

SOCIAL ACCOUNTS

2014/15

City Health Care Partnership CIC
a co-owned business



Providing Quality Care

SOCIAL ACCOUNTS 2014/15

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INTRODUCTION FROM THE CHIEF EXECUTIVE



Andrew L Burnell

Andrew Burnell, Chief Executive



I am pleased and proud to be writing this introduction to the fifth set of Social Accounts for City Health Care Partnership CIC.

The overarching theme this year was “the extra mile”, with the aim of measuring some of those areas where we feel we are delivering exceptional added value in terms of our social investment strategy. These accounts bear witness to this and it is great to see the wider social, environment and economic impacts created by a handful of activities – this is very much the tip of the iceberg!

Our innovative, flexible and inclusive approach shines throughout. There are some great examples on our corporate and service led areas that show huge benefits to and impacts across our staff and service users alike, from our Employability Strategy to our End of Life Academy.

Our co-owned model is proving the value of a truly engaged and committed workforce who feel they have a stake in their business, **with a fantastic SROI of £1 : £88.38 from our Shareholder scheme.**

The growth and development of our charity, City Health Care Partnership Foundation is also good to see as it continues to support and benefit local small voluntary and community groups through the small grants programme but is also looking to generate new projects through its Culture Health+ grants.

A big thank you to everyone who has contributed to these accounts: our staff, stakeholders, the Social Audit Panel and our Social Accountants – we could not do it without all your support.



As a community health care provider, social purpose is an intrinsic element of City Health Care Partnership Community Interest Company's (CHCP CIC) core business. The organisation takes this further, striving to deliver maximum additional benefit to the community it serves. Its social accounting process is used to measure and report upon the additional benefits over and above what the organisation is contracted to deliver through its community health care services.

Globally there is growing recognition that we need better ways to account for the social, economic and environmental value that results from our activities. Understanding and managing this broader value is becoming increasingly important for public and private sectors alike. Social accounting is used to broaden reporting and analysis so that we can look beyond financial success.

This document is a summary of the larger report presented to the organisation at the end of March 2015.

THE ORGANISATION

CHCP CIC is an independent, for better profit and co-owned business responsible for providing community health care services to the people of Hull, the East Riding, North and North East Lincolnshire and Knowsley, Merseyside. It was formed on 1st June 2010 as a community interest company separate to the commissioning organisation NHS Hull.

The company has four operational business units:

1. Children & Young People's Services
2. Primary Care and Psychological Wellbeing
3. Specialist Community
4. Adult Services

As a socially responsible business, CHCP CIC re-invests any surpluses back into the community, its staff and the development of its services contributing to its 'triple bottom line' (i.e. benefiting local economic, social and environmental factors).

THE PURPOSE OF SOCIAL ACCOUNTING FOR CHCP CIC

The social accounting process measures success against CHCP CIC's Social Investment Strategy and Action Plan.

Corporate Social Responsibility (CSR) activities are traditionally categorised in the four themes opposite. CHCP CIC aligns its strategic business planning and corporate objectives with the four themes of CSR, and they provide the structure for measuring the organisation's social impact through the social accounting process.

1

Community - how a business actively engages with the local community and social causes, in order to build goodwill, trust and benefit for society.

2

Environment - embedding environmental sustainability across different aspects of business practice.

3

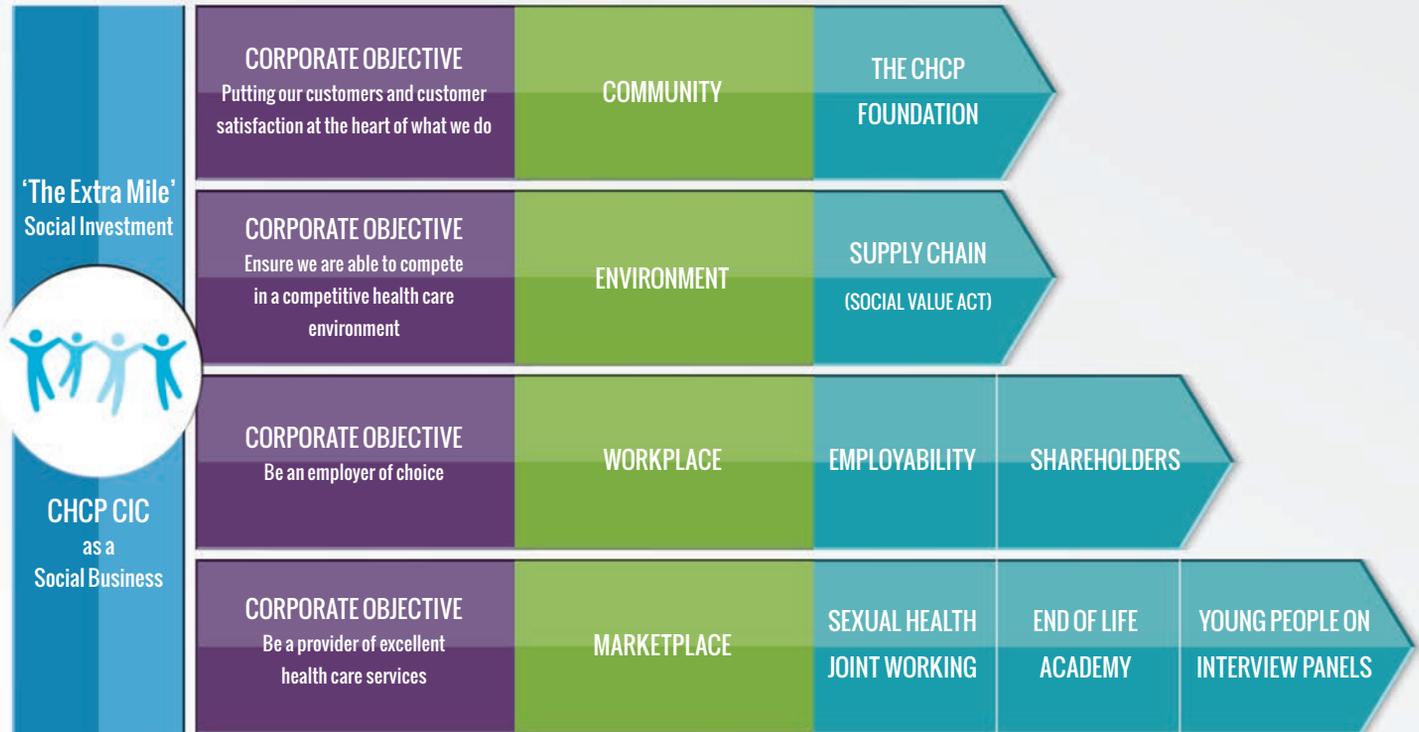
Workplace - activities that an employer undertakes to be a socially responsible employer, going above and beyond statutory requirements to further promote the health, wellbeing and personal development of staff and their families.

4

Marketplace - how a business behaves in the marketplace. This includes buying goods that have been ethically and sustainably produced, doing business in an ethical way, and making efforts to push these values through the supply chain and wider network.

THE SCOPE

To demonstrate the social investment strategy in action, the Social Accountants looked at the following areas for the 2014/2015 Social Accounts:



SOCIAL RETURN ON INVESTMENT (SROI)

What is SROI?

SROI is a framework developed by the SROI Network for measuring and accounting for social value. It tells the story of change by measuring social, environmental and economic outcomes and uses monetary values to represent them enabling a ratio of benefits to costs to be calculated. But SROI is about 'value' rather than 'financials' where money is simply an easy-to-understand unit of value.

The Cabinet Office has backed the SROI Network since 2008 as they want to see the practice of measuring social impact become a routine part of doing business for organisations delivering social goods and services, just as measuring profit and loss is core to the activities of any mainstream business.





INVOLVE STAKEHOLDERS

Understand the way in which the organisation creates change through a dialogue with stakeholders.

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.

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.

ONLY INCLUDE WHAT IS MATERIAL

Articulate clearly how activities create change and evaluate this through the evidence gathered.

DO NOT OVER-CLAIM

Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.

BE TRANSPARENT

Demonstrate the basis on which the findings may be considered accurate and honest and show that they will be reported to and discussed with stakeholders.

VERIFY THE RESULT

Ensure appropriate independent verification of the account.

The Process

The social accountants have rigorously employed a range of engagement practices including face-to-face meetings, telephone conversations, email contact, questionnaires, polling and research techniques with stakeholders to return an accurate report.

The full Social Accounts document is audited by the Community Partnership Forum, which meets three times a year and acts in a stewardship role in relation to the organisation's social investment strategy and annual social accounts.

THE CHCP FOUNDATION

Reason for Being

Social Value

The SROI Calculation

Case Studies



REASON FOR BEING

City Health Care Partnership Foundation (CHCP Foundation) was registered with the Charities Commission in April 2013 and was formed to manage the organisation's charitable and grant-giving activities.

“The Foundation was set up to support CHCP CIC’s social objective as a social business. It gives clear blue water between the parent organisation and the beneficiaries of grants. We now have opportunities to do more things such as fundraising through our staff lottery, which also enables us to support a local highly valued charity, with 50% of the revenue coming back into the Foundation.”

Denise Anderton - Social Business and Public Relations Director, City Health Care Partnership CIC and Chair of Trustees, CHCP Foundation

The objectives of the CHCP Foundation are:

To promote and support health and wellbeing within the communities in which CHCP CIC delivers its services within the United Kingdom by such charitable means as the directors see fit

To promote and protect both the physical and mental health of the patient community within the United Kingdom through the provision of financial assistance, support, education and practical advice

To advance the education of the general public in all areas relating to health and wellbeing

To further such other charitable purposes and such charitable or other organisations that further charitable purposes as the directors of the charity shall from time to time decide

The charity has a trusteeship made up from employees from within the organisation.

SOCIAL VALUE

The Foundation partakes in and promotes many fundraising activities which would have been prohibited before its charitable status was established. For example, scrap metal from recycled furniture is donated to the charity. Staff members have raised money through organised health and fitness events such as the Jane Tomlinson 10k run. The organisation's outside catering suppliers donate 10% of their profits (of sales through CHCP CIC) to the Foundation. The staff of CHCP CIC can participate in a joint lottery with Dove House Hospice where 50% of profits are returned to the charity for distribution among the grant beneficiaries.

A new scheme, Culture Health+, gives grants in support of activities to support and celebrate Hull's status as 2017 City of Culture, to kick-start cultural, arts based and creative activities that can also show a positive impact on the health of the local population. A total pot of £20,000 is available each year for three years.

Small Grants

The Small Grants programme provides grants or donations of up to £1,000 to voluntary and community groups who can benefit the health and wellbeing of local people to carry out activities, projects or one-off events that require an element of sponsorship. CHCP CIC operates strict guidelines on the types of organisations and projects that are likely to be supported by the programme so that any donations or grants meet CHCP CIC's Corporate Social Responsibility strategy.



There are four rounds of grants and donations each year and £20,000 is available in total. Groups can only receive one award in any 24-month period.

Staff Sponsorship

CHCP CIC's Staff Sponsorship Scheme allows employees to apply for a donation of between £250 and £1,500 funding for charitable activities they are involved in that benefit local communities.

There are four rounds of donations per financial year totalling £10,000.



THE SROI CALCULATION



£1 : £36.38

There are three lines in this SROI calculation:

- The social value generated for Small Grant end recipients
- The social value generated for Staff Sponsorship end recipients
- The social value generated for employees supported by the Staff Sponsorship scheme



CASE STUDIES

Kirkby Festival's story

The 2014 Kirkby Festival on 5 July was a great success, bringing 4000 residents and 500 participants and volunteers together. 12 schools took part, as did local agencies, community groups and community volunteer organisations.

A grant of £1,000 from City Health Care Partnership Foundation helped the Festival to go ahead, paying for the hire of a marquee and the services of arts and crafts workers and face painters. The people who came to the festival enjoyed sports activities, learned some circus skills, got creative with arts and crafts, had their faces painted and enjoyed watching singing and dancing. CHCP CIC provides Stop Smoking services in the Kirkby area.

John Fleming was one of the festival's organisers and was delighted with its success. "It's by far the town's biggest event," he said, "and we didn't only provide entertainment, we gave people information about the services and activities that are available to them throughout the year.

"The festival is a true community day for families to come together to enjoy free entertainment and activities. Kirkby is a town of high unemployment but has a strong community spirit and we are proud that our festival helps maintain and hopefully strengthens that spirit. We sincerely thank CHCP CIC for their generous support to this year's event."



Shoulder to Shoulder's story

A new drama group for the over 55s, Shoulder to Shoulder, got off to a flying start this year thanks in part to a grant from City Health Care Partnership Foundation that paid for the group's insurance

The group is aimed at people who have little or no experience of the theatre but want to get involved in acting and social activities. It was set up by Dave and Polly Pattison of Wotlarx Enterprises, who expected to get around 12 people coming along; they were astonished when over 30 turned up for the first session at Newland Community Church.

"It's fantastic that people are so keen," said David. "We never expected such enthusiasm. In December we staged a celebration involving all group members in an informal show. In 2015 we plan to produce more shows and we're hoping that the group can play a full part in the City of Culture celebrations in 2017. There's not much out there for the over 55s and you can't join amateur dramatics as a beginner; we really hope that this will be a way to help people find their inner thespian and enjoy the limelight."

Many of the group haven't been on stage before, but they're thoroughly enjoying being part of Shoulder to Shoulder. "It's a lot of fun," said Anne. "We look forward to coming each week and it's very well-structured; I can't believe how much we've progressed since we started. And it's a great way to meet new people."



SUPPLY CHAIN

Reason for Being

Social Value

The SROI Calculation

Case Study



REASON FOR BEING

On a number of levels CHCP CIC is creating social value through its supply chain, boosting the local economy by placing orders with local businesses for the services and products the organisation needs to deliver community health care.

Also, since the Public Services (Social Value) Act was granted Royal Assent in March 2012, the organisation has welcomed and embraced it. This relatively new Act brings the requirement for public bodies to consider how the services they commission might improve the economic, social and environmental well-being for their local community.

“The main criterion for measuring the appropriateness of our contracts and tenders is based upon value for money and quality. Until this social accounting period, social value hasn’t featured in our questioning at all.

“It is early days with the Social Value Act and although we believe in it and wish to embrace it fully, it will take time. Initially we added social value questions to our tendering documentation, but didn’t score the answers. We have now started scoring them so social value is starting to have a bearing on which bids are successful or not.”

Paul Robinson - Procurement & Contracts Lead
City Health Care Partnership CIC

SOCIAL VALUE

As a social enterprise CHCP CIC does not have to follow EU Procurement Rules but the organisation chooses to because they represent best practice.

In 2013/2014 CHCP CIC spent approximately £6 million locally.

The local supply chain provides much of the low-to-medium value provision required by CHCP CIC to run the organisation and some of the higher-level provision too, although it cannot provide absolutely everything services and departments need.

LOCALITY



E-PROCUREMENT



ASSISTANCE AND GUIDANCE



SUPPLY CHAIN

Products and services that meet the required standards, especially unique and specialist items, are not always available and accessible locally. However, when they are available, CHCP CIC encourages local suppliers to get involved and has actively encouraged local organisations to participate in procurement exercises, offering assistance and guidance to enable them to compete for CHCP CIC contracts.

CHCP CIC has developed new tendering documentation that reflects the Social Value Act requirements and a new e-procurement portal that is used to manage all tendering activity. In addition to this they announced their commitment to the Living Wage in February 2013 and now expect all their suppliers to pay the Living Wage.

THE SROI CALCULATION



£1 : £10.20

There are two lines in this SROI calculation:

- Line 1 - measures the social value to the local economy of the contracted business
CHCP CIC has pumped into the local economy
- Line 2 - measures the social value to the local economy of the tendered business
CHCP CIC has pumped into the local economy

CASE STUDY

The Story of LET'S TALK

In late 2013 CHCP CIC were informed the commissioners were to go out to tender for Depression and Anxiety Services for Hull. The commissioners wanted a “Lead Provider” model which meant that the successful bidder would manage a portfolio of sub-contractors who would deliver services to patients in Hull.

In February 2014 CHCP CIC invited all existing local depression and anxiety service providers to engagement meetings for them to learn more about CHCP CIC, its mission, values and on-going commitment to using local providers if CHCP CIC became the successful bidder.

CHCP CIC presented outline plans for the service to prospective providers, explaining what would be expected in terms of their roles within that service and how CHCP CIC would use an accreditation process to enable the providers to gain “approved provider status”.

The engagement meetings were very successful and all organisations attending expressed a commitment to work with CHCP CIC in the future delivery of the depression and anxiety service. In April 2014 the organisation was informed that it had been successful with the tender and became the Lead Provider of “Let’s Talk” depression and anxiety service for Hull.



A detailed Provider Accreditation Process has led to nine local providers and one out of area provider being appointed. As part of this process, in light of the Social Value Act 2012, for the first time the procurement process included questions about social value.

CHCP CIC asked the providers to describe the social impact of the services they deliver. One successful bidder responded:

“We believe that our social contribution is based on allowing greater choice and inclusion, as well as opening up access to services for hard to reach groups. We have demonstrated that the therapy relationship is enhanced rather than hindered by the lack of body language or eye contact in instant-messaging based therapy. Text communication supports the therapeutic process – it forces order and logic into communication, creates thinking space and documents a narrative that can be reviewed and reflected upon during or after therapy sessions.”

EMPLOYABILITY

Reason for Being

Social Value

The SROI Calculation

Case Study



REASON FOR BEING

Employability is a set of skills, understandings and personal attributes that enable people to be more likely to gain or maintain employment.

Whether it gives staff the skills and flexibility to adapt to a new role or responsibility, or supports their ongoing career development, an emphasis on the importance of employability creates a 'can do' culture throughout the organisation.

"Our commitment to Employability is a part of our commitment to our local community. It's about creating excellent work opportunities for staff so we retain them in employment they enjoy, they are engaged in and in a place where they love to work.

"It allows us to recruit the best people for the right job and to offer work placements and apprenticeships that give young people the opportunity to explore working in the health sector."

Jane Wilson - Learning Resource and Organisational Development Lead
City Health Care Partnership CIC

SOCIAL VALUE

For CHCP CIC, Employability is a broad-ranging sphere of activities that includes the professional and personal development of the workforce, but also delves deeper into how CHCP CIC works with and supports the local community.

It is not reliant on a single individual or team in but is an amalgam of its talent management in clinical and corporate services. It brings together the leadership and direction of senior management with the skills of professional staff to benefit service provision, enhance health care and provide opportunities for people in the areas where we provide services.

“We really consider the career paths of all of our employees. Whether they have been apprentices, school-leavers, clinical professionals, administration staff or nurses we believe we are developing the leaders of the future while CHCP CIC employs them.”

Denise Anderton - Social Business and Public Relations Director
City Health Care Partnership CIC



CHCP CIC delivers a strong series of routes and resources that can help develop an individual, from simple interventions such as staff inductions, mentorship, careers advice or attending in-house training through to more formal academic education up to Master's degree courses.

An internal Management & Leadership Academy has been designed to enable participants to apply, understand and examine the processes used within the organisation. This programme can be accessed as a stand-alone session or as part of the whole programme depending on requirement. These workshops can be beneficial where cross-departmental understanding is lacking, and cover subjects such as Human Resources and Business Planning; evidence suggests these add significant value back to both the organisation and the individual.

Where structured or more formal up-skilling programmes are requested or necessary, the organisation can access finance from the Support Staff Learning & Development Fund to fund a range of learning programmes such as National Vocation Qualifications (NVQ), Level III Apprenticeships and Institute of Leadership & Management (ILM) qualifications.

A partnership with The University of Hull's Business School provides a Leadership & Development Programme awarding Qualification and Credit Framework (QCF) Level 7 qualifications, which recognises highly developed and complex levels of knowledge; this enables the development of in-depth and original responses to complicated and unpredictable problems and situations. Learning at this level involves the demonstration of high level specialist professional knowledge and is appropriate for senior professionals and managers.

For support staff who want to pursue a career in nursing through the three-year University programme CHCP CIC, with the support of Health Education Yorkshire and Humber funded places, enables them to be seconded onto the programme whilst retaining the security of employment in the organisation.

In addition to creating opportunities for existing staff CHCP CIC provides work experience placements for young people in medical settings such as doctors' and dentists' surgeries. Such placements are often very difficult to secure and are invaluable for an aspiring medical practitioner. Most universities and many colleges recruit through Universities & Colleges Admissions Service (UCAS) where documented work experience within in a medical setting can help gain acceptance at a university for students wishing to undertake a medical degree.

CHCP CIC offers Community Work Placements, a Department of Work and Pensions directive working with Job Centre referrals. This work programme aims to return long-term unemployed people to work.

CHCP CIC has signed up to the Humber Local Enterprise Partnership's skills pledge, a framework of six pledges where businesses and organisations promise to up-skill and train the workforce, giving the local economy the best chance to grow by having a better-trained and appropriately skilled workforce.



“We have an ethos as a social business to be an employer that adds to our workforce's employability. Opportunities within their differing roles and professions to access training, learning, personal development, employee benefits and maintain their health and wellbeing are all key considerations in people's jobs. We see it as our responsibility to look after our people even if that means they get a job elsewhere.”

Andrew Burnell - CEO
City Health Care Partnership CIC

THE SROI CALCULATION



£1 : £13.78

There are three lines in this SROI calculation:

- TA value exercise survey of people who have benefitted from a work experience placement
- Perceived benefit to the organisation's productivity based on research done by City & Guilds
- The benefit to society through decreasing use of the benefits system



CASE STUDY

Jessica's story



For the past two years I had been caught in the paradox that so many people fall into when trying to enter the world of work; I was unable to gain the essential experience required to get a job as many employers state that experience is essential. To break this futile cycle I enrolled on a part-time NVQ course in Business and Administration at Hull College which included one day a week on a work placement.

Following an interview I was offered a placement in the Learning Resources Team at CHCP CIC. By lunchtime on my first day with the team I realised what a fantastic opportunity I had been given! I had little if any experience of working in an office environment, having never sent a business email, used Excel or even a photocopier. I am now able to carry out day-to-day admin tasks, produce letters, input data into Excel, and use the bespoke computer system ESR confidently.

I was made to feel like part of the team and although it has been difficult at times due to their heavy workload everyone in the team has given up their time to help me learn the skills required for the post, offer me guidance when applying for jobs and support when preparing for interviews. I have also taken advantage of training including Safe Working, Information Governance and Customer Service.

The experience and confidence I have gained working with CHCP CIC has enabled me to apply for multiple administration posts and following a string of interviews I was in the unbelievable position of having two job offers on the table! Thanks to all of the incredible help and support from my colleagues at the Business Support Centre I am looking forward to starting my career with CHCP CIC in the Stop Smoking Team.

SHAREHOLDERS

Reason for Being

Social Value

The SROI Calculation

Case Study



REASON FOR BEING

CHCP CIC, previously NHS Hull Provider Services, officially formed on 1 June 2010 as an independent health services provider separate to the commissioning organisation NHS Hull. As well as being a community interest company, CHCP CIC is a co-owned or “mutual” business. This means it is owned by its employees and has a business structure primarily concerned with social objectives with its surpluses reinvested into the business, staff and the communities in which services are delivered.

According to the Office of National Statistics productivity in the public sector flat-lined between 1997 and 2010. Yet in the private sector, over the same period, statistics showed the opposite, rising by 30%.

There was a growing urgency for the Government to tackle this and as part of their long-term plan to ‘do more with less’ and to revolutionise the way public services are delivered, it began supporting more public services to form mutuals through its ‘right to provide’ scheme. In 2012, the Government launched a Support Programme to help mutuals grow and in turn cut waste and save taxpayers’ money. Since then approximately 100 mutuals have spun out from the public sector, up from just nine in 2010, and CHCP CIC is recognised as a ‘mutual’ success story.

“Our latest data shows that after an organisation spins out as a mutual absenteeism falls by 20%; staff turnover falls by 16%. Take City Health Care Partnership in Hull as an example. 91% of staff said they now feel trusted to do their jobs - and this level of empowerment has had a knock-on effect in the quality of care they give.”

Francis Maude - Minister for the Cabinet Office

(An excerpt from his speech on Government efficiency, transparency & accountability, Oakeshott Memorial, 25 March 2014)

All CHCP CIC permanent members of staff are given the opportunity to purchase a £1 share in the business upon joining the organisation. This makes it a wholly employee owned mutual, which aims to give staff a sense of ownership, accountability and the right to have a say about the running of the organisation along with future plans and opportunities.

The Shareholder Scheme operates under the banner 'It's everybody's business' to highlight the importance of CHCP CIC's mutual status to staff and encourage them to become shareholders. The objective was to engender a feeling of engagement and involvement amongst staff in the success of the organisation and to allow them to be part of the bigger picture. 75% (900) of CHCP CIC's 1200 permanent employees have become shareholders.

In addition the 2014 staff satisfaction survey showed an annual improvement of 3% on the level of satisfaction with involvement in decision-making on departmental and organisational changes; 87% of staff were aware of CHCP CIC's mission, vision and values. CHCP CIC also reported an employee turnover rate of 9.5% a year, well below the UK average of 15.6%.

CHCP CIC ranked 46 in The Times Best 100 not-for-profit companies in 2014 and was listed by The Employee Ownership Association (June 2014) as 13th amongst the UK's largest 50 employee-owned companies.

SOCIAL VALUE

Engaged, Empowered and Involved

Through its shareholder scheme CHCP CIC is creating social value on a number of levels. One of the main benefits of the scheme is 'empowerment' of staff and the social value this leads to.

"Our colleagues in the front line services know better than anyone how to drive greater efficiencies, improve services and improve morale. This was the main driver for us becoming a co-owned business. Through empowerment these are the factors that will enable CHCP CIC to continue to thrive and improve."

Andrew Burnell - CEO
City Health Care Partnership CIC



The Shareholder Scheme provides an effective vehicle for encouraging staff to put forward innovative and radical ideas for service improvement, that perhaps would not have been forthcoming if the organisation had remained part of the NHS.

THE SROI CALCULATION



There is one line in this SROI calculation:

- It measures the social value generated by the shareholder scheme to employees of CHCP CIC

CASE STUDY

Sarah's Story

Shareholder Idea - A Significant Reduction In Drugs Waste

CHCP CIC's sexual and reproductive healthcare service is the organisation's biggest user of drugs, with an annual drug budget of over £450K (excluding HIV drugs). As part of the service's commitment to ensure staff are involved in service change, a number of work streams have been developed in order to take forward staff ideas. One member of the team identified a number of initiatives that could be implemented to reduce the amount of money spent on drugs and associated processes and drug waste, including:

1. Development of a robust drug formulary to ensure that only essential medications are stocked within clinics, with a reduced number of items held as stock to reduce waste associated with expired drugs
2. More robust stock-taking and stock rotation processes have been implemented across all clinics including outreach clinics
3. Increased emphasis on the use of generic medicines, usually cheaper than branded items, with no less efficacy



4. More robust processes for requesting drugs to be added to the drugs formulary – to prevent inappropriate prescribing and to ensure compliance with provision of services as per contracts. All requests are considered at the service's governance meeting prior to agreement to submit to the company's drugs and therapeutics committee

5. Procurement of drugs and the introduction of pharmacy support to oversee ordering and stock rotation within the Conifer House hub. Previously this had been done via a more expensive senior nurse, thus freeing up their time to spend with clients.

“There is scope in the future for us to have the pharmacy technician visit other clinic locations on a monthly basis to check and ensure stock levels and rotation are being maintained. Now that we have set levels in all our clinics the task of ordering has been delegated to support staff instead of qualified staff. We now order all of our pharmacy stock electronically and this reduces ordering errors and saves time.

“We are looking at using the wasp system (the system used for consumable stock) so that electronically we can monitor stock levels from a central location - by doing this we can then rotate stock around clinics prior to placing an order, ensuring that no one clinic is over-stocked with a specific drug, which will reduce costs.

“We reduced our pharmacy order overall by £10,500 this month (December 2014) and although we don't expect the saving to be as high in the coming months we expect there to continue to be a significant saving month by month.”

Sarah Wilson - Senior Clinical Services Manager
City Health Care Partnership CIC



SEXUAL HEALTH JOINT WORKING

Reason for Being

Social Value

The SROI Calculation

Case Study



REASON FOR BEING

The joint working of sexual health services has been in place since 2010. During this time the previously disconnected services have provided a beneficial wrap-around service across culturally, socially and demographically hard-to-reach people within the locality.

The Clinical Nurse Specialists (CNS) for Young People's Sexual & Reproductive Health are responsible for the development and delivery of a fully-integrated contraception and sexual health service for vulnerable and hard to reach clients aged 13-19 years, in flexible settings where a client may feel more comfortable. These are clients who may not access mainstream sexual health clinics due to their age, background, level of confidence and education, substance misuse and fear of/unfamiliarity with generally accessing health services.

The CNS role involves engagement, assessment, co-ordination and delivery of evidence-based clinical interventions (including prescribing and delivery of treatments and clinical procedures) to vulnerable young people in outreach settings. This relies on a robust partnership with the Support Services Health Team which provides health support and interventions to children and young people as part of the Healthy Child Programme and a comprehensive Health Needs Assessment (HNA) including sexual and reproductive health needs for children and young people who are not in mainstream education and/or are looked after.

“The partnership between the two services is crucial in the identification and engagement of vulnerable young people with sexual and reproductive health needs.”

Tracy Gamble - Clinical Nurse Specialist for Young People's Sexual & Reproductive Health
City Health Care Partnership CIC

This joint working is responsible for a significant reduction in unplanned teenage pregnancies and in the cases of untreated chlamydia in Hull over the last four years. It extends to partnerships with other social care and third-sector health organisations which form an effective solution to the otherwise escalating sexual health needs of this diverse and unpredictable client group.

“The purpose of the sexual health and Children and Young People’s service joint working initiative is to optimise the sexual and public health of young people living in Hull. We are committed to reducing unplanned and teenage conceptions, reducing the incidence of sexually transmitted infections and onward transmission with associated health complications.

“The benefits of achieving our purpose include optimising sexual health, promoting positive physical and psychological health and improving the young person’s life choices and changes, for example, by delaying conception and motherhood to enable the young person to achieve their academic and work potential. We are also committed to the prevention of harm and sexual exploitation.”

Carol Waudby - Operational Services Director, Specialist Community Services
City Health Care Partnership CIC

During the assessment of this activity, the Social Accountants heard many anecdotal instances of significant good being done in this field. For example, where a School Nurse Practitioner effectively recommended an emergency contraceptive pill after the young woman had been signposted by another service, or the effective treatment of a case of chlamydia from a member of a particularly hard-to-reach group.

Set against the national picture this area appears to be faring very well in terms of unplanned teenage pregnancies and chlamydia infection rates and other areas such as HIV and syphilis infections are being effectively supported and, where possible, prevented. It is not feasible within this study to measure and quantify the social value of all of the interventions that CHCP CIC delivers in this field of work. It is also not feasible for CHCP CIC to claim ownership of this social benefit being entirely of their own making, but by the nature of “joining up” services the joint working delivers significant social value.

SOCIAL VALUE

Through the joint working described above CHCP CIC is creating social value on a number of levels. One of the main benefits of this activity is the ability of the services to be flexible around an ever-changing sexual health landscape.



THE SROI CALCULATION



£1 : £33.17

There are eight lines within the SROI calculation:

- The reduction in medical costs (live births) as a result of reduced unintended teenage pregnancies in Hull
- The reduction in medical costs (miscarriages) as a result of reduced unintended teenage pregnancies in Hull
- The reduction in medical costs (terminations) as a result of reduced unintended teenage pregnancies in Hull
- The reduction in social welfare costs as a result of reduced unintended teenage pregnancies in Hull
- The reduction in Personal Social Services (PSS) costs as a result of reduced unintended teenage pregnancies in Hull
- The reduction in the costs of treating Pelvic Inflammatory Disease (PID) in the community as a result of early diagnosis of chlamydia in Hull
- The reduction in the costs of treating PID requiring a hospital stay as a result of early diagnosis of chlamydia in Hull
- The reduction in the costs of infertility treatment as a result of early diagnosis of chlamydia in Hull



CASE STUDY

A Service User's Story

The Support Services Health Team support young people who are not in mainstream education and Looked After Children including those in Pupil Referral Units (PRUs).

On this occasion a referral was made to the team at the request of a young woman aged 15. The team made contact with her and took a full health history. She requested a form of contraception as she was in a relationship and having sex. All methods of contraception were discussed and then our Specialist Adolescent Sexual Health Service was suggested to allow the young person to get the contraceptive she wanted in a familiar environment.

The client found engaging with professionals difficult so we arranged a joint visit from the Support Services Health Practitioner and the Adolescent Sexual Health Nurse. This resulted in the fitting of an Implanon, a Long Acting Reversible Contraceptive (LARC). It is a method of contraception that we promote to young people as once it's fitted they can forget about it and continue with their busy lives. The adolescent nurse does a routine follow up to ensure all is going well with the method of contraception.

Six months passed and the young female made direct contact, via text, with the support services health practitioner asking for a chat. She was worried that she was gaining weight, which her friends said was due to the Implanon and she wanted it removing. She said she was eating more so the practitioner talked to her about her current social situation, emotional health and relationships. She was currently living with her father following an argument with her mother and said she was eating fast food and snacks of crisps and chocolate as this was the only food in the house.

It was agreed that the Support Services Health Practitioner would have further contacts with the client and four took place over a two-month period with texts in between. The PRU noticed that she was making healthier choices at lunch and she appeared happier. A final contact was arranged where the client said she didn't feel that the Implanon was a problem and recognised that her food choices needed to change if she wanted to maintain a healthy balanced diet.

The client had both the Support Service Health Practitioner and the Adolescent Sexual Health Nurses' mobile numbers if she needed further support and advice. This is not the only complaint we see from Implanon being fitted and like the scenario above we offer short-term support or referral back to the adolescent nurses to resolve and reassure the young person. All of these short-term investments ensure that the Implanon remains a method of contraception for its three-year shelf life rather than it being fitted and removed in six months' time.

Heidi Fewings, Support Services Health Team Leader.

END OF LIFE ACADEMY

Reason for Being

Social Value

The SROI Calculation

Case Studies



REASON FOR BEING

The End of Life Academy was set up in 2012 by the Macmillan Specialist Palliative Care Team as a result of recognising a skills gap amongst community nurses in Hull with regard to End of Life Care.

The team in Hull led an End of Life Skills Audit of community nursing staff early in 2013, which identified deficits in knowledge and confidence amongst band 5 community nurses in particular. This led to the development of the End of Life Care Academy which now provides training that aims to enhance the skills, competence and confidence of the organisation's community nursing when caring for patients approaching the end of their lives.

The End of Life Academy is open to all community nurses in Hull and so far it has also been accessed by the following:

- Parish nurses
- Clinical nurse specialists from Hull hospitals
- Practice nurses
- Specialist Macmillan physiotherapists
- Prison nurses
- Emergency care practitioners
- Occupational therapists

By the end of this social accounting period (March 2015) approximately 35% of the 229 Band 5 Community nurses in Hull will have attended the academy.

“We found some nurses felt that they were being thrown in at the deep end, especially when covering for holidays and sickness. Whilst some felt really confident and able to deal with end of life situations others really struggled and some even admitted they wanted to avoid such scenarios.

“With the ageing population the numbers of end of life patients we are caring for is increasing and of course many have complex needs. People are living longer and when treating complex conditions there are often more side effects that need to be treated too.”

“The idea for the academy came from attending the CHCP CIC management training academy, ‘The Hub’ which was put in place to build leadership and management skills within the business. I took part and it was extremely well put together and successful and I thought we need something like this for End of Life Care.”

Angela Orr - Senior Operations Manager, End of Life Care
City Health Care Partnership CIC

“Hull has a population of 265,000 and is the tenth most deprived local authority area within the United Kingdom. There are higher than average levels of smoking, drinking and obesity, as well as higher incidence of cancers, cardio-vascular disease, diabetes, chronic obstructive pulmonary disease and dementia in the area. In 2008, deaths at home in Hull were the second lowest in the UK at 17.8%. In 2013 the number of people dying at home in Hull increased to 46%”.

Bev Clark - Macmillan Practice Development Nurse in Palliative Care
City Health Care Partnership CIC

SOCIAL VALUE

Every year, around half a million people die in England, two thirds of them are people over 75 and most of these deaths come after a period of long term illness such as heart disease, cancer or dementia. Although everybody has their own idea of what a ‘good death’ is, for most people it would involve being without pain, in a familiar place with close family or friends and being treated with respect. According to the most recent statistics approximately 75% of people say they would prefer to die at home.

In 2008 the Government launched its End of Life Care Strategy, aiming to improve care for people approaching the end of their life. The pathway aims to identify these patients and involve them in plans around their death with regard to preferences for care (and death). It also involves planning, co-ordinating and providing high quality care and support in their last days.

During this social accounting period 79 community nurses will complete the End of Life Academy. The Social Accountants asked a sample of these nurses to provide an estimate of how many end of life patients they are likely to care for during a 12-month period. The social value being generated by the End of Life Academy activities is far-reaching. Not only for the patients receiving care at the end of their lives, but also for the nurses giving care as they are now much more confident carrying out their duties.

There is also phenomenal social value created in the savings to the NHS in terms of a reduction in unnecessary hospital admissions and also in enabling patients who wish to die at home to do so. The organisation is also in discussions with The University of Hull who are keen to bring the Academy concept on board as a proven learning model.

THE SROI CALCULATION



£1 : £59.20

There are four lines within the SROI calculation:

- The estimated social value in cost savings to the NHS through reduced acute hospital admissions
- The social value for end of life patients reassured that their care teams are working in collaboration to make sure they receive care at home whenever possible and avoid unnecessary hospital admissions
- The social value for community nurses delivering care to end of life patients in terms of improved confidence, competence and knowledge
- The estimated social value through cost savings to the NHS in terms of actual deaths at home vs deaths in hospital

CASE STUDIES

Kate's Story

Kate is a band 5 community nurse working in Hull.

The End of Life Academy has reinforced and invigorated both my practice and enthusiasm for community nursing. It was structured into a well-organised series of topics each presented in a clear, coherent and straightforward way.

Towards the end of the course it was evident that my knowledge base around palliative care was very limited. Upon reflection I have realised I was not assessing situations as holistically as I thought. I was not considering patients' needs from their perspective and probably not asking the right questions. The knowledge I have gained from the academy will definitely change the way I practice.

Since completing the course I have been able to put into practice what I have learned many times over. One particular case comes to mind as a good example. A patient I was caring for would not admit he was in pain. Because of what I had learned on the course I was able to use the right type of conversation and increased empathy to encourage the patient to open up to me about his pain. This enabled me to have a discussion with the patient's GP, who prescribed symptom control medication and the patient became pain free. This was a huge turning point in my relationship with the patient and his family as they feel more at ease and they are more open to discussion.

My confidence has increased considerably as a result of attending the End of Life Academy and I feel I am now able to approach advanced care planning discussions far more easily with end of life patients.

Ron's Story

One Wednesday morning during July 2014 Single Point of Access (SPOA) received call from a senior sister in the High Dependency Unit at Hull Royal Infirmary. It was just after 11 am and she explained that they had a patient with full mental capacity who wanted to die at home. The sister wanted to know if the End of Life Care Team could facilitate this, as the patient was being ventilated, and had been on assisted breathing for 18 weeks.

If Ron was to get his wish and be allowed to die in the comfort of his own home with his loved ones around him, rather than in his hospital bed it would be necessary to transfer him to his home on the ventilator and then remove it in the home, as it was probable he would die within minutes of the switch off.

The End of Life Care team responded immediately that yes, this could be done. They liaised with the caseload holder as equipment, documents and drugs would be needed in home and organised end of life transport. The sister stated she had received more help in the 10 minute conversation with the team than over the last four hours and discharge was planned for the next morning.

All the services linked in to arrange a convenient discharge time. It was agreed that the caseload holder and a member of end of life team would meet at the family home at 10 am. The ambulance brought Ron home with a senior doctor and two

nurses. Ron was settled into bed and all medical equipment removed. As the patient was symptomatic a Hyoscine syringe driver was immediately commenced, using the authorisation form and the End of Life 'Just In Case' drugs in the home. When the nurse applied the speaking tube to the tracheotomy, Ron immediately requested a cup of tea. This he enjoyed immensely!

The caseload holder visited late in the afternoon. Ron was peaceful and settled. He passed away peacefully in the Out of Hours period and the Out of Hours nurses attended to verify the death.

The family acknowledged and praised the professional way the High Dependency Unit, the Out of Hours team and the community care team had worked together to grant Ron's wish to die at home with his loved ones around him.

“The Academy provides a vehicle for us to share case studies like this one with our community nurses. Contextual evidence such as this allows them to see what can be done in end of life care if they know how to progress situations appropriately. This was an extreme case. But Ron had spent much of his time leading up to his death being cared for at home and he really didn't want to die in a hospital setting. There are many combined factors that allow us to get end of life care right. The sharing of information in this way, through the academy, is one important factor.”

Angela Orr - Senior Operations Manager, End of Life Care
City Health Care Partnership CIC

YOUNG PEOPLE ON INTERVIEW PANELS

Reason for Being

Social Value

The SROI Calculation

Case Study



REASON FOR BEING

“My main reason for having children and young people on our interview panels is so that we can get closer to the candidate’s personality, from a young person’s perspective. At the end of the day it is this ‘personality’ that will allow them to form meaningful and effective relationships where a nurse visits a young person regularly and sometimes having to deliver complex interventions. This makes the delivery of home-based health procedures easier and as effective as they can be.”

Kara Milner - Children and Young People Community Nursing Clinical Manager
City Health Care Partnership CIC

The aim of having children and young people at interview panels is to successfully employ Community Children’s Nurses who are understanding and empathic towards young patients’ needs, wishes and desires, and so deliver a better, more effective treatment programme with children and young people at heart.

With a typical caseload of around 500 patients the service delivers community health care to people with varied conditions needing anything from regular phlebotomy through to the on-going care and treatments for children with long-term and complex conditions, such as leukaemia. The service regularly delivers treatments for stoma care, oncology, incontinence and supporting children and young people with the management of difficult equipment in their home.

Young people are invited to take part in interview panels in the recruitment of Community Children’s Nurses; this brings a client’s perspective to the interview process. The intention is to shape the interview to find the most appropriate people to work with patients who are children and young people.

Whilst the interviews for these roles still follows a corporate pathway and meet current legislation and best practice, the young people are given free rein in the preparation of questions to be asked or activities to take place during the interview. These interview methods are employed to recruit any member of staff to the team, be it a manager, a community nurse, a health and development practitioner or a health care support worker.

SOCIAL VALUE

Differing age groups are invited to attend and they are encouraged to think “outside the box” in terms of influencing some sections of the interview process. For example one young leukaemia patient asked, “What is the most important thing to a teenager with cancer?” with an aim to establishing the simple truth that he was a teenager first and a cancer patient second, and that (for him) his love of football came before his treatment needs.

Play activities are sometimes included at interview where craft materials are provided for the candidates to demonstrate the qualities they feel they would need to be able to do the job effectively. An example of how this activity may influence the choice for employment was when a candidate was able to demonstrate the need for “truthful eyes” in their representation.

The children’s and young people’s questions and interventions are given the same weighting as the corporate questions and answers so that the child’s perspective is represented accurately. The child does not make the employment decision, but their thoughts and feelings can influence the decision-making.

Since this activity commenced it has been noted that staff retention has increased and staff morale has improved.

The key benefit, in terms of social value, is having a community nurse service who understands the thoughts and feelings of children and young people, meaning that patients receive more effective treatments and procedures in their home. The children and young people feel more at ease with the person entering their home, and with whom they engage with sometimes over long periods. Difficult or challenging procedures can be overcome more effectively where the nurse and child engage in mutually agreeable exchanges which lead to the procedure being delivered in a way which helps both parties.

The parents, carers and families of the children being looked after are more at ease with the situation knowing that the community children’s nurse and their child have a good relationship and that the health procedure is being delivered in an atmosphere that is not only appropriate to the child or young person, but where it is more effective or easier.

The team of nurses benefit by being invigorated and stimulated by having like-minded nurses at their place of work and by having a cohesive and consistent delivery of community health care for children and young people. Managing and supervision of the team becomes easier where child-centred professionals can share experiences and best practice.

The cost of a failed employment can be substantial with extended or wasted probation periods, wasted training resources and inefficient and lengthy routes to employment. The prospect of saving potential failed employments adds great efficiency to the process and develops an effective service more quickly.

THE SROI CALCULATION



£1 : £56.06

There is one line within the SROI calculation:

- It measures the social value generated by having children and young people at interview panels when recruiting community nurse practitioners.

CASE STUDY

Amanda's Story

Recently I applied for a Healthcare Support Worker role and was fortunate to be offered an interview. As with all interviews you feel nervous about what, who and how. "What are they going to be asking me, who will be interviewing and how will I come across to the interview panel?"

When I got the call I was pleased to be told I had done really well, they were really pleased with my understanding of the role and they would like to offer me a second interview. Nerves built up wondering what they could ask next time, and would I feel like I was just repeating what I had already told them? Walking into the interview room I was surprised, confused and slightly more nervous to see three young children/patients sat around the table and was told they were going to be assisting in the interview.

What a great idea - the children had their own questions and tasks for me to complete, and who better to know what they want from a Healthcare Assistant than the patients themselves?

Being able to talk with them and let them discuss what they wanted from the person who would be successful in the post was very valuable, not only for the interviewers but also for me.

COMBINED SROI CALCULATION

SROI is about value rather than money

If all of the activities that were considered within this report were given a combined calculation the average SROI ratio is £1 : £28.92. For every £1 spent on delivery, £28.92 of social value was created by CHCP CIC between April 2014 and March 2015.

The overall average SROI
calculation in this report

£1 : £28.92

An increase from £1 : £22.36
in 2013/14







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İngilizce ana diliniz değilse ve bu belgenin çevirisini istiyorsanız lütfen buraya başvurun:

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اگر انگلیسی زبان نیستید و ترجمه این متن را می خواهید، لطفاً با اینجا تماس بگیرید:



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