

CITY HEALTH CARE PARTNERSHIP CIC
SOCIAL ACCOUNTS 2018/2019

BY COLIN WILSON & JOANNE HUNTER

JENKO LIMITED

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Introduction

City Healthcare Partnership CIC (CHCP CIC) is a community interest company. This type of company was introduced by the UK Government in 2005 under the Companies (Audit, Investigations and Community Enterprise) Act 2004, designed for social enterprises that want to use their profits and assets for the 'public good'.

This report is the organisation's ninth set of social accounts. The social accounting process sets out to investigate, measure and highlight examples of the 'public good' CHCP CIC has achieved during the period April 2018 to March 2019.

Because CHCP CIC is in the business of providing community health care services its entire range of activities are completely focused on social purpose. However, as a community interest company the organisation goes 'above and beyond' the contracted services it is expected to deliver and works hard to always deliver optimum social value to the communities it serves.

The social accounting process is particularly geared towards measuring and reporting some of the 'additional' benefits the organisation delivers to its communities, over and above what it is mandated to deliver through its community health care contracts.

Social Accounting (sometimes called non-financial accounting) is concerned with the 'triple bottom line' (i.e., benefiting local economic, social and environmental factors). It is an approach to identify a business's socially relevant behaviour, its social performance and appropriate measures and reporting techniques.

Jenko Limited, qualified Social Accountants and SROI Practitioners, have independently investigated the five specific activities included in this document and have compiled a report which presents an account of the social value each area has generated in this 12-month social accounting period.

The Organisation

City Health Care Partnership CIC (CHCP CIC) is a health and care provider and socially responsible business established on 1st June 2010, separate to the commissioning organisation NHS Hull. It was formed to provide community health care services to the people of Hull. The organisation has since gone on to secure contracts for community services in other geographies including the East Riding of Yorkshire, Knowsley, Wigan and St Helens and employs around 2000 people. As a co-owned 'for better profit' organisation, CHCP CIC invests its profits back into the 50+ diverse services it delivers in community settings.

The company's services include:

- Community Nursing:
 - District nursing
 - Long term conditions and specialist nursing
 - Urgent treatment centres, anti-coagulation, DVT, chronic pain management and TB services
 - Unique care - intermediate care and emergency care practitioners
 - End of life care
- Therapies & Rehabilitation:
 - Reablement services
 - Intermediate care services
 - Cardiac rehabilitation
 - Nutrition and dietetics
 - Bladder and bowel health
 - Falls services
 - Community stroke team
 - Specialise diabetes service (East Riding)
 - Podiatry
 - Speech and language therapy
 - Hull community rehabilitation
 - Hull falls prevention
 - Pulmonary rehabilitation
 - Jean Bishop integrated care centre
 - Physiotherapy MSK (East Riding)
- Children & Young People's Services
 - Community children's nursing
 - Community paediatric service
 - Health visitors
 - Healthy lifestyles
 - Immunisation team
 - IMPS Team
 - Infant feeding co-ordinator
 - Safeguarding children team
 - School nursing
 - Specialist sexual health service
- Oral health promotion
- Sunshine house
- Urgent Care
 - Deep vein thrombosis
 - GP Out of Hours
 - Beverley urgent treatment centre
 - Bransholme urgent treatment centre
 - Bridlington urgent treatment centre
 - Goole urgent treatment centre
 - Driffield 8 to 8 centre
 - Withernsea 8 to 8 centre
 - Rapid response
- Psychological Wellbeing
 - Let's Talk
 - Evolve (eating disorders)
- GPs
 - Kingston Practice
 - The Quays
 - Riverside Practice
 - Wolds View
- City Health Dental Services
- Sexual Health
- Community Pain Management
- Healthy Living
 - Smokefree
 - St Helens Wellbeing
 - Healthy Routes – Wigan
 - Community Link Workers – Wigan
 - Oral health promotion
 - Weightwise
- Medicines Service
- Prison Healthcare
- Carers Information Support Service
- Community Pharmacy
- Wellbeing Service (learning disabilities)

For more information: <https://www.chcpcic.org.uk>

The Purpose of Social Accounting for CHCP CIC

This social accounting process is in place to measure success against CHCP CIC's Social Investment Strategy and Action Plan ([the latest version of which is attached as an appendix to this document](#)).

The Social Investment Strategy document and Action Plan outlines all of CHCP CIC's intentions in relation to their corporate social responsibility and how they plan to invest. It is a strategic framework that is aligned with the organisation's overarching business objectives:

- Putting the customer and customer satisfaction at the heart of what they do
- Ensure they are able to compete in a competitive healthcare environment
- Be an employer of choice
- Be a provider of excellent health care services.

Their social investment strategy 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**
Focused on how the business behaves in the marketplace – e.g., buying goods that have been ethically and sustainably produced.

A copy of CHCP CIC's Social Investment Strategy is attached under the appendix section of this report.

The Scope

To demonstrate the social investment strategy in action the Social Accountants were asked to look at the following areas for the 2018/2019 Social Accounts:

1. STROKESTRA®
2. Carers Information & Support Service (CISS)
3. Healthy Routes
4. Brush Bus
5. Podiatry For The Homeless

Each of the five areas has its own section in this report which includes:

- Reason For Being:
A brief explanation of what the service/activity entails.
- Social Value:
A contextual narrative explaining why the service/activity is important in terms of social impact.
- SROI:
A Social Return On Investment Calculation presented as a ratio (i.e., for every £1 spent at least £x of social value is estimated to have been generated).
- Case Studies:
Anecdotal evidence to illustrate the social value achieved.

Social Return On Investment (SROI)

In the social sector, services are not traded on the commercial market therefore their value is often difficult to measure. Social Return On Investment is a tool, originally developed by the SROI Network (now renamed Social Value UK) and backed by the cabinet office. In the absence of financial profitability the tool enables social businesses to measure their achievements in terms of value to its stakeholders.

SROI attempts to capture the 'difficult to measure' value generated by a business and tells a story of change in terms of social, environmental and economic outcomes allowing Social Accountants to place monetary values on the non-financial activities. The outcome of SROI is a ratio which states for every £1 spent on an activity, £x worth of social value has been (or will be) created.

Evaluative and Forecast SROI

There are two types of SROI ratio – Evaluative SROI and Forecast SROI.

- **Evaluative** is conducted retrospectively and is based on actual outcomes that have already taken place.
- **Forecast** (often based on the outcomes of pilot programmes or early activities) predicts how much social value is likely to be achieved in a specific time period.

The SROI calculations in this report are based on actual figures wherever possible and where forecasted figures are used this is clearly highlighted in the individual sections.

In this report:

- STROKESTRA® is a forecast calculation
- CISS is evaluative
- Healthy Routes is evaluative
- Brush Bus is evaluative
- Podiatry For The Homeless is evaluative

Core Principles

There are seven core principles for good SROI Practice:

1. **Involve stakeholders**
Understand the way in which the organisation creates change through a dialogue with stakeholders
2. **Understand what changes**
Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions
3. **Value the things that matter**
Use financial proxies for indicators in order to include the values of those excluded from markets in same terms as used in markets
4. **Only include what is material**
Articulate clearly how activities create change and evaluate this through the evidence gathered
5. **Do not over-claim**
Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.
6. **Be transparent**
Demonstrate the basis on which the findings may be considered accurate and honest; and showing that they will be reported to and discussed with stakeholders
7. **Verify the result**
Ensure appropriate independent verification of the account

The Social Accounting Process

The Social Accountants from Jenko have employed a range of engagement practices including face-to-face meetings, telephone conversations, email contact, questionnaires, polling and research techniques with stakeholders to produce an accurate report.

In broad terms the time line and activities carried out were:

Level 1 Questioning (February & March 2019)

A questionnaire forms the basis for one to one meetings for the Social Accountants with the area leads to determine the reason for being for each activity and to ascertain where and what the 'real' social value being achieved is.

Level 2 Questioning (May & June 2019)

This phase focuses on measuring the social value and how the Social Accountants physically attempt to measure the social return on investment. This involves gathering data and analysis of data and research.

Direct Stakeholder Involvement (April – July 2019)

The Social Accountants have carried out several surveys with stakeholders for this set of social accounts. A proven tool recommended by Social Value UK, the Value Exercise, was used. This provides those being surveyed with a list of items that are available commercially (e.g., a holiday, an iPad, a trip to the cinema etc.) and asks the respondent to place the outcome of the particular activity being measured amongst those in value order. The results are recorded and a mean average is taken for the overall perceived value of the stakeholder group.

Interview CEO (May 2019)

The Social Accountants interviewed CHCP CIC's CEO, Andrew Burnell posing questions on each of the areas covered in this report.

Level 3 Questioning (July & August 2019)

This is an accuracy check. The Social Accountants write up the separate sections of the report and give them to the area leads for checking and signing off in terms of accuracy.

Submission (August 2019)

The final report was submitted to the board of directors on 30th August 2019.

STROKESTRA®

Reason For Being:

'STROKESTRA®', so named by its participants, was developed out of a pioneering collaboration between the Hull Integrated Community Stroke Services (now Hull & East Riding Community Stroke Services, HERCSS) and the Royal Philharmonic Orchestra (RPO) in 2014-2016. The collaboration was formed with the support of Hull City Council's Health & Wellbeing Board and Hull Public Health.

This unique partnership encompasses and combines the expertise of musicians and clinicians to produce an effective group intervention for stroke rehabilitation which utilises creative music-making to facilitate the achievements of the stroke survivor. It is a pioneering programme that harnesses the power of group music-making to drive patient-led recovery. The 2014-2016 pilot, which involved 50 people (33 stroke survivors and 17 carers), featured a series of group-therapy sessions and utilised a range of musical activities that enabled participants to listen to, conduct, compose and perform music, with active rehabilitation work tailored to participants' physical, social, emotional and cognitive recovery goals.

The pilot programme culminated in a high-profile performance outcome ahead of the RPO's season opening concert at Hull City Hall on 1st October 2015 featuring stroke survivors, carers, therapists and RPO musicians performing original pieces of music in a celebratory showcase of their creative and rehabilitative successes with family, friends, guests and the wider public.

"This unique collaboration between a specialist community stroke team and The Royal Philharmonic Orchestra, harnesses the skill sets of health professionals and musicians to develop a creative music-making intervention that has the potential to complement stroke rehabilitation.

Thematic analysis of the data generated from the work we completed in the 2014-2016 programme of activity indicated that participation in the creative music making sessions supported the achievement of client-centred stroke rehabilitation goals. These included; improved communication, confidence, upper limb function, balance, mobility, mood, development of a new interest, improved sleep and fatigue management. It also indicated carer benefits such as respite from care role sand improved relationships."

Clare Nicholson
Advanced Practitioner Occupational Therapist,
Hull Integrated Community Stroke Service
CHCP CIC

Following the successful 2014-2016 STROKESTRA® pilot, the partners will now roll out a three-year programme (2019-2022).

It should be acknowledged that the large body of preparatory work that was conducted in the run up to the 2014-2016 pilot programme by Humber NHS Foundation Trust has helped the current STROKESTRA® programme to continue expanding the significant health-beneficial activities for people living with stroke in Hull.

The aims of the new 2019-2022 program are to:

- Reach more patients – over three years, the programme has potential to reach up to 300 stroke survivors and their carers in Hull and East Riding of Yorkshire.
- Adapt the model for use in different settings – hosting half of the sessions at Rossmore Nursing Home will enable the team to adapt the model (which was previously only run in the Community) for use in residential settings and with patients experiencing more severe disabilities and needs.
- Support the collection of data to drive further funding and take up by other stroke services – external research partnerships will examine the clinical, sociological and economic outcomes of the programme.

The three-year programme will run as six ‘terms’ of activity, each lasting around six months and reaching up to 50 participants (reaching approx. 100 in the social accounting period). It started in January, 2019. For the purposes of this report, STROKESTRA® will be measured as a forecast projection of SROI covering its first year of activity (2 terms).

“Stroke affects people in many different ways. Limb function isn’t always the principal consideration in a patient’s recovery. It can be a combination of many factors. Vision, communication and concentration are some of the many problems, often in addition to issues with mobility and weakness. These factors have an impact on how people participate in activity and can lead to a loss of confidence, social isolation and low mood”

Anna Marritt

**Operations Manager — Hull and East Riding Community Stroke Service
City Health Care Partnership CIC**

Presentations about the pilot and its findings have been given in the UK and abroad, including at the UK’s first National Arts and Health Conference at Southbank Centre in February 2016; Arts Council Japan’s Arts and Aging conference in May 2017; the American Congress for Rehabilitation Medicine in Atlanta in October 2017; and most recently at the Royal College of Occupational Therapists annual conference in Belfast in June 2018. More local presentations have also been given to church groups, employers and organisations offering future funding.

Social Value:

When it comes to measuring social value via Social Return On Investment (SROI) there are two types of calculation – an ‘evaluation’ calculation where activities that have already taken place are measured, and a ‘forecast’ calculation where the practitioners estimate the social value of activities yet to take place, based on previous experience and evidence. The STROKESTRA® calculation is a forecast SROI calculation considering the first year of the 2019-2022 programme, much of which is based on the findings of the 2014-2016 STROKESTRA® pilot.

Data generated by interviews with participants and their carers of the pilot programme indicated that therapy delivered through a creative music-making intervention was found by the participants to be beneficial in their rehabilitation. In an article published by International Journal of Therapy and Rehabilitation, Vol 25 2018 ([full article reproduced in Appendices](#)): “Participant experiences of a group music-making intervention to support multidisciplinary stroke rehabilitation” by Clare Marie Nicholson, Advanced Practitioner Occupational Therapist and Michelle Wilson, Senior Clinical Psychologist, who were

both heavily involved in the 2014-2016 pilot programme a number of benefits for STROKESTRA® participants were noted.

A mixed-methods service evaluation of the pilot project demonstrated the effectiveness of the intervention to support holistic stroke recovery in patients and their carers. The Social Accountants believe it is likely these results will be replicated for the new STROKESTRA® cohort, and have therefore used some of these statistics to forecast the social return on investment for the first year of the new programme later in this section of the report. The pilot findings were:

- 86% of patients felt the sessions relieved disability symptoms citing improved sleeping, reduced anxiety, fewer dizzy spells and reduced epilepsy symptoms.
- 91% of patients reported social benefits, including improved relationships and communication skills.
- 86% of patients indicated that the project provided cognitive benefits, including reports of increased concentration, focus and memory.
- 86% of patients felt the project provided emotional benefits, citing increase in confidence, morale and a renewed sense of self.
- 71% of patients achieved physical improvements, including improved walking, standing, upper arm strength and increased stamina.
- 56.3% of patients achieved at least a 10 point improvement on the hand use section of the Stroke Impact Scale, while a further 33.3% achieved this result in physical strength.
- 100% of carers reported improvements in wellbeing, including respite from their role as a carer and improved relationships with their relative after participating alongside them.
- Clinical staff expressed enjoyment and renewed motivation as a result of participating, and a desire to incorporate STROKESTRA® techniques into other areas of their therapy practice.

“As Resident Orchestra at Hull City Hall, the RPO has a responsibility to engage with the local community to provide meaningful orchestral experiences beyond our concert hall work. STROKESTRA epitomises this role, as it uses the Orchestra as a resource to support local need, bringing our musicians together with local residents from a range of backgrounds and using the transformative power of music to have real impact on people’s lives. Additionally, the musicians enjoy the many meaningful relationships they are able to form with participants and clinicians alike, bringing the Orchestra closer to the Hull community it performs to.”

Lisa Rodio
Community & Education Project Manager
Royal Philharmonic Orchestra

Learning to play an instrument in a musical ensemble

Participants of STROKESTRA® learn a new skill; they learn to play a range of percussion instruments by learning about rhythm and changing the quality and tone of the sounds they produce. Through this participation they develop a variety of skills in addition to their increased awareness of rhythm and musical sound generation and then working as a whole ensemble, they produce music.

Stroke rehabilitation

STROKESTRA® delivers rehabilitation and each participant receives dedicated attention from people who understand their condition aiming to engage participants by focusing on what they can do, rather than what they cannot now do, as a result of their stroke.

Confidence and Social Isolation

Due to the range of problems experienced following a stroke, a lack of confidence is often a culmination of this and is commonly reported post-stroke. This can often lead to social isolation. The STROKESTRA® programme is reported to have had a huge positive impact on the confidence for those taking part. Learning and enjoying music alongside like-minded people who share the effects of having a stroke goes a long way to reducing social isolation.

Participants found that engagement in the project was a catalyst for engagement in other positive activities such as socialising more and pursuing interests and hobbies. Both patients and family members reported increased music-listening and developing increased interest in music as a result of the project. The opportunity for social interaction that the group music-making project provided was evidently beneficial for individuals. Feeling part of a team and being with others, particularly those with similar experiences, was reported to have a positive impact on patients' experience and self-reported outcome.

86% of patients felt the project provided emotional benefits, citing increase in confidence, morale and a renewed sense of self. The Social Accountants have been able to include this statistic within the SROI calculation in this report for STROKESTRA®.

"If you have a stroke, you think your life is completely over, because you can't do what you did before. But coming here, you found out that you can do things and it's been very interesting. Everyone's the same, we've always got something, you know, different attitude and you know but actually everybody has got a big smile on their face these days, which they didn't have before."

A Stroke Survivor

Improved sleep

Some participants reported improved energy levels and also an increased awareness regarding the need to rest. This is positive given that sleep disturbance and fatigue are commonly reported following stroke and interventions to promote fatigue management are frequently needed.

As listed above in the pilot, 86% of patients felt the sessions relieved disability symptoms citing improved sleeping, reduced anxiety, fewer dizzy spells and reduced epilepsy symptoms. The Social Accountants have included this aspect of social value within the SROI calculation for STROKESTRA® later in this section of the report.

Improved relationships

The pilot findings highlighted that 91% of patients reported social benefits, including improved relationships and communication skills.

100% of carers reported improvements in wellbeing, including respite from their role as a carer and improved relationships with their relative after participating alongside them.

Again this is a significant element of the SROI calculation further on in this report.

Concentration, focus and memory

The Social Accountants have used the pilot findings in their SROI calculation that highlighted 86% of patients indicated that the project provided cognitive benefits, including reports of increased concentration, focus and memory. It is considered very likely participants in the current programme will acquire similar benefits.

Physical Strength

71% of patients achieved physical improvements, including improved walking, standing, upper arm strength and increased stamina.

56.3% of patients achieved at least a 10 point improvement on the hand-use section of the Stroke Impact Scale, while a further 33.3% achieved this result in physical strength.

Some of this information has been included as part of the SROI calculation.

Anxiety and depression

All participants reported positive experiences of the sessions, such as finding them relaxing, enjoyable and educational. Comments about the project being highly motivational, engaging and providing a reason to get up in the morning were common place. Social impact relating to the prevention and/or improvement of anxiety and depression has been captured as part of the SROI calculation in this report.

Other aspects of social value

The Social Accountants have measured what they believe are eight key elements of social value within the SROI calculation. However, they acknowledge that with more time and more resources more social impact regarding STROKESTRA® could be measured. For example the social value for carers and for the musicians and clinicians involved.

For carers: STROKESTRA® has also provided a positive experience for carers during what is considered a very difficult time for many. Carers spoke of benefiting from attending the group sessions alongside their loved ones. They reported that the sessions provided a respite from their carer role, as well as providing an opportunity to share successes with their relative. They also described benefits of relaxation and developing new interests. They reported benefits in the social element of the group and engaging with others in a similar situation.

“I loved those two hours of being detached from my partner and let him do his own thing, and I do my thing. It allowed me to be myself and socialise with everyone. I loved seeing my partner enjoy himself and I wasn’t worrying about him.”

A Carer

For clinicians: evidence suggests that taking part in STROKESTRA® has been very rewarding for the clinicians and musicians taking part.

“I found this project inspiring and energising. It has re-ignited my own personal interest in music, which has helped my wellbeing, health and ultimately my work. It has made me re-evaluate how we work with patients and the priorities we have and if we need to revisit these.”

A Clinician

For RPO people: taking part in STROKESTRA® has provided new opportunities for the RPO leaders and musicians too:

As a result of STROKESTRA® the leaders and musicians of the Royal Philharmonic Orchestra were able to train to facilitate music workshops with measureable rehabilitation and health benefits through creative therapy sessions. A new perspective for their musical skills, over and above what they would normally do.

“A stroke can be debilitating and is often followed by a marked change in lifestyle. Music is a great enhancer of mood and this program is very valuable to participants. We have closely considered the ethics around engaging in Strokestra, and we have found stroke patients who had participated in the past seem to have benefitted on numerous different levels, which from a practical perspective can only help improve overall outcomes.”

**Andrew Burnell
CEO**

City Health Care Partnership CIC

SROI For STROKESTRA® (Social Return On Investment) £1 : £23.65

It is estimated that for every £1 spent on STROKESTRA at least £23.65 worth of social value is likely to be generated in the first 12-months of the 2019-2022 programme. There are 8 lines within this SROI Impact Map.

- **Line 1 – The social value to STROKESTRA® participants in terms of music lessons/tuition provided by the Royal Philharmonic Orchestra**
- **Line 2 – The social value to participants in terms of increased confidence**
- **Line 3 – The social value to participants in terms of reduced social isolation**
- **Line 4 – The social value to participants in terms of improved sleep**
- **Line 5 – The social value to participants and their families in terms of improved relationships**
- **Line 6 – The social value to participants in terms of improved concentration, focus and memory**
- **Line 7 – The social value to participants in terms of improved physical strength**
- **Line 8 – The social value for the NHS in terms of saving as a result of improvement to anxiety and depression**

Line 1 – The social value to STROKESTRA® participants in terms of music lessons and tuition provided by The Royal Philharmonic Orchestra

QUANTITY: 7392 hours – the number of Royal Philharmonic Orchestra hours provided for participants during the forecast accounting period. (Although the organisers are aiming for 100 participants some may be carers, so the same percentages of stroke survivors/carers achieved during the pilot have been applied – i.e., 66% were stroke survivors and 34% were carers). Therefore 66 stroke survivors x 56 hours of RPO time x 2 terms = 7392 hours of music lessons/tuition.

FINANCIAL PROXY: £30 – The typical hourly rate of lessons to learn a musical instrument.

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for the next 12-months – based on £3968.46 CHCP CIC staff time provided in kind, £5000 from RPO fundraising, one sixth of £48,000 provided by Public Health England in 2014 which was used to fund the project, buy instruments and cover other project expenses (one sixth of this figure is apportioned to this social accounting period) giving a total of £16,968.46 for the first 12-months of the 2019-2022 programme.

DEADWEIGHT: 35% – the Social Accountants have used the findings of an American stroke rehabilitation/recovery report here https://opedge.com/Articles/ViewArticle/2009-09_01 - which says: **Currently, about 10% of stroke victims recover almost completely, 25% recover with minor impairments, 40% have moderate to severe impairments requiring special care, and 10% require care in a nursing home or other long-term care facility. About 15% die shortly after stroke. The 35% deadweight (i.e., recovery rates that would have occurred anyway) is made up of the 10% that recover almost completely and the 25% that recover with minor impairments.**

ATTRIBUTION: 80% – The Social Accountants have agreed an 80% attribution with STROKESTRA® lead Anna Marritt as a fair and reasonable estimate. This is due to the significant level of rehabilitation care stroke survivors receive from the community stroke team, others services, their families and other sources

etc. that all contribute to the social value in terms of their recovery. The Social Accountants would particularly like to acknowledge that Humber NHS Foundation Trust contributed a large body of work in the preparation of the 2014-2016 pilot scheme that has contributed significantly to the current programme.

Line 2 – The social value to participants in terms of increased confidence

QUANTITY: 66 – The number of STROKESTRA® participants expected to benefit during the social accounting period

FINANCIAL PROXY: £12,565.17 – The feeling of high confidence (Global Value Exchange)

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for 12-months as explained above.

DEADWEIGHT: 35% – For the same reasons explained in line 1 above.

ATTRIBUTION: 80% – For the same reasons explained in line 1 above.

Line 3 – The social value to participants in terms of reduced social isolation

QUANTITY: 7392 hours – the number of Royal Philharmonic Orchestra hours provided for participants during the forecast accounting period.

FINANCIAL PROXY: £10 – the Social Accountants have used the cost of an alternative social event – i.e., a visit to the local pub to take part in a pub quiz over a drink or two, which would offer similar benefit in terms of socialising but none of the physical benefits.

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for 12-months as explained above.

DEADWEIGHT: 35% – For the same reasons explained in line 1 above.

ATTRIBUTION: 80% – For the same reasons explained in line 1 above.

Line 4 – The social value to participants in terms of improved sleep

QUANTITY: 57 – According to the 2018 Process Initiation Document jointly authored by the Royal Philharmonic Orchestra and CHCP CIC – the 2015 pilot project led to 86% of participants reporting that they felt the sessions relieved disability symptoms citing improved sleeping, reduced anxiety, fewer dizzy spells and reduced epilepsy symptoms. 86% of 66 participants is 57 participants. The Social Accountants believe assume similar levels of improved sleep could well be achieved for the next cohort.

FINANCIAL PROXY: £35 – to go somewhere towards capturing the social value reported by participants in this regard the Social Accountants have used the cost of a sleep well course of £35 per participant as their financial proxy.

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for 12-months as explained above.

DEADWEIGHT: 35% – For the same reasons explained in line 1 above.

ATTRIBUTION: 80% – For the same reasons explained in line 1 above.

Line 5 – The social value to participants and their families in terms of improved relationships

QUANTITY: 60 – According to the 2018 Process Initiation Document jointly authored by the Royal Philharmonic Orchestra and CHCP CIC – the 2015 pilot project led to 91% of patients reported social benefits, including improved relationships and communication skills. 91% of 66 participants equates to 60 participants. The Social Accountants assume similar levels of improved relationships could well be achieved for the next cohort.

FINANCIAL PROXY: £26,600 – to go somewhere towards capturing the social value reported by participants in this regard the Social Accountants have used a financial proxy from the Global Value Exchange for better/improved relationships of £26,600 per annum.

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for 12-months as explained above.

DEADWEIGHT: 35% – For the same reasons explained in line 1 above.

ATTRIBUTION: 80% – For the same reasons explained in line 1 above.

Line 6 – The social value to participants in terms of improved concentration, focus and memory

QUANTITY: 798 Hours – According to the 2018 Process Initiation Document jointly authored by the Royal Philharmonic Orchestra and CHCP CIC – the 2015 pilot project led to 86% of patients indicating that the project provided cognitive benefits, including increased concentration, focus and memory. The Social Accountants assume similar levels of social value in this regard could well be achieved for the next cohort. 86% of 66 is 57 participants and if each were to receive 14 hours of CBT (Cognitive Behavioural Therapy) it would equate to 798 hours.

FINANCIAL PROXY: £40 – to go somewhere towards capturing the social value reported by participants in this regard the Social Accountants have used the cost of Cognitive Behavioural Therapy @ £40 per hour – as it could be considered as something that would generate similar results in terms of improved concentration, focus and memory.

Source: <https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/>

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for 12-months as explained above.

DEADWEIGHT: 35% – For the same reasons explained in line 1 above.

ATTRIBUTION: 80% – For the same reasons explained in line 1 above.

Line 7 – The social value to participants in terms of improved physical strength

QUANTITY: 5248 hours – The Process Initiation Document stated that 71% of participants achieved physical improvements, including improved walking, standing and upper arm strength and increased stamina. The 100 participants in total were provided with 11200 RPO hours – 71% of 7392 hours is 5248 hours much of

which is spent handling instruments and improving physical strength by handling instruments/improving co-ordination.

FINANCIAL PROXY: £50 – The Social Accountants are happy to liken this to extra physiotherapy hours and therefore have chosen a typical hourly rate for private physiotherapist of £50 which is available locally.

Source: <https://www.nuffieldhealth.com/physiotherapy/hull>

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for 12-months as explained above.

DEADWEIGHT: 35% – For the same reasons explained in line 1 above.

ATTRIBUTION: 80% – For the same reasons explained in line 1 above.

Line 8 – The social value for the NHS in terms of saving as a result of improvement to anxiety and depression

QUANTITY: 66 – The number of STROKESTRA® participants expected to take part during the social accounting period

FINANCIAL PROXY: £1060 – £1060 total expected saving per person who recovers with regards; GP consultations, inpatient bed nights and outpatient procedures (source: Improving Access to Psychological Therapies (IAPT) NHS)

VALUE OF INPUTS: £16,968.46 – The cost of running the STROKESTRA® project for 12-months as explained above.

DEADWEIGHT: 35% – For the same reasons explained in line 1 above.

ATTRIBUTION: 80% – For the same reasons explained in line 1 above.

Case Study

Andy's story

Before my stroke I had always been a traveller; I was outgoing and I have always been independent and worked for what I have had. But my stroke completely changed my life. I didn't want to wake up in the morning and I had no inclination to do anything. I couldn't walk, I couldn't use one of my hands and I felt like I had lost my independence. I needed people to help me with basic things such as washing myself. It was horrendous and couldn't have been any worse. It was like having a nightmare whilst my eyes were open!

I didn't want to go to the Royal Philharmonic Orchestra sessions when I was first asked. I was worried about going to sessions where the other people could play the instruments. But then I thought; what have you got to lose?

When I arrived to my first session, there was someone to help me. Straight away, I started chatting to another participant and found that had been to the same school. I soon found I had things in common with the other people there. Some people at STROKESTRA® were more severely affected than me. I loved it from the start – after 30 minutes I didn't think about being ill, I just felt lucky about working with the Royal Philharmonic Orchestra.

Initially, I found I needed assistance with my weaker side, but things soon picked up. After me going to a few sessions, I began to feel proud of what I was starting to achieve. What was amazing was that during the sessions, 'illness' was never mentioned by the STROKESTRA® team. The other participants and I became like a little family, and the staff were all part of that group. Even my blood pressure lady was brilliant!

After the programme stopped, it felt as though things had gone back to how they had been for a little time, but, that soon changed and I have now started reading again. I realised STROKESTRA® had given me an incentive to do things. I have even had four days away recently and that has made me feel ten years younger. Everything in my life is different from when I'd just had my stroke, even thinking is easier!

CISS - Carers Information and Support Service

Reason For Being:

In England, the Care Act 2014 gives all adults caring for another adult(s) the right to an assessment from their local authority, whilst the Children and Families Act 2014, gives a similar right to parents of disabled children. These assessments look at the impact the caring role is having on the carers on all aspects of their life and what support they and their families need as a result.

CHCP CIC's Carers Information and Support Services (CISS) is Hull's answer to this. CISS is a tailored and flexible service for individual 18+ years old (and families) who care for a family member or friend, who cannot cope without their support, due to illness, disability, frailty, mental health issues or addiction.

“The majority of care is provided not by doctors, nurses or care workers but by family and friends. Given that our health and care system will continue to rely heavily on unpaid care, its central role in our health economy and the cost of replacing it must be better understood.”

Helena Herklots

CEO

Carers UK

Recent polling published by [Carers UK](#) has suggested there could now be as many as 8.8 million adult carers in the UK compared to 6.3 Million recorded in the 2011 Census. As people live longer, more of us are becoming carers. Sometimes it's around the clock care, whilst for others, it's a few hour per week.

According to Carers UK, in their report [“Valuing Carers 2015”](#) the value of the contribution made by the UK's carers saves the public purse £132 billion per year. To put this into context, this is more than it cost in total in 2018/19 to run the NHS. [Full Fact](#) state that total health spending for the country for 2018/19 was £129 billion. The army of carers under the radar, quietly caring for their loved ones could be likened to a second, silent NHS.

“Becoming a carer can have an enormous impact on a person's life and many find themselves over-stretched, under pressure as they juggle work commitments and family life. Also many carers have their own health issues to deal with. Becoming a carer for some can be sudden when a child is born with a disability, or a loved one is taken ill or has an accident. For others, caring is a gradual activity that may start small but escalates to a point where it dominates the carer's life. It can be scary and lonely for carers who don't know where to go to get help. Caring often affects mental health, relationships and overall quality of life.”

Julie Bahn

Service Manager

Health & Wellbeing Services — Carers Information & Support Service

CHCP CIC

Caring often comes with high personal costs. Many carers are suffering from loneliness and social isolation, need support to help them stay in work, and are facing their own health problems as a result of their caring role. This is in addition to the financial costs of caring. Carers UK [“State of Caring 2019”](#) report which is based on survey responses from 7500+ carers in this country, shows that 39% of carers are struggling to

make ends meet and 68% are using their own income or savings to pay for support services, equipment and products for the person they care for.

Supporting the carers amongst us so that they can continue caring has never been so important. The "[Valuing Carers 2015](#)" report also highlights significant growth in the demand for unpaid care at home due to the ageing population and the increase in the numbers of people currently living with a limiting long-term illness.

At the heart of the CISS service in Hull is the 'Carer's Assessment' which is detailed and designed to capture the core needs of the carer, helping them identify their entitlements and community services available to them, and to the person(s) they are caring for.

It is well documented that there are many hidden carers amongst us, as many people do not recognise themselves as carers. The CISS service is highly focused on seeking out [hidden carers](#) within our community and in the last 12-months has supported 993 carers in Hull.

Some examples of the kind of services CISS provides are:

- Confidential advice, support and information
- Access to respite
- Caring and workers' rights
- Focused training/education for carers
- Legal and financial advice
- Carers groups and social events
- Signposting to other services
- Grant scheme eligibility assessment (£200 annual carers direct payment)
- Training/presentations for Hull employers – to enable a 'think-care' approach within their organisations (120+ people per month reached/trained – goes a long way to identifying hidden carers too as well as opening the minds of organisations that have carers amongst their workforce regarding how to better support carers).

"As a relatively small team with a sizeable remit, our strategy for CISS over the last few years has been to recruit partners as a very effective way of expanding the level of support we can provide for carers."

Julie Bahn

Service Manager

Health & Wellbeing Services — Carers Information & Support Service

CHCP CIC

Examples of Current CISS Partners – (both external to the organisation and other CHCP CIC services):

- Age UK
- Let's Talk
- MIND
- Paul For Brain
- The Warren
- Butterflies
- Stroke
- Dove House
- ICC carer activity
- Empower
- GPs

There is an annual direct payment of £200 available to some carers, depending on their circumstances, and CISS are responsible for approving access to this funding for carers.

“Yes, we do approve carers’ applications for the £200 direct payment, but CISS is really about so much more than that. The £200 is often the carrot that initially attracts a carer to come and talk to us, yet there is a huge range of different types of support we have in our kit-bag for carers. Our remit is to really get to the root of the challenges our carers are facing and help them gain more control in their lives.”

Julie Bahn
Service Manager
Health & Wellbeing Services — Carers Information & Support Service
CHCP CIC

For their Carer assessments CISS use [‘The Carers Star’ licensed by Triangle Consulting Social Enterprise Limited](#) to measure a carer’s journey of change. It is an outcomes star and comes with a suite of tools for supporting and measuring change when working directly with carers. It is part of a range of outcome stars, the original was designed for the homeless sector and there are many more. The Carers Star has been developed specifically for carers both full and part-time, and covers seven key areas:

- The carer’s health
- Their caring role
- Managing at home
- Time for self
- How the carer feels
- Finances
- Work

The Carers Star is underpinned with a model of change which has five stages:

1. Cause for concern
2. Getting help
3. Making changes
4. Finding what works
5. Good as it can be

“It is good, and surprising, to see in black and white, how my caring role affects me. Using the star gave me a structured way of understanding my situation”.

A Carer

“The service has come a long way since we took it on. It is being promoted creatively across all platforms, including digital, and it’s working incredibly well. The team finds hidden carers of all ages every day. This is a great example of ‘making every contact count’.”

Andrew Burnell
CEO
CHCP CIC

Social Value:

CISS generates social value in many ways and after the first meeting with the current CISS team (March 2019) the Social Accountants discovered that the potential for measuring social value was significant. Without an army of Social Accountants available, it would be impossible to measure everything discussed, however, for the basis of this report the Social Accountants have chosen to include 11 examples by way of capturing some of the key social impact generated by CISS during the last 12-months.

Value to Carers

The Social Accountants asked the CISS team to carry out a 'value exercise survey' direct with carers. This took place in May 2019. 81 carers completed questionnaires that asked them to value the CISS service alongside a list of commercially available items such as a holiday or a trip to the theatre etc. The items were listed in order of financial value, but no figures were shown, and carers were asked to slot in the CISS service at an appropriate place in the list in terms to show how much it meant to them. The values selected by carers were added up and a mean value was calculated. From this exercise the average perceived value of the CISS service amounted to £1481.85 per carer. This figure has been used in the SROI calculation further on in this report.

“Thank you so much for your help and support. I wouldn't be able to get the right direction without your help in this case.”

A Carer

Soaking Up Demand For NHS Primary Care

“The carer's assessment can take place at the carer's home, at CHCP CIC premises or over the telephone. The CISS advisor takes a holistic view of the carer aiming to fully understand their immediate and longer term needs. We consider every angle so that we can support them as fully as possible.”

Katy Winfield

Development Lead

Health & Wellbeing Services — Carers Information & Support Service

CHCP CIC

The culture in the UK tends to be a reliance on primary care. If a person is struggling often the only official body they know they can turn to is their GP for help and signposting/referral. It is well documented that GPs face a significant number of consultations that are of a non-clinical nature. The Citizens Advice report, [“A Very General Practice”](#) highlights that GPs in England spend almost a fifth (19 per cent) of their time on social issues that are not principally about health. The implied cost to the health service of this time is almost £400 million a year. Some carers will turn to their GP for a whole host of reasons. Others will not, for fear of being seen as a nuisance or irrelevant. The Social Accountants believe that CISS is filling a primary care gap in this regard. The CISS time spent assessing and supporting carers, in terms of value, can be likened to a GP appointment because the social value they are receiving in terms of support, advice and signposting could be viewed as similar – i.e., it is one-to-one, confidential, and drives a similar outcome for the carer, supporting them to continue caring. Whether carers would turn to their GP or not for this kind of support is irrelevant, it is the value of CISS that the Social Accountants are aiming to measure with this comparison.

“Without CISS, many carers would go unsupported, their issues would fester and their health and wellbeing would deteriorate.”

Julie Bahn
Service Manager
Health & Wellbeing Services — Carers Information & Support Service
CHCP CIC

CISS provision is designed for carers and is a form of social prescribing. The CISS team is up-to-date with carer entitlement, as well as all the relevant services available in the area. Some may argue that when a GP sees a carer they will potentially pick up on all kinds of signals regarding the carer’s health and wellbeing from non-volunteered information – leading to great value for the carer. Others may argue that the carer will get even greater social value from a visit with a CISS advisor, because the CISS advisor is entirely focused on the carer’s holistic needs. The Social Accountants are not comparing a CISS advisor with a GP in terms of skill set. However, the Social Accountants and authors of this report have considered all of this and are happy that in this instance to value the CISS time to carers in the same ballpark as GP time because the wellbeing outcome for the carer is similar or possibly better.

Social Return On Investment is a measure of ‘value’ rather than ‘cost’, therefore the Social Accountants believe comparing CISS time with GP time in this way is a reasonable attempt to measure the social value of the CISS assessment and follow up support.

Some of the CISS appointment time is carried out at carers’ homes, but again, to ensure this report under-claims rather than over-claims, the Social Accountants have used the lower GP cost figure of £183 per hour.

GP time is valued at £183-£242 per hour.

(Source: <https://www.pssru.ac.uk/pub/uc/uc2017/community-based-health-care-staff.pdf>).

A GP home visit at £120 for 23.4 mins equates to £307.69 for an hour .

(Source: https://www.pssru.ac.uk/pub/uc/uc2010/uc2010_s10.pdf).

Enabling/Empowering Carers to continue Caring

Given the immense pressure that comes from providing many hours of care every week, it is not surprising that the carer community may suffer both poor physical and mental health themselves. CISS has seen that just a small amount of support can make a huge difference to a carer, enabling them, or even empowering them to be able to continue to deliver their caring role.

*“All staff are friendly and easy to talk to. From phone calls to meeting in person;
My CISS contact is lovely. She has helped me so much and I feel better today. Thank you.”*

A Carer

“Sometimes simply off-loading to a CISS advisor is enough to re-charge the carer’s batteries. Just knowing they are not on their own. There are people out there who care about them and can help them is a huge tonic for many.”

Julie Bahn
Service Manager
Health & Wellbeing Services — Carers Information & Support Service
CHCP CIC

The Carers UK “[State of Caring 2019](#)” report, which has been described as a snapshot of caring in 2019 and includes responses from 7525 carers, asked carers how many hours per week they spent caring. The results were:

Caring Hours Per Week	% of respondents
90+ hours	46%
50-89 hours	17%
20-49 hours	23%
1-19 hours	13%

The Social Accountants have applied these same percentages to the 993 people in the cohort accessing support from CISS to help them estimate the number of hours of CISS supported carers in Hull are likely to be delivering in the social accounting period.

Hours of Care Per Week	% of respondents to Carers UK Survey	Estimated no. of CISS Carers	Hours (Lower bracket)	Total Hours
90+ hours	46%	457	x 90 hours	41130 hours
50-89 hours	17%	169	x 50 hours	8450 hours
20-49 hours	23%	228	x 20 hours	4560 hours
1-19 hours	13%	129	x 1 hour	129 hours
Unknown	1%	10		
TOTAL	100%	993		54269 hours

This analysis suggests Hull carers supported by CISS, are caring for 54,269 hours per week. This figure multiplied by 52 (weeks) to assess the amount of caring for the year gives 2,821,988 hours in total from CISS supported carers. From this we can estimate an average number of hours per carer in Hull supported by CISS as 2842 hours per carer. The Social Accountants have multiplied this up by the unit cost per hour for home care suggested by [Carers UK of £17.20](#) to show a contribution CISS supported Hull carers are making to the public purse in terms of ‘continuing to care’. This amounts to £48,882 per carer in the social accounting period. The Social Accountants have used these figures later on in this report for the CIS SROI calculation.

Feeling In Control

When caring starts to overpower the carer and take over their life, there can be a great overwhelming sense of feeling out of control. CISS aims to give control back to the carer through support, respite and signposting.

[The Carer UK Pressure Points report](#) states that 59% of carers when their loved one was being discharged from hospital didn't have a choice but to recommence care. The Social Accountants feel this percentage goes some way to providing an indication of how in control (or not) carers in this country tend to feel in general. When a loved one becomes ill or has an accident, often the carer feels they have little or no choice but to take on the caring role.

A&E Visits and Unnecessary Hospital Admissions Prevention

The Social Accountants are convinced the CISS service is preventing A&E visits and unnecessary hospital admissions. However, this is a very difficult aspect of the social value being generated by the service to measure. However, because carers are supported and they received lots of timely advice and information on what's available for them via CISS, it is safe to say they are probably less likely to resort to an A&E visit which would/could result in an unnecessary hospital admission for their loved one.

[The Carer UK Pain Points report](#) highlights that of carers that used the emergency services (2015/2016) 9% went to A&E because they didn't know where else to go. A further 18% went to A&E because it was difficult or impossible to get a district nurse or GP out of hours. A third (32%) of carers whose family member or friend has had an emergency admission in the previous 12-months, thought this could have been prevented with more support for them as a carer. These percentages have been applied to CISS statistics later on in this report for the SROI calculation to show the social impact CISS is likely having on the prevention of A&E visits and unnecessary hospital admissions.

The Carer Card

When a carer is indisposed affecting their ability to care due to problems of their own, CISS helps them access support from Adult Social Services. This has been an aspect of CISS care for some years. However, the CISS service has this year (2019) launched its 'Carer Card'. The 'Carer Card' is a plastic identity card (the size of a standard credit card) that officially identifies a carer as a carer. Carers are encouraged to carry their 'Carer Card' with them at all times for two reasons:

- a) To notify emergency services, should something happen to the carer, that they are responsible for someone who needs support .
- b) The Carer Card entitles the carer to discounts for health and wellbeing products and services locally.

In an emergency, if the carer has an accident or is admitted to hospital unexpectedly leading to them not being able to carry out their usual caring duties, via the Carer Card, support can be arranged with Hull City Council Adult Social Care much more quickly to access replacement care of up to 48 hours, or 72 hours if over a bank holiday, for the 'cared-for' person in the carer's absence.

The "[State of Caring 2019](#)" study reports that 68% of carers said they regularly use their own income and savings to pay for care or support services, equipment or products for the person they care for. The card introduced by CISS had this kind of scenario in mind when it was developed.

The Carer Card is likely to help greatly with indisposed carers being identified sooner and more efficiently than before. The card also goes some way towards saving money for carers on necessary items relating to their carer role.

“I had to sell my house to pay debts and am now renting. The debts arose because of the physical and emotional exhaustion and financial cost of caring.”

A Carer

(Source: The Carers UK [“State of Caring 2019”](#) report.)

Legal Advice

Often, carers need legal advice for all sorts of reasons. Another example of how CISS supports carers is by arranging free legal clinics with qualified solicitors locally for carers requiring this kind of help. CISS recognise that carers often need to arrange Powers of Attorney for their loved ones and it can be both daunting and expensive for carers to tackle on their own.

Training For Corporates

When carers are supported by their employers, they can juggle work and care more effectively. If carers are not supported, they are more likely to experience stress, to have to reduce working hours, miss out on opportunities for professional development or even leave the workplace altogether.

CISS delivers presentations/training for employers aimed at helping carers who work. The training covers information on best practice for supporting carers in the workplace and provides benefits to the employers themselves in terms of retaining talented staff, improved productivity and reduced absence.

Social Events — Reducing Isolation

Becoming socially isolated is one of the biggest issues for carers, often leading to mental health issues if left unsupported. CISS organises and runs a range of social events especially for carers to suit their needs, such as coffee and biscuits drop-ins, concerts, talks by historians, relaxation workshops, music therapy, poetry readings etc., support groups etc.

In the social accounting period 800+ people have attended social events organised by CISS.

Publishing Important Information For Carers

CISS regularly posts important information for carers across social media platforms. Information such as links to articles for carers, tips for carers, details of educational events for carers, details of social events for carers, as well as events run by other organisations where CISS has secured an invitation for carers.



In the social accounting period, CISS has recorded a figure of 889 people accessing their carer posts on social media.

“We have used social media to raise the profile of CISS amongst the carer community in Hull. We publish several times each week and our follower base is growing quickly. We have had lots of positive feedback from carers and we have even grabbed the attention of local MP Diana Johnson who is now a champion of the service.”

Katy Winfield
Development Lead
Health & Wellbeing Services
— Carers Information & Support Service
CHCP CIC

SROI For CISS (Social Return On Investment) £1 : £53.32

For every £1 spent on the CISS service it is estimated that at least £53.32 worth of social value has been generated in the social accounting period March 2018 to April 2019. There are 11 lines within this SROI Impact Map.

- **Line 1 – The perceived social value to carers of the CISS Service**
- **Line 2 – the social value in terms of the contribution to the public purse of CISS empowering unpaid carers so that they can continue caring**
- **Line 3 – The social value to the NHS in terms of soaking up demand for GP appointment time**
- **Line 4 – The social value in terms of carers feeling more in control of their lives**
- **Line 5 The social value in terms of preventing A&E visits**
- **Line 6 The social value in terms of preventing unnecessary hospital admissions**
- **Line 7 The social value in terms of access to emergency care for loved one if carer encounters and accident or emergency themselves**
- **Line 8 The social value in terms of facilitating access to legal advice for carers**
- **Line 9 – The social value to local organisations in terms of corporate training provided by CISS advising how to support their employees who are also carers.**
- **Line 10 – The social value generated through providing important ‘self-help’ information for carers online via social media.**
- **Line 11 – The additional social value generated in terms of reducing social isolation for carers.**

Line 1 – The perceived social value to carers of the CISS Service

QUANTITY: 993 – The number of carers that have accessed the CISS Service during the social accounting period.

FINANCIAL PROXY: £1481.85 – The result of the value exercise survey carried out directly with carers (i.e., CISS services users).

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – the Social Accountants have applied this percentage from [The Carer UK Pressure Points report](#) as deadweight to this line of the calculation because it provides a rough idea of the level of carers that would possibly manage without CISS anyway. The report which looked at carers’ use of emergency services says that 59% of carers felt they didn’t have a choice but to recommence care when their loved one was discharged from hospital. The Social Accountants feel it is reasonable to assume that 41% perhaps felt they did have a choice. Therefore 59% is a credible percentage giving a fair estimate of the proportion of carers that really need CISS support, and 41% are perhaps managing their caring role well anyway.

ATTRIBUTION: 50% – The Social Accountants have seen sufficient evidence regarding CISS to assume that the service enables and empowers carers to continue caring. However, because there are lots of factors in play empowering carers to continue, the Social Accountants acknowledge the contribution of partners and families/friends and some employers in the region. CISS is a small team and their strategy for the last few years has been to recruit as much help as possible from partners, other charities/services and other CHCP

CIC departments in order to expand the support they can offer to carers. Although CISS have successfully recruited a number of partners who are making a significant contribution to the social value for carers, the Social Accountants recognise that the CISS team are still the main drivers of the social value. Without CISS, many of the carers would not be in touch with these charities/services. Therefore, 50% is likely to be on the high side for attribution leading to a reasonable estimate of SROI.

Line 2 – the social value in terms of the contribution to the public purse of CISS empowering unpaid carers so that they can continue caring

QUANTITY: 993 – The number of carers that have accessed the CISS Service during the social accounting period.

FINANCIAL PROXY: £48,882 – as explained earlier in this report, this proxy is based on the estimated number of hours CISS supported carers have likely carried out during the social accounting period, multiplied up by £17.20 the unit cost of replacement care per hour in line with Carers UK's official estimate of the actual cost per hour of providing homecare to an adult .

Source: <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – for the same reason as explained above.

ATTRIBUTION: 50% – for the same reason as explained above.

Line 3 – The social value to the NHS in terms of soaking up demand for GP appointment time

QUANTITY: 3578.5 –The number of hours carer assessment time and advice and signposting time CISS advisors have spent with carers during the social accounting period. (Made up of: 1030 hours face-to-face appointment assessment time, 432 home visit assessment time, 148.5 telephone assessment time, 1968 advice/signposting assessment time = total 3578.5 hours appointment time for carers.)

FINANCIAL PROXY: £183 – In terms of social value, where else could a carer go to receive a holistic assessment of their needs? The Social Accountants considered this and decided the time afforded to carers from CISS advisors could reasonably be likened to time spent with a GP as it generated a similar outcome (as explained earlier in this report). According to the Personal Social Services Research Unit's cost assessment table, an hour of GP time is estimated at between £183 and £242. The Social Accountants have used £183 as a conservative estimate of the value of this CISS time spent with carers.

Source: <https://www.pssru.ac.uk/pub/uc/uc2017/community-based-health-care-staff.pdf>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% - for the same reason as explained above.

ATTRIBUTION: 50% - for the same reason as explained above.

Line 4 – the social value in terms of carers feeling more in control of their lives

QUANTITY: 993 – The number of carers that have accessed the CISS Service during the social accounting period.

FINANCIAL PROXY: £15,893.81 – The value of feeling in control of life - <http://www.globalvaluexchange.org/valuations/search?q=control&page=2>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% - for the same reason as explained above.

ATTRIBUTION: 50% - for the same reason as explained above.

Line 5 – The social value in terms of preventing unnecessary A&E visits

QUANTITY: 118 – The estimated number of A&E visits prevented because of the support CISS is providing for carers. The general public visit A&E an average of 0.44 times per year. Although this is a very conservative figure to use here as carers are caring for loved ones with ill health or disability of course, i.e., people who are more likely to require A&E attendances than the average member of the general public. However, in the spirit of under-claiming, the Social Accountants have applied this to the 993 carers, and again under-claiming assumed that the 993 carers are only caring for one person each. So 993 cared-for people being taken to A&E by their carers once during the social accounting period amounts to a conservative 437 possible A&E visits. [The Pressure Points Report](#) states that 9% of carers resorted to A&E because they didn't know where else to go and 18% because they couldn't get a district nurse or GP out of hours – equating to 27%. 27% of 437 is 118 A&E visits.

FINANCIAL PROXY: £160 – The average unit cost of an A&E visit.
Source: <https://improvement.nhs.uk/resources/reference-costs/#rc1718>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – for the same reason as explained above.

ATTRIBUTION: 50% – for the same reason as explained above.

Line 6 – The social value in terms of preventing unnecessary hospital admissions

QUANTITY: 38 – Based on the same figures outline re A&E visits above – but going one step further. The [Pressure Points Report](#) highlighted that 32% carers said that the emergency hospital admission could have been prevented had the carer had more support. 32% of 118 above results in 38 unnecessary hospital admissions.

FINANCIAL PROXY: £3117 – The average cost of a non-elective inpatient stay.
Source: <https://improvement.nhs.uk/resources/reference-costs/#rc1718>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – for the same reason as explained above.

ATTRIBUTION: 50% – for the same reason as explained above.

Line 7 – The social value of access to emergency care for loved one if carer encounters and accident or emergency themselves

QUANTITY: 20,976 hours – 993 carers x 0.44 the average level of A&E visits of the general public per annum = 437 x 48 hours (which is the minimum number of hours Hull City Council Adult Social Care will provide for the carer’s loved one whilst the carer is indisposed – they provide 72 if it is over a bank holiday weekend) 437 x 48 = 20,976 hours.

FINANCIAL PROXY: £17.20 – the unit cost of replacement care per hour in line with the official estimate of the actual cost per hour of providing homecare to an adult.

Source: <https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – for the same reason as explained above.

ATTRIBUTION: 50% – for the same reason as explained above.

Line 8 – The social value in terms of facilitating access to legal advice for carers

QUANTITY: 300 hours – The number of hours worth of legal advice CISS has facilitated during the social accounting period for carers, at no cost to the carers.

FINANCIAL PROXY: £177 – HM Courts & Tribunals service guidelines re the hourly rates of solicitors and legal executives with more than four years’ experience, (National Grade 2) .

Source: <https://www.gov.uk/guidance/solicitors-guideline-hourly-rates>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – for the same reason as explained above.

ATTRIBUTION: 50% – for the same reason as explained above.

Line 9 – The social value to local organisations in terms of corporate presentations/training provided by CISS advising how to support their employees who are also carers

QUANTITY: 1450 – The number of people working for local organisations that have received presentations/training via the CISS service, at no charge to the organisations themselves.

FINANCIAL PROXY: £545 – The cost per person of a similar corporate course.

Source: <https://shop.cipd.co.uk/shop/cipd-training/courses/employment-law/discrimination-law>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – for the same reason as explained above.

ATTRIBUTION: 50% – for the same reason as explained above.

Line 10 – The social value generated through providing important ‘self-help’ information for carers online via social media

QUANTITY: 889 – The number of carer followers across CISS’s social media platforms with access to the important self-help information the service regularly posts.

FINANCIAL PROXY: £8.95 – The Social Accountants have used the cost of a self-help book for carers as a low estimate of the social value generated here. CISS publish important information such as links to articles for carers, tips for carers, details of events for carers, events run by other agencies where CISS has secured an invitation for their carers, etc.

Source: https://www.amazon.co.uk/s?k=books+on+caring&ref=nb_sb_noss_1

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – same reason as explained above.

ATTRIBUTION: 50% – same reason as explained above.

Line 11 – The perceived social value of the social events the CISS service has facilitated for carers and their families and friends

QUANTITY: 890 – The number of carers, family members and friends that have attended CISS social events during the social accounting period.

FINANCIAL PROXY: £23 – The cost of a similar event locally per ticket.

Source: <https://www.hulltheatres.co.uk/events/carols-candlelight>

VALUE OF INPUTS: £375,200 – the cost of running CISS for the 12-month social accounting period.

DEADWEIGHT: 41% – same reason as explained above.

ATTRIBUTION: 50% – same reason as explained above.

Case Study

Vincent's Story

Vincent first came to CISS service in April 2015. It was identified that he would qualify for the 'Direct Payment for Carers' and it was agreed and allocated to him for meals out, and for Hull FC tickets to give Vincent a break from his caring role. This continued in 2016 and 2017.

However, in 2018 when Vincent brought in his proof of receipts it became evident that he was spending his direct payment on take-away food, which meant his application for 2018 had to be declined. Vincent was puzzled – he did not understand why.

It was agreed that a family support worker would visit Vincent at home to complete the Carer's Star Assessment to give us a full picture of Vincent's life as a carer. Vincent was happy to take part and a Carer's Star Assessment was completed and a care plan was agreed with him.

The outcome of this 2018 approach has been extremely positive for Vincent. The family support worker was able to get a really good picture of his life and extra support that he needed. It was identified that Vincent did little other than his caring role and also helping other elderly neighbours. He spoke about being keen to lose weight and also have some time for himself but, he was finding it hard to achieve, as does not like to leave his mum alone, due to her having panic attacks and difficulty breathing. Vincent also spoke about the difficulties that he has getting in and out of the bath and recently, that he had had a fall doing this. Money is tight for Vincent and he would love to be able to treat himself to some new clothes.

It was agreed that Vincent could apply for the direct payment again, however, this would be used towards Slimming World to support Vincent with weight-loss and also widen his interaction with others attending a group. It was also agreed he would utilise other family members to care for his mum to allow him to attend Hull FC from time to time. An Occupational Therapy referral was also made, to look at the possibility of having a shower fitted or something to aid him getting in and out of the bath. It was identified that Vincent was not registered as a carer with his GP, so a form was given to him and, he was supported with completing this so he would only need to hand this in to his GP. Vincent spoke about having issues reading and writing and explained that he never really attended school due to bullying. A referral was made to Connect Well (Citizen's Advice Hull & East Riding) for support with managing finances and to ensure that Vincent was in receipt of the right amount of money.

A suggestion was made to Vincent about volunteering with CISS as it was evident throughout the carers Star Assessment, that his mum was concerned about what Vincent in terms of having no-one when she is no longer here, and she was hopeful we could find a way for him to widen his day to day life outside of just caring for her. Both Vincent and his mum thought the suggestion of volunteering would be great and Vincent expressed interest helping out at CHCP CIC events.

A referral was made to CHCP CIC volunteering.

Healthy Routes

Reason For Being:

CHCP CIC's Healthy Routes service, which is free-to-all who live, work or are registered with a GP in the Wigan Borough, is focused on; reducing smoking, reducing alcohol intake, weight management, encouraging physical activity and improving general wellbeing – i.e., the root causes of many of the major health problems in our society today. The Healthy Routes service offers one-to-one appointments with CHCP health advisors based in 62 community venues across the borough and the operation is split into 7 'Service Delivery Footprints' (SDFs). Healthy Routes appointments take place at a variety of community settings including GP Surgeries, Health Centres and, via two high-street shops (one in Leigh and one in Wigan) etc.

On the high street, Healthy Routes provides easy and convenient access to health screening, removing traditional barriers via Wellpoint Kiosks, engaging individuals who rarely or never see a health professional. The kiosks offer the general public a means to measure and track body fat, blood pressure, heart rate, weight and BMI and diabetes risk.

The service, which has 21 full-time equivalent health advisors, is underpinned by the principles of "The Deal" – an informal agreement between Wigan Borough Council and the people of Wigan to work together to create a better borough. "The Deal" aims to focus the minds of everyone to commit to improving life in several ways – i.e., improving the communities themselves, the local economy, the safety, wellbeing and opportunities of children and young people in the area, improving social care and **the overall health and wellbeing of everyone living or working in the community.**

It is a very collaborative approach. "The Huddle" is a meeting held weekly involving health, social services, emergency services etc. as they all work towards the same goals based on "The Deal."

"Operating under the principles of 'The Deal', means all the work we are doing with Healthy Routes is highly collaborative. All efforts are completely intertwined, which means we give little time or thought to which team should take credit for the outcomes. We are quite rightly far more focused on the patient themselves and getting them the support they need leading to the best outcomes for everyone."

Mim Scott

Public Health Operations Manager

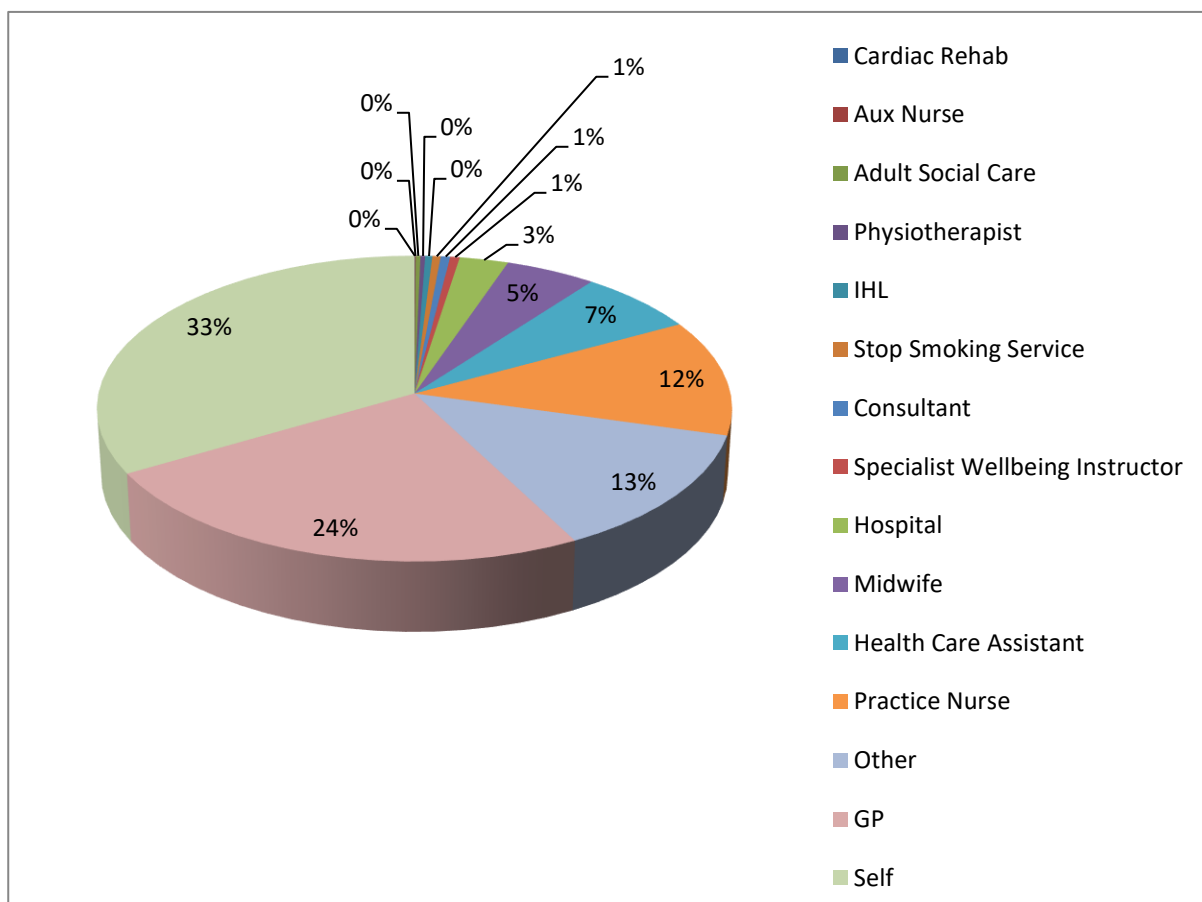
North West & Healthy Routes Wigan Operations Lead

CHCP CIC

National evidence in the form of a Citizens Advice report* indicates that 20% of GP time is spent managing demands of a non-clinical nature. It is the same for the Healthy Routes advisors. In Wigan there is a team of 'Community Link Workers' available to whom GPs, Healthy Routes Advisors and others can refer patients for non-clinical matters and social prescribing. This illustrates how "The Deal" is working in the borough. It is widely believed that if issues of a non-clinical nature remain unresolved and patients are unable to find the necessary support they need, they are highly likely to experience social and lifestyle problems that could escalate, sometimes becoming serious, tangible health problems.

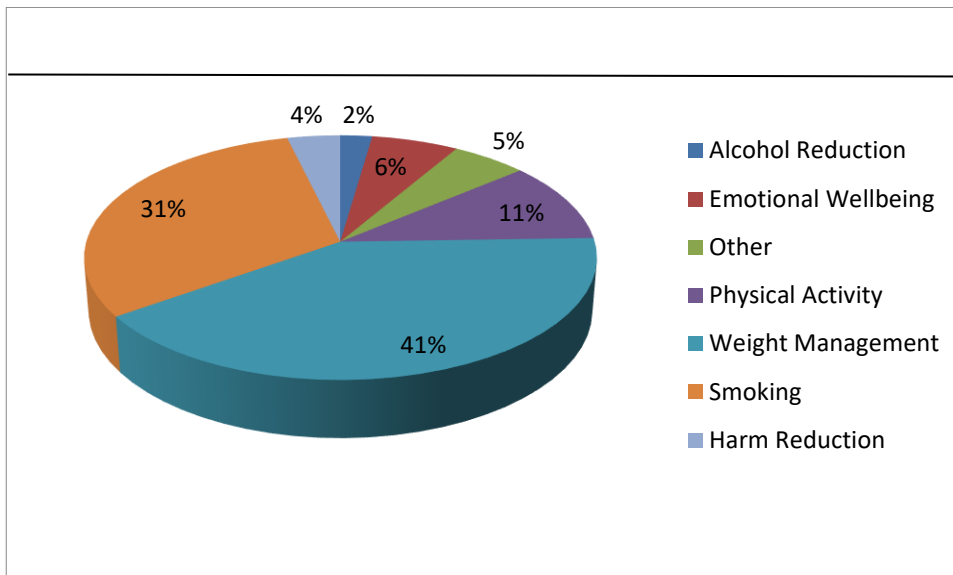
(*Source: https://www.citizensadvice.org.uk/Global/CitizensAdvice/Public%20services%20publications/CitizensAdvice_AVeryGeneralPractice_May2015.pdf)

With regard to the 4301 patients Healthy Routes have assessed in the social accounting period and signposted, the following pie chart shows the kind of services Healthy Routes are referring onto. Under 'Other' are Community Link Worker referrals.



Healthy Routes empowered 4950 patients to start Personal Healthy Plans in the social accounting period, the following table and pie chart show the areas of concern regarding their health and wellbeing:

KPI	No. of Personal Health Plans
	4950
Alcohol Reduction	113
Emotional Wellbeing	308
Other	267
Physical Activity	525
Weight Management	2015
Smoking	1535
Harm Reduction	187



The Deal

In terms of health and wellbeing, the council’s website lays out the health and wellbeing aspects of “The Deal” as follows:

The Council’s Commitment (which they describe as ‘Our Part’):

- ✓ Ensure there are a wide-range of facilities within local communities including parks, open spaces, leisure, safe cycling routes, good quality housing
- ✓ Ensure easy, timely access to good quality GP services, seven days a week, to screen, diagnose and treat and prevent disease as early as possible
- ✓ Support families to ensure their children have the best start in life
- ✓ Support people to live well, helping those who are unemployed into work or training and helping them benefit from the fastest growing economy in the UK
- ✓ Assist people to age well by keeping them healthy and connected to their communities for as long as possible in their own home.

The People of Wigan’s Commitment (which they describe as ‘your part’):

- ✓ Keep active at whatever stage of life
- ✓ Register with a GP and go for regular check-ups – taking charge of your own health and wellbeing
- ✓ Quit smoking. Drink and eat sensibly and encourage your children to do the same
- ✓ Take time to be supportive parents or guardians, encouraging children to be the best they can be
- ✓ Take advantage of training and job opportunities, setting high aspirations for yourself and your family
- ✓ Support older relatives, friends and neighbours to be independent for as long as possible
- ✓ Get involved in your local communities.

“Wigan Borough has quite a different approach to commissioning when compared with other areas. There is a pro-active dialogue between health care providers and the local authority, which is all part of a wider vision. They are looking at health care and wellbeing very much as part of ‘the bigger picture’ and there are lots of benefits. People in the community are asked to take responsibility for driving their own good health and wellbeing, and that’s got to be a good thing. With Healthy Routes we are delighted to be providing a key cog for that machine in the form of this successful community service.”

Andrew Burnell
CEO
CHCP CIC

Social Value:

Healthy Routes generates social value by focusing directly at the root causes responsible for most the ‘big ticket’ health issues we are facing in the UK today. The [NHS](#) states that the top five causes of premature death in this country are cancer, heart disease, stroke, lung disease and liver disease.

There are over 200 different types of cancer and an unhealthy lifestyle is the root cause of about one third of all cancers. E.g., smoking causes almost all lung cancer, poor diet has been linked to bowel cancer and heavy drinking has been implicated in the development of breast cancer. Smoking, being overweight, heavy drinking and lack of physical activity are the main risk factors for heart disease. In terms of lung disease, most cases (85%) of chronic obstructive pulmonary disease are caused by smoking. The [NHS](#) highlights on its stroke pages that 80% of all stroke cases are caused by high blood pressure, smoking, excess fat around the midriff, poor diet and lack of exercise. Diabetes, excessive alcohol consumption and stress/depression are named as other contributory factors leading to the prevalence of stroke.

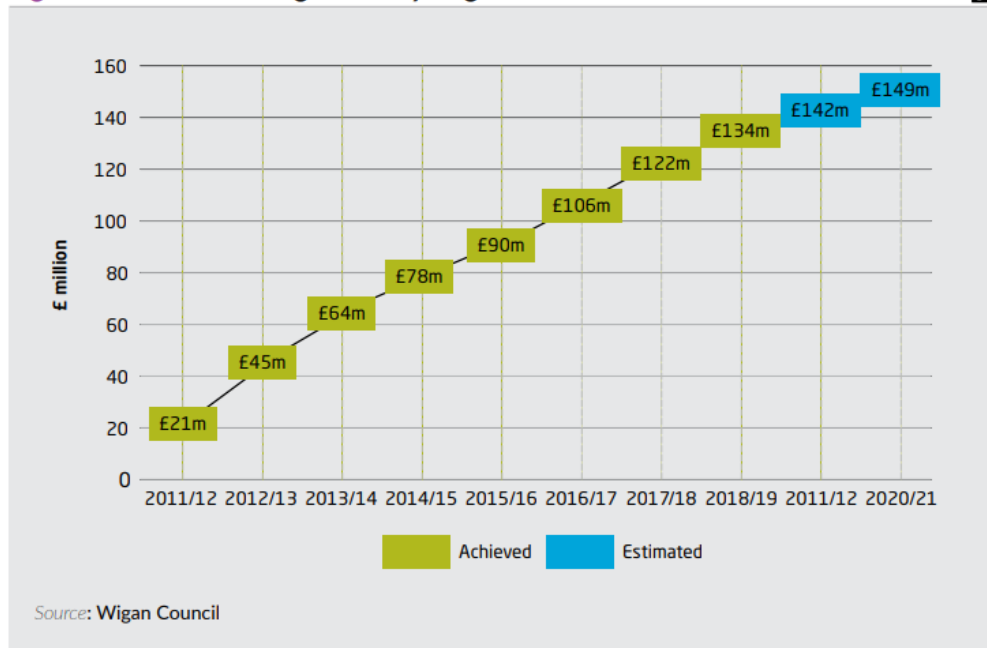
Healthy Routes is geared towards tackling these root causes head on by offering health checks and then supporting patients with risky scores to create personal health plans in collaboration with all parties working to the principles of ‘The Deal’.

This table shows the savings made by Wigan Council since 2011/2012 as a result of “The Deal”.

I am highly confident that the service’s contribution to these savings is significant and very real, but identifying how much of this saving could be attributed purely to Healthy Routes alone is not currently on my agenda.”

Mim Scott
Public Health Operations Manager
North West & Healthy Routes Wigan Operations Lead
CHCP CIC

Figure 9 Estimated savings made by Wigan Council since 2011/12



Source: https://www.kingsfund.org.uk/sites/default/files/2019-06/A_citizen-led_approach_to_health_and_care_lessons_from_the_Wigan_Deal.pdf

“Turning healthcare around via ‘The Deal’ is a huge undertaking. Imagine a juggernaut hurtling down the carriageway at a rate of knots and having to stop it in its tracks and completely turn itself around so it can go in the opposite direction. It takes some doing! This is how I see what we are doing – we’re part-way through turning Wigan Borough’s ‘healthcare juggernaut’ around to work completely differently. It takes focus, concentration and effort by absolutely everyone involved – healthcare professionals and patients alike. It’s a two-way street. We recognised from the start, that we must measure ‘how people feel’ pre and post service, and we are capturing this kind of meaningful data now. However, reporting accurately on our data is something we are still working on. We are currently analysing data captured by the local authority compared with data captured by our patient-facing staff – and we are making good headway, yet it is getting it to a point where we can get exactly what we need, when we need it, will of course, take time.”

Mim Scott
Public Health Operations Manager
North West & Healthy Routes Wigan Operations Lead
CHCP CIC

Perceived social value to the service users

The Social Accountants asked the Healthy Routes lead, Mim Scott, to carry out a value exercise survey direct with service users to ascertain how much they value the service. This is a credible SROI tool, often used direct with service users. The idea is to give the patient a list of commercially available items such as a holiday, a laptop, a trip to the cinema etc., arranged in order of commercial cost/value, (i.e., the highest cost item at the top, with items decreasing in value with the lowest value item at the bottom). The patient

is then asked to 'slot in' the service in question i.e., in this case 'Healthy Routes' in amongst all the items on the list to indicate how much they value it. The Healthy Routes area lead agreed this would be viable process for the cohort and went ahead and carried it out anonymously direct with Healthy Routes service users generating 81 responses.

In the social accounting period, 4301 patients have been assessed by Healthy Routes and referred on and a further 59 have been assessed and given follow-up appointments with Healthy Routes in 1 month, 6 months or 12-months. The results of this survey have been used further on in this report for the SROI calculation multiplied up by the 4301 patients + the 59 patients described here.

A further 4950 patients have been assessed by Healthy Routes and working with them have developed a personal health plan. The Healthy Routes team have helped these people further by empowering them to 'feel more in control of their lives'. Again, this premise has been used as part of the SROI calculation further on in this report.

"I am very thankful for the support and cannot believe the service is free. I appreciate the fact the sessions were relaxed and non-judgemental. I felt it was a good chance to off-load and review."

A Service User

Social Value to the NHS as an accessible and efficient alternative to GP appointment time

Healthy Routes patients are with the service for an average of 208 days. During that time they attend an initial assessment appointment with a Healthy Routes adviser lasting approximately one hour (including note write-up time) and, an average of six follow up appointments lasting 45 minutes (including note write-up time). This is an accessible and efficient alternative to GP appointment time, which is where the general public would normally go with health concerns relating to smoking, alcohol and obesity, hence Healthy Routes are taking the pressure off the demand for GP practices. For this reason, the Social Accountants are comfortable likening the social value generated from the 36,629.25 hours of healthy routes patient facing time in the social accounting period as equivalent to GP appointment time, because the outcome is similar in terms of 'social value'. The Social Accountants wish to be clear in that they are not comparing a Healthy Routes adviser with a GP, they acknowledge the comparative skill-set for each are at entirely different levels, however, in terms of providing a focused, accessible, efficient alternative to alleviate pressure GP appointment demand – geared to generating a similar relevant outcome, they are happy to measure the social value using the cost of an hour's worth of GP time. Some may argue that the Healthy Routes assessment is even more valuable than a GP appointment in this instance because the advisors are focused entirely on reducing smoking, reducing alcohol intake, weight management, encouraging physical activity and improving general wellbeing. Also, because they are making every effort to reach people who rarely or never visit a GP.

Social Value assisting with the identification of those at risk/the prevention of serious diseases

Social value is also apparent in terms of identifying those at risk from serious diseases and Healthy Routes' contribution to the prevention of serious chronic diseases such as chronic heart disease, diabetes, stroke, cancer etc. The Social Accountants can see clearly from the Healthy Routes 2018 Wellpoint report, that the service has identified the 6086 risky test results in the last 12-months through their two high-street Wellpoint centres alone, where they carried out 8561 health checks in total:

- Overweight/obese (1789 people)
- Have high body fat (1639)
- Have systolic blood pressure (1231)
- Have diastolic blood pressure (849)
- Have high heart rate (41)
- Have a heart age greater than actual age (537)

These statistics could be applied to the costs given below taken from a NICE report on the hospital costs associated with obesity. However, as the numbers are for the two high-street Wellpoint venues only, and there are no statistics available regarding similar health checks at the other 60 venues from which Healthy Routes is operating, the Social Accountants have decided to leave this out of the calculation for this report. However, they recommend revisiting in the future when more data is available.

The NICE report shows the total hospital costs of obesity related disease for the year 2011/12 (£M) (Source: <https://www.nice.org.uk/guidance/ph53/evidence/economic-modelling-report-431715709>)

Disease	A&E Attendance (£M)	Outpatients (£M)	Admissions (£M)	Total (£M)	Cost Attributable to obesity (£M)
Chronic Heart Disease	829	301	499	1661	266
Diabetes	866	55	101	1025	482
Stroke	32	461	483	985	59
Hypertension	899		10	909	327
Osteoarthritis	451	206	14	736	88
Breast Cancer	134	434	57	634	72
Kidney Cancer	80	239	48	385	44
TOTAL				6334	1338

Average hospital costs of obesity-related disease for the year 2011/12

Disease	Total Cost (£M)	Attributable Cost	Average Total cost per person with disease (£)
Chronic Heart Disease	1661	266	741
Diabetes	1025	482	412
Stroke	985	59	998
Hypertension	909	327	71
Osteoarthritis	736	88	110
Breast Cancer	634	72	157
Kidney Cancer	385	44	764

Taking the total hospital costs column from the NICE table, the Social Accountants have applied the same percentages to the 6086 risky results identified by the Healthy Routes Wellpoint kiosk system on the high-street as follows. Making an assumption that, as this is table refers to the costs for obesity across England for 2011/12 - similar rates of the diseases would provide a reasonable and conservative estimate for rates of the diseases in Wigan for the social accounting period. If the data was available for all 62 Healthy Routes venues, the same percentages could be applied across the board and prevention savings to the NHS could be included in the SROI calculation.

Disease	% of overall cost from NICE Table	Same % Applied to Healthy Routes 6086 Risky Results from Wellpoint
Chronic Heart Disease	26%	1582
Diabetes	16%	974
Stroke	16%	974
Hypertension	14%	852
Osteoarthritis	12%	730
Breast Cancer	10%	609
Kidney Cancer	6%	365

The Social Accountants believe that including these hospital costs in the SROI calculation is extremely conservative as there will clearly be many more costs to the individuals themselves, their families, to community healthcare, social services, the economy and the local community.

Another area that has not been measured in this report, but could be considered in the future, in terms of the social impact generated by Healthy Routes, is emotional resilience and the reduction of anxiety and depression as a result of the support patients are receiving from the service.

Overall, the Social Accountants believe there may be further social value relating to Healthy Routes than what can be measured in this report. The SROI ratio in the calculations in this report represent a conservative assessment of Healthy Routes' social value.

SROI For Healthy Routes (Social Return On Investment) £1 : £18.60

For every £1 spent on Healthy Routes, it is estimated that at least £18.60 worth of social value is being generated.

There are 3 lines within this SROI Impact Map.

- **Line 1 – the perceived social value to patients of the healthy routes service**
- **Line 2 – the social value to the NHS in terms of soaking up demand for patient assessment time as an accessible and efficient alternative to GP appointment time.**
- **Line 3 – the perceived social value in terms of a feeling of control in their lives as a result of the personal health plans patients have been able to put together with the help Healthy Routes Advisors.**

Line 1 – The perceived social value to patients of the healthy routes service

QUANTITY: 4360 – The number of patients that have been assessed by the Healthy Routes service and signposted/referred onto other services during the 12-month social accounting period (4301) + 59 patients who have been assessed by Healthy Routes and offered follow on appointments for one month, six months or 12-months.

FINANCIAL PROXY: £1596.37 – The result of a value exercise survey direct with Healthy Routes patients.

VALUE OF INPUTS: £1,400,000 – the cost of running Healthy Routes for a year.

DEADWEIGHT: 50% – Because “The Deal” is a two-way street empowering patients to take control of their own wellbeing in partnership with the council (health care and social care) they feel a 50% deadweight is appropriate – i.e., 50% credit to the patients themselves/50% to the authorities.

ATTRIBUTION: 43% – The Social Accountants have identified from a service delivery footprint report for the Borough that GPs have offered health checks to 43% of the eligible population. They, therefore, feel the level of attribution in terms of what the GP, practices have contributed to encouraging healthy routes take up could reasonably and conservatively be estimated as 43%.

Line 2 – The social value to the NHS in terms of soaking up demand for patient assessment time as an accessible and efficient alternative to GP appointment time.

QUANTITY: 31,629.25 Hours – based on 9310 patients have had initial healthy routes assessment appointments of one hour each (including note write-up time). 59 patients have had a further 45-minute follow up appointments in one month, 6 months or 12-months. Plus 4950 patients have been helped to produce personal health plans which involves an average of six follow-up appointments with Healthy Routes advisers of 45-minutes each (including note write-up time).

With 21 full-time equivalents working in the borough as Healthy Routes advisors this equates to an average of 1506 hours per annum per advisor in terms of patient-facing hours.

FINANCIAL PROXY: £185 – The cost per hour of GP appointment time.

(Source: https://www.pssru.ac.uk/pub/uc/uc2010/uc2010_s10.pdf)

VALUE OF INPUTS: £1,400,000 – This figure goes across all three calculation lines as the cost of running Healthy Routes for 12-months.

DEADWEIGHT: 50% - as above – same reason as line 1.

ATTRIBUTION: 43% - as above – same reason as line 1.

Line 3 – The perceived social value in terms of patients feeling in control in their lives as a result the service empowering patients to put together personal health plans, patients have been able to put together with the help Healthy Routes Advisors.

QUANTITY: 4950 – the number of patients that have agreed personal health plans with their Healthy Routes Advisors during the social accounting period.

FINANCIAL PROXY: £15,893.81 – The value of feeling in control of life - <http://www.globalvaluexchange.org/valuations/search?q=control&page=2>

VALUE OF INPUTS: £1,400,000 – This figure goes across all three calculation lines as the cost of running Healthy Routes for 12-months.

DEADWEIGHT: 50% - as above – same reason as line 1.

ATTRIBUTION: 43% - as above – same reason as line 1.

Case Studies

Jane's Story

Jane was referred by GP for help to lose weight. She has recently been diagnosed with polycystic ovaries and is dairy-intolerant. Client has tried numerous diets to try and lose weight but has been steadily increasing in weight.

Jane was quite down about her weight as everything she tried seemed to have no effect. She felt resigned to the fact that due to her polycystic ovaries and her dairy intolerance that she would not be able to lose weight. We went through the Eatwell Guide together and Jane felt that her diet was fairly healthy. She also goes to the gym and does a few classes a week as well as walking everywhere. We discussed portion sizes and client felt this may be an issue especially where carbs were concerned. Jane agreed to complete food diaries so we could go through them at the next intervention.

When we went through the food diaries, it appeared that Jane was having a lot of sugar without realising it. She was having protein bars and cereal bars most days along with a lot of fruit. Discussed cutting down on fruit and increasing veg and looking at other alternatives instead of cereal bars.

Jane has consistently lost weight at every intervention and is really pleased with her progress as she didn't think by making a few small changes to her diet, she could make such a difference. Jane's start-weight was 120 kg and her waist measurement was 120 cm. Her current weight is 112.6 kg, with her waist measurement being 116 cm. She has achieved her 5% weight loss already and is continuing to lose weight and cm from her waist.

Jane is very happy with her progress as she really didn't think anything would work. Jane realises that her condition makes it harder to lose weight and that by losing it slowly and steadily it is more likely to be sustainable and stay off. She is pleased with the support and help she has been given and is now looking closely at labels and is more aware of hidden sugars in her diet.

Paul's Story

Paul was originally referred to Healthy Routes for Weight Management support, but after beginning a program and struggling to progress, he was unsure if he would ever achieve his goal. Paul felt that this was down to one barrier in particular preventing him from moving forward and leading a healthier lifestyle — his smoking! We discussed Paul's concerns and what he would like to achieve in the long-term, and together put a plan in place. Firstly, focusing on quitting smoking, something Paul has wanted to do for a very long time but had no idea where to start.

His Healthy Routes Advisor discussed with Paul the benefits of quitting and how this would hopefully enable him to achieve further goals that he felt were so far away. We looked at every aspect of Paul's lifestyle/routine and spent quite a bit of time discussing different coping mechanisms/strategies for the different situations client would be faced with, including social gatherings and stressful times. We talked through the benefits of varying Paul's current routine and finding more positive ways to combat stress levels, such as walking, which we also felt would help occupy client and keep him busy at times when he needed something to focus on. We discussed all the options available to Paul and weighed up the pros and cons of each NRT (Nicotine Replacement Therapy) product, as he was very keen to find the most effective product for him. Paul decided to try the 24 hour patches, which gave him the extra support alongside regular catch ups with HRA (Health Reimbursement Arrangement), which proved to be a winning combination.

Paul went on to achieve a 12-week period of not smoking in his first 'quit-smoking' attempt in over 10 years and has never felt better, not only within himself, but also in what he has achieved. He was so happy with his progress and non-smoker status, that he decided this was just the beginning, and set himself targets that he is now still working towards, including getting more active and losing weight. Paul has not only quit smoking, he is over a stone lighter and can now walk up to 20,000 steps, something he had previously never thought would be possible for him.

Paul is feeling better than he has done in years, and is so proud of how far he has come. His confidence has improved and he has also seen a reduction in medications he was taking for other health issues. He has found the service invaluable in supporting him along the way.

Craig's Story

Craig was drinking two bottles of wine every night. The Healthy Routes Advisor discussed working towards two alcohol free days per week as an initial goal. Craig struggled at first with this and then made a commitment to go alcohol-free completely. He has now been abstinent for a couple of months. Craig was given lots of information including; 'Health Routes - Understanding Units' leaflet, 'BHF – Ten minutes to change your life' leaflet, 'Call time on alcohol leaflet' (Cancer Research UK) and a 'Drink less alcohol' leaflet (Wigan & Leigh Recovery Partnership) along with help and encouragement from his Healthy Routes Advisor along the way. Post engagement Craig said, "I am no longer taking anti-depressants under GP guidance. I am a keen runner and since reducing alcohol intake, I am finding running easier. I am now enjoying more time with granddaughter and have lots more energy. I am very thankful for the support and cannot believe the service was free. I appreciate the fact that the sessions were relaxed and non-judgemental. I felt it was a good chance to off-load and review."

Brush Bus

Reason For Being:

Poor oral health remains a disease of poverty amongst children in Hull and the East Riding of Yorkshire, with children living in deprived areas experiencing more dental disease and accessing dental services less. Tooth decay is the largest cause of hospital admissions for the 5-9 years age group.

In 2016, Hull City Council and East Riding of Yorkshire Council commissioned CHCP CIC to deliver an evidence-based programme in schools and nurseries throughout Hull and East Riding with a view to targeting children in deprived areas and those who experience poor oral health. The Brush Bus initiative is a targeted tooth-brushing programme which engages children, teachers, nursery assistants and parents and carers in: regular dental care activities; oral health education; the supply of materials – and the supervision and monitoring of the programme.

We know the prevalence of tooth-brushing amongst young children in deprived communities is low and, that studies have demonstrated that a supervised daily tooth brushing programme with fluoride toothpaste over a two year period in schools and nurseries reduces tooth decay (Fluoride Toothpastes for Preventing Dental Caries in Children and Adolescents. Marinho et al., 2003a).

Brush Bus is such a programme which engaged 3957 children in deprived areas across Hull and the East Riding of Yorkshire during the social accounting period.

“The oral-health needs of the children from areas of high social deprivation are always our priority. We target children specifically to educate and challenge the effects that poor oral health brings. We often educate parents and carers together with their children in regular, good tooth-brushing practices which will benefit families long into the future.”

Lynne Barton - 0-19yrs Service Manager – Health and Wellbeing City Health Care Partnership CIC

Although oral health picture is improving in England, still almost a quarter (24.7%) of five-year-olds have tooth decay nationally. However, Yorkshire and The Humber has 28.5%* of five-year-old children with obvious tooth decay experience (*National Epidemiology Programme for England: oral health survey of five-year-old children 2017). This is second only to the North West with 33.9%, whilst the South East rates lowest at 16.4%. Within these regions there are widely differing levels of variation in the proportion of children with decay experience within local authority areas especially when cross-referenced with the national Index of Multiple Deprivation (IMD 2015). Hospital admissions show the most deprived areas of England have twice the proportion of dentistry admissions than in the least deprived areas.

Tooth decay experience amongst five-year-olds typically triples in prevalence between the least deprived and the most deprived areas. In Hull around 38%* of five-year-old children have tooth decay (*Summary of Hull’s Oral Health Dental Action Plan 2015-20). Although the average figure of children with decay experience in the East Riding of Yorkshire is slightly lower than the national average (around 23%), it is fair to expect this percentage to increase significantly in the East Riding’s areas of high social deprivation.

Social Value:

School Readiness

The Social Accountants believe that Brush Bus activities help this cohort of children from areas of social deprivation achieve school readiness. School readiness means each child enters school ready to engage in and benefit from early learning experiences that best promote the child's success.

In the UK, over 26,000 children aged between five and nine were admitted to hospital due to tooth decay in 2017-2018 (source – Royal College of Surgeons website). This fact confirms that tooth decay is the largest cause of hospital admissions for this age group. In addition to this, we know that one of the largest causes of school absence is also tooth decay (source – The Teeth Team Programme, Annual Report January 2018). Public Health England reports that there is a clear link between social deprivation and childhood tooth decay and that poor oral health has a long term impact on many aspects of a child's development including educational achievement (source - Public Health England's 2015 national dental epidemiology survey of five year old children).

Alleviating Pressure For the NHS

Oral health is an improving picture in Hull and East Riding of Yorkshire (source – Oral Health Needs in Hull (March 2017 Summary)). On the basis that better-oral-health practises and improvements to dental care within families and young children; the activities of Brush Bus have contributed to this improving picture by reducing the burden on NHS dental services overall. This social impact is recognised within this report by acknowledging a reduction the demand for NHS dental appointments.

Improved Child Confidence & Self Esteem

The positive impact of having better self-esteem resulting in higher confidence amongst children is documented widely, with some citing higher-confidence amongst children being instrumental to their cognitive and intellectual development (source - <http://www.urbanchildinstitute.org>). Taking a conservative and balanced view on the social impact of children having better oral health, which positively impacts on their confidence, is important. Some children in the cohort where Brush Bus delivers activities will receive the benefit of having improved confidence through better self-esteem. Self-esteem influences the way children are treated by others and, whether or not they have a positive experience of themselves while interacting with others. Better confidence aids greater achievement, particularly amongst children. An apportionment of social value is shown within the accompanying SROI calculation to acknowledge these increases in confidence.

“Brush Bus is an educational programme working with families from deprived areas. Supporting young children in these areas to achieve better oral health will have an impact for many years to come. I've even heard of instances where kids are teaching their parents better dental hygiene – is there a better way to learn?”

Andrew Burnell

**CEO
CHCP CIC**

SROI For Brush Bus (Social Return On Investment) £1 : £22.76

It is estimated that for every £1 spent on the Brush Bus service at least £22.76 worth of social value is being generated.

There are 3 lines within this SROI Impact Map.

- **Line 1 – The social value to the education system for contributing to the ‘school readiness’ of the children.**
- **Line 2 – The social value to the NHS in terms of dental hygiene education for the children and their families.**
- **Line 3 – The social value to the children themselves in terms of improved confidence.**

Line 1 – The social value to the education system for contributing to the ‘school readiness’ of the children

QUANTITY: 3957 – The number of children in Hull and East Riding that participated in the Brush Bus programme during the social accounting period.

FINANCIAL PROXY: £1023 – (Fiscal savings associated with improved school readiness on entry to reception year age 4-5 derived from Department of Education (2013) – source FNP Pitch Pack 2015.) The report suggests schools save an average of £1023 per annum per child if the child is school ready.

VALUE OF INPUTS: £13,349.70 – The cost of running Brush Bus for the 12-month social accounting period.

DEADWEIGHT: 88% – An 88% deadweight has been applied to this line of the Brush Bus calculation. The Social Accountants discussed this with the practitioners involved with Brush Bus and as the improvement in dental health across the Yorkshire and Humber region is 12% they have applied this here, suggesting 88% of the social value may have happened anyway, i.e., without Brush Bus involvement (source: [National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017](#)).

ATTRIBUTION: 80% – The Social Accountants have applied an 80% attribution to all 3 calculation lines as a result of all the input the cohort of children receive from their families, school and the NHS in terms of dental hygiene care and education.

Line 2 – The social value to the NHS in terms of dental hygiene education for the children and their families

QUANTITY: 3957 – The number of children in Hull and East Riding that participated in the Brush Bus programme during the social accounting period.

FINANCIAL PROXY: £22.70 – the cost of band 1 dental care.

This is the cost of just one band 1 dental care appointment so using it for the Brush Bus scenario when the children benefiting in Hull and East Riding nurseries and schools are receiving dental education in the form of this daily dental brushing programme is recognised by the Social Accountants as very conservative. However, as the spirit of social accounting is to under-claim social impact rather than over-claim, they are comfortable using this proxy for Brush Bus to capture at least some of this social value.

Source: <https://www.nhsbsa.nhs.uk/help-nhs-dental-costs>

VALUE OF INPUTS: £13,349.70 – The cost of running Brush Bus for the 12-month social accounting period, goes across all lines of the calculation.

DEADWEIGHT: 88% – as explained above.

ATTRIBUTION: 80% – as explained above.

Line 3 – The social value to the children themselves in terms of improved confidence

QUANTITY: 3957 – The number of children in Hull and East Riding that participated in the Brush Bus programme during the social accounting period.

FINANCIAL PROXY: £2154 – a financial proxy from the Global Value Exchange database that measures a positive change in confidence/self-esteem for children, based on ability to speak up for themselves and others. From their research the Social Accountants are convinced that social value generated by Brush Bus in terms of improved confidence gained for this cohort, for the 12-month accounting period, through improved oral health is highly likely to be significant. They are happy that the use of this proxy is fitting with the conservative spirit of social return on investment reporting in that it is probably under-claiming the social impact for the children, rather than over-claiming.

VALUE OF INPUTS: £13,349.70– The cost of running Brush Bus for the 12-month social accounting period, goes across all lines of the calculation.

DEADWEIGHT: 88% – as explained above.

ATTRIBUTION: 80% – as explained above.

Case Study

Ben's story

There is a family with eleven children who live locally to a primary school in Bridlington. Historically, the first three children, that attended Early Years Foundation Stage and Key Stage 1, were not given parental consent to participate in the Brush Bus programme. Despite staff offering support and many opportunities to discuss the parents' concerns about the system, help was declined. At one point, it was even suggested that the mother attended one of the tooth brushing sessions, to demonstrate the cleanliness of the procedure. However, all of these offers were declined.

A few years later, one of the children who was now in Key Stage 2, was experiencing oral health issues. The mother approached the Brush Bus Champion with fears over the wellbeing of her son – Ben's teeth and mouth. It transpired that he was not brushing his teeth at home and he was now in need of some dental treatment.

The Brush Bus Champion, who is always happy to support both pupils and parents, asked Ben to be a tooth brush monitor for her class. This meant he would learn how to brush his teeth correctly, while facilitating the group. The mother and one of his younger siblings also observed the procedure and she was pleasantly surprised at the level of hygiene. It also reassured her that there was very little chance of infections being passed between children in the classroom and that the activity was extremely worthwhile.

Following this school visit, the parent agreed to give consent for Ben to brush his teeth, when he felt ready to do so in class. After a short while of being a monitor, Ben became more confident and decided to participate in the exercise with the rest of the children.

The outcome of this situation is that Ben is now brushing his teeth on a daily basis at home and his oral health has improved. His parents are now going to allow the rest of the children to join in with the programme, when they start school too, as they can now see the benefits of this oral health activity for the entire family.

Podiatry For The Homeless

Reason For Being:

CHCP CIC's Podiatry for the Homeless Clinic was established by Humber NHS Foundation Trust in 2016 at The Crossings in Hull. It is a 'walk-in' clinic available to homeless people and the vulnerably housed without the need for a referral. Service users need not have an address and do not need to be registered with a GP.

According to Wrenn (1990) 20% of all homeless health problems are foot-related. Due to prolonged cold and unhygienic conditions, homeless people have increased risk of ulceration, trench foot, infection and frostbite.

The clinic, run by two CHCP CIC clinicians (one Band 6 and one Band 5), offers treatments for most foot related problems including:

- Nail care
- Corns
- Callus
- In-growing toe nails
- Wounds (new and older injuries)
- Foot ulcers
- Foot and lower limb Pain
- Chronic Disease complications (e.g., diabetes)

The aim of the clinic is to expand podiatry to reach this vulnerable group as it is well documented that the homeless community find it difficult to access mainstream health care services (Crisis 2016).

“We set up the Podiatry Clinic for the Homeless from scratch three years ago. The Crossings offered us a room and converted it for us to make it suitable – they took the carpet up so we could have a cleanable floor to meet infection control standards, provided a store cupboard and a couch. It's ideal for private one-to-one consultations. The clinic is advertised at The Crossings, by social media, posters and via soup kitchens. It runs one Wednesday afternoon every month. Some patients drop in regularly, some have been only the once. There is no need to book.”

Marie Serajuddy
Professional Lead – Operations Manager Podiatry
Hull and East Riding Podiatry
CHCP CIC

As well as podiatry related care, the service aims to achieve the principles of Making Every Contact Count (MECC) as a referral route to other services needed.

“We never turn anyone away. We treat the individual on a holistic basis – we are looking to improve their quality of life from the feet up. This often means regular treatment for ongoing foot conditions and referring, signposting on to the likes of vascular services or orthopaedics, etc.”

Paula Postill
Specialist Podiatrist

**Hull Podiatry Service
CHCP CIC**

“Many of the patients we see in this clinic are leading a chaotic lifestyle. We see lots of drug and alcohol related problems. These patients often don’t see any other health professionals at all. We are vigilantly focused on getting them the care they need from all other services. Podiatry is the way to gain trust and offer all kinds of other help and often much needed support.”

**Pam Jaffrey
Specialist Podiatrist
Hull Podiatry Service
CHCP CIC**

“It’s all about taking that opportunity during the podiatry consultation to build trust and get the people the wrap-around care they need. For a relatively small cost, the clinicians can, whilst checking their patients’ feet, think about the end goal – getting the person the help they need to get them off the street. It is much broader than the podiatry intervention.”

**Andrew Burnell
CEO
CHCP CIC**

Social Value:

There is social value in the podiatry care itself, but this is about MECC and the signposting opportunities the clinic generates for this vulnerable section of society.

Podiatry

Foot problems are common amongst homeless people due to their harsh, outdoor lifestyle and inadequate opportunities to keep on top of their foot hygiene. Also, inappropriate, ill-fitting, worn footwear plays its part in these problems.

Not being registered with a GP causes a barrier to services for many homeless and vulnerably housed individuals. The clinic has removed this barrier by accepting all who approach the service. The service has delivered 69 appointments in the 12-month accounting period, and the service is about to add an additional clinic at Hull’s William Booth House (a city-centre hostel for the homeless).

Holistic Approach and Signposting

The Podiatry for the Homeless clinic is a great example of MECC working in practice. The podiatrists and clinicians involved are focused on assessing their vulnerable patients without judgement and seeking to provide wrap-around care. Of the 69 appointments they have delivered this year, they have made 25 referrals to other services and charities to get the people the care and support they need, and 15 GP prescription requests.

The Social Accountants have likened this level of holistic assessment to the care a patient would get if he/she were to visit a GP – i.e., a holistic approach with signposting to other key services the patient needs. The Social Accountants want to be absolutely clear they are not comparing the skill-set of the podiatry clinicians with the skill-set of a GP, but the outcomes for the patient are highly similar. As well as foot care,

the patients get focused, confidential, one-to-one attention and referrals onto the services and charities that can help them. Therefore, in terms of the social impact being generated by the Podiatry Clinic for the Homeless, the Social Accountants feel the value of a GP appointment is a reasonable 'value' comparison. This premise is used later on in this report for the SROI calculation.

Other Social Impact

Although there has been no measured evidence forthcoming from the Podiatry team that the clinic has prevented patients from continuing to live on the streets, the service seems to be grasping every opportunity to help these vulnerable people improve their lives. It is highly likely that their contribution has and will continue to provide an open door for the homeless and vulnerably housed people of Hull to the preventative health care and wellbeing support they sorely need.

“I come here to have my feet done because I’ve seen people on the street lose feet and even die. I don’t want that.”

A Service User

SROI For Podiatry For The Homeless (Social Return On Investment)

£1 : £10.57

For every £1 spent on Podiatry for the Homeless it is estimated there is £10.57 worth of social value being generated. There are two lines within this SROI Impact Map:

- **Line 1 – the social value in terms of focused, one-to-one, confidential clinician time for the patients.**
- **Line 2 – the social value in terms of access to foot care from qualified podiatrists.**

Line 1 – the social value in terms of focused, one-to-one, confidential clinician time for the patients

QUANTITY: 69 – The number of podiatry appointments carried out within the 12-month social accounting period for patients classed as homeless or vulnerably housed.

FINANCIAL PROXY: £122 – The Social Accountants are comfortable comparing the value in terms of likely outcomes from the podiatry clinic for the homeless to face-to-face GP time, in terms of signposting for holistic assessment of health and wellbeing. An hour of GP time is valued between £242 and £183. (Source: <https://www.pssru.ac.uk/pub/uc/uc2017/community-based-health-care-staff.pdf>). A Podiatry appointment for the homeless lasts on average approximately 40 minutes – which means, in terms of value, it could be compared with £122 worth of GP time.

VALUE OF INPUTS: £1033.28 – The cost of running Podiatry for the homeless for the 12-month social accounting period.

DEADWEIGHT: 0% – The Social Accountants believe none of this social value would have been generated anyway.

ATTRIBUTION: 0% – The Social Accountants believe no other significant attribution should be applied to this calculation.

Line 2 – the social value in terms of access to foot care from qualified podiatrists

QUANTITY: 69 – The number of podiatry appointments carried out within the 12-month social accounting period for patients classed as homeless or vulnerably housed.

FINANCIAL PROXY: £35 – The typical cost of a private podiatry appointment.

VALUE OF INPUTS: £1033.28 – The cost of running Podiatry for the homeless for the 12-month social accounting period.

DEADWEIGHT: 0% – The Social Accountants believe none of this social value would have been generated anyway.

ATTRIBUTION: 0% – The Social Accountants believe no other significant attribution should be applied to this calculation.

Case Studies

Lee's Story

Lee was previously known to Podiatry – he is diabetic with poor control and non-compliant with medication, previous ulceration after multiple DNA (did not attend) he was discharged from the Brocklehurst Centre. Lee went on to require a below-knee amputation due infection and increased HBA1c (blood glucose levels).

This had lead to the breakdown of the family environment which had led to Lee entering The Crossing Centre for homeless and vulnerably housed. Lee had continued to be non-compliant with medication and subsequently his HBA1c levels increased further and he developed a wound on the remaining lower limb. Lee had been advised by staff at The Crossing that he should return to podiatry services. Due to mobility and anxiety the patient did feel able to travel to a health centre to be seen. Lee was then advised about the services due to start at The Crossing and as we were in the patient's familiar environment he felt a lot more comfortable attending an appointment.

An assessment was carried out by the podiatry team at The Crossings clinic and they were able to assess the wound and Lee's current state of mind offering support to get the patient to attend clinics on a regular basis with the aim of saving his remaining limb. The importance of taking prescribed medication was also discussed with the aim to get him seen more regularly to reduce his Hba1c levels.

The team introduced Lee to support groups and other health professionals who could offer support with medication. Lee was also happy after treatment at The Crossings clinic to return to the Brocklehurst Centre for regular treatment to reduce ulceration on his remaining foot and lower limb and his wounds and overall health is improving.

Sheila's Story

Sheila had historical injuries to her foot from being run-over as a child. Acknowledging multiple procedures had been carried out to her foot whilst Sheila was a girl, the team assessed her and advised further surgery would be required as an adult.

Sheila had relocated to the Hull area before further planned operations had taken place. She asked the podiatrists to facilitate a referral for the further surgery she needed. Sheila's history and medication information had not been passed across from GP to GP after her relocation to the area, and she felt unsure about how to proceed re her podiatry and surgery needs on arriving in Hull.

As lower-limb specialists, the podiatrist understood the process of structural rebuilding the damaged foot and were able to contact a GP and request the specific department and procedure the patient needed. Sheila is now awaiting referral to have assessments to continue to improve the damaged foot.

Andris's Story

Andris was referred to the Homeless Podiatry Services by a Band 7 colleague at The Crossings. He had a partial amputation of his left foot.

Our colleague had been seeing Andris regularly due to an ulcer on his left foot and, it had been improving. Andris was also under the care of the Community Nurses at The Crossings regarding the foot wound, who saw him weekly to renew his dressings. Images of Andris's foot wound had been taken previously and were held on his records.

When the patient attended the Homeless Service for the first time early 2019, the podiatrist noticed the ulcer to patient's left foot appeared larger (compared to the image on his record). The podiatrist applied a different type of dressing to aid the healing of the ulcer, and communicated this to the community nurses advising on the benefits of the new dressing type. Task was also sent to our Band 7 colleague to review the ulcer to the left foot due to increasing size of ulcer.

Andris's foot ulcer has since reduced in size as a result of the specialist care of the podiatry service, and having now moved into his own flat, Andris continues to be seen weekly by the community nurses for dressings and has regular podiatry care at his own home.

Appendices

The Social Investment Strategy document and Action Plan (page 5)



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Report ends.