

CITY HEALTH CARE PARTNERSHIP CIC
SOCIAL ACCOUNTS 2019/2020

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Introduction

This report is the tenth set of social accounts City Health Care Partnership CIC (CHCP CIC) has commissioned since the organisation was established in 2010. The social accounting process investigates, measures and highlights examples of the 'public good' CHCP CIC has achieved during the social accounting period which this year is April 2019 to March 2020.

The authors of this report would like to point out that the Coronavirus (Covid-19) pandemic did not impact the social accounting period itself. The Government's lockdown measures began on 23-3-20 (just 8 days before the end of the social accounting period.) All the activities investigated and measured, although affected after restrictions commenced, ran normally up until 23-3-20.

As a Community Interest Company (CIC) CHCP CIC is in the business of providing community health care services its entire range of activities are completely focused on social purpose. 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, Social Accountants and SROI Practitioners, have independently investigated the five specific activities included in this document and have compiled a report which presents an estimate 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 that was 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 more than 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.

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 can be obtained from Lucy Flower – lucy.flower@nhs.net) - Communications and Social Business Lead at CHCP CIC.

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.

The Scope

To demonstrate the social investment strategy in action the Social Accountants were asked to look at the following areas for the 2019/2020 Social Accounts:

1. The Jean Bishop Integrated Care Centre (Hull's Community Frailty Programme)
2. The Hull & East Riding Bladder & Bowel Service
3. St Helens Volunteer Hub
4. LGBT+ Clinic
5. Hull Churches Families Together

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)

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:

- The Jean Bishop Integrate Care Centre (Hull's Community Frailty Programme) - is an evaluative calculation
- The Hull & East Riding Bladder & Bowel Service - is evaluative
- St Helens Volunteer Hub - is evaluative
- LGBT+ Clinic – is a forecast calculation, based on 8 months' worth of evaluative data, but forecasting a normal year's worth of activity (i.e. it does not take into account any forthcoming Covid-19 restrictions)
- Hull Churches Families Together - 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

In normal times the Social Accountants from Jenko employ 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. As their work on this report began just as the Government's lockdown restrictions came into force due to the Coronavirus pandemic, very few face-to-face meetings have taken place. However, online meeting tools such as Microsoft Teams and Zoom have been used.

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

Level 1 Questioning (March & April 2020)

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 2020)

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 (June, July & August 2020)

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.

Input From CEO (September 2020)

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

Level 3 Questioning (September 2020)

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 (September 2020)

The final report was submitted to the board of directors on 24th September 2020.

Jean Bishop Integrated Care Centre (Hull's Community Frailty Programme)

Reason For Being:

The Jean Bishop Integrated Care Centre is a purpose-built facility where Hull's Community Frailty Programme is based. It is an innovative, multi-disciplinary service designed to meet the growing demands of an ageing population with complex needs. The centre became fully operation in July 2018 for patients scoring on the eFI (Electronic Frailty Index).

Frailty is not an illness, but a syndrome that combines the effects of natural ageing with the outcomes of multiple long-term conditions, a loss of fitness and reserves. Frailty tends to have a large impact on a person's health, confidence and wellbeing and due to its many complexities drives excessive costs for the health care system in terms of both primary and secondary care needs. Frailty progresses gradually, but there are interventions that can slow decline and prevent crises.

Fragmentation in healthcare delivery for frailty patients has meant lack of co-ordination and misalignment of care, which has led to the inefficient allocation, adversely affecting the quality of care, cost, and outcomes. Hull's Community Frailty Programme is designed to address this.

Hull Frailty patients are given an Integrated Comprehensive Geriatric Assessment (ICGA) to inform decision making and follow up services are offered where appropriate. The service committed to assessing all home dwelling patients with a severely frail eFI score and also began an outreach programme into care homes in Hull, offering a proactive ICGA to all residents, not just those at risk of frailty according to eFI (as the fact they are living in a care home indicates a level of frailty must be present).

The programme key objectives are:

- To support people living with severe and moderate frailty to live active and fulfilling lives
- To bring together all strands of work across the community frailty pathway moving from an individual provider focus to a system wide perspective
- To ensure that 100% of patients assessed have integrated care planning
- To optimise the opportunity to receive end of life care in the patient's preferred place of care
- To reduce fragmentation in care
- To empower and support patients to self-manage
- To reduce A&E visits by 10%
- To reduce emergency hospital admissions by 10%
- To reduce occupied bed days by 10%
- Reduce length of stay in hospital
- Reduce A&E re-attends and re-admissions
- Achieve cost savings through medicine reviews

“Patients will have up to 5 appointments in one day at the centre, instead of having 5 different appointments across different health care locations across the city. What we are trying to deliver here is a totally different way of looking after older patients. Patients are referred through their GP and are assessed and asked to tell us about their needs, concerns and things they are struggling with. All of this is all aimed at regaining their independence. At the centre they will see a geriatrician, GPs with specialist interest, advanced nurse practitioners, pharmacists, physiotherapists, occupational therapists, social services and the voluntary sector groups we have here – the benefit to our patients is that this all happens on the same day and in the same place.”

Daniel Harman, Consultant Physician in Elderly Care, CHCP CIC

“We provide each primary care network with an allocation of slots so they can refer patients as they see fit. We want to encourage them to refer newly at risk patients of severe and moderate frailty, and those that have previously had an assessment with us but the GP believes they would benefit from an annual review based on agreed criteria.”

Tracey Woodrow – Operations Manager, Integrated Community Services – Frailty, CHCP CIC

The Services at Jean Bishop ICC include:

- Multi-Disciplinary Teams
 - Geriatrician
 - General practitioner with a specialist interest (GPwSI)
 - Advanced Nurse Practitioner (ANP)Meds management
 - Meds management
 - Therapies
 - Local Authority
 - Voluntary Sector
 - Carers’ Association
- Diagnostics
 - Radiology
 - Pathology
- Conferencing
- Group sessions

View video describing the Jean Bishop ICC here:

https://www.youtube.com/watch?v=Bt_i_Q-Fl6Q&feature=youtu.be

“Health care nowadays has got more up-to-date. They seem to know more. Everything is catered for, and I don’t think they want for nothing there. It’s so good, everything is up-to-date, everything in one place, it is all under one roof and have it there and then in one go.”

Jean Bishop BEM, Older People’s Champion Fundraiser

“CHCP are extremely proud of our award winning and cutting edge service that has attracted national and ministerial interest. The ICC team has been instrumental in improving the quality of life of local people who are experiencing extreme frailty, offering a truly individualised plan of support and care. We have demonstrated that our care is key in reducing inappropriate hospital attendances and admissions, including during the first wave of COVID-19. Patient and partner feedback has been outstanding and I am very pleased that these positive outcomes are also reflected in our Social Accounts.”

Andrew Burnell, CEO, CHCP CIC

Social Value

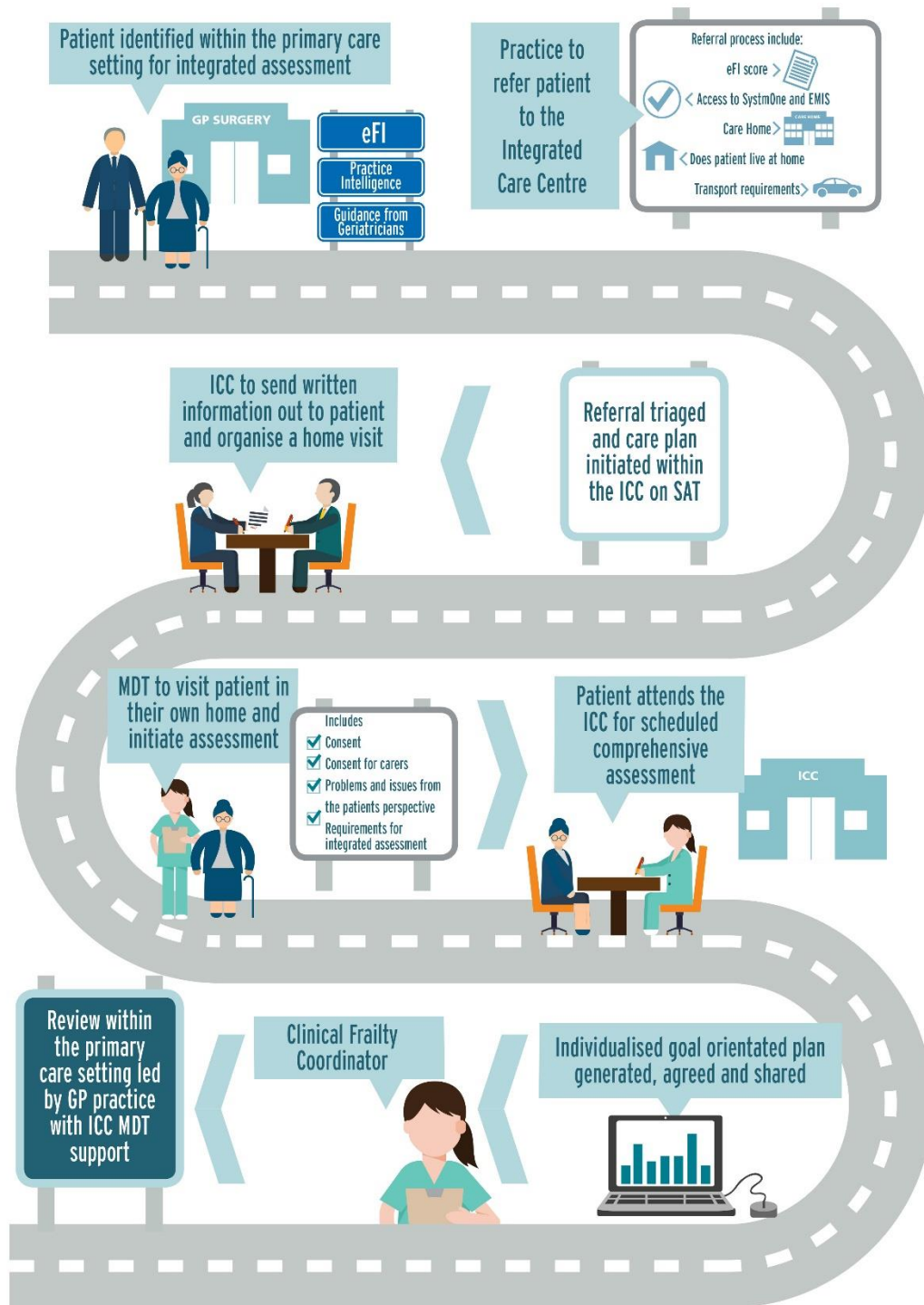
Before the Hull Community Frailty programme began, the consensus of opinion shared with the social accountants shows that patients were viewed and labelled as ‘the frail elderly’. They would present to primary and secondary care late in crisis with delirium, falls and serious immobility issues etc. Their care would be hospital-based, episodic, disruptive and disjointed. It is clear the new way of working has been carefully designed to empower patients to live a quality life whilst managing their frailty. There is a conscientious effort to identify frail people for preventative, proactive care and personal care planning. All of this is underpinned by education for patients on self-management.

The authors of this report acknowledge that the work being done at the Jean Bishop Integrated Care Centre and their outreach interventions are significant, and that although they have attempted to measure some of the key aspects of the social value they have generated in the social accounting period, it is highly likely there is much more that could potentially be measured in a more far-reaching study.

Quality Time

The Integrated Care Centre Pathway diagram below sums up why the quality time the frailty ‘multi-disciplinary team’ spends with patients. The effort the team has put in up front working in partnership with GP Practices to identify the right patients for the programme has been the basis for the new preventative and pro-active way of working.

Pathway for access to the Integrated Care Centre (phase 1)



The Feeling of Being In Control of Their Lives

The Hull Community Frailty Programme is designed to give people back the control they may have lost in managing their own lives because of their frailty issues. Following assessment all patients received a written care plan, written in patient-facing language with telephone numbers so they know who to contact if they need help.

“For an older person, living with frailty can mean living with various ‘losses’ and it is easy, as a professional, inadvertently to collude with the loss of control over everyday life that results from an extensive care package, social isolation or the rapid fluctuation in mental state that sometimes accompany frailty.”

Gill Turner, British Geriatric Society

(Source: <https://www.bgs.org.uk/resources/introduction-to-frailty>)

“We make sure patients are listened to. They are very much part of the decision-making process in terms of tailoring their care plans. If they are concerned about an particular aspect, we focus on that first. Our aim is to ensure patients and carers have a greater understanding of their conditions and their medicines, because at the end of the day it’s about joint empowerment.”

**Anna Folwell, Consultant & Clinical Lead For Care Homes,
Jean Bishop Integrated Care Centre**

“Providing a patient with even something as simple as a walking frame can make such a difference to their quality of life, enabling them to once again do the things that most of us take for granted, like walking to the local shops. Such a simple solution that gives our patients back a sense of control of their lives.

Tracey Woodrow – Operations Manager, Integrated Community Services – Frailty, CHCP CIC

“They were extremely helpful in explaining the symptoms and solutions to my problems and as a result I have got my issues under control and my life back. I am very grateful.”

A Patient

Preventing A&E Visits, Hospital admissions, Re-admissions and Occupied Bed Days

The senior team at the ICC provided the social accountants with lots of data. They are building a comprehensive dashboard and utilising control group analysis. They track patients 1 year pre assessment and 1 year post assessment to capture A&E visit trends, hospital admission trends, re-admissions and occupied bed days. They are also monitoring the results of medication reviews.

Amongst the data the following statistic stood out for the social accountants:

88% of the fit population for the region are utilising 40% of our hospital bed days.

3.2% of the frail population for the region are utilising 36% of our hospital bed days.

For the social accountants this really underpinned the need for the programme and the purpose-built facility [the Jean Bishop Integrated Care Centre].

The authors of this report have studied the data provided and attempted to conservatively measure the social impact of reduced A&E visits, emergency hospital admissions, re-admissions and occupied bed days.

Reducing DNAs (Did Not Attends)

Although not a KPI of the programme, the social accountants see social value in the reduction of DNAs (Did Not Attends) for outpatient appointments across the Hull health care system. People generally across England are estimated to miss 5% of appointments or cancel them before they can be offered to others. For frailty patients the challenges of getting to multiple disparate outpatient appointments as per the old model, is acknowledged to be more difficult. The social accountants believe due to frailty, the likelihood of missing an appointment had they not been offered via the multi-disciplinary approach at the Jean Bishop ICC, this cohort are likely to have missed more than 5% in the social accounting period. However, in the spirit of social accounting the social accountants have used the 5% statistic, later on in this report, to calculate the social value of reducing DNAs to arrive at an 'at least' figure.

“We’ve picked up cases that otherwise wouldn’t have accessed our service.”

- Social services team member

“I’ve learnt new skills and have grown in confidence. There’s potential to learn a lot more.”

- Clinical Support Worker

“Our patients have the time to be listened to, it’s patient centred care. Not just for the patients but their family members as well.”

- MDT Coordinator

“Our carers understand our residents’ health issues much better, we don’t call GP surgeries so often meaning we have more time to spend caring.”

- Care Home Manager

Drug Reviews

The service carried out 1872 drug reviews during the social accounting period with home dwelling patients as well as care home patients cared for by the centre.

[The British Geriatric Society](#) has identified that up to 68% of care home residents have had no medication review and that between 5 and 17% of hospital admissions relate to medication issues.

“As we have learned from the medication reviews carried out, we are sharing this with our health care colleagues across the health care system. We believe this shared learning is having a significant impact on medication costs for the frailty community across the city.”

Tracey Woodrow – Operations Manager, Integrated Community Services – Frailty, CHCP CIC

The results of the centre's medications reviews form part of the frailty programmes' comprehensive data dashboard, for ongoing analysis. The Centre's March Board report summarised that for the Core Service the drug reviews had resulted in a £100.64 saving per patient for the social accounting period. The social accountants have used these results in the SROI calculation later on in this report.

Improvements In Quality of Life For Frailty Patients

The anecdotal evidence the senior team have provided for this report in terms of how patients feel about the frailty programme, and the difference it is making to their lives has been overwhelming. The social accountants were provided with a copy of the Jean Bishop ICC 18 Month Review Engagement Findings too - a survey with patients, carers and staff – which made very positive reading.

“It is clear the Jean Bishop Integrated Care Centre is valued and highly thought of by the patients and carers who access it. This is demonstrated in the Friends and Family results, confirmed in the patient questionnaires, and mirrored in the Carers' questionnaires. Patients and Carers report benefiting from the long contact time with professionals during the assessment and accessing a number of professionals and specialities under one roof at the same session. They feel their care is joined up. They feel supported, are listened to and given information and explanations regarding their health and the management of it.”

Colin Hurst, Engagement Manager, NHS Hull CCG

Specifically for this report the social accountants asked Tracey Woodrow, the Operations Manager for the centre, to carry out a value survey with direct patients to assess how much they have valued it in their lives during the social accounting period. 72 surveys were completed by participants during August 2020. The participants were asked to place the care they have received from the Jean Bishop ICC into a list of commercially available items, that were sorted in order of value. (The commercially available items included: a Holiday, Sky TV, a Smart TV, West End Show Tickets, a Chauffeur-driven trip to Restaurant, Pamper Day, Trip to the Cinema, a Book/Magazine of their choice). All items that carry a readily-available cost/value. The mid-point financial value of the chosen position from each patient was analysed and an average score was taken. The patients have valued their integrated care from the Frailty programme at £3591.94.

The value survey is a measurement tool recommended by Social Value UK and is widely used for difficult-to-measure activities. This kind of tool is believed to captures aspects of social value experienced by patients such as the reassurance they gain, improvements in their confidence and an improvement of the feeling of being in control of their lives. There are many financial proxies available for attempting to measure this kind of personal social value, however, the value survey is a credible tool because it is used directly with the patients themselves. The social accountants have used this result for the social return on investment (SROI) calculation later on in this report.

“The service I received was outstanding could not ask for nicer, friendly, helpful staff. So easy to speak to and ask questions and everything was explained in an easy way. Myself and my daughter were made very welcome.”

A Patient

“I've been able to talk for the first time in a long time. I feel so much happier. I have felt so comfortable it has been lovely I can't thank you enough.”

A Patient

“All the people we met were very helpful and understanding. We learnt a lot about my wife's illnesses and how to ease her pain and do exercise that will help manage the pain.”

A Patient

“Very good MOT and I really wasn't looking forward to coming but was very glad I did.”

“Nothing can be faulted. Having the Doctor and Pharmacist review the medication has led to a massive improvement in health and wellbeing.”

A Patient

Additional Social Value

The social accountants acknowledge there is probably more social value that could be measured, in terms of the time and effort saved due to the electronic personalised care plan and consent for record sharing instigated by the frailty programme. Also the reduction in GP call outs, the social value generated by the follow up rehabilitation programme, and also the signposting and social prescribing aspects of the service that have not been covered in this report.

SROI Calculation For Jean Bishop Integrated Care Centre (JB ICC)

(Social Return On Investment)

£1 : £25.61

It is estimated that for every £1 invested in the Jean Bishop Integrated Care Centre for the 12 month accounting period at least £25.61 worth of social value is likely to have been generated. There are 6 lines within this SROI Impact Map.

- **Line 1 – The social value of the quality time the Jean Bishop ICC Team spend with frailty patients delivering a quality MTD experience.**
- **Line 2 – The social value of drug reviews carried out by frailty experts at the Jean Bishop ICC .**
- **Line 3 – The social value of preventing unnecessary hospital admissions, re-admissions and the resultant occupied bed days as a result of implementing the Jean Bishop ICC model.**
- **Line 4 – The social value of the unnecessary A&E visits prevented as a result of the Jean Bishop ICC model.**
- **Line 5 – The social value of the DNAs (Did Not Attends) prevented in terms of health care outpatient appointments, across the board, for frailty patients as a result of the Jean Bishop ICC.**
- **Line 6 – The social value perceived to be generated personally for the patients themselves by the Jean Bishop ICC.**
- **Line 7 – The social value of the improved feeling of being in control of life the centre achieves for patients.**

Line 1 – The social value of the quality time the Jean Bishop ICC Team spend with frailty patients delivering a quality MTD experience.

QUANTITY: 14,113 hours – 14,113 appointments lasting approximately one hour each were delivered to frailty patients at the Jean Bishop ICC in the social accounting period.

FINANCIAL PROXY: £185 – this is the cost of a GP hour. The social accountants are not saying the 2341 ICC patients would have attended 14,113 GP appointments if it had not been for the Jean Bishop ICC, although they are convinced the Centre's presence will have reduced the pressure on GP practices significantly. However, they are saying they are comfortable assuming the social value generated in terms of delivery of a quality MTD experience is at least as valuable to the patient, and to the NHS as an hour of GP time, in terms of outcomes. In fact they believe it is probably even more valuable, in terms of social value, due to its specialist nature and MTD approach.

VALUE OF INPUTS: £2,021,483 – the cost of running the Jean Bishop ICC Multi-disciplinary Service for frailty patients for the 12 month social accounting period.

DEADWEIGHT: 0% – Deadweight is the amount of social value that would have likely happened anyway, without the activity in question taking place. The social accountants believe that the unique and innovative model delivered by the ICC means that the social value being measured here is unlikely to have happened anyway if the centre had not have opened its doors.

ATTRIBUTION: 0% – Attribution is the amount of the social value being measured here that has been generated by the contribution of others (i.e. other services and charities). The social

accountants believe that the social value being measured here is a direct result of the efforts of the ICC team, and is not attributable to others.

Line 2 – The social value of drug reviews carried out by frailty experts at the Jean Bishop ICC.

QUANTITY: 1872 drug reviews carried out – In the social accounting period 1872 drug reviews were carried out with frailty patients via the Jean Bishop ICC team.

FINANCIAL PROXY: £100.64 – this is the average drug saving expected to be saved by each drug review based on Jean Bishop ICC records. Source: the ICC’s March 2020 Board Report.

VALUE OF INPUTS: £2,021,483– the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – although drug reviews take place all the time in GP practices and other settings for a variety of reasons, the social accountants believe that these particular drug reviews are over and above what would normally be expected to happen anyway in the community.

ATTRIBUTION: 0% – the social accountants believe these drug reviews are a direct result of the Jean Bishop ICC set up, and therefore are comfortable applying 0% attribution to this line of the calculation.

Line 3 – The social value of preventing unnecessary hospital admissions, re-admissions and the resultant occupied bed days as a result of implementing the Jean Bishop ICC model.

QUANTITY: 526 unnecessary hospital admissions, re-admissions prevented and related bed days – the social accountants have studied the data provided by the Jean Bishop ICC management and preventing unnecessary hospital admissions is clearly the main focus of the centre. The centre’s management team is recording and assessing the impact their work is having on unnecessary hospital admissions amongst frailty patients in the area. This is clearly a very difficult impact to measure along with re-admissions and the occupied bed days that occur as a result of an admission to hospital, with many variables and complexities. The social accountants have decided to use the percentage decrease highlighted on page 13 of the ICC’s March Board Report of 30.94% which is the estimated decrease in hospital admissions for control group 2, which compares admissions between year 1-2 pre-assessment and year 2-3 post assessment. (Control Group 2 represents ALL patients who attended the ICC for an Integrated Comprehensive Geriatric Assessment (ICGA)). The same report shows a trend on page 11 of 570 ICC patients having 401 emergency admissions in the 12-month period prior to their ICGA, which amounts to an average of 0.70 emergency admissions each. The social accountants have multiplied this across all Jean Bishop ICC patients – 2431 x 0.70 to arrive at an estimate for expected emergency admissions likely prior to their interventions at the centre – which suggests 1701 emergency admissions could reasonably be expected from this cohort in the social accounting period, and they have used the 30.94% reduction achieved to estimate the number of emergency admissions likely prevented – which amounts 526 as a direct result of the work being done at the Jean Bishop Integrated Care Centre. The social accountants acknowledge that this is probably a conservative estimate, however, in the spirit of social accounting they lean towards under-claiming wherever absolute data is unavailable, and they are comfortable to say **at least** 5276

unnecessary hospital admissions are likely to have been prevented between April 2019 and March 2020.

FINANCIAL PROXY: £3507.60 – The social accountants have various sources for the cost of a hospital admission. For this line of the calculation they have chosen to use a figure of £3507.60 to estimate a hospital admission for a frailty patient. Having referred to NICE evidence, The Health Foundation’s Briefing document: Emergency hospital admissions in England – dated May 2018, and evidence from Carlisle Housing all of which presents costs for emergency admissions with subsequent average bed days for various conditions. The NICE evidence suggests a bed day cost is on average £222, and the Health Foundation Briefing suggests patients with multiple conditions (which frailty patients often have) who were admitted overnight spent an average of 15.8 nights in hospital. £222 x 15.8 nights = £3507.60.

<https://www.nice.org.uk/guidance/ng27/resources/costing-statement-2187244909>

<file:///C:/Users/Joanne/Downloads/GuidelineNHS.pdf>

https://www.health.org.uk/sites/default/files/Briefing_Emergency%2520admissions_web_final.pdf

VALUE OF INPUTS: £2,021,483 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – it is impossible to say with absolute certainty whether any of these unnecessary emergency admissions would have been prevented anyway, if the Jean Bishop ICC didn’t exist, however, the social accountants believe that this conservative estimate has been achieved as a direct result of the work taking place at the centre.

ATTRIBUTION: 0% – social accountants feel attribution for this line of the calculation should be 0%. They acknowledge that all areas of health and social care are working hard to prevent unnecessary hospital admissions too, right across the board, but feel they would have continued in their efforts independently, whether the Jean Bishop Centre had been there or not. Therefore, they feel the hospital admissions, re-admissions and subsequent resulting occupied bed days have been prevented additionally as a direct result of the work taking place at the Jean Bishop Centre.

Line 4 – The social value of the unnecessary A&E visits prevented as a result of the Jean Bishop ICC.

QUANTITY: 202 – The social accountants have studied the data provided by the Jean Bishop ICC management regarding preventing unnecessary A&E visits. The A&E visit reductions vary between 15% and 36% depending on conditions as highlighted in the ICC’s March 2020 Board Report (e.g. for COPD patients post ICGA A&E visits have reduced by 16%, for Dementia patients by 15%, for palliative care patients by 29% and for those with Diabetes by 36%). Also ICC target care homes have seen patient A&E visits reduce by 13% post ICGA. The social accountants have decided to use a mid-point media average of 16% to estimate the likely decrease in A&E for ICC patients post ICGA. The trends on page 11 suggest that 570 ICC patients analysed previously generated 297 A&E visits in a 12 month period, which equates to 0.52 A&E visits per patient. The social accountants have multiplied this across all Jean Bishop ICC patients – 2431 x 0.52 to arrive at an estimate of the expected 1264 A&E visits for the social accounting period. Applying the expected median average reduction of 16% equates to a likely 202 unnecessary A&E visits prevented as a direct result of the efforts of the Jean Bishop ICC in the social accounting period. The social accountants acknowledge that this is probably a conservative estimate, however, they are comfortable saying at least 202 unnecessary A&E were likely to have been prevented between April 2019 and March 2020.

FINANCIAL PROXY: £160 – the cost of an A&E visit.

Source: <https://improvement.nhs.uk/resources/reference-costs/#rc1718>

VALUE OF INPUTS: £2,021,483 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants believe the A&E visits measured here are unlikely to have been prevented anyway.

ATTRIBUTION: 0% – the social accountants believe A&E visits are prevented all the time by all kinds of services, charities and people, however, they believe the prevented A&E visits being measured here are additional as a direct result of the Jean Bishop ICC model.

Line 5 – The social value of the DNAs (Did Not Attends) prevented in terms of health care outpatient appointments across the board for frailty patients, as a result of the Jean Bishop ICC.

QUANTITY: 706 – The Jean Bishop ICC delivered 14,113 appointments in total in the social accounting period, often 5 appointments in the same visit. Generally, across England 5%* of all outpatient appointments are missed or cancelled before they can be offered to others. Frailty patients, more than any group, have specific issues making it difficult for them to attend outpatient appointments. The Jean Bishop ICC model does everything it can to support and encourage frailty patients to attend – offering help with transportation, offering multiple appointments during the same visit, in one day, and providing lunch etc. The social accountants believe for frailty patients 5% is probably a very conservative missed appointment percentage generally, but they are comfortable to use this figure as an estimate and say that they believe at least 706 missed appointments are likely to have been prevented in the social accounting period due to the Jean Bishop ICC model.

* Source: NHS News: <https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/#:~:text=There%20are%20around%20307%20million,around%2015.4%20million%20missed%20slots>

FINANCIAL PROXY: £160 – the cost of a missed outpatient appointment.

VALUE OF INPUTS: £2,021,483 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants believe the prevented DNAs estimated here are unlikely to have happened anyway.

ATTRIBUTION: 0% – the social accountants believe that the prevented DNAs are a direct result of the multi-disciplinary model in place at the Jean Bishop ICC.

Line 6 – The social value perceived to have been generated personally for the patients themselves by the Jean Bishop ICC.

QUANTITY: 2341 unique patients – this is the number of unique patients seen at the Jean Bishop Centre during the social accounting period.

FINANCIAL PROXY: £3591.94 – the social accountants asked the staff of the Jean Bishop ICC to carry out a value exercise survey, direct with patients visiting the clinic. 72 surveys were completed by

patients in July and August 2020. The patients were asked to place the Jean Bishop ICC into a list of commercially available items, that were sorted in order of value, to show how much they valued the care they received at the centre. (The commercially available items were: a Holiday, Sky TV, a Smart TV, West End Show Tickets, a Chauffeur-driven trip to Restaurant, Pamper Day, Trip to the Cinema, a Book/Magazine of their choice). All items that carry a readily-available cost/value, so when a patient slots the Jean Bishop ICC between two items to show how much they value their care, the social accountants were able to take a mid-point to estimate the value. The responses were analysed and a mean average of the values was calculated. The Jean Bishop ICC frailty patients valued the care they received at £3591.94 in terms of how much it means to them in the social accounting period.

VALUE OF INPUTS: £2,021,483 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants are comfortable with 0% for this line of the calculation.

ATTRIBUTION: 0% – the social accountants are comfortable with 0% for this line of the calculation.

Line 7 - The social value of the improved feeling of being in control of life the centre achieves for patients.

QUANTITY: 2341 unique patients – this is the number of unique patients seen at the Jean Bishop Centre during the social accounting period.

FINANCIAL PROXY: £15,733.72 – this is a financial proxy that represents the feeling of being in control of your life for people living in the UK, over the age of 50, per person, per annum. Source: Global Value Exchange:

<http://www.globalvaluexchange.org/outcomes/5773a57315fbb02944856d70>

VALUE OF INPUTS: £2,021,483 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants are comfortable with 0% for this line of the calculation.

ATTRIBUTION: 0% – the social accountants are comfortable with 0% for this line of the calculation.

Video Case Study

Ray's Story

<https://www.youtube.com/watch?v=GKxG213opfo>

The Hull & East Riding Bladder & Bowel Service

Reason For Being:

The service provides a specialist service for patients over the age of 18 with bladder and/or bowel issues. Patients registered with a Hull or East Riding GP can self-refer or referrals can be made via their GP or other health care professional e.g. a district nurse. It is estimated that approximately 70% of the specialist work carried out by the service is to treat and encourage the self-management of bladder problems, with roughly 30% relating to bowel issues.

Incontinence, which can affect anyone of any age, is a significant factor in the escalating rate of admissions to hospitals and care homes. [The Bladder & Bowel Foundation](#) estimates there are approximately 9 million people in the UK experiencing some form of incontinence. Stress incontinence (leakage of urine from the bladder on exertion e.g. coughing or sneezing) is the most common form with nearly 1/3 of women thought to suffer from the condition with varying degrees.

Urinary Tract Infections (UTIs) is the second-largest single group of health care associated infections in the UK accounting for 19.7% of all hospital acquired infections. The NHS spent £434 million in unplanned admissions associated with UTIs in 2013/4. Also 39% of patients with blocked catheters ended up being hospitalised.

“The majority of our patients are female between the ages of 18 to 90yrs with varying types of bladder and bowel issues and we also see many patients in Residential care homes. We aim to improve and treat patients’ bladder/bowel symptoms as most are curable or can be improved. The focus of the service is to treat and improve symptoms, with dignity and to build confidence . Age is not barrier!

“We are also heavily involved with training community nurses and care homes. We are their go-to experts for advice and support.

“We play an important role too in reducing infection rates due to catheterisation by working with infection control and the CCG to improve pathways. We teach that indwelling catheters should be a last resort, and we train nurses on how to catheterise safely and in line with national guidelines.”

**Andrea Murray, Operations Manager,
Bladder & Bowel, Cardiac & Pulmonary Rehabilitation
Hull & ER Therapy and Rehabilitation Services, CHCP CIC**

“In the past the service was very much viewed as a pad-provision service, but in line with NICE guidelines this is not what we are about. We are leading a significant change in culture and receiving around 400 referrals per month.”

**Penny Walker, Advanced Practitioner,
Bladder & Bowel, Cardiac & Pulmonary Rehabilitation
Hull & ER Therapy and Rehabilitation Services, CHCP CIC**

The Treatments the service administers include:

- Bladder re-training
- Pelvic floor muscle exercises
- Neuromuscular electro-stimulation therapy/biofeedback therapy
- Bladder emptying techniques
- Intermittent self-catheterisation
- Medication advice
- Management techniques
- Behaviour modification and lifestyle changes
- Bowel management regimes
- Anal sphincter exercises
- Trans-anal irrigation

“CHCP recognise the importance of maintaining bowel and bladder control and continence of every individual’s quality of life. The maintenance of continence and bowel and bladder control can support people to maintain their independence, lifestyle and social pursuits and can prevent admission to long term residential care. As such CHCP have invested in both the team - funding additional posts - and also equipment such as bladder scanners. The team aims to offer truly person centred and evidenced based care and to demonstrate a high level of patient satisfaction and is always exploring more innovative ways of caring for patients, for example with the use of technology. CHCP are therefore delighted that the positive effects of the work has been illustrated via our social accounts and the associated social return on investment analysis.”

Andrew Burnell, CEO, CHCP CIC

Social Value

Quality Time

The service saw 3164 patients for 1st assessment between April 2019 and March 2020 (the social accounting period) a sixty-minute appointment which take place either in the clinic or at the patient’s home. They also delivered 5602 thirty-minute reviews carried out as follow up appointments, many face-to-face, but some over the phone. The team spent 7547 hours with patients in the social accounting period.

Many of the cases are complex, and because incontinence is a taboo area, embarrassment often prevents patients from accessing the service. [The Unplanned Admissions Consensus Committee published a report in 2016](#) which highlighted some of the issues patients are facing, which included:

- Did not feel listened to or taken seriously when they first sought help from the doctor
- Were not treated with dignity or respect
- Lacked confidence that clinicians understood their symptoms or knew how to treat their condition
- Were not offered adequate information about their condition or their treatment options
- Did not feel involved in decisions about their treatment and care
- Did not have access to high quality interventions that are recommended by the National Institute for Health and Care Excellence (NICE)

It is evident to the social accountants that the Hull and East Riding Bladder & Bowel Team are highly trained, experienced specialists that know how to get the best outcomes in terms of empowering patients to self-manage, providing treatment to improve symptoms and getting patients onto the right products.

The social accountants captured the social value the team has delivered in the 12 month period, in terms of quality time spent with patients focusing on the best outcomes for both the patient and the NHS. The social accountants are not comparing Bladder & Bowel staff with GPs, but they are saying an hour spent with a Bladder & Bowel nurse is at least as valuable to the patient, and to the NHS in terms of outcomes. They have used the cost of a GP hour to measure this social value later on in this report. Some may argue an hour with a Bladder & Bowel nurse at 1st assessment and follow up appointments is worth even more than an hour with a GP would be due to the very specialist nature of this care.

Reduction in A&E Visits and Avoidable Hospital Admissions

Incontinence is a significant cause of A&E visits and hospitalisation. The prevalence of hospitalisation due to Urinary Tract Infections is well reported. According to the [UACC](#) report 43-56% of UTIs are associated with the use of urinary catheters. It also states that 10% of care home residents are using long-term catheters. Blocked catheters also often lead to hospitalisation.

“Catheters should be a last resort, but we do train community hospital staff and community nurses to fit catheters safely and correctly. However, our work is not just about catheters. Constipation often leads to A&E visits and emergency hospital admissions, many of which could be prevented given the right kind of knowledge. Tissue breakdown can turn very nasty too leading to hospitalisation in some cases. All avoidable with the right care.”

**Andrea Murray, Operations Manager,
Bladder & Bowel, Cardiac & Pulmonary Rehabilitation
Hull & ER Therapy and Rehabilitation Services, CHCP CIC**

The social accountants have spoken at length with Andrea Murray, the Operations Manager for this specialism for Hull & East Riding, and based on the demographic of the service’s patients, and the figure in the [UACC report](#) – i.e. 10% of care home residents are using long-term catheters – they have conservatively estimated that approximately 5% of the patients they have seen for 1st assessment in the social accounting period are highly likely to have been prevented at least one trip to A&E and 1 emergency hospital admission due to the work of the specialist team.

They have used these estimations later on in the report to estimate the social value generated in terms of a reduction in A&E visits and hospital admissions.

The social accountants acknowledge it is potentially higher than this. The 5602 follow up appointments are likely to have had an impact on both A&E visits and hospital admissions too. Also [the UACC report](#) points out that incontinence is associated with a number of comorbidities such as arthritis, asthma, chronic anxiety, depression, diabetes, heart disease, neurological conditions, sleep disorders and dementia. The social accountants acknowledge the knock-on effect all of this has in terms of adding pressure to both primary and secondary care, and the positive impact the Bladder & Bowel team is having on these challenges.

Incontinence Products (Pads), Training & Development

The local authority invested in a 12-month project with the service because they had 365 people in East Riding care homes, on a waiting list on incontinence pads.

“Before the current team took over all continence referrals, some patients were being given pads without a complete assessment. One GP had tried every cream under the sun for his patient. We discovered the patient’s containment pads were incorrectly fitted. The shape of the pad could be seen on the skin. With the correct patient education and product the skin improved.

“Oil-based creams lavishly applied to the skin blocks the pores of the pad and prevents it absorbing urine. Containment pads contain an absorbent powder that turns to gel when wet, keeping the skin dry. Education is therefore an important part of our role to ensure patients and care homes utilise and fit containment pads effectively.

**Andrea Murray, Operations Manager,
Bladder & Bowel, Cardiac & Pulmonary Rehabilitation
Hull & ER Therapy and Rehabilitation Services, CHCP CIC**

The service is also generating social value working closely with the CCG working on to improve pathways for bladder and bowel issues.

The social accountants have captured some of the social value in terms of savings the service has made on incontinence product spend. They have also captured the hours spent in meetings with the CCG, and the team’s work developing policies and standard operating procedures, and also the training and support provided to nurses and carers.

“Some people don’t understand that treatment is an option, they’re often embarrassed and they don’t always want to talk about their symptoms. Our job is to educate them, always with dignity, and to work with the wider health and care community to ensure we are all pulling in the same direction.”

**Andrea Murray, Operations Manager,
Bladder & Bowel, Cardiac & Pulmonary Rehabilitation
Hull & ER Therapy and Rehabilitation Services, CHCP CIC**

Quality of Life

The social accountants asked Andrea Murray, the Operations Manager for the service to carry out a value survey with direct patients with a view to capturing the impact the service is having on their quality of life, in terms of how much they value it.

Fifty surveys were completed by participants in July and August 2020. The participants were asked to place the service into a list of commercially available items, that were sorted in order of value, to show how much they valued the service. (The commercially available items were: a Holiday, Sky TV, a Smart TV, West End Show Tickets, a Chauffeur-driven trip to Restaurant, Pamper Day, Trip to the Cinema, a Book/Magazine of their choice). All items that carry a readily-available cost/value, so when a participant slots the activity between two items, the social accountants are able to take a mid-point to estimate how much it is valued. The responses were analysed, and a mean average of the values was calculated. The Hull & East Riding Bladder & Bowel patients valued the volunteer-aided activities at £3792.30 in terms of how much the service has meant to them in the social accounting period.

The social accountants have used this result in the SROI calculation later on in this report.

SROI Calculation For the Hull & East Riding Bladder & Bowel Service (Social Return On Investment)

£1 : £42.22

It is estimated that for every £1 invested in the Hull & East Riding Bladder & Bowel Service during the 12 month accounting period at least £42.22 worth of social value is likely to have been achieved.

There are 6 lines within this SROI Impact Map.

- **Line 1 – The social value in terms of quality time spent with patients in terms of outcomes.**
- **Line 2 – The social value of the reduction in A&E visits as a result of the efforts of the service.**
- **Line 3 – The social value of the reduction in avoidable hospital admissions.**
- **Line 4 – The social value to the NHS in terms of savings re products, i.e. pads**
- **Line 5 – The social value of supporting other departments with Training and development with specific bladder & bowel expertise.**
- **Line 6 – The social value of the perceived value of the service to the patients themselves in terms of the positive impact on quality of life.**

Line 1 – The social value in terms of quality time spent with patients in terms of outcomes.

- **QUANTITY: 7547 Hours** – In the social accounting period the service saw 3164 new patients for 1st assessment and carried out a further 5602 follow up appointments. The initial assessment appointments last on average 90 minutes which amounts to 4746 hours, and the follow up appointments are allocated 30 minutes, which amounts to 2801 hours. This equates to a total of 7547 hours of quality patient time with the service’s bladder and bowel experts.
- **FINANCIAL PROXY: £185**– this is the cost of a GP hour. The social accountants are not comparing the service’s bladder and bowel nurses with GPs. Neither are they saying that these patients would have spent 7547 hours with their GPs if it hadn’t been for the Bladder & Bowel service. However, the social accountants are convinced that the service does reduce pressure significantly on GP practices. They are also saying that the social value generated in terms of outcomes from these quality patient-facing hours (e.g. preventative care and treatment) can be compared to the kind of outcomes that would be expected from a GP appointment. Some may argue that an hour with the Bladder & Bowel service for these patients is even more valuable for patients because of its very specialist nature, and the impact it can have on savings for the NHS and quality of life for patients. The social accountants are comfortable in saying that an hour of quality time from this service is **at least** as valuable as an hour of GP time.
- **VALUE OF INPUTS: £329,592** – this is the cost of running the service for 12 months (excluding product – i.e pads, catheters etc.).
- **DEADWEIGHT: 0%** – Deadweight is the estimate of how much of this social value would have happened anyway. The social accountants are comfortable with a 0% deadweight for this line of the calculation, as this kind of quality time with patients is unlikely to have taken place anyway.
- **ATTRIBUTION: 0%** – Attribution is the estimate of how much of the social value generated here has been contributed to by others – i.e. district nurses, care home staff, GPs, other clinicians,

charities etc. The social accountants see this as pure bladder & bowel service time, therefore have applied a 0% attribution here.

Line 2 – The social value of the reduction in A&E visits as a result of the efforts of the service.

QUANTITY: 158 A&E Visits likely to have been prevented – It is well documented that people who are fitted with catheters are susceptible to infection, A&E visits and risk of hospitalisation. Patients fitted with indwelling catheters are three times more likely to be at risk of hospitalisation. Also 10% of care home residents are catheterised. The social accountants have conservatively estimated that, based on these statistics, probably at least 5% of the 3164 new patients seen by the service in the social accounting period are likely using catheters and are therefore likely to be susceptible to infection, which would likely result in an A&E visit. Although not all the patients seen by the service are of ‘care-home’ age /demographic – the Head of Service, Andrea Murray, has explained that the majority of their patients are elderly. The social accountants acknowledge this is probably a very conservative figure, however, as the service only records the number of catheter fittings they have referred patients for, and not ‘all patients on catheters’ – they are comfortable using the 5% figure to arrive at an ‘**at least**’ figure in terms of social value.

The source of these statistics: Report - “Reducing Unplanned Admissions To Hospital As a Result of Urinary Incontinence” – published by the Unplanned Admissions Consensus Committee in 2016. (<http://static1.squarespace.com/static/5638ec80e4b0b4604ee0e0e5/t/56558df0e4b022a250eb4bfd/1448447472557/UACC+2015+web+%283%29.pdf>).

FINANCIAL PROXY: £160 – the cost of an A&E visit.

Source: <https://improvement.nhs.uk/resources/reference-costs/#rc1718>

VALUE OF INPUTS: £329,592 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants are reasonably convinced that these A&E visits would unlikely be prevented if it wasn’t for the efforts of the Bladder & Bowel Service.

ATTRIBUTION: 0% – the social accountants are reasonably convinced that these A&E visits are unlikely to be attributed to other services.

Line 3 – The social value of the reduction in avoidable hospital admissions.

QUANTITY: 158 – the social accountants followed the same logic as the line above to arrive at this figure. According to the same report one of the most frequent reasons for emergency hospital admissions, with an average of 67 admissions per 100,000 population per quarter.

FINANCIAL PROXY: £2361 – The Medical Technology Group has found that the NHS spent £434 million on treating emergency admissions caused by urinary tract infections in 2014. This is a per patient cost of £2361. Blocked catheters accounted for a further £84K+ worth of spend.

Source:

(<http://static1.squarespace.com/static/5638ec80e4b0b4604ee0e0e5/t/56558df0e4b022a250eb4bfd/1448447472557/UACC+2015+web+%283%29.pdf>).

VALUE OF INPUTS: £329,592 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants are comfortable applying 0% deadweight to this line of the calculation.

ATTRIBUTION: 0% – the social accountants are comfortable applying 0% deadweight to this line of the calculation.

Line 4 – The social value to the NHS in terms of savings products, i.e. pads.

QUANTITY: 1002 patients – The Head of Service, Andrea Murray provided the social accountants with comparative figures to show how many patients were on product during 2019-2020 as well as for previous years. The social accountants have calculated the difference and across Hull and East Riding there were 1002 fewer patients on product in 2019/2020.

FINANCIAL PROXY: £97.92 – the average spend on incontinence products per patient from Andrea Murray.

VALUE OF INPUTS: £329,592 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 1% – some patients will have sadly passed away. The social accountants have looked at the death rate for 2018 for people over 65 in England and Wales – it was 0.9% - they have applied it as a rough estimate of potential death rate for this cohort. They have rounded it up to 1%.

ATTRIBUTION: 0% – the social accountants are comfortable applying 0% deadweight to this line of the calculation.

Line 5 – The social value of supporting other departments with Training and development with specific bladder & bowel expertise.

QUANTITY: 499 hours – this is the total hours the staff have spent on training and development in the social accounting period. E.g training district nurses, working with CCG on pathways etc.

FINANCIAL PROXY: £48.08 – this is the hourly cost of a urology expert.

Source: <https://neuvoo.co.uk/salary/?job=Urologist>

VALUE OF INPUTS: £329,592 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants believe this support is unlikely have happened anyway if the Bladder & Bowel service had not have provided it.

ATTRIBUTION: 0% – the social accountants are convinced that this support is pure Bladder & Bowel expertise, and cannot be attributed to any other service or third-party.

Line 6 – The social value of the perceived value of the service to the patients themselves in terms of the positive impact on quality of life.

QUANTITY: 3164 patients – this is the number of patients seen during the social accounting period for first assessments. The service has also carried out 5602 follow up appointments but the service doesn't record how many of these are unique patients. There is probably quite a lot more social value that could be captured here too, however, in the absence of definite figures and in the spirit of

social accounting the authors of this report are comfortable to state an 'at least' figure here for the social value calculation.

FINANCIAL PROXY: £3792.30 – this is the result of the value exercise survey carried out directly with service users during July and August 2020.

VALUE OF INPUTS: £329,592 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants are comfortable applying 0% deadweight to this line of the calculation.

ATTRIBUTION: 0% – the social accountants are comfortable applying 0% attribution to this line of the calculation.

Case Studies

Enid's story

Enid is an 83-year-old that was referred into our service in October 2018 with incomplete bladder emptying and it was agreed that she would be taught intermittent self-catheterisation. Enid had been under the care of urology after having two episodes of acute retention, she was able to void post-removal yet, her bladder was not emptying fully.

Enid had previously presented as being well, so she did find this development very distressing and life-changing. Enid had always been very active and worried that needing to perform intermittent catheterisation may make her housebound, coupled with the vulnerability of living alone, the thought of this was making her very anxious and depressed.

Eventually, Enid was taught the procedure at home and she was advised to self-catheterise four times each day. Enid was fully aware of the importance of performing the procedure and did not have any difficulty, yet she felt she had to prepare herself mentally to do so. Her new regime would upset her and make her cry reflecting on what her life had become. Her social life was impacted as she stopped going out to see her friends, as well as making trips to see her son whom she used to go and visit on the train.

Enid found some of the procedures limiting and she appeared to be restricting her independence by only wanting to perform the procedure on the bed; yet, over time, I was able to persuade her to try to perform the procedure over the toilet which would then enable her to go out.

Initially, I saw Enid every four weeks to provide psychological support, talking to her about her feelings, letting her cry and trying to encourage her to restart her life again. After six months, she went on the train to visit her son, taking her catheters with her. She was incredibly proud of herself and started to realise that she could now have her life back again.

Slowly and over time with continued psychological support, she started to rebuild her life and started to go out reconnecting with her friends and even stayed overnight on occasions.

Enid confided in me and shared that she never imagined that she would be able to have her old life back, and was incredibly grateful for all the support I had given her, and said that without it she would not be where she was today.

Mary's Story

Mary is aged 49 years and has severe Cerebral Palsy. She was referred to the service by her GP and had recently been in hospital with constipation/impaction and was prescribed stool softeners.

Mary's referral was for assessment for containment pads due to her having faecal incontinence. Mary lives in adapted accommodation with two full-time private carers, she has an electric wheelchair and is transferred by a hoist. Mary has a Motability car so that carers can take her out socially and for holidays etc.

Mary has a good social life however this was being impacted by her incontinence and she was having difficulty managing with continence pads. Mary became very upset about this as didn't want to wear

pads, was very distressed by the incontinence and it was beginning to affect her skin. At this point, Mary was buying her own pull-up style containment wear which is quite costly.

At the assessment, the findings were that Mary was sitting up to three hours on the toilet for her bowels to open, but then would be incontinent in the shower. These symptoms raised several dignity issues. Her GP had continued prescribing the stool softener, which she was reluctant to take because she thought it was causing the incontinence. However, stopping taking the stool softener would lead to more severe constipation and possibly need to be referred back into secondary care.

Mary had a 60-minute clinic appointment where normal bowel function was discussed, along with her medications, past issues, bladder function etc. It wasn't possible to perform a full examination because Mary could not be transferred onto the exam couch and so a home visit was arranged. Mary became upset at the clinic appointment, clearly affecting her emotionally.

At the 60-minute home visit, Mary had a thorough review and an examination was carried out; this was performed with a bladder scan. It was found that the bowel issues were impacting on her bladder function and her bladder was not fully emptying (with this presentation, there is a risk as it could potentially affect the kidney function).

Pro-active treatment advice was effective and Mary's ongoing bowel regime was agreed with her and implemented. Furthermore, a letter was sent to her GP requesting a change to existing bowel medications which they did. A 12-week supply of Tena pants was also requested and helped whilst establishing effective bowel management.

Mary's bladder performance and emptying were discussed and conservative treatment advice was given and it was agreed that carers would help keep intake and output charts. Mary, however, did remain upset and low in mood due to the incontinence.

Mary's successive 30-minute home visit and review revealed that her bowel management was successful. She was much more content as she was no longer having to wear containment pads. She felt more confident in herself, going out again socially and she eventually cancelled deliveries of containment pads. It was now apparent that her quality of life had improved and her mood was elevated and she was now much more chatty and laughing again.

Importantly, Mary's bladder function was much improved and now emptying effectively, this prevented any further issues with her kidneys. On further review, it was found that Mary's pressure areas were now intact and her skin quality was good.

At Mary's 10-minute telephone review her effective treatment remained successful she was discharged with additional advice to contact the service should she need any further support.

Mary had been fully supported by our bladder and bowel team from July to February and she did not have to return to the hospital with constipation/impaction issues within that time frame.

St Helens Volunteer Hub

Reason For Being:

The St Helens Volunteer Hub exists to support the St Helens Wellbeing Service. The hub, which was awarded the 'Investing In Volunteers' accreditation in 2019, recruits volunteers who choose to commit their time and energy to the Wellbeing Service, without receiving any financial benefit beyond the reimbursement of expenses. The St Helens Wellbeing Service provides free health and wellbeing support and advice for the people living and working in the area.

St Helens Wellbeing has 7 distinct, and well-developed volunteer roles:

1. Physical Activity Mentor (PAM)
2. Walk Leaders
3. Coffee & Chat Facilitators
4. Infant Feeding Volunteer
5. Mental Health Volunteer
6. Food & Nutrition Volunteer
7. Oral Health Volunteer

It is [well documented](#) that the contribution made to health and care nationally by volunteers is a key enabler, and there has been a strategic ambition for some time across health and care to grow the number of volunteers involved and develop their roles. Volunteer support was cited as essential for the success of the [Five Year Forward View](#), published at the end of 2014 setting out a vision for the future of the NHS. Its authors encouraged the *“devising ways to help volunteers become part of the extended NHS family – not as substitutes for but as partners with our skilled employed NHS staff”*.

Evidence shows that St Helens Volunteer Hub embraced a strategic approach towards volunteering, from day one, back in 2002 when it was first established as the St Helens Healthy Living Programme, and they have a clear vision of how volunteers can help meet organisational objectives and benefit patients and the local community. The Volunteering Policy the Wellbeing Service follows has four key principles:

- To ensure volunteers are properly integrated into the organisation
- They will not introduce volunteers to replace paid employees
- To set an expectation that all employees will work positively with volunteers
- To meet volunteers' needs for satisfying work and personal development

“As a Wellbeing service, we are committed to listening and understanding the needs of our community so we can provide the best service possible. Volunteers are a huge part of this as many come from the local area and have experienced Wellbeing services first-hand. The voices of our volunteers help us to develop innovative roles and ways to engage with our hardest to reach communities. We are very proud of our volunteers and I am confident their input makes a significant impact on the positive outcomes we achieve as a Service.”

**Sarah Holden, Head of Public Health Services,
St Helens Health and Wellbeing Services - CHCP CIC**

The Investing In Volunteers accreditation and the Volunteer Policy provide evidence that the St Helens Volunteer Hub clearly takes the recruitment, management and retention of their volunteers seriously. They also have a full time Volunteer Co-ordinator, Melanie Pilling, who reports to the Head of Service and plays a lynchpin role in the success of the service’s volunteer programme.

“The difference our volunteers make is valued very highly by the entire team and by patients. They are literally connecting with people every day, getting them out of the house. They are walking with people, exercising with them, talking to them, signposting them for the help they need – with things such as housing, escorting people on transport to our classes, laying on the floor with falls patients talking them through techniques on how to get up again should they fall. Our volunteers remember participants’ names, they welcome them into sessions. Just saying bye and see you next week, can make a huge difference.”

Melanie Pilling, Volunteer Co-ordinator, St Helens Health and Wellbeing Services – CHCP CIC

“St Helens and our colleagues in the North West really have been national front runners in the development and delivery of social prescribing and their work with volunteers, aimed at optimising the health and wellbeing of local residents and in tackling social isolation. As we approach a potential second wave of Covid-19, there has never been a more pressing time to provide such support, both to the extremely clinically vulnerable and to others who may need support to make positive lifestyle changes and to reduce the risk of the impacts of a COVID-19 infection. I am therefore delighted that via our social return on investment work, we have been able to demonstrate the very positive impact our services have had upon local people living in the North West.”

Andrew Burnell, CEO, CHCP CIC

Social Value

Volunteer Hours

The Wellbeing Service retained 38 volunteers in the social accounting period, and recruited 4 new volunteers. Two of the 42 volunteers have 2 volunteer roles – making it a total of 44 volunteer roles delivered between April 2019 and March 2020.

The Volunteer Co-ordinator, Melanie Pilling, records all volunteer hours, and during the 12-month period being measured the Wellbeing Volunteers delivered 5498 hours across the 7 defined volunteer roles listed above.

The following table gives a snap-shop of the level of contribution the volunteers made in the social accounting period. Later on in this report the social accountants have used the hours provided here, to demonstrate the social value of bolstering the overall Wellbeing Service efforts with support from well-trained, well-managed and highly-motivated volunteers.

Volunteer Activities	Volunteer Hours Apr-19 to Mar-20	Number of Unique Participants	Number of Sessions	Estimated Contribution from volunteers (as a %)
Physical Activity Supporting the delivery of exercise	3983	1854	3120	30-40% (Tai Chi – 90%)

classes including Tai Chi, cardiac rehab, stroke rehab, falls rehab etc.				
Infant Feeding Assisting Mums with the transition from breast to solid food.	190	206	150	20%
Oral Health Support and training for early years, health visiting, school nurse teams.	25	205	4	5%
Volunteer Activities	Volunteer Hours Apr-19 to Mar-20	Number of Unique Participants	Number of Sessions	Estimated Contribution from volunteers (as a %)
Coffee & Chat Sessions at a variety of venues around St Helens, designed as a way to support people who are feeling isolated and to prevent avoidable GP appointments. Also used as a follow-on activity when people finish rehab exercise classes.	1017	110	250	90%
Food & Nutrition The Fit4All courses and sessions are designed to help families in St Helens achieve a healthier lifestyle. The courses and sessions promote healthy eating for all the family, and are designed to be fun and engaging. The course sets small, achievable goals, with a view to changing lifestyle behaviour long term.	200	130 – attended courses 1996 – attended one off sessions	65 x 4-week courses 83 one-off sessions	5%
Health Walk Leader Volunteers An accredited Walking for Health scheme that facilitates FREE walks for the community. There are 3 levels – 30-45 minute walks on flat terrain for those who haven't walked much before or are recovering from illness or injury. 30-60 minute walks with moderate slopes and some uneven surfaces. 90-minute walks – brisk pace, with slopes, steps and uneven terrain.	57	91	772	80%
Health Promotion Events Volunteers Wellbeing events promoting healthy living – volunteers attend, man promotional stands, make tea, escort members of the public for health checks etc.	26	609	4	10%
Volunteer Meetings / Calls etc. Motivational meetings, telephone updates for the volunteers as a team with the Volunteer Co-ordinator.	225	42 Volunteers + Melanie Pilling	Regular meetings + many calls throughout the year.	100%
TOTALS	5273	5201 patients 42 Volunteers(44 Volunteer roles as 2 have 2 roles)	4313	Between 5% - 100%

“I was referred to the classes for rehabilitation following a major stroke. Without the classes I would take very little exercise, and I live alone so I really enjoy the social aspect too. At the first class I attended there were several volunteers due to the nature of the class, and they are absolutely super people, all well-trained and very supportive of and helpful to the patients. The volunteers are, in my opinion, vital. At one of my classes there are two patients who need one-to-one assistance and would be unable to attend with their help.”

A Patient of the St Helens Wellbeing Service

Win /Win – the social impact for participants and for volunteers

Over 40% of the St Helens Wellbeing Volunteers were once participants themselves. They progressed on from taking part, to volunteering in many cases.

“We recruit a lot of our volunteers from the sessions we run. If they have had a good experience and improve their own health, we find they often want to give something back. We take the time to listen to a potential volunteer’s journey, and match their experience and skills with volunteer activities that complement their objectives.”

Melanie Pilling, Volunteer Co-ordinator, St Helens Health and Wellbeing Services – CHCP CIC

The Social Accountants asked Melanie Pilling, Volunteer Co-ordinator to carry out a value exercise survey direct with participants and volunteers to capture how they feel personally about the experience they have had either participating with the help of volunteers, or volunteering themselves.

The survey provides, listed in order of financial value, a number of commercially available items, e.g. a holiday, Sky TV, a Pamper Day at a Spa etc. right down to a book or magazine of choice at the bottom. The participants were asked to slot in the support they had had from their volunteers in amongst all of those items. The social accountants were then able to find a mid-point value in terms of where they slotted the support between the two chosen items, and work out a mean average for each response. Melanie collected 82 responses from participants, and the results have been used in the SROI calculation later on in this report.

Melanie also asked Volunteers to complete a similar survey, with a similar list, asking them to slot in their volunteering experience to show us how much they value it. Melanie collected 25 volunteer responses and we have used the results of this too in the SROI calculation for the St Helens Volunteer Hub detailed in this report.

An estimated 3 million people volunteer in health and care in the UK, and as well as enhancing the patient experience it supports the health and wellbeing of the volunteer, provides opportunities to meet people and develop skills and gain experience.

People become volunteers for a variety of different reasons. The social accountants have decided to capture some of the social value generated for volunteers by looking at it as hours’ worth of experience they can confidently add to their CV. This is included in the calculation section later on in this report.

Mental Health

It is [well documented](#) that the kind of activities the Wellbeing Service is offering the community has a significant positive impact on mental health for participants.

“Almost all our volunteers have had basic mental health awareness training for adults and children and 5 ways to wellbeing training so that they can support the promotion of positive mental health throughout all our activities. Lots of participants join our sessions due to poor mental health, so we invest time in training our volunteers so they can support on this agenda alongside our paid workforce. There have been cases where volunteers have built trust with a participant which has led them to open up to a volunteer about having suicidal thoughts. We offer suicide awareness (ASK) training to all volunteers so they know how to support the client in the most effective way.”

Melanie Pilling, Volunteer Co-ordinator, St Helens Health and Wellbeing Services – CHCP CIC

The service uses the [“Short Warwick-Edinburgh Mental Wellbeing Scale \(SWEMWBS\)”](#) to measure the mental wellbeing of exercise class participants at the beginning of their involvement, and at the end. Wellbeing Volunteer Co-ordinator, Melanie Pilling shared with the social accountants that 55% of their exercise class participants have shown a positive increase in their scores in the social accounting period.

The social accountants have used this information in the social return on investment calculation which is explained later on in this report. The social accountants acknowledge that it is not just their exercise classes that have a positive impact on mental wellbeing, all the service’s other volunteer-aided activities aim to do this also.

Infant Feeding

The Wellbeing Service runs 3 infant feeding groups each week. They are 60-90 minutes and over the year approximately 150 sessions are delivered. The sessions support Mums with breastfeeding in general, but the focus of the volunteer-aided support for Mothers and families is about introducing solid food to baby’s diet along with the breastfeeding.

“At these sessions we discuss NHS guidelines and Mums have the opportunity to ask questions and raise any concerns. Mums are encouraged to share recipes and hints and tips which make this an enjoyable experience. All our current infant feeding volunteers have children themselves, have attended these sessions themselves in the past, and have received training from Wellbeing staff on the NHS guidelines. They understand more than most what the barriers and challenges can be. They welcome mums in, chat and also make cups of tea – supporting our Infant Feeding Team brilliantly.”

Melanie Pilling, Volunteer Co-ordinator, St Helens Health and Wellbeing Services – CHCP CIC

“It can be confusing for new parents to know when to start introducing solid foods, what to give baby and how to cope with the early stages of preparing and trying new foods. Our Volunteer mums who have been trained in the correct guidance alongside their own experiences gives confidence and assurance as well as a sense of shared camaraderie which is invaluable when you’re a new parent.”

**Sarah Holden, Head of Public Health Services,
St Helens Health and Wellbeing Services - CHCP CIC**

The social accountants have tried to capture the social value generated via the infant feeding groups, and have attempted to recognise the volunteer contribution to this, in the social return on investment (SROI) calculation section later on in this report.

Reduction in GP Appointments & A&E Visits

Of course the overall Wellbeing Service is fully aligned with the national focus across health and social care to reduce the pressure on primary care by taking steps that will reduce the number of avoidable GP appointments that take place across the St Helens area. The Wellbeing Service approaches this by supporting individuals to improve their lifestyle to prevent long term conditions such as heart disease, diabetes and stroke. In doing so, this also reduces the pressure on secondary care services. For patients who already have a long-term condition, the Wellbeing Service is there to support with specific advice, guidance and motivation to maintain a healthy life. The volunteers contribute significantly to supporting activities that are designed across this spectrum to help patients retain long-term good health.

According to NICE each member of the general public, on average, visits their GP approx. 6 times per year. According to Accident & Emergency Statistics from the House of Commons Library there were 23.5 million A&E attendances in 2016, which equates to an average of 0.44 for the population of England (53 Million). [file:///C:/Users/Joanne/Downloads/SN06964%20\(3\).pdf](file:///C:/Users/Joanne/Downloads/SN06964%20(3).pdf)

Many of the patients taking part in the Wellbeing activities are either recovering from serious illness/injury, are living with long-term health conditions or require help generally to ensure they lead healthier lifestyles to prevent ill health – all patients who potentially could be expected to visit their GPs far more often than 6 times per annum, and A&E far more than the average 0.44 times per person per annum.

The Wellbeing Service is heavily focused on empowering their patients to self-manage their health conditions, and there is a major emphasis on social prescribing throughout all their activities.

According to [The Health Foundation’s August 2018 Report “Reducing Emergency Admissions – Unlocking the potential of people to better manage their long-term conditions”](#) their research shows that “patients who were most able to manage their health conditions had 18% fewer general practice appointments”.

According to a University of Westminster report the impact of social prescribing has been known to reduce A&E visits by up to 26.8%.

Across the variety of wellbeing services the volunteers were involved with during the social accounting period, they supported 5201 patients. For some of these the support from volunteers was significant and regular (e.g. every week for 12 weeks for some classes).

The social accountants have honed in on those patients the volunteers work most closely with for the social return on investment calculation later on in this report, and have used some of the percentages from this report that highlights the kind of impact wellbeing activities of this nature can have on GP appointments and A&E attendance. The social accountants have also attempted, in discussion with Sarah Holden, Head of Public Services, St Helens Wellbeing Service and Melanie Pilling, Volunteer Co-ordinator, to take into account the contribution made by the volunteer element to these reductions.

“The coffee & chat sessions main purpose is to provide somewhere people can go and see a friendly face when they are feeling isolated and lonely. We appreciate people often end up going to a GP when they have nowhere else to turn. So we have five coffee and chat sessions that take place each week in different venues across St Helens. The volunteers facilitate these sessions, and they set up the room and return it to normal afterwards – e.g. it might be a village hall, church hall or at a library. They are all different depending on the needs of the group, quite informal and very welcoming. They sometimes invite speakers in or run a workshop, whatever is of interest to the group. The coffee & chat drop ins are great because they cater for all types of participants. Some come as a social outing alongside other St Helens Wellbeing activities, others come more to learn more about what they can access in the community and others attend as a follow on to any initiatives that may have been short term. We support people to make new social connections and help to improve their confidence, so they can confidently self-care, and yet know where we are to seek support if things get worse again.”

Melanie Pilling, Volunteer Co-ordinator, St Helens Health and Wellbeing Services – CHCP CIC

“The participants I have got to know over the last couple of years really benefit from chatting for 1-2 hours each week over coffee and food. It helps them with their mood, they feel happier and more alive once they see their friends, and the volunteers who we have gotten to know so well. I feel confident enough now to share my knowledge and love of writing with the coffee & chat group. I deliver writing workshops for them. Nothing too serious or too difficult, but the workshop helps them realise that writing isn’t the daunting task they may have thought it was while they were in school. Writing can be fun. By not adding any pressure, and allowing people to grow as they write, we can definitely help people with mental health and positive memories.”

A Coffee & Chat Participant & Workshop Presenter

SROI Calculation For the St Helens Volunteer Hub (Social Return On Investment)

£1 : £32.67

It is estimated that for every £1 invested in the St Helens Volunteer Hub during the 12 month accounting period at least £32.67 worth of social value is likely to have been achieved. There are 9 lines within this SROI Impact Map.

- **Line 1 – The social value to the St Helens Healthcare system of bolstering the wellbeing team with volunteer hours.**
- **Line 2 – The social value to the healthcare system of reducing GP appointments as a result of volunteer-aided activities.**
- **Line 3 – The social value to the healthcare system of reducing A&E visits as a result of volunteer-aided activities.**
- **Line 4 – The social impact to volunteers of the wellbeing experience they can add to their CVs.**
- **Line 5 – The social value of volunteer support for Mums and babies in terms of breastfeeding assistance.**
- **Line 6 – The social value of volunteer-aided wellbeing activities that contribute to the recovery from depression and mental health issues.**
- **Line 7 – The social value perceived to be generated personally by the participants themselves in terms of the contribution from volunteers to wellbeing activities.**
- **Line 8 – The social value generated for the volunteers themselves in terms of the rewarding contribution they make to the delivery of the wellbeing service.**
- **Line 9 – The social value of the support provided by volunteers with transportation for wellbeing participants.**

Line 1 – The social value to the St Helens Healthcare system of bolstering the wellbeing team with volunteer hours.

QUANTITY: 5723 Hours – the number of volunteer hours contributed to the Wellbeing Service between April 2019 and March 2020.

FINANCIAL PROXY: £8.72 – The social accountants have chosen the current minimum wage per hour rate for workers over the age of 25, for this line of the calculation. Whilst the social accountants acknowledge that the volunteers represent a cross section of skills and experience, they are comfortable to use this financial proxy to demonstrate the volunteer hours generate ‘at least’ this amount of social value.

VALUE OF INPUTS: £61,930 – the cost of running the St Helens Volunteer Hub for the 12 month social accounting period.

DEADWEIGHT: 0% – Deadweight is the estimate of how many of these hours would have happened anyway. The social accountants see the hours being measured here as pure volunteer hours contributed to the wellbeing services. Therefore, they believe they wouldn’t have happened anyway, so are comfortable to apply 0% deadweight here.

ATTRIBUTION: 80% – Attribution is the estimate of how much of the social value generated here, could be jointly generated with others – i.e. other wellbeing, other services, charities etc. The social

accountants feel this line of the calculation should carry an 80% attribution because of the whole infrastructure of the wellbeing service, i.e. the volunteers are only able to contribute because the wellbeing infrastructure and team exists in the first place.

Line 2 – The social value to the healthcare system of reducing GP appointments as a result of volunteer-aided activities.

QUANTITY: 2442 GP appointments likely prevented – The social accountants have honed in on the participants that have been actively involved in regular or substantial volunteer-aided wellbeing activities (1854 that attend physical activity classes, the 206 that have been supported breast feeding group, the 110 that have attended the coffee and chat, and the 91 that have taken part in walks – in total 2261 participants – the activities in which the volunteers are most involved. The social accountants have not included the 205 people participating in St Helens oral health activities, the 130 that have attended the Fit 4 All course, or the 1996 people who have attended one-off Fit 4 All sessions, or the 609 people that have attended the Healthy In St Helens, the Winter Warmer or the Smile events).

According to NICE the general public on average attend approx. 6 appointments per year. These services are focused on improving wellbeing and some are particularly aimed at reducing the need to attend GP appointments for reasons of social isolation, and are very much focused on empowering patients to be able to manage their long-term conditions. The Health Foundation shared research in their August 2018 report ([Reducing Emergency Admissions – Unlocking the potential of people to better manage their long-term conditions](#)) which found that patients who were most able to manage their health conditions had 18% fewer general practice appointments. The social accountants are comfortable assuming, that attendance at the regular and substantial volunteer-aided wellbeing activities in St Helens due to its focus on managing long-term conditions, and providing alternatives – e.g. coffee and chat, and other social prescribing activities etc. could potentially be expected to follow a similar trend in terms of the reduction in GP appointments in the area. They have therefore taken the 2261 participants regularly attending volunteer-aided activities, multiplied it by the average of 6 GP appointments per annum (13,566) and then calculated 18% to give 2442 GP appointments likely prevented. The social accountants feel this is a reasonable yet conservative estimate, as a further report by the University of Westminster shares research which suggests social prescribing has been reported to reduced GP appointments by up to 70% in some areas. ([University of Westminster: a review of the evidence assessing impact of social prescribing on healthcare demand and cost implications](#)).

FINANCIAL PROXY: £36 – the cost of a GP appointment.

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

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above

DEADWEIGHT: 50% – some of these patients would not have attended GP appointments anyway, but it is impossible to know how many. It is also difficult to know how much impact on GP appointments is generated by the Wellbeing Services itself, and by the volunteers' contributions. Therefore, in the conservative spirit of social accounting the social accountants have decided to discount the social value generated here by 50%. They feel comfortable this is in line with the 'at least' nature of this calculation.

ATTRIBUTION: 80% – as explained in line 1 above.

Line 3 – The social value to the healthcare system of reducing A&E visits as a result of volunteer-aided activities.

QUANTITY: 267 A&E visits likely prevented – using the same figure as line 2 above – i.e. the total 2261 patients taking part in the activities in which the volunteers are most involved. The social accountants have considered the average A&E attendances per member of the general public which is 0.44 visits. They acknowledge patients with long term conditions, those recovering from illness, or injury, and those suffering from social isolation and depression may potentially visit A&E more often than this average. Nevertheless, to remain conservative, they have multiplied the 2261 participants x 0.44 to give 995 expected A&E visits from this cohort. Using the lower figure from research shared by the University of Westminster which indicates that the kind of social prescribing activities carried out by the St Helens Wellbeing Service has been reported to have reduced A&E attendances by 26.8%. Therefore, they are comfortable estimating the volunteer-aided activities could reasonably be estimated to have prevented 267 A&E visits in the social accounting period ($2261 \times 0.44 = 995 \times 26.8\% = 267$).

Source: University of Westminster - <https://westminsterresearch.westminster.ac.uk/item/q1455/a-review-of-the-evidence-assessing-impact-of-social-prescribing-on-healthcare-demand-and-cost-implications>

FINANCIAL PROXY: £160 – the cost of an A&E visit.

Source: <https://improvement.nhs.uk/resources/reference-costs/#rc1718>

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 50% – some of these patients would not have attended A&E anyway, but it is impossible to know how many. It is also difficult to know how much impact on the reduction of A&E visits was generated by the Wellbeing Services itself, and by the volunteers' contribution. Therefore, in the conservative spirit of social accounting the social accountants feel comfortable discounting the social value by 50% here, as per similar logic to line 2 above.

ATTRIBUTION: 80% – as explained in line 1 above.

Line 4 – The social value to volunteers of the wellbeing experience they can add to their CVs.

QUANTITY: 5723 hours – the number of volunteer hours contributed to the wellbeing services for the local community.

FINANCIAL PROXY: £8.72 – The social accountants have again gone with minimum wage here, to attempt to capture some of the value for volunteers in terms of experience they are able to add to their CVs as a result of volunteering for the wellbeing service. The social accountants acknowledge in many cases the hours of experience could well be of a much higher value than £8.72 per hour, but are comfortable to add this amount to arrive at a figure that shows the value is at least this much.

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above

DEADWEIGHT: 0% – the authors of this report feel the experience gained here would not have happened anyway.

ATTRIBUTION: 80% – as explained in line 1 above.

Line 5 – The social value of volunteer support for Mums and babies in terms of breastfeeding assistance.

QUANTITY: 206 participants – The volunteer co-ordinator, Melanie Pilling has advised that 206 participants have benefited from the volunteer-aided breastfeeding groups / introducing solid foods courses delivered in the community for Mums and Babies during the social accounting period.

FINANCIAL PROXY: £43.75 – the cost of a commercially available breastfeeding course is £175 for 16 weeks – the social accountants have calculated 4 weeks' worth to reflect the length of the St Helens Community Breastfeeding course – which equates to £43.75 for four weeks. The social accountants acknowledge that no two courses are exactly the same, however, they believe the outcomes of the courses in questions offer a similar value to Mums and Babies.

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants are happy that the social value being measured here would not have happened anyway.

ATTRIBUTION: 80% – as explained in line 1 above.

Line 6 – The social value of volunteer-aided wellbeing activities that contribute to the recovery from depression and mental health issues.

QUANTITY: 1244 people – the social accountants have chosen to use the figure of 2261 participants here, already used above, in terms of those who have attended regular and substantial wellbeing sessions supported by the volunteers. The Volunteer co-ordinator has shared with the social accountants that 55% of their exercise class participants have shown a positive increase in their SWEMWBS score (The Short Warwick-Edinburgh Mental Wellbeing Scale). 55% of the 2261 is 1244 participants as a reasonable estimate of those that are on the road to recovery from depression.

FINANCIAL PROXY: £1060 – this is the saving to the NHS of a person having recovered from depression. Source: (Source: Improving Access to Psychological Therapies (IAPT) NHS).

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above

DEADWEIGHT: 18% – the estimated natural recovery rate from depression according to IAPT (Improving Access to Psychological Therapies).

ATTRIBUTION: 80% – as explained in line 1 above.

Line 7 – The social value perceived to be generated personally by the participants themselves in terms of the contribution from volunteers to wellbeing activities.

QUANTITY: 2261 participants – Although the volunteer-led wellbeing activities being measured have touched 5201 participants in the social accounting period, the social accountants have chosen to hone in on the ones that attend the more regular or substantial sessions or events in which the volunteers are mostly involved. The spirit of social accounting is to be conservative and avoid over-

claiming, so with this in mind feel comfortable counting the 2261 participants for this line in the calculation.

FINANCIAL PROXY: £3822 – the social accountants asked Melanie Pilling, the Volunteer Co-ordinator, to carry out a value survey with direct users of the volunteer-aided wellbeing activities the organisation delivers to the St Helens community. 82 surveys were completed by participants in June, July and August 2020. The participants were asked to place the volunteer-aided wellbeing activity into a list of commercially available items, that were sorted in order of value, to show how much they valued it. (The commercially available items were: a Holiday, Sky TV, a Smart TV, West End Show Tickets, a Chauffeur-driven trip to Restaurant, Pamper Day, Trip to the Cinema, a Book/Magazine of their choice). All items that carry a readily-available cost/value, so when a participant slots the activity between two items, the social accountants are able to take a mid-point to estimate how much it is valued. The responses were analysed, and a mean average of the values was calculated. The St Helens Wellbeing participants valued the volunteer-aided activities at £3822 in terms of how much their particular activity has meant to them in the social accounting period.

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above

DEADWEIGHT: 0% – this social value would not have happened anyway.

ATTRIBUTION: 80% – as explained in line 1 above.

Line 8 – The social value generated for the volunteers themselves in terms of the rewarding contribution they make to the delivery of the wellbeing service.

QUANTITY: 44 volunteers – the number of volunteers supporting wellbeing activities during the social accounting period.

FINANCIAL PROXY: £4540 – the social accountants asked Melanie Pilling to carry out a similar value survey with the volunteers as the one above with patients, in terms of what the volunteers get out of the volunteering experience with CHCP. 25 volunteers responded, and the analysis shows they valued their volunteering experience at £4540 for the social accounting period.

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – this social value would not have happened anyway.

ATTRIBUTION: 80% – as explained in line 1 above.

Line 9 – The social value of the support provided by volunteers with transportation for wellbeing participants.

QUANTITY: 250 – 250 round trip journeys to the wellbeing falls prevention exercise class.

FINANCIAL PROXY: £10 – the approximate cost of a round-trip taxi fare in St Helens.

VALUE OF INPUTS: £61,930 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social value generated by helping these particular participants with transportation would not have happened anyway.

ATTRIBUTION: 80% – as explained in line 1 above.

Case Studies

Alan's story

I started volunteering with St Helens Wellbeing a number of years ago after I attended one of their courses for managing long term health conditions, I've never looked back. I feel that it has supported me with my own mental and physical health, and in turn has given me tools to support others who may need that additional support.

It's great to have the one-to-one phone calls as well as team internet meetings and to know the Volunteer Co-ordinator is there to help and encourage me.

My volunteer role is around setting up and facilitating coffee and chat sessions which is helping to reduce loneliness and isolation in St Helens.

I spoke to my GP about these groups and now my GP refers patients to these groups so this reduces time they spend with patients who take appointments frequently. It is a huge distraction technique taking people's minds off their worries and the day to day humdrum. They are good fun and people can't wait for the next session. They offer the participants the chance to get away from four walls and to speak to someone else where they probably won't get to speak to anyone normally. I feel the groups do take pressure off GP surgeries and help support the mental health of participants.

Sophie's story

I asked if I could be considered for an Infant Feeding role. The Volunteer Co-ordinator contacted me for an informal chat and then asked me to attend for an interview. I wasn't aware of all the services that were on offer and before this only had an interest in volunteering with the Infant Feeding team, however after chatting with the Volunteer Co-ordinator it sparked an interest to find out more and offer my time to the wider service.

From the very first time I was contacted I felt supported and encouraged through sharing of information, clear guidance and the starter pack and handbook. The Volunteer Co-ordinator came with me to my first session and introduced me to other volunteers and the member of staff delivering the session, this made me feel comfortable and also extremely valued that she took the time out to ensure I settled into my role.

During the sessions, in particular the Stroke rehabilitation and Postural Stability sessions, I felt like my contribution (be it helping an individual or setting up the room) had an immediate impact for the member of staff delivering the session as they were able to focus on individuals that required extra attention and the session was always on time and delivered efficiently.

Knowing that a small amount of my time, where I got as much back as I gave, could help improve health inequalities, improve wellbeing and even have an impact on clinicians gave me a huge amount of self-worth, value and made me feel like I was part of something big.

The LGBT+ Clinic

Reason For Being:

Hull's City-centre based Sexual and Reproductive Healthcare Service, Conifer - run by CHCP CIC, expanded its service last year for LGBT+ people in the region, opening its doors to a new clinic (01-08-19). The LGBT+ Clinic runs every Thursday evening from 5pm to 7.30 pm. Partnering with Yorkshire Mesmac (the independent, community-based sexual health organisation that works with LGBT+ communities) the specialist clinic provides an affirmative, inclusive, and respectful environment for all clients. The clinic provides sexual health screening, vaccines, and education/support for the community as a key aspect of CHCP's overall efforts to reduce and prevent Sexually Transmitted Infections in the region. The clinic was also instigated as an efficient way to drive [Public Health England's current HPV vaccination programme](#) for men who have sex with men (MSM) up to and including 45 years of age.

It is well documented that there have been calls from the LGBT+ community across the country, for some time, for specialist sexual health services that understand their needs, as many in this cohort feel under-represented and misunderstood. As part of their [LGBT Action Plan](#), in July 2017, The Government Equalities Office launched a [survey](#) to gather information about the experiences of LGBT people in the UK. The survey response was unprecedented with over 108,000 people participating, making it the largest national survey of LGBT people in the world at the time. The survey highlighted that only 27% of its respondents had accessed sexual health services in the 12 months preceding the survey. Whilst 87% of those who had accessed sexual health services reported a positive experience, the optional free-text question in the survey was used by some to highlight the kind of negative experiences encountered, such as access to post-exposure prophylaxes (PEP), a time-sensitive treatment aimed at preventing patients from becoming infected with HIV.

Whilst 27% of survey respondents are accessing sexual health services, the remaining 73% respondents could be considered hard-to-reach. Some of the comments highlighted in the [survey report](#) highlight why.

“At a hospital NHS walk-in centre, I have been told it is not possible to access information about / get a prescription for PEP (which needs to be taken as soon as possible) on a Sunday... I was loudly asked in front of other people if my enquiry was about HIV because the nurse did not know what post-exposure prophylaxis is.”

Man, gay, in the 18-24 age bracket

“As a higher risk group we felt it was important to answer the local LGBT community's callings to help them with the issues they face on a daily basis, such as sexual health awareness, gender identity, PEPSE*, PrEP* and homophobia. Based on past and current feedback from patients we decided to offer this clinic on an evening. It enables them to not only attend the clinic outside their working hours, but also protects their confidentiality as the majority of our other services within the building are closed at this time. This is something that, in the past, may have prevented some people in this cohort from attending a sexual health clinic. We also offer a mix of walk-in slots and appointments to further increase the ways in which the clinic can be accessed.”

**June Agius, Operations Manager, CHCP CIC,
Health and Well Being- Integrated Sexual Health Services**

PEPSE = post exposure prophylaxis for the prevention of HIV

PrEP = pre exposure prophylaxis for the prevention of HIV

“In 2018 the Government produced an LGBT Action Plan*. Part of their commitment was to ensure LGBT people’s needs are at the heart of the National Health Service. The plan was to allow LGBT people to easily access healthcare when they need it most and feel comfortable disclosing their sexual orientation or gender identity, so they get the best care possible. Being able to offer this clinic, working with CHCP, is us doing our bit to achieve this.”

Craig Moody

Community Development Worker – Men who have Sex with Men (MSM)

Mesmac Hull

*Government LGBT Action Plan:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721367/GEO-LGBT-Action-Plan.pdf

“The LGBT+ clinic offers a bespoke service for our LGBT+ communities and has evaluated very well in terms of service user satisfaction. In addition to providing first rate and evidence based care, the service provides an excellent example of joint working with local communities and advocacy and partner VCS colleagues. This has had a very positive impact on associated services, with local LGBT+ people rating CHCP services very highly and it has increased our opportunity to work with partners to transfer the learning from the development of the LGBT+ clinic into other areas of practice and for the benefit of other populations with protected characteristics. We are delighted that these positive outcomes are reflected in our social accounts.”

Andrew Burnell, CEO, CHCP CIC

Social Value

Specialist, Quality Time & Improved Confidence

The value to the LGBT+ community of providing an affirming, inclusive and respectful environment of the CHCP/Mesmac Clinic is not to be underestimated. Referring to the same [survey](#), mentioned above, launched by the Government Equalities Office in 2017 /published in July 2018: at least 2 in five respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. The survey also highlighted that LGBT people are less satisfied with their life than the general UK public, and 24% of respondents had accessed mental health services in the preceding 12 months.

From discussions with those involved, and the case studies provided, the social accountants are convinced the LGBT+ clinic creates social value in terms of the specialist, quality time and understanding it provides which clearly goes some way towards increasing the wellbeing and confidence of the individuals attending. They have attempted to quantify these difficult-to-measure aspects of social value in the report as part of the social return on investment (SROI) calculation in three ways.

Specialist, Quality Time: In the calculation, the social accountants have used a financial proxy of £185 which equates to an hour of GP time to represent the combined care and support given to patients at the LGBT clinic by CHCP and Mesmac. The social accountants are keen to stress they are not comparing the LGBT Clinic representatives with a GP. They are in fact comparing the outcome of a sexual health intervention at the clinic with the outcome of a sexual health appointment with a GP, because both are likely to lead to a very similar outcome for the patient, hence are a fair equivalent in terms of social value achieved.

Some may argue that the LGBT+ Clinic intervention is even more valuable to patients because the sexual health experts at the clinics specialise in sexual health for LGBT+ people, they are highly trained to communicate effectively with LGBT+ people, and the service also provides the discreet environment the community is looking for.

Some may argue if a GP saw an LGBT+ patient they would potentially pick up on all kinds of comments and signals regarding the patients' health and wellbeing from non-volunteered information – leading to the saving of the patient's life. Of course, the social accountants accept that the value of a GP appointment is likely to be way in excess of the £185 per hour it costs. However, they are happy to say in this instance that the value of an LGBT+ clinic hour is at least as valuable as a GP hour to the patient, in terms of the sexual health and wellbeing outcome it leads to.

“Creating an affirming, inclusive and respectful environment for LGBT+ people requires a combination of understanding them as a population, while treating each person as a unique individual. Finding this balance may seem complicated at first but in fact it is no different than the procedures we follow for any patient. Effectively serving the LGBT+ community requires us to understand the cultural context of their lives, and to modify our procedures, behaviour and language to be inclusive, non-judgmental and helpful at all times. We pull out all the stops to ensure our LGBT+ patients receive the high level of care everyone deserves.”

**June Agius, Operations Manager, CHCP CIC,
Health and Well Being- Integrated Sexual Health Services**

Improved Confidence: The social accountants have also used a financial proxy to put a social value on the combined nature of sexual health screening, vaccines and clinical support with Mesmac's expertise in supporting clients from a personal relationship counselling, and signposting perspective. They have also attempted to measure the knock-on effect that the affirming, non-judgmental and friendly service has in terms of improving the overall confidence of clinic attendees.

“There is value in the contribution the clinic makes in terms of physical health, but it is also helping by increasing patients' self-confidence, self-esteem, and helping people feel safe and more integrated in the local community and less isolated.”

**Craig Moody
Community Development Worker – Men who have Sex with Men (MSM)
Mesmac Hull**

STI Prevention

According to the latest figures (2018 data) from Public Health England in its '[Spotlight on sexually transmitted infections](#)' report for the region, although newly diagnosed STIs in Yorkshire & Humber fell by 1% between 2017 and 2018 it still has one of the highest rates of new STIs in England. Where

gender and sexual orientation are known, Men who have Sex with Men (MSM) account for 11% of Yorkshire and Humber residents diagnosed with a new STI (excluding Chlamydia), 74% of those diagnosed with syphilis and 34% of those diagnosed with gonorrhoea.

The report highlights concerns re the emergence of drug resistant gonorrhoea, and the long term trend for a rise in syphilis among MSM in the Yorkshire and Humber region.

The report also highlights concerns re the long term trend of MSM syphilis diagnoses, and the evidence indicating that condomless sex associated with HIV sero-adaptive behaviours (which involve selecting partners perceived to be of the same HIV sero-status).

The [report](#) also explains the HPV vaccination programme for MSM <45 years of age is in place to reduce the spread of genital warts, and in turn HPV-related cancers in MSM in the coming years. Its expectations for success are based on the impact achieved via the [HPV Immunisation Programme](#) for girls and the herd protection achieved for heterosexual boys.

Whilst the MSM Community in Hull is small in comparison to other areas of the country, the need for the new clinic is apparent to those of us who work closely with this group. There have been several changes in Hull in the last few years affecting the community. We have seen the re-opening of saunas and swingers clubs, there has been an increase in the use of apps and websites such as 'grindr' and 'fabguys', and easy links to bigger metropolitan cities such as Leeds and Manchester.

All of this has contributed to increased sexual infections and the need for this clinic in Hull."

Craig Moody

Community Development Worker – Men who have Sex with Men (MSM)

Mesmac Hull

Mesmac advertise the clinic on social media and signpost anyone they meet who they feel would benefit to it. We also advertise the clinic on our own social media platforms such as Facebook, Instagram and Twitter as well as on the Conifer website."

June Agius, Operations Manager, CHCP CIC,

Health and Well Being- Integrated Sexual Health Services

Combining Sexual Health Education With Relationship Counselling

The social accountants have also attempted to capture the social value generated by the clinic, in the Social Return On Investment (SROI) calculation later on in this report, by considering the clinic's potential impact on the prevention of STIs in the next 12 months.

The calculation includes measurement of the social value of the clinic's impact on preventing chlamydia, gonorrhoea, and syphilis. They have also attempted to include the clinic's contribution to reducing the spread of anogenital warts, and the penile and anal cancers warts can lead to.

Further Social Value Acknowledge

The social accountants acknowledge that there are many other aspects of social value generated by the new clinic that could potentially be measured in addition to what has been included in the next chapter. For example, the clinic's contribution to the prevention of HIV. The treatment for HIV is understood to be in the region of £100,000 per annum, not to mention the social value of the prevention of emotional anguish and upheaval in the lives of the people involved. However, with the limited resources, this report acknowledges that the ratio arrived at, shows that the clinic is achieving 'at least' this amount of social value for every £1 invested in running the clinic.

Another aspect that could potentially increase the SROI ratio for the LGBT+ Clinic is the work they do in terms of partner notification for gonorrhoea, syphilis and chlamydia.

SROI Calculation For LGBT Clinic (Social Return On Investment)

£1 : £9.47

It is estimated that for every £1 spent on the LGBT clinic at least £9.47 worth of social value is likely to be generated in the next 12-month period. There are 10 lines within this SROI Impact Map.

- **Line 1 – The social value in terms of STI prevention in the area in terms of Chlamydia as a direct result of the Hull LGBT clinic.**
- **Line 2 – The social value in terms of STI prevention in the area in terms of Gonorrhoea as a direct result of the Hull LGBT clinic.**
- **Line 3 – The social value in terms of STI prevention in the area in terms of Syphilis as a direct result of the Hull LGBT clinic.**
- **Line 4 – The social value in terms of STI prevention in the area in terms of Anogenital Warts as a direct result of the Hull LGBT clinic.**
- **Line 5 – The social value in terms of the prevention of penile cancer in the area as a direct result of the LGBT clinic.**
- **Line 6 – The social value in terms of the prevention of anal cancer in the area as a direct result of the LGBT clinic**
- **Line 7 – The social value of combining sexual health education with relationship counselling, to the cohort via the LGBT clinic.**
- **Line 8 – The social value to the cohort in terms of specialist time at the clinic, designed specifically to meet their needs, as an accessible and efficient alternative to GP appointment time.**
- **Line 9 - The social value to the patients in terms of improved confidence as a direct result of attending the LGBT clinic.**

Line 1 – The social value in terms of STI prevention in the area in terms of Chlamydia as a direct result of the Hull LGBT clinic.

QUANTITY: 41 people at-risk-of-chlamydia reached, educated and screened – 202 people were seen at the Hull LGBT Clinic in its first 7 months of operation (August 2019 to February 2020) therefore in a 12-month period the clinic could be expected to see 346 people. The population of Hull is understood to be approx. 321,000 (Macrotrends 2020 statistics) – it is estimated approximately 2% of the UK population identifies as LGBT (source – Office of National Statistics) which suggests around 6420 people in the area. There were 848 Chlamydia diagnoses in the region in 2018 (Source – Public Health England report – Spotlight on sexually transmitted infections in Yorkshire and Humber – 2018 data) which is 13% of the Hull population – therefore the social accountants believe it would be reasonable, yet conservative, to assume that approx. 13% of the 346 people seen at the LGBT clinic in a 12 month period could be considered as at risk of contracting this disease i.e. 45 people, less the 4 diagnosed with chlamydia at the clinic in the past 12 months, forecasting that around 41 ‘at-risk’ people re this disease would be reached, screened and educated re chlamydia as a direct result of the LGBT clinic in the next 12 month period.

FINANCIAL PROXY: £796.87 – the estimated direct medical cost per new Chlamydia diagnosis, UK, 2011 (Source: Report Unprotected Nation – The financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services).

VALUE OF INPUTS: £23,148.40 – the cost of running the LGBT Clinic for the 12-month social accounting period. (The cost of running the clinic for the first 7 months provided by June Agius, CHCP’s Operations Manager, Health and Well Being - Integrated Sexual Health Services was £12,319.34 – i.e. for an estimated 80 hours of Band 6 and Band 4). The social accountants have multiplied this up to 12 months’ worth of costs which comes to £21,118. They have also added £2030.40 for admin and reception.

DEADWEIGHT: 30% – Deadweight is the element of the calculation that attempts to reduce the SROI ratio by the percentage that could reasonably be expected to have happened anyway (i.e. without the activity taking place – in this instance if the LGBT Clinic had not been established). The Social Accountants have applied 30% here for deadweight as a result of [The Government Equalities Office Report – LGBT Action Plan July 2018](#) – which states 70% of respondents to a survey they conducted with minority sexual orientation said they had avoided being open about their sexual orientation for fear of a negative reaction from others. The social accountants assume from this that 30% do not fear a negative reaction and therefore could reasonably be expected to perhaps seek support from other mainstream services.

ATTRIBUTION: 50% – Attribution is the element of the calculation that attempts to reduce the SROI ratio by the percentage that ought to be credited to the contribution of others (i.e. in this case all the other services and charities in the area that also promote and support LGBT people in the area with their sexual health). The LGBT Clinic is a joint initiative run by CHCP Sexual Health Services and local charity, Mesmac. Mesmac’s contribution has been included in the value of inputs. Therefore in terms of attribution from other services and charities, having discussed this with June Agius of CHCP and Craig Moody of Mesmac, the Social Accountants feel comfortable with the estimation that others are contributing 50% of the social value generated for LGBT people in the area.

Line 2 – The social value in terms of STI prevention in the area in terms of Gonorrhoea as a direct result of the Hull LGBT clinic.

QUANTITY: 64 people at-risk-of-gonorrhoea reached, educated and screened – similar principle as above. There were 1221 Gonorrhoea diagnoses in the region in 2018 (Source – Public Health England report – Spotlight on sexually transmitted infections in Yorkshire and Humber – 2018 data) which is 19% of the Hull population – therefore the social accountants believe it would be reasonable, yet conservative, to assume that approx. 19% of the 346 people seen at the LGBT clinic in a 12 month period could be considered as at risk of contracting this disease i.e. 66 people, less the 2 diagnosed with gonorrhoea at the clinic in the past 12 months, forecasting that around 64 ‘at-risk’ people re this disease would be reached, screened and educated re gonorrhoea as a direct result of the LGBT clinic in the next 12 month period.

FINANCIAL PROXY: £182.52 – the estimated direct medical cost per new Gonorrhoea diagnosis, UK, 2011 (Source: Report Unprotected Nation – The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services).

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Line 3 – The social value in terms of STI prevention in the area in terms of Syphilis as a direct result of the Hull LGBT clinic.

QUANTITY: 17 people at-risk-of-syphilis reached, educated and screened – similar principle as above. There were 295 Syphilis diagnoses in the region in 2018 (Source – Public Health England report – Spotlight on sexually transmitted infections in Yorkshire and Humber – 2018 data) which is 5% of the Hull population – therefore the social accountants believe it would be reasonable, yet conservative, to assume that approx. 5% of the 346 people seen at the LGBT clinic in a 12 month period could be considered as at risk of contracting this disease i.e. 17 people, less the 0 diagnosed with syphilis at the clinic in the past 12 months, forecasting that around 17 ‘at-risk’ people re this disease would be reached, screened and educated re syphilis as a direct result of the LGBT clinic in the next 12 month period.

FINANCIAL PROXY: £370.99 – the estimated direct medical cost per new Syphilis diagnosis, UK, 2011 (Source: Report Unprotected Nation – The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services).

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Line 4 – The social value in terms of STI prevention in the area in terms of Anogenital Warts as a direct result of the Hull LGBT clinic.

QUANTITY: 77 people at-risk-of anogenital warts reached, vaccinated, screened and educated – 45 people were vaccinated at the clinic for HPV in the first 7 months. The social accountants have multiplied this up to estimate that 77 people could potentially be vaccinated in a 12 month period. The HPV (human papillomavirus vaccine) protects against warts and cancer, and is being made available at the Hull LGBT Clinic for Men-who-have-sex-with-men (MSM) who are up to and including the age of 45.

FINANCIAL PROXY: £1949.45 – the estimated direct medical cost per new anogenital wart diagnosis, UK, 2011 (Source: Report Unprotected Nation – The Financial and Economic Impacts of Restricted Contraceptive and Sexual Health Services).

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Line 5 – The social value in terms of the prevention of penile cancer in the area as a direct result of the LGBT clinic.

QUANTITY: 1 person-at-risk-of-penile-cancer – The HPV vaccination is believed to be a very effective way to reduce the risk of genital warts immediately and the risk of developing HPV-associated cancer in the future. The social accountants, having discussed this with June Agius, from

CHCP is comfortable including 1 penile cancer prevention as a result of a year's LGBT work via the clinic.

FINANCIAL PROXY: £7421 – The mean cost per case, including follow-up, was estimated to be £7421 to £8063. Source: BMC Public Health (<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-015-2669-2>).

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Line 6 – The social value in terms of the prevention of anal cancer in the area as a direct result of the LGBT clinic.

QUANTITY: 1 person-at-risk-of-anal-cancer – The HPV vaccination is believed to be a very effective way to reduce the risk of genital warts immediately and the risk of developing HPV-associated cancer in the future. The social accountants, having discussed this with June Agius, from CHCP is comfortable including 1 anal cancer prevention as a result of a year's LGBT work via the clinic.

FINANCIAL PROXY: £14,309 – The estimated cost per case was £14,309 to £23,264. Source – BMC Public Health - (<https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-14-1123>)

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Line 7 – The social value of combining sexual health education with relationship counselling, to the cohort via the LGBT clinic.

QUANTITY: 224 hours – In the first 7 months of operation the clinic handled 56 appointments per month, on average. The social accountants have multiplied this up to 12 months giving an estimated 672 appointments. At 20 minutes per appointment this equates to 224 hours of combined sexual health education with relationship counselling.

FINANCIAL PROXY: £40 – Hull relationship counselling / therapy, alone costs £40 per hour – so this combined approach can be estimated at least as much, but probably a significant amount more - (<https://hulltherapist.co.uk/>)

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Line 8 – The social value to the cohort in terms of specialist time at the clinic, designed specifically to meet their needs, as an accessible and efficient alternative to GP appointment time.

QUANTITY: 224 hours – In the first 7 months of operation the clinic handled 56 appointments per month, on average. The social accountants have multiplied this up to 12 months giving an estimated 672 appointments. At 20 minutes per appointment this equates to 224 hours of specialist appointment time tailored precisely to their needs. The social accountants are not comparing the clinicians seeing patients at the clinic and the relationship counsellors to a GP, however, their appointment time at the clinic can be valued as an accessible, convenient alternative to GP time because, for the patient the outcome will be similar, if not more appropriate.

FINANCIAL PROXY: £185 – the cost of an hour of GP time – (https://www.pssru.ac.uk/pub/uc/uc2010/uc2010_s10.pdf)

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Line 9 – The social value to the patients in terms of improved confidence as a direct result of attending the LGBT clinic.

QUANTITY: 346 people – The number of individual patients likely to be seen at the clinic in a 12 month period.

FINANCIAL PROXY: £995 – this is an estimation of the value of an increase in confidence for a young LGBT person – Source: Global Value Network

VALUE OF INPUTS: £21,118 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 30% – as explained in line 1 above.

ATTRIBUTION: 50% – as explained in line 1 above.

Case Studies

Mike's story

Mike is a 33 year old MSM who has enrolled on the PrEP Impact Trial.

PrEP is a medicine for HIV negative people, is taken before sex, so it is pre-exposure. Prophylaxis means to prevent infection – in this case HIV. It can reduce the risk of acquiring HIV when taken as instructed.

26,000 people have been recruited to the trial over three years. The trial commenced in October 2017. HIV negative people attending sexual health clinics in England will have the risks of acquiring HIV checked by the clinic staff. If the clinic staff consider an individual meets the criteria for the trial and are considered to be at high risk, they would be offered PrEP.

Mike was initially seen in a clinic during working hours, however, this became increasingly more difficult due to his work commitments so it was an ideal opportunity for him to attend to see the PrEP Impact Trial research nurse in the LGBT+ clinic due to them being able to offer appointments outside of work hours.

This ensured his participation in the trial met the required three-monthly appointment for testing and discussion around any issues he may be having and further supply of medication.

It was also an ideal opportunity to ensure he was fully vaccinated for Hepatitis A and B as well as HPV [Human Papilloma Virus].

Being able to attend the clinic after work was key to him continuing in the trial. He was unsure if he would be able to attend otherwise, due to his work commitments, so having the opportunity to provide him with better, and more appropriate access that suited him, ensured that we could not only reduce his risk yet, also spend more focussed, quality time discussing his risk-reduction and health promotion including safer sex and provision of condoms and lubricant.

Had he not been able to attend the LGBT+ clinic, there was the potential for his risk of acquiring HIV infection to increase enormously.

This would have the potential to impact on his physical and mental health and also increase the risk of onward transmission.

Ben's story

Ben identifies as Men Who Have Sex with Men (MSM), he is aged seventeen.

The Conifer Outreach Team were doing some health promotion work at a college where Ben attended full-time education. Ben approached the team and started opening up about his sexual health concerns and, it became clear that he was unaware of many of the risks out there, particularly those that affected the MSM community. It also became clear that Ben has never accessed the service before, nor had he ever had any sexual health screening.

The Outreach Team arranged for Ben, with his agreement, to attend the LGBT clinic. Ben attended and was made aware of the vaccinations that were available to him; Hepatitis A and B as well as the HPV vaccines were discussed along with the benefits of being vaccinated.

A full sexual health screen was also offered and obtained. This included a venous blood sample for HIV, Syphilis, Hepatitis A, Hepatitis B and Hepatitis C as well as chlamydia and gonorrhoea testing from his throat, rectum and a urine sample. Ben was made aware how to access future tests, informed about window period screening, PEP and PrEP and, how to access free condoms and lube.

Ben initially presented as very shy. It was sensed that Ben was eager to protect himself from sexually transmitted infections but unfortunately lacked the knowledge on how to best do this. He seemed to be unaware of the risks he was taking and unsure how to minimise these risks. For this reason it was thought it would be a good idea for Ben to have a chat with the MESMAC representative in the clinic. Fortunately, we have a representative present at the clinic every week, so this enabled Ben to chat with them straight away. Many issues were discussed such as safer sex, risks, support groups local to the area and even the legal aspects of being MSM, like homophobia.

Upon Ben's second visit to the LGBT clinic, the Mesmac counsellor could immediately see what a positive effect the first consultation had had on him. He now practiced safe sex and even accepted condoms on this visit. He was a lot less nervous about discussing sensitive issues and the trusting professional bond created was already evident. As he left with his next appointment in-hand he was already planning his next sexual health screen.

Hull Churches Families Together

Reason For Being:

[‘Hull Churches Families Together’](#) is one of several services provided by the not-for-profit organisation - [Hull Churches Home From Hospital](#). The free-of-charge service supports families with children affected by cancer, and other life-threatening illnesses, with a 12-week intervention, whilst undergoing treatment. The service started initially supporting breast care patients, but now supports all cancer groups. The focus of the intervention is to maintain family resilience, and it encourages referrals from any source, including self-referrals. The team works with pre and post bereaved families preparing children for loss and working with them post bereavement, supporting babies, toddlers, preschool age and school age children up to 18, as well as the sick parent and the surviving parent.

‘Hull Churches’ has had a relationship with CHCP CIC going back many years, which began through links CHCP’s CISS (Carers Information & Support Service). Today the relationship, in terms of supporting families affected by serious illness, is with CHCP’s Palliative Care Team. CHCP has a contract in place with ‘Hull Churches Home From Hospital’ for the ‘Hull Churches Families Together Service’, for which it makes a financial contribution annually toward the running of the not-for-profit service. Representatives from Hull Churches Families Together attend monthly Multi-Disciplinary Team (MDT) meetings with the CHCP Palliative Care Team, as well as other steering meetings, and they also play an active role in CHCP’s Celebration of Life event and their End Of Life Conference.

The impact of a cancer diagnosis and treatment causes incalculable difficulties for families and for children in particular. Arduous treatment programmes often reduce the capacity for parents to ‘parent’ effectively. With the ‘every child matters’ agenda in mind the Families Together service maintains parental routines and identifies the wider family issues and facilitates appropriate intervention.

As well as from CHCP CIC’s palliative care team, school nurses and health visitors (18%) Hull Churches Families Together referrals come from a variety of sources including schools (34%), Breast Care (16%), self-referral (11%), Dove House Hospice (11%), Macmillan social workers (4%), social services (3%), Physiotherapists (2%) and Haematology (1%). Source: Jean Templeton, CEO of Hull Churches Home From Hospital.

“The Hull Churches Families Together Team work very closely with us and they very much enhance and complement what we do. They are highly valued. Their service starts with a family-centred assessment. They don’t rush in, they are gentle. They make a plan of support specifically for each family they work with. They focus on resilience for the children for their future. It’s about the whole family and their emotional and psychological needs long term.”

**Joanne Bruce, Senior Operational Manager,
Integrated Community Services, Specialist Palliative Care, CHCP CIC**

“After our initial meeting with the family our activities aim to offer a bespoke calming environment for the children as a means of lowering anxiety, building resilience and facilitating difficult conversations about the premature death of a child’s parent.”

**Jean Templeton, CEO,
Hull Churches Home From Hospital**

With a small team of 6 (a part-time consultant registered senior social worker, a part-time case work manager with specialism in child protection, 2 part-time Macmillan family support workers with additional responsibility for volunteer recruitment and mentorship and 1 NNEB (National Nursery Examination Board) qualified support worker, plus trained volunteers) the Hull Churches Families Together team deliver a unique service to families facing and dealing with bereavement including –

- Emotional support
 - Information, signposting, specialist help and knowledge
 - Befriending and support
 - Resilience building
 - Therapeutic work (e.g. coming to terms with end of life issues, decisions about treatment)
 - Advocacy and support with correspondence and form-filling and reports representing patients with schools, GPs, Dove House, officials re housing and finance, in court etc.
- For a more background reading please visit the Hull Churches Home From Hospital website – the Families Together page: <https://www.hchfh.org.uk/familiestogether.htm>

“The impact of a bereavement on a person’s physical, emotional and mental health cannot be over-estimated. Children are especially vulnerable to the long term effects of bereavement, for example where they have not received timely, sensitive and individualised support, and abnormal grieving can impact on their education, future relationships and life chances. As such the work of Hull Churches and the CHCP End of Life Care Teams cannot be over-estimated. Working collectively this integrated team support children and families in coming to terms with loss and in creating precious memories of their loved ones and offer a safe place for people to grieve. We are very proud of this collaboration and via the social accounts, our ability to quantify the benefit of this great example of VCS and our CIC working in partnership to support people at some of the most difficult times or their lives.”

Andrew Burnell, CEO, CHCP CIC

Social Value

Quality Time With Families & Family Resilience

Having researched the work of the Hull Churches Families Together team, the social accountants recognise the importance of the preventative nature of their work, and the impact it has on the wider health services in the area – particularly Child & Adolescent Mental Health (CAMHS) and Adult mental Health Services.

“Ninety percent of our time is spent with bereaved families pre and post bereavement, tackling and preparing children for loss. Each child is given a Sorgen Fresser “worry eater” on our first meeting. This is a zipped-mouth, soft toy for the child to place their fears inside and zip them closed, for sharing them with ourselves or a trusted adult when the child is ready. For the older children we offer a “pillow chat” diary to record their fears and thoughts in a similar way.”

Jean Templeton, CEO, Hull Churches Home From Hospital

The social accountants have considered the impact this work is having by including several aspects of social value in the social return on investment (SROI) calculation in the next chapter of this report. The social accountants can see the quality time afforded to bereaved families in Hull by the not-for-profit organisation is hugely valuable. Hull Churches Families Together are estimated to have spent 1929 hours with families in the last 12 months. The social accountants believe we can go some way towards appreciating the value of this family-facing time afforded by likening its outcomes to the kind of outcomes that would be commercially available in the area from person-centred counselling – which is available privately in Hull at a cost of £60 per hour.

The Social Accountants believe the impact of this quality time with families is probably well in excess of this amount, given the unique and complex issues faced by the different bereaved families the organisation works with, but feel comfortable this is an acceptable attempt to capture the social figure, in terms of the readers of this report recognising the calculation is an ‘at least’ figure.

Also included in the calculation for social return on investment of this activity, the social accountants have included the initiative’s impact on preventing and reducing levels of anxiety and depression in both children and adults, quantified by acknowledging the cost of treatment for depression in adults and the cost of a CAMHS case.

Another important aspect of family resilience is ensuring children are ‘school ready’, so the social accountants have acknowledged the efforts they go to encourage the children of bereaved families to go to school, working toward their milestones and educational goals.

“Forty-eight percent of our patients are single parents and they often need assistance with children not attending school. It could be they are not going into school because of their carer responsibilities. Also we often find children may need support because of anxiety due to the wrench of going off to school leaving their sick parent behind. We have vast experience supporting families with these issues via a pro-active and supportive approach.”

**Jean Templeton, CEO
Hull Churches Home From Hospital**

The case study at the end of this section of the report is one of many excellent examples of the work of Hull Churches Families Together reviewed in preparation for writing this report. It has been chosen to feature in the report as it highlights real-life evidence of many of the aspects of social value the social accountants have attempted to measure in terms of social return on investment for this report.

Improving Confidence For Family Members

The kind of activities Hull Churches Families Together carry out with families pre and post bereavement are all geared to maintain and build on resilience. This has a knock-on effect on the confidence of the children and parents involved, longer term.

Some examples are:

- They provide an opportunity to talk about the realisation of the changing family dynamics due to the death of a parent.
- They share practical, proven, anger-management techniques with children and parents that they can use to help them keep control.

- They engage in many confidence building activities with children, highlighting the child’s achievements, gifts and skills.
- Acknowledging absence, they identify positive relationships and attachments, teach journaling and create keepsakes and memory boxes, celebration days etc.
- They provide parenting support re bedtime routines, give them an outlet for sharing fears, guiding them to the best ‘new normal’ for their circumstances.
- They provide distraction techniques for children, and opportunities ‘not to feel guilty’ – with the use of board games, ice-breakers, baking etc.
- Opportunities for children to express themselves freely, avoiding awkward eye contact moments, through messy play and arts and crafts, the use of modern symbols e.g. 3D emojis etc.

“Throughout these activities, we are alert to the emotional changes and adverse effects of loss in our young service users. Having created positive relationships we can gauge the health of the emotions on display. If we collate evidence of a child that is showing abnormal signs such as self-harm or clinical depression, we have our own funded counsellor we can refer to.”

Jean Templeton, CEO, Hull Churches Home From Hospital

Delivering Training For Professionals

Another key aspect of the work carried out by Hull Churches Families Together is the training, education and support of professionals from other services and organisations – such as teachers, head teachers, school wellbeing officers, support staff, Macmillan social workers, early help children centre workers, school nurses, health visitors and district nurses. Hull Churches Families Together are estimated to have spent 215 hours carrying out such activities in support of fellow professionals.

“Most referrals generate the need to spend time exploring and describing the service we offer, including the referral pathway, the time-limited nature and the other available services and interfaces of this service. This is usually part of the first referral planning meeting.”

Jean Templeton, CEO, Hull Churches Home From Hospital

“The staff at the Families Together Service have been working on a very valuable, bespoke support programme with our students at The Boulevard Academy. They have kept us up to date with progress where necessary, so we have been able to work alongside the service in a seamless way, ensuring the best possible support and outcomes for our young people. We as a school have very much appreciated their expertise in the field of bereavement and we feel the students working with the Families Together Service have extremely benefitted from their time and are truly grateful for the support provided.”

Lauren Scholes, Family Liaison Team, Boulevard Academy

“An excellent, bespoke service that works with children, school and families to meet the needs of the child.”

Mrs Claire Lundie, Assistant Head Teacher, Chiltern Primary School

The social accountants felt it was important to aim to capture some of this key social value within the social return on investment (SROI) ratio in this report, in the next chapter.

Social Prescribing

As is clear from the Hull Churches Families Together case study at the end of this section of the report, the Team working with families are vastly involved in signposting and social prescribing. In fact it is clear from the evidence provided that the workers go above and beyond the social prescribing remit, in terms of how they advocate and represent families in all kinds of scenarios.

The social accountants have used a financial proxy for valuing an hour of social prescribing support for a family from Hull Churches – of £185 per hour – which is the cost of a GP appointment. In reality families would never be afforded this amount of time from a GP. It simply would not be realistic. However, in the client's mind Hull Churches Families Together step in and offer support they could potentially have turned to their GP for. The social accountants appreciate the role of the Hull Churches is by no means equivalent to the role of the GP. However, in terms of social value to the families, they are getting an effective alternative that in their mind equates to the kind of support they expect from GPs when they go to them with their 'problems'. Though their issues are non-clinical, if not addressed such issues can fester and lead to physical ailments and in particular mental health issues. Of course the cost of a Hull Churches worker is significantly less than the cost of a GP, however, the social accountants believe the cost of GP time is viable to proxy in terms of value and are comfortable using it to measure the social value as an outcome comparison for families.

The social accountants have considered this carefully and discussed it with Joanne Bruce, CHCP's Senior Operations Manager for this area, and we are in agreement that this is a fair, reasonable and conservative assessment for this aspect of the social value generated for families by Hull Churches Families Together.

Complementing CHCP's Efforts

The Hull Churches Families Together Team is very much considered as an entity that enhances the CHCP Palliative Care Team. A total of 436 hours of Hull Churches team time was afforded to CHCP meetings in the last 12 months. E.g. Westbourne End of Life Macmillan meeting, CHCP steering group, as well as a number of one-off meetings to give input on behalf of bereaved families.

“The Hull Churches Families Together Team are seen by us very much as experts of a very important subject matter. They offer a first class service working with families, but also helping the wider community understand the needs of the family and children, for example teachers and other professionals – they guide and help them handle the most difficult of all family situations.”

**Joanne Bruce, Senior Operational Manager,
Integrated Community Services, Specialist Palliative Care, CHCP CIC**

Further Social Value Acknowledged

The Social Accountants believe there is probably more that could be measured and included in the Social Return On Investment (SROI) calculation in this report in terms of social value generated by the work of Hull Churches Families Together. However, with limited resources they have endeavoured to focus on the main areas. However they would like to acknowledge the following additional aspects of social value that could be significant.

For example – the advocacy work the organisation undertakes on behalf of families - such as representing them in court, speaking to officials about benefits and housing needs, speaking to schools and GPs etc.

The social accountants have also picked up on the team’s efforts to promote re-enablement so that patients are able to remain at home, this impacting on the need for hospital admissions and reducing the length of stay in hospital and promoting early discharge. There is social value here for the NHS in terms of cost, but more importantly for the sick parents and their families who want to be together at home with their loved ones.

Also the social value generated as a result of the new building Hull Churches has invested in with activity rooms for children recently. Additionally the continued training and upskilling of staff and volunteers that deliver the Hull Churches Families Together service potentially carries considerable social value too.

SROI Calculation For Hull Churches Families Together (Social Return On Investment)

£1 : £42.03

It is estimated that for every £1 CHCP spent on the Hull Churches Families Together initiative, £42.03 worth of social value is estimated to have been generated in the social accounting period (April 2019 to March 2020). There are 8 lines within this SROI Impact Map.

- **Line 1 – The social value generated as a result of the quality time afforded to families by the organisation.**
- **Line 2 – The social value in terms of preventing depression and helping parents and adults within bereaved families recover from depression.**
- **Line 3 – The social value in terms of preventing children’s mental health from deteriorating within bereaved families.**
- **Line 4 – The social value in working towards ensuring children of bereaved families are school-ready.**
- **Line 5 – The social value generated as a result of the training the organisation carries out for professionals supporting bereaved families – e.g. teachers, social workers and school nurses etc.**
- **Line 6 – The social value generated as a result of the social prescribing activity the organisation carries out helping bereaved families with housing, signposting to charities and other services etc.**
- **Line 7 – The social value in terms of improved confidence for the members of bereaved family members – both children and adults.**
- **Line 8 – The social value generated as a result of the Hull Churches bolstering the CHCP palliative care team with their expertise in family bereavement.**

Line 1 – The social value generated as a result of the quality time afforded to families by the not-for-profit organisation.

QUANTITY: 1929 hours – The Hull Churches Families Together service delivered 1929 hours of quality support time to bereaved families in the region during the social accounting period.

FINANCIAL PROXY: £60 – The social accountants feel the outcome of the support afforded to local families can be likened to the outcome of person-centred counselling which can cost up to £60 per hour on the open market. (Source: <https://www.focuswellbeingservices.co.uk/our-prices/>)

VALUE OF INPUTS: £59,000 – the financial contribution awarded to Hull Churches Families Together by CHCP CIC to go towards their day-to-day operations of supporting bereaved families in the area.

DEADWEIGHT: 18% – the estimated natural recovery rate of depression according to IAPT (Improving Access to Psychological Therapies).

ATTRIBUTION: 75% – Hull Churches Families Together had 1036 live cases during the social accounting period. There are many people - relatives, friends and professionals (e.g. teachers, social workers and clinicians) in the community working hard to support families in times of bereavement. It is difficult to quantify how much of the social value generated in the community supporting

bereaved families can be credited to the organisation. Therefore having discussed this with Joanne Bruce, CHCP's Senior Operational Manager, responsible for palliative care, and Jean Templeton, the CEO of Hull Churches Home From Hospital that delivers the Hull Churches Families Together Service – they feel comfortable with a very conservative estimate of 25% - in terms of the social value Hull Churches Families Together has potentially generated supporting these families. Therefore, the attribution percentage they have applied to this line of the calculation is 75% - in terms of the proportion of social value likely to have been provided to the bereaved families by others. The social accountants want to say, for the record, that they believe the organisation's contribution to the social value for the families is probably much higher than 25%.

Line 2 – The social value in terms of preventing depression and helping parents and adults within bereaved families recover from depression.

QUANTITY: 323 Adults – Amongst the 1036 active cases Hull Churches Families Together managed during the social accounting period, it supported 323 adults within bereaved families.

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

VALUE OF INPUTS: £59,000 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 18% – as explained in line 1 above.

ATTRIBUTION: 75% – as explained in line 1 above.

Line 3 – The social value in terms of preventing children's mental health from deteriorating within bereaved families.

QUANTITY: 418 – Amongst the 1036 active cases Hull Churches Families Together managed during the social accounting period, it supported 418 children within bereaved families.

FINANCIAL PROXY: £2518 – this is the cost of a CAMHS (Children & Adolescent Mental Health Service) case for a year (Source: <https://static1.squarespace.com/static/58d8d0ffe4fcb5ad94cde63e/t/58ecf71de58c62adea37fa27/1491924766551/BenchmarkingMentalHealthCard2017FINAL.pdf>).

VALUE OF INPUTS: £59,000 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 18% – as explained in line 1 above.

ATTRIBUTION: 75% – as explained in line 1 above.

Line 4 – The social value in working towards ensuring children of bereaved families are school-ready.

QUANTITY: 418 – Amongst the 1036 active cases Hull Churches Families Together managed during the social accounting period, it supported 418 children within bereaved families.

FINANCIAL PROXY: £1023 – the value to education services of a child that enters the education system as ‘school ready’. (Source – Fiscal savings associated with improved school readiness from the Department of Education (2013)).

VALUE OF INPUTS: £59,000 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 18% – as explained in line 1 above.

ATTRIBUTION: 75% – as explained in line 1 above.

Line 5 – The social value generated as a result of the training the not-for-profit organisation carries out for professionals supporting bereaved families – e.g. teachers, social workers and school nurses etc.

QUANTITY: 215 Hours – the number of hours training delivered in the social accounting period of training to professionals such as teachers, head teachers, school wellbeing officers, support staff, Macmillan social work team, early help children centre workers, school nurses, health visitors and district nurses etc.

FINANCIAL PROXY: £16 – the cost of bereavement training per hour (Source: <https://www.cruse.org.uk/training/in-house-bereavement-training>).

VALUE OF INPUTS: £59,000 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – Deadweight is the percentage of social value that would have likely happened anyway. The social accountants feel a 0% deadweight should be applied to this line, as the organisation has delivered very specific child bereavement training for professionals in the area, that is unlikely to have taken place if the organisation had not delivered it.

ATTRIBUTION: 75% – as explained in line 1 above.

Line 6 – The social value generated as a result of the social prescribing activity the organisation carries out helping bereaved families with housing, signposting to other charities and services etc.

QUANTITY: 1929 Hours – whilst the organisation is providing bereaved quality time with bereaved families, they carry out a high level of social prescribing, picking up on family issues and signposting them on to other services and charities. For example helping with housing issues, finances, school liaison, clubs and social activities, Macmillan, Dove House etc.

FINANCIAL PROXY: £185 – The social accountants are not likening the organisation’s staff to GPs, but they believe the value of the social prescribing and signposting to the family members can be likened to a GP appointment (as explained earlier in the report) – in terms of they share a problem or issue, and they are listened to, supported and signposted on to an appropriate service or charity. £185 is the value of an hour’s worth of GP time.

VALUE OF INPUTS: £59,000 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% –The social accountants feel a 0% deadweight should be applied to this line, as they are uniquely positioned to pick up the social prescribing needs of bereaved families.

ATTRIBUTION: 75% – as explained in line 1 above.

Line 7 – The social value in terms of improved confidence for the members of bereaved family members – both children and adults.

QUANTITY: 741 – the total number of adults and children supported during the social accounting period.

FINANCIAL PROXY: £13,080 – the value of improved confidence (Global Value Exchange).

VALUE OF INPUTS: £59,000 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 18% – as explained in line 1 above.

ATTRIBUTION: 75% – as explained in line 1 above.

Line 8 – The social value generated as a result of the Hull Churches Families Together service bolstering the CHCP palliative care team with their expertise in family bereavement.

QUANTITY: 2365 – the 1929 quality hours the organisation as afforded to bereaved families in the community during the social accounting period + the 436 hours spent in meetings.

FINANCIAL PROXY: £9.05 – the social accountants believe the value of this in terms of bolstering the CHCP palliative care team’s efforts is likely to be at least £9.05 per hour. This is based upon the NHS salary from the bottom of the banding salary scale - £17652. Having divided this by an annual full-time 1950 hours we arrive at an hourly rate of £9.05. Source: <https://www.careers.cuh.nhs.uk/wp-content/uploads/2019/11/AFC-Pay-Structure-for-2019-20-2020-21.pdf> For the record, the social accountants believe an hour of Hull Churches Families Together time is probably worth much more than £9.05, but are happy to use this figure as a highly conservative estimate in the spirit of under-claiming.

VALUE OF INPUTS: £59,000 – the value of inputs goes across all lines, as per explanation within line 1 narrative above.

DEADWEIGHT: 0% – the social accountants are comfortable applying a deadweight of 0% to this line of the calculation, because of the unique partnership arrangement that exists between the not-for-profit organisation and CHCP.

ATTRIBUTION: 75% – as explained in line 1 above.

Case Study

Jay's Story

A YOUNG FAMILY REFERRAL

A young family was referred to Hull Churches by a Wellbeing Officer at a local Primary School where three of the four children were in attendance. The father of the family, Jay - aged 32 - was a mechanic and ran his own small garage business. He had been diagnosed with Oesophageal cancer with metastasis in the lung and brain. His 30-year old wife, Nessi, helped at the garage and whilst she understands English well, she struggles to make herself understood due to poor spoken English language skills. The couple have four children a boy (aged 12), a girl (aged 10), a girl (aged 5) and a girl (aged 2).

A MISUNDERSTANDING

The referral followed from the school after arranging a small celebration party for this well-liked family when informed "no more treatment". The family had misunderstood this to mean "all clear of cancer."

A TRUSTING RELATIONSHIP

Jay, although experiencing severe discomfort and lack of energy continued to work for as long as he could. A hospital bed was delivered to his home and placed in the only available space, in the kitchen, as he could no longer manage the stairs. The Families Together team worked with the children visiting them in school, and additionally supporting the pre-school child in the home environment. Trusting relationships were built and several urgent calls were received by the team when Jay needed to attend A&E and the family had childcare issues.

JAY'S FINAL VISIT TO A&E

On Jay's final visit to A&E the whole family attended, and the Families Together team received a call for help to attend A&E to support the children. Their father had died whilst standing up, refusing to get onto the bed.

The Families Together worker took the children home and helped settle them.

Several urgent practical issues immediately ensued:

THEIR HOME WAS UNDER THREAT

There were imminent court proceedings re the family's rented property as the Landlord was aiming to evict the family due to rent arrears. Families Together attended court, updated the court with a written report. The outcome: all arrears were written off by the landlord, however he had a court order for the property to be vacated in 3 weeks from the date of the court hearing.

THE FUNERAL ARRANGEMENTS

Jay's wife, Nessi, needed immediate support due to poor English language skills, to register the death and arrange the funeral. She also had no immediate funds to pay for the funeral. The Families Together team supported her through the bureaucracy registering the death of her husband, informing the correct authorities. This was a time of high anxiety as all funds for the family's upkeep were managed from abroad, and the family were desperate to take Jay's body back to his family churchyard abroad to be buried, but the family had no available funds to enable this to happen.

Families Together spoke to the funeral director locally and negotiated an offer for a much-reduced funeral/cremation figure. The Hull Churches Home From Hospital emergency fund and donations from two other organisations covered the cost.

NAVIGATING THE SYSTEM

Mum of four, Nessi, needed to sign with the Department of Welfare Rights and Pensions for Housing benefit in her own name and provide all necessary paperwork and evidence. A Families Together volunteer spent 2 full days with the lady at the Benefits Centre. Payments were agreed but would be delayed for at least one month. There was no council house available. It looked increasingly likely that the bereaved family would become homeless, and the Homelessness Housing Officer advised that the children could be taken into care. Families Together comforted a very distraught, bereaved Mum stating she would not be parted from her children.

FINDING & SETTING UP A NEW HOME

Families Together researched all the vacant privately rented properties available across the city. Then Nessi decided to sell all the cars at her deceased husband's garage. With the money she raised, letters from the Benefit Office, and Hull Churches Home From Hospital, the family were able to move into a rented 3-bedroomed property with a small garden, in the catchment area of the children's school.

Further efforts were made by Families Together to assist in funding new bedding and small items for the new home. Volunteers assisted with the move.

A PROMISE

Families Together helped Nessi arrange with her husband's brother to care for the children for 3 nights, so that she could take half of her husband's ashes, which she divided in to two caskets, back to his homeland churchyard, to keep a promise to him. A very important feature in her longer term recovery from loss.

A HOLIDAY

The following Summer a grant paid for a week's holiday at a local seaside resort plus transportation and food costs. The family thoroughly enjoyed this holiday and returned re-energised, so much so that Nessi decided to re-open the family garage with two of her family members.

SUPPORTING THE CHILDREN'S INDIVIDUAL NEEDS

Each child in the family was at a different specific developmental stage with their own level of sensitivity, understanding and emotional susceptibility. All the children were distraught and distressed at the hospital when they witnessed the unexpected death of their father in the A&E department. The Families Together team took the children home from the hospital that night and continued to support them with their housing difficulties, focusing on the support and the love they had for each other, which was the key positive they had to work with in this very difficult period for the family.

The 12-year old son

With the increased pressure of his cultural responsibility of 'becoming of age' at the age of 13 looming, following the death of his father the 12-year son started bed wetting. Families Together

organised new bedding and mattress with no comment or attention made. They worked with him on understanding the personal power to make change and how responsibility is limited to personal behaviour. They worked with him to explore how a large loss has normal and expected consequences. They also liaised with his Welfare Safeguarding officer at school in relation to him displaying some defiant and unusual behavioural issues (which had only become evident since the loss of his father). Parental support was given to Mum, and a referral for the boy with the school nurse for additional support was made. The young man became more open about the loss of his father and is progressing well, and helping out at the family garage.

The 10-year old daughter

The daughter had difficulty with the transition to High school and her anxiety was fuelled by concerns about how she would get to school if they had to move outside of the catchment area. Immediately after the death of her father, the girl refused to be parted from her Mum to attend school. Much of the one-to-one work with her was anxiety lowering and distraction activities with positive re-enforcement around the loving relationship she had had with her Dad. Once the family settled into their new home, in the catchment area, things became easier and the girl felt able to return to school.

The 5-year old daughter

Once the little girl understood she could return to the school she loved, as it was in the catchment area of the new family home, she became more open to one-to-one work with Families Together. She would be enthusiastic one minute, and deeply saddened the next – and so Families Together continued to work with her on a routine basis, carrying out the range of activities the workers have at their disposal including distraction games. The little girl is now doing well, and she is able to talk about her memories of her Dad and how she enjoyed their time together. Contact with Families Together has now ended.

The 2-year old daughter

The 2-year old was given support by a qualified nursery nurse from Families Together, with age-appropriate play in the home environment. This enabled Mum, Nessi, to go to appointments and meetings both pre and post bereavement.