her BMI is 13 and he recommends hospital admission and to check electrolytes.
- Kelly visits GP who dismisses private psychiatrist's report.
- Extremely frightened and very depressed, eating less and walking more Kelly is prescribed Prozac. She feels a bit better on it. Shortly after this Kelly is called to GP for appointment who has letter from NHS psychiatrist saying she must stop taking Prozac (as it can cause weight loss and intestinal problems in anorexics).

- July 2003 GP makes urgent referral for Kelly to be admitted to specialist unit in Leeds.
- No bed available. Kelly is admitted to Yorkshire Centre for Eating Disorders in Leeds on 30 July 2003 - where she stays until December 2003.
- The next 3 years includes more of the same. In and out of psychiatric units, she contracts pneumonia, she spends Christmas in hospital, GP doesn't know what to do with her, blood tests, hormone replacement, bone marrow taken from spine.
- April 2005 - assessed by Yorkshire Centre for Eating Disorders, Leeds.
- Too severe for admission - BMI 11.
- Returns to Hull and is admitted to HRI (Nil by mouth).
- Naso gastric feed for 10 days then admitted to Yorkshire Centre for Eating Disorders, Leeds again - where she has been an inpatient for 4 months. BMI 14.

This is where Kelly's mum's handwritten diary ends - in 2005 when Kelly is 30 years old. It gives a 15 year excerpt of Kelly's struggle, a story of horrendous suffering not only for Kelly but also for her family. The 15 year period represents all of Kelly's adult life.

She has never been able to undertake paid employment and the health and careers of her parents and partner have been badly affected by stress.

Eating disorders impact map

Stage 1		Stage 2			Stage 3			
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers.	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
NHS Hull	Suffers receive treatment from the Hull Community Eating Disorder Service rather than from out of area service providers.	Service Contract Annual Value.	£470,875.00	Based on 2011 bed days to referrals ratio - the head of department has estimated that 2012/13 bed days are projected to be in the order of 645 days.	The Hull Community Eating Disorder Service will allow sufferers to receive treatment in Hull.	Reduced out of area bed days.	Head of service.	806
Eating Disorder Sufferers	Sufferers will have the freedom to get on with their lives in their own community with their family and friends.	Time.	£0.00	The capacity of this new service is 4 intense programmes at home + 40 places for group work.	Sufferers managed their eating disorder at home.	Value exercise result.	Value exercise	55
NHS Hull	Sufferers use health services less.	Time.	£0.00	5 fewer GP visits per the each of the 44 people accommodated by the service in the 15 month period.	They will receive the help and support they need from the Hull Community Team therefore will not need to visit the GP as often.	Fewer GP visits / appointments annually.	Head of service.	275
NHS Hull	The cost saving to NHS Hull (via CHCP CIC) due to the reduction in the number of Eating Disorder Sufferers Acute admissions to Hospital.		£0.00	1/4 of the 44 Eating Disorder Sufferers taking part in the new day service (11) are expected to avoid acute hospital admissions.	They will receive the help and support they need from the Hull Community Team therefore they are expected to make steady progress and avoid being admitted to hospital.	Fewer Acute Hospital Admissions.	Head of service.	14
NHS Hull	There will be a reduction in the need for sufferers to attend A&E.		£0.00	1/2 of the 44 Eating Disorder Sufferers participating in the new day service are expected to avoid 1 x A&E visit each.	They will receive the help and support they need from the Hull Community Team therefore they are expected to attend A&E less.	Fewer A&E Attendances.	Head of service.	27
Total			£470,875.00					

Stage 3				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	Mid-way cost point of an out of area bed day.	£675.00	Head of service.	0%	0%	0%	0%	£544,050.00	£544,050.00
1.25	Result of the value exercise survey.	£2,762.00	Value exercise with Hull eating disorder sufferers.	0%	0%	0%	0%	£151,910.00	£151,910.00
1.25	Cost of GP Consultation.	£25.00	SROI Network's Database.	0%	0%	0%	0%	£6,875.00	£6,875.00
1.25	The average price per spell for acute NHS providers - of an hospital admission.	£2,708.00	The Health & Social Care Information Centre - National Mandatory Tariffs - Payment By Results (PbR) - April 2010 to March 2011.	0%	0%	0%	0%	£37,912.00	£37,912.00
1.25	The average cost of an A&E attendance.	£195.00	PSSRU (Personal Social Service Research Unit) 2009.	0%	0%	0%	0%	£5,265.00	£5,265.00
								£746,012.00	£746,012.00
				Present value of each year					**£746,012.00**
				Social return £ per £					**1.58**

8

Virtual ward

CHCP's Virtual Ward is a key area of innovation for the organisation. It was piloted in January 2012 and rolled out from February 2012. It is a result of the senior management from three departments - the End-of-Life Care Team, Practitioner Led Services and the Administration Team joining forces to review services for people at high risk of admission or readmission to hospital, particularly during the out-of-hours period (1700 - 0800 hours, weekends and bank holidays).

With a background as a Ward Sister, Angela Orr, Modern Matron for End-of-Life Care was considering how the organisation could provide the care these patients needed at home, but still deliver all the advantages they'd get from the structure of a ward setting. She came across the 'Virtual Ward' concept developed by Croydon Primary Care Trust that is now being implemented across a variety of locations in the UK and internationally.

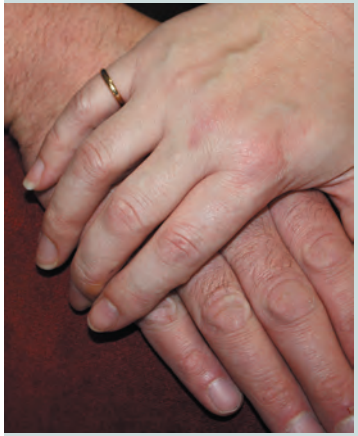
Virtual Wards use the systems and staffing of a hospital ward, but without the physical building. They focus on avoiding the need for unplanned hospital admissions by identifying individuals who are at high risk of future admissions. These individuals are offered extra support to keep them at home and avoid the need for emergency admissions. The virtual ward uses the systems of a hospital ward to provide multi-disciplinary case management in the community.

The ward is termed 'virtual' as these beds are not 'real', and care takes place in the most appropriate setting for the patient, usually at home but sometimes can be in a care home.

Social Value

The SROI Ratio for the Virtual Ward has come out at 1:28.48. For every £1 spent on the Virtual Ward, £28.48 worth of social value is being created.

It is very important to remember this is just an illustration based on two calculations 1) the savings made preventing unnecessary hospital admissions and 2) the perceived value of the service to Virtual Ward's patients knowing that the team is doing everything it can to ensure they will be cared for at home rather than being admitted to hospital unnecessarily.



Case study

Mary's Story

Mary, who lives alone, rang the Virtual Ward's dedicated telephone number during the 2012 May Day Bank Holiday weekend. She was very distressed due to an exacerbation of her illness. She told us she was incredibly relieved to hear a human voice on the end of the phone rather than an answer machine. She spoke of her need to have her call acknowledged in order for her to take reassurance that her request for assistance would be responded to. She informed us that she would have phoned 999, which would have inevitably led to an unnecessary hospital admission, if she had not managed to get through to the weekend team that day. Mary expressed how much anxiety this would have meant for her and how very pleased she was that we were able to help her at home that day.

It is clear that a huge amount of social value is being delivered by the virtual ward and in this report the Social Accountants have only been able to measure the 'tip of the iceberg' in terms of the entire story of change.

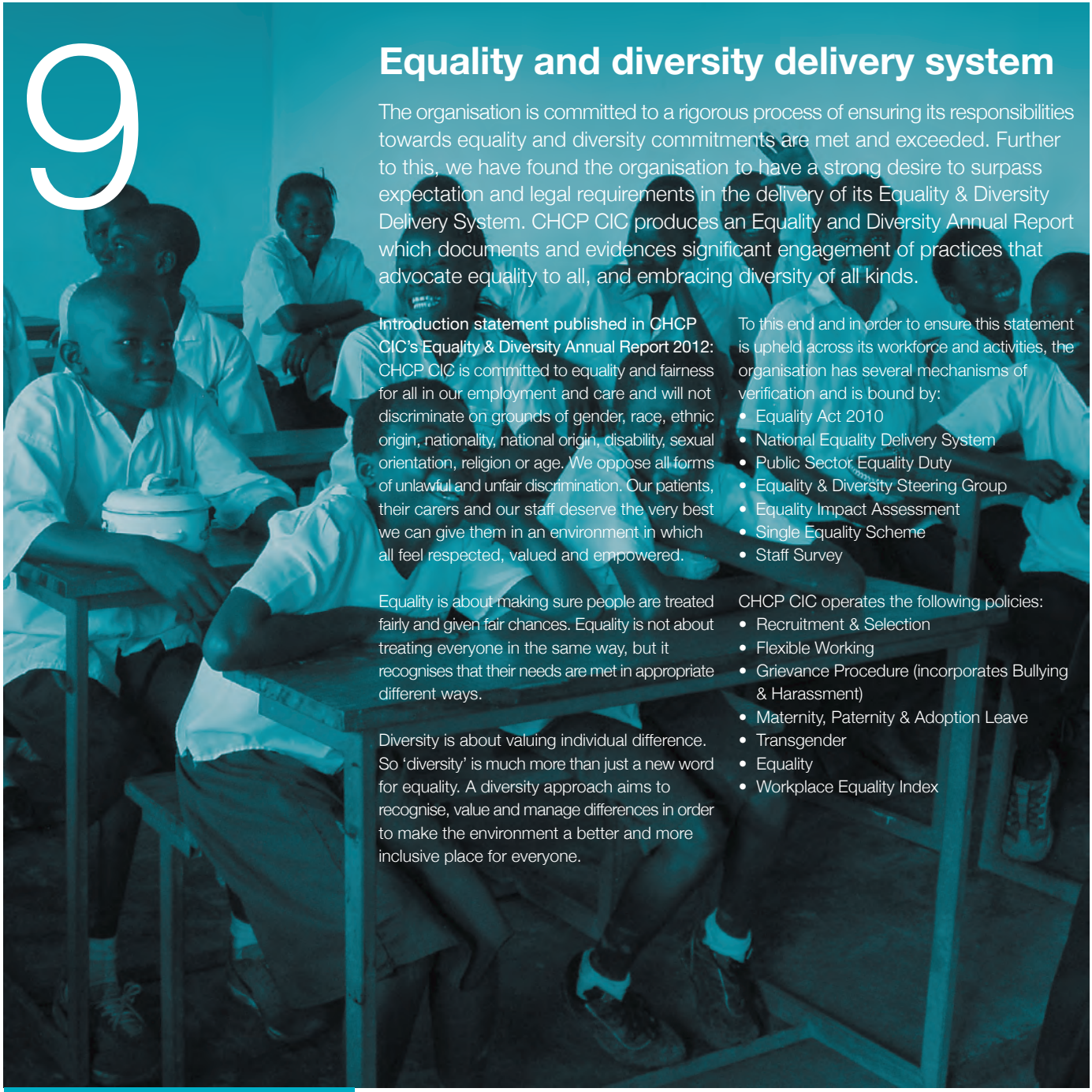
It is well documented that the vast majority of people with life-threatening illnesses, approaching end-of-life, would prefer to receive care, support and treatment at home and eventually die at home. A recent report produced by the National End-of-Life Care New Intelligence Network stated that at the beginning of the 20th century almost everybody died at home, but by the end it was down to about 20%. The latest national figures are for 2010 and they show that 53.3% of people that died that year, died in hospital.

In Hull in 2008 only 17.8% of people who died, died at home, but the latest figures show a marked improvement. In December 2012 46% of people who died in Hull, died at home.

Virtual ward impact map

Stage 1		Stage 2			Stage 3			
Stakeholders	**Intended/ unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**			
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value £	Summary of activity in numbers.	Description	Indicator	Source	Quantity
					How would we describe the change?	How would we measure it?	Where did we get the information from?	How much change will there be?
NHS Hull	The cost saving to NHS Hull (via CHCP CIC) due to the reduction in the number of out of hours hospital admissions amongst EOLC Patients that are registered with a Hull GP - registered on the Virtual Ward.	Admin staffing costs - £60K in 12 months (over 15 months £75,000) Telephone set up costs £240 (telephone, secret button and headsets x 2) Travel costs of Social Care duty manager - from Brunswick house to Westbourne ave (3 miles round trip) 40p per mile = £1.20 x 365 days = £438.	£75,678.00	On average the service is seeing 400-450 OOH contacts per month. A conservative estimate is that 95% are prevented from being admitted to hospital unnecessarily due to the efforts of the EOLC team. So 400 x 15 months = 6000.	The Virtual Ward will enable more patients - who are a high risk of being admitted to hospital to receive care at home and in some cases achieve achieve their wish to die at home rather than in hospital preventing unnecessary hospital admissions / readmissions.	Fewer hospital admissions.	Interview with Modern Matron for EOLC.	6000
Virtual Ward Patients	They will receive the care they need at home from a collaboration of community based carers communicating better and working together to prevent unnecessary and unplanned hospital admissions and readmissions.		£0.00	We surveyed a sample of virtual ward patients and asked them to value "Knowing they will receive the care and support they need in their own home (preventing unnecessary hospital admissions). We took an average and in this impact map we will be mulitplying this up by the average number of monthly virtual ward patients the service will care for over our 15 month period.	All out of hours service providers from health care and social care are collaborating and sharing information to ensure that the patients cared for by the Virtual Ward are kept at home where possible and only admitted to hospital if absolutely necessary.	We will use the results of the value exercise carried out with virtual ward patients.	Virtual ward patients completed the value exercise face to face with a End of Life Care Practitioner. They were given the option of return the slip via the practitioner or post anonymously in a sealed envelope.	6000
Total			£75,678.00					

				Stage 4					Stage 5
				Deadweight %	**Displacement %**	**Attribution %**	**Drop off %**	**Impact %**	**Calculating Social Return**
Duration	Financial Proxy	Value £	Source	What would have happened without the activity?	What activity would we displace?	Who else would contribute to the change?	Will the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution.	Discount rate
How long will it last?	What proxy did we use to value the change?	What is the value of the change?	Where did we get the information from?						Year 1 (after activity)
1.25	The average price per spell for acute NHS providers - of an hospital admission.	£2,708.00	The Health & Social Care Information Centre - National Mandatory Tariffs - Payment By Results (PbR) - April 2010 to March 2011 - Average Income hospitals received per patient through PbR.	10%	0%	90%	0%	£1,462,320.00	£1,462,320.00
1.25	The results of the value exercise we carried out with virtual ward patients. A conservative average has been taken from the analysis of the results of this value exercise has been taken. The Virtual Patients we have surveyed have valued 'Knowing they will receive the care and support they need in their own home' (preventing unnecessary hospital admissions).	£1,283.00	This is primary data gathered via the value exercise - carried out face to face by end of life care practitioners with virtual ward patients	10%	0%	90%	0%	£692,820.00	£692,820.00
								£2,155,140.00	£2,155,140.00
				Present value of each year					**£2,155,140.00**
				Social return £ per £					**28.48**



9

Equality and diversity delivery system

The organisation is committed to a rigorous process of ensuring its responsibilities towards equality and diversity commitments are met and exceeded. Further to this, we have found the organisation to have a strong desire to surpass expectation and legal requirements in the delivery of its Equality & Diversity Delivery System. CHCP CIC produces an Equality and Diversity Annual Report which documents and evidences significant engagement of practices that advocate equality to all, and embracing diversity of all kinds.

Introduction statement published in CHCP CIC's Equality & Diversity Annual Report 2012:
CHCP CIC is committed to equality and fairness for all in our employment and care and will not discriminate on grounds of gender, race, ethnic origin, nationality, national origin, disability, sexual orientation, religion or age. We oppose all forms of unlawful and unfair discrimination. Our patients, their carers and our staff deserve the very best we can give them in an environment in which all feel respected, valued and empowered.

Equality is about making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but it recognises that their needs are met in appropriate different ways.

Diversity is about valuing individual difference. So 'diversity' is much more than just a new word for equality. A diversity approach aims to recognise, value and manage differences in order to make the environment a better and more inclusive place for everyone.

To this end and in order to ensure this statement is upheld across its workforce and activities, the organisation has several mechanisms of verification and is bound by:

- Equality Act 2010
- National Equality Delivery System
- Public Sector Equality Duty
- Equality & Diversity Steering Group
- Equality Impact Assessment
- Single Equality Scheme
- Staff Survey

CHCP CIC operates the following policies:

- Recruitment & Selection
- Flexible Working
- Grievance Procedure (incorporates Bullying & Harassment)
- Maternity, Paternity & Adoption Leave
- Transgender
- Equality
- Workplace Equality Index

Equality Act 2010

It is the Company's policy that the Equality Act 2010 is applied at all levels and procedures are in place to ensure all employees and potential employees are treated fairly and with respect at all stages of their employment.

Public Sector Equality Duty

The Public Sector Equality Duty forms part of the Equality Act 2010 and applies to all public authority organisations and other organisations that exercise public functions. The Equality Act defines a public function as a function of a public nature for the purposes of the Human Rights Act 1998. CHCP CIC clearly provides a service to the public therefore is subject to the equality duty.

The duty specifies that a public authority must have due regard to the need to:
a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Equality Act
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it

National Equality Delivery System

The NHS Equality and Diversity Council have developed an Equality Delivery System (EDS). The EDS will support NHS providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. If used effectively, it will help organisations achieve compliance with the public sector equality duty.

CHCP CIC has given consideration to the adoption of the principles of the EDS framework as a means of embedding equality and human rights into its strategic and operational activities. The system helps to review equality information and plan equality prioritie.

Within the EDS there are 18 outcomes, grouped under four goals. The outcomes focus on the issues of most concern to patients, communities, staff and boards.

Equality & Diversity Delivery System is a creative and innovative area within CHCP CIC. However it is not an area to be considered in terms of social value. This area has elements of employment and statutory law which are enforceable by mandate and these cannot be considered by the Social Accountants. While there is an obvious perception of the social value that this activity will bring, it does not have distinct activity streams that have direct and measurable outcomes. This activity is included as an important and vital element of the organisation's overall social purpose, but it will not be measured in terms of SROI, and hence there is no Impact Map or social value ratio. It is represented here in a structure that will explain the organisation's ethos and approach to this activity:

The Equality and Diversity Delivery System

The Equality & Diversity Delivery System provides an opportunity for organisations to consider how the needs of protected groups are considered. Protected groups are defined on the basis of Age, Disability, Gender, Sexual Orientation, Gender re-assignment, Marriage & Civil Partnership, Race, Ethnicity, Nationality, Pregnancy and Maternity, Religion or Belief.

As a result of carrying out a grading exercise CHCP CIC has proposals for a number of actions and objectives addressing the areas within the scheme where it is believed organisationally it can improve its approach to the equality agenda. These may form or inform our organisational equality objectives. Through adoption of the objectives and undertaking the proposed actions, the organisation will demonstrate its commitment to continuous improvement in relation to the equality agenda.

Equality and Diversity Steering Group

The Equality and Diversity Steering Group was established in January 2010 with the purpose of overseeing the implementation and performance management of Equality and Diversity across the organisation. This is an internal monitoring group that meets bimonthly with an aim to ensure that the delivery of services is true to the values of CHCP CIC and that they can be evidenced.

Equality Impact Assessment

CHCP CIC has a commitment to undertake Equality Impact Assessments under the race, disability and gender legislation for all their policies and functions. In keeping with good practice, and its wish to embrace an SES approach, CHCP CIC will also consider age, religion or belief and sexual orientation. Services have continued to undertake Equality Impact Assessments on new and existing policies, strategies and service delivery plans.

Single Equality Scheme

The Single Equality Scheme (SES) sets out CHCP CIC's approach to providing equality and fairness for all staff, patients and the public in terms of race, disability, gender and also addresses other areas of equality in terms of belief, age and sexual orientation. The scheme has been written taking into account the organisation's strategic objectives, the underpinning values of the organisation and please its aims for delivering equality and fairness to all in its care and employment.

The SES outlines the intention of CHCP CIC in meeting legislative requirements regarding equality and where possible, exceeding these requirements. The SES is also complementary to the emerging Business Excellence Model and HR Strategy, which are seeking to strengthen the core values and commitments of the organisation. As part of the Single Equality Scheme, a three year action plan has been developed, ensuring the work contained in the Equality & Diversity Annual Report document received the required support from the directors and senior management of CHCP CIC.

Equality and Diversity Training

Since 2000 there has been a shift in emphasis with regard to the legal framework which underpins the rights of various groups. The Race Relations Amendment Act, the Gender Equality Duty and the Disability Equality Duty have shifted focus away from what a public authority is not doing (e.g. not treating an individual from a particular group fairly), to one which focuses more on what they are doing (e.g. promoting good race relations).

Whereas the legal framework was formerly dependent on individuals making complaints about discrimination, now it requires public authorities to demonstrate that they treat different groups fairly, challenge discrimination and promote inter-group harmony and so CHCP CIC offers a one hour training session to Directors and Managers within CHCP CIC. This aims to enforce the message that all groups should be treated fairly and that all employees of CHCP CIC are to be encouraged to challenge discrimination and promote inter-group harmony. Equality and Diversity training is not a mandatory requirement of British Employment Law.

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