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Forum and Hull and East Yorkshire
Community Foundation



City Health Care Partnership CIC

Social Accounts



Providing Quality Care



City Health Care Partnership CIC

a co-owned business

Social Accounts 2012 Executive Summary

INTRODUCTION FROM ANDREW BURNELL,
CHIEF EXECUTIVE

It's great to be providing the introduction for the second set of Social Accounts produced by City Health Care Partnership CIC.

As a Community Interest Company (CIC) and a co-owned business we remain committed to measuring our social, environmental and economic impacts in ensuring that we are effectively delivering against our mission, vision and values.

This second set of accounts builds on the results from the first year and again illustrates some areas of best practice, key developments and actions taken forward from year one, as well as further recommendations for development going forward. For the second year running, I think the accounts have captured an overview of how we have measured our performance, whilst highlighting our overall activities, Social Return on Investment and how we continue to deliver both internally and externally as a social business.

Thanks again must go to the contributions of the Social Audit Panel, the wider team and staff involved in developing the accounts this year. Thanks also to all those stakeholders and partners who took part in the exercise, their commitment and involvement in the process continues to play an important role in delivering our social purpose and for better profit ethos.



Background

City Health Care Partnership CIC (CHCP CIC) is an independent, co-owned business providing community NHS services to local people in the Hull and East Yorkshire area. It was officially formed on 1 June 2010 as a Community Interest Company (CIC) separate to the commissioning organisation, NHS Hull. It has five business units that provide a wide range of services to more than half a million local people.

As a socially responsible commercial business, CHCP CIC aims to involve patients, staff and service users in designing the services it provides. In addition, it aims to re-invest any surplus into the community, staff or service developments. This means that the work of CHCP CIC will often benefit the whole community as well as the people who use its services. These Social Accounts are seen as an integral part of the organisation's development as a not-for-profit organisation to help it establish key baseline indicators.

Rationale

The 2011 Social Accounts cover the period from January 1st 2011 to December 31st 2011. Still early in the development of the organisation, CHCP CIC wanted to ensure that they broadly covered the whole organisation and obtained feedback from a range of stakeholders. Subsequent accounts may focus on specific service areas with more detailed analysis.

Undertaking Social Accounts early in its life demonstrates CHCP CIC's desire to be held accountable to its Social Objectives and Values. In addition, CHCP CIC recognise the value of the Social Accounting process as a tool in their development.

The Social Audit Panel

The Social Audit Panel (SAP) has been vital throughout the whole process. The SAP is drawn mainly from CHCP CIC's Interface Advisory Board (IAB) and consists of:

- Mark Willett (IAB Chair)
- Linda Tock (HANA)
- Ann Smith (Age UK)
- Denise Canniffe (Choices & Rights)
- Wendy Bennett (North Bank Forum)
- Isabelle Tracy (Volcom)
- Nigel Mills (HEYCF)

The Social Audit Panel met to agree the Key Performance Indicators and the evidence base and then to audit the accounts.

The Process

CHCP CIC's Social Objectives were split into 5 broad areas:

1. To grow a socially responsible business
2. To contribute to the wider well being of communities

3. To deliver high quality and safe services
4. To be responsive, caring and inclusive to all
5. To be a place where people love to work

Key Performance Indicators (KPIs) were developed based upon CHCP CIC's values together with statements made by CHCP CIC. The KPIs therefore:

- Are relevant to CHCP CIC as a Health Care organisation (not just any not for profit organisation / Social Enterprise);
- Look at the added value of CHCP CIC as an organisation rather than just the effectiveness of the services that it delivers;
- Make extensive use of existing data and information but is not completely driven by it;
- Reflect this is an ongoing process.

Stakeholders

Seven key stakeholder groups were identified to ensure a broad spectrum was reflected, as follows:

Stakeholder Groups	Who
CHCP CIC Senior Management	Chief Executive
Social Business and Engagement Staff	Social Business and Public Relations Director, Engagement Manager
CHCP CIC Delivery Staff	Service Development Manager Securing Our Futures Programme, Staff Sponsorship Awardees, Celebrating Success Winner
Small Grant Recipients	PASS, Priory Enterprises, North Ferriby Riding for the Disabled
Interface Advisory Board	HANA, NBF, Hull Children's Trust, Age UK, Choices and Rights, VOLCOM, ERVAS, CHCP CIC Staff
Voluntary Groups	CASE, SEED
Patients	Patients (information drawn from patient interactions using various feedback methods)

Main Achievements, Points to Consider, Conclusions and Recommendations

In the sections that follow each of the 5 CHCP CIC social objectives are broken down to give an overview of the key achievements, points for consideration, conclusions and recommendations. The comments made provide an illustration of overall direction, reflective within the context and scope of the social audit undertaken.

1. To grow a socially responsible business

Key areas looked at:

- Sustainability
- Wider relationships with the business sector
- Supporting community projects
- Improvements to health and well being of VCS project users
- Indicators of social responsibility

Achievements

- Strong evidence of new approaches taken on board, for example the lean and innovation events, representing a significant commitment in terms of staff time and other resources;
- Good evidence of emerging business relationships e.g. relationship with Smith and Nephew, involvement in Business Week and ownership of two pharmacies;
- Positive evidence from VCS organisations of financial and mentoring support received from CHCP CIC, contributing to ongoing sustainability;
- A willingness to work in partnership with VCS organisations, demonstrated by the Communities for Health project and the Hull Churches Home from Hospital Service;
- Evidence of considerable mental and physical health impacts for the service users of projects and activities co-funded by the CHCP CIC small grants programme.

Points to consider

- Environmental and sustainability strategy has not progressed as far as other policies and strategies developed in the same timeframe, though short, medium and long term action plans have been generated by a recent mapping exercise;
- Despite the considerable achievements of the Communities for Health project, resources have not been allocated through the current public health commissioning process to continue it;

- Size, scope and relative newness of the organisation may mean that voluntary sector colleagues are not always aware of the full range of CHCP CIC service provision;
- Targets for reduced car usage and more environmentally responsible transport options under the adopted NHS Travel Action Plan not met for 2011 (statistics incorporate both NHS and CHCP CIC).

Conclusions

There is good evidence that CHCP CIC have built on the achievements of the previous year. New approaches to business seem well embedded within the Organisation (e.g. the appointment of Lean Champions). It appears that the relationship with the VCS remains positive on a number of different levels. There is good evidence that CHCP CIC has been able to develop its relationships within the Business Sector - indeed there has been business growth in terms of the purchase of two pharmacies, which offers the potential for further surpluses to reinvest. Work on the environmental element of the 'triple bottom line' does not appear to be progressing at the same rate as the social aspects, and work on a full environmental and sustainability strategy is ongoing with input from the newly formed task group.

Recommendations

- CHCP CIC should consider how the good practices from the partnership working of the 'Communities for Health Project' can be carried forward into other areas of their work
- Explore opportunities to progress the environmental / sustainability elements of the triple bottom line using the information collected during the recent mapping exercise
- Continue to explore with the IAB how to broaden the knowledge in the community of the full range of health and welfare services available through CHCP CIC

2. To contribute to wider well being of communities

Key areas looked at:

- Social Business and Engagement Strategy
- Third sector partnership working
- Community health
- Surplus Investment Strategy

Achievements

- CHCP CIC's commitment to corporate social responsibility and surplus reinvestment have been established into policies, which have been presented to the business units;
- There is evidence that new opportunities exist for VCS organisations like Seed to become involved in the contracting process and increase their reach;
- There is good evidence of partnership working which is both wide ranging and flexible and which will have an impact within communities;
- There is strong evidence of reaching out to excluded groups, for example nurses improving access to HIV testing via joint working with the TB nursing team and also the Community Health project;
- Practical examples of how surpluses are used to support both staff requests through the sponsorship scheme, and requests from VCS organisations.

Points to consider

- There are examples of projects to link the prevention of ill health with local regeneration and social inclusion but evidence suggests they do not represent a major area of work for CHCP CIC. The main project addressing these issues, Communities for Health, was not re-commissioned by public health for 2011;
- Changes to the small grants programme (£40,000 total spend amended to £20,000 small grant spend plus 1 or 2 larger

allocations) may mean fewer small community organisations working in deprived areas have a chance of receiving funding;

- The momentum of embedding CSR within the organisation needs to be maintained.

Conclusions

There is good evidence that CHCP CIC is contributing to the wider well being of communities through a variety of actions such as presentations to embed CSR within the Business Units and the development of practical partnership relationships. There is evidence that surplus funds are being used to contribute to the wider well being of communities (both through staff and through VCS groups). Projects have been undertaken in partnership with VCS organisations to address some health inequalities. It would be good in future Social Accounts to look at the scale of the contribution across the organisation.

Recommendations

- To ensure that the momentum of embedding 'corporate social responsibility' throughout the organisation is maintained
- Explore with the IAB and others how information and intelligence regarding "hard to reach" and "excluded" groups can be collated and used by CHCP



3. To deliver high quality and safe services

Key areas looked at:

- Performance management systems
- Quality and safety standards

Achievements

- Clear evidence of performance management systems being developed, embedded and used strategically to inform action plans and new initiatives, for example the Online Sexual Health Clinic;
- New approaches and freedoms do not appear to have had any negative impact on safety and quality as all requirements have been met or exceeded;
- 100 people have been through the lean systems approach, representing 7 service areas – evidence shows that positive attitude changes often take place during the training;
- New questions were added by each service area to the Annual Patient Survey, increasing the sense of ownership and also giving more information to act upon;
- There is good evidence that CHCP CIC acts on the feedback that it receives (e.g. the establishment of the online sexual health clinic) and that it continually looks for new ways in which to secure feedback;
- There is good evidence that there are excellent levels of existing patient satisfaction.

Points to consider

- CHCP CIC need to ensure that the positive attitudes to the Lean Systems approach that were evident in the initial training are maintained in the subsequent roll out across the Organisation through the "Lean System Champions".

Conclusions

The quality of CHCP CIC's services continues to be benchmarked and measured through the contracts that they deliver. Quality standards, both internal and external have been met or exceeded, including CQUIN targets, CQC registration and the achievement of IIP status. Becoming a social enterprise, and the greater freedoms and flexibilities this allows, has not therefore impacted negatively on quality or safety, and this is backed up by the Annual Patient Survey results.

Recommendations

- CHCP CIC to continue their proactive approach to exploring different ways for gaining and responding to feedback
- To continue to maintain and develop methods of engagement with patients and service users
- CHCP CIC need to ensure that the initial positive response to the Lean Systems approach is maintained through the rollout



4. To be responsive, caring and inclusive to all

Key areas looked at:

- Fostering networks with partners
- Proactively seeking feedback
- Response to feedback
- Development of new care initiatives
- Interface Advisory Board

Achievements

- There is good evidence that CHCP CIC are beginning to promote the organisation more effectively to a wider range of stakeholders, demonstrated by the new networks developed;
- Good evidence of feedback being proactively sought and acted on, in more appropriate and varied ways – for example online surveys where paper ones have offered a low return rate;
- Clear examples of new initiatives developed in response to identified needs, for example the HMP Hull One Stop Shop and the New Beginnings course within the Expert Patient Programme



Points to consider

- There is good evidence to show that the IAB mechanism is working well and that it is providing opportunities for influence and challenge. Bearing this in mind, CHCP CIC/IAB may wish to consider whether the IAB is being used to the full extent it could be and/or whether there is any benefit to increasing their scope.

Conclusions

A number of new initiatives have been developed, largely in response to customer feedback. In addition, action plans are written on a cyclical basis for all service areas and there is evidence to suggest this process is carried out in consultation with staff and service users.

There has been recognition of the fact that not all service users are able to give feedback in 'standard' ways, and commitment to address low response rates to surveys by trying new methods.

Recommendations

- Representatives from CHCP CIC and IAB to consider whether there is potential and/or benefit in broadening the IAB's scope in order to be more inclusive and provide more opportunities

5. To be a place where people love to work

Key areas looked at:

- Staff benefits
- Wider community benefit

Achievements

- There appears to be a lot of enthusiasm and 'buy-in' generated through the series of events, workshops and road shows that have taken place in 2011, and staff satisfaction levels are generally high;
- There is evidence that the staff sponsorship scheme and Celebrating Success awards enhance the experience of those that take part and makes them feel valued;
- Evidence from a participant in the staff sponsorship scheme, and the development of the innovation event, indicates that there are opportunities for staff to influence processes and have their ideas heard;
- IIP accreditation achieved in May 2011 when the areas of strength were identified as involvement and engagement of staff, learning and development support, communications and strong directional leadership.



Points to consider

- Staff satisfaction rates vary from one service to another. Overall there is an increase in staff satisfaction
- Evidence from the Chief Executive suggests that some results from the staff survey need to be progressed to ensure the positive attitude of the majority of staff is extended across the organisation;
- The take-up of the Flextra scheme has so far been lower than anticipated by senior staff. It is not clear from the evidence whether this staff benefit can be used as an indicator of satisfaction.

Conclusions

Feedback from interviews carried out as part of the social accounting process suggests that senior staff members understand the social business agenda and recognise the changes that have taken place within CHCP CIC. There is also evidence that staff who have had the opportunity to 'effect change' feel more positive about CHCP CIC's future. It might be useful as part of the next social accounting cycle to explore in more detail how staff at other grades feel about and view CHCP CIC as a socially responsible business. Results from the staff survey suggest that there are discrepancies between different service areas in terms of staff satisfaction. However, it is not clear to what extent any levels of staff dissatisfaction can be attributed to the recent structural changes.

Recommendations

- Explore how the 'Employer Ownership' influence contributes to being 'a Place where People Love to Work'
- Consider exploring in the next social accounting cycle how the wider staff view and feel about CHCP CIC as a socially responsible business.

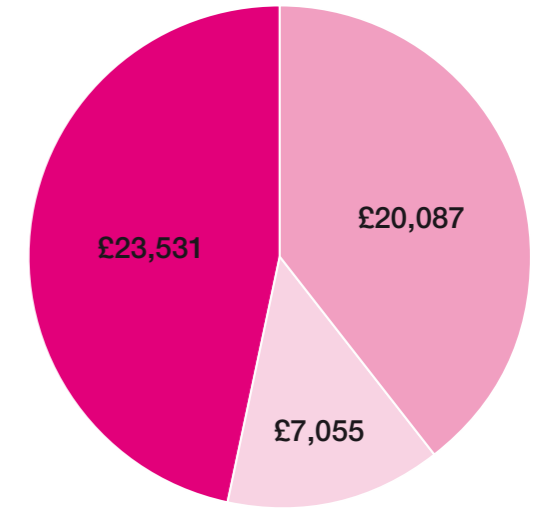
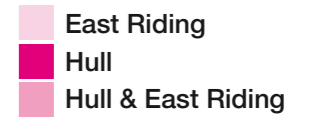
Economic Impact

Demonstrating social return in financial terms

The 2011 accounts have focussed on CHCP's Small Grants programme. This approach gives an in depth analysis of one small area of Investment but does not represent all of CHCP CIC's Social Investment. For example, CHCP CIC's work with Lean Systems and the investment in Hull Churches Home from Hospital which was analysed in the 2010 accounts has continued in 2011. In addition, 2011 saw CHCP CIC establish a staff sponsorship scheme which awarded £9,115 to staff nominated causes.

As well as the small grants scheme analysed here CHCP CIC has provided £15,000 of support grants for SEED and CASE Training. There is also a significant Social Return in the way that CHCP CIC "does business" for example their catering is provided by a local charity that supports people with learning disabilities (value in 2010/11 was £9,000); they have actively encouraged staff volunteering with local charities (which will be developed into a formal volunteering scheme in 2012) and CHCP CIC have worked with the City Council to fund five year-long apprenticeships targeted at young people who are at risk of becoming NEET.

Financial approximations used in this report have been sourced from a database of values recognised by the New Economics Foundation and Social Return on Investment Network as suitable for use in analyses of this kind:
<http://www.thesroinetwork.org/vois-database>
<http://www.pssru.ac.uk/uc/uc2010contents.htm>



Grant Allocations by Region (Dec 10 - Dec 11)



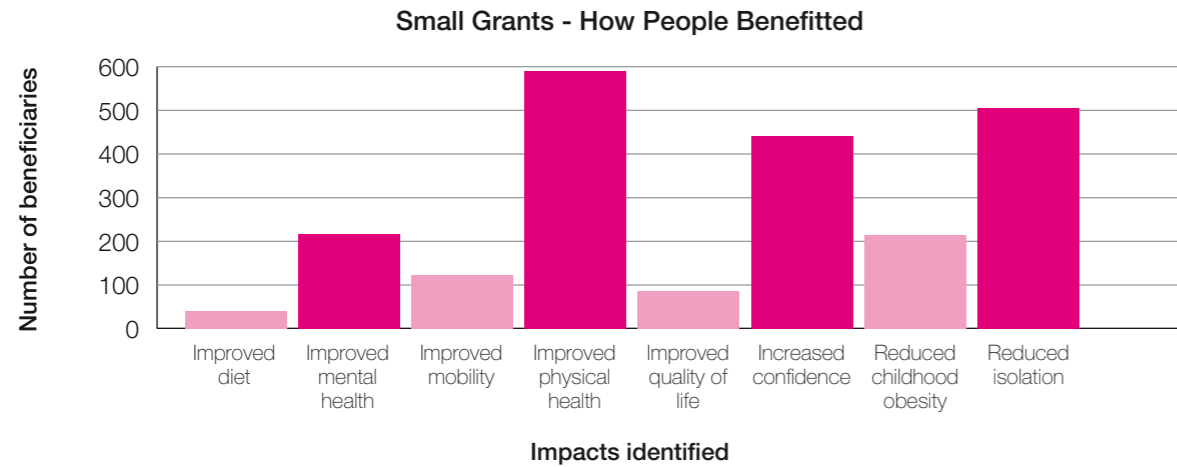
Economic Impact

The small grants programme

A total of £50,673 was awarded to 78 local groups in the period Dec 10 – Dec 11 (£67,855 to 99 groups to end Feb 12). From these 27 small grant projects were analysed:

- The total amount allocated was £17,657;
- The total number of people benefitting from the projects and activities was 1,297;
- This equates to less than £14 per beneficiary

The monitoring forms returned to CHCP CIC by each project were analysed, and the benefits identified were grouped into a set of outcomes (see graph below). Many projects achieved or worked toward more than one outcome – for example, some projects aimed to improve people’s mental health while reducing isolation and increasing mobility.



The outcomes

- **Improved physical health** e.g. sports and fitness clubs, and activity clubs like riding or canoeing;
- **Improved mental health** e.g. respite care or activities for carers, learning and skills projects for people with physical or learning disabilities and/or arts or culture projects;
- **Reduced isolation** e.g. recreational activity, social relationship building and/or cultural or social bonding exercises or hobby groups;
- **Improved quality of life** e.g. learning and skills, improved opportunities and/or more equal outcomes for people from deprived backgrounds;
- **Increased confidence** e.g. building personal assertiveness, life skills or confidence;
- **Improved mobility** e.g. projects targeted at improving the fitness and mobility of older people;

A selection of these outcomes were analysed further and values attached using the principles of SROI:

Valuing physical health - 590 people benefited from projects aiming to improve physical health. The depth of impact on physical health varied enormously. Therefore only one value, used in other SROI analyses, has been identified:

The value of one consulting session (average 11 minutes) with a GP: £36 (extracted from cross-referenced data found at: http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010_s10.pdf)

Valuing mental health - 217 people benefited from projects that aimed to improve mental health. There are several accepted financial values for measuring mental health:

- Average unit cost to the NHS of treating someone with depression: £2,026
- Annual cost of one hour counselling session based on one hour per week: £2,080 (both extracted from the SROI database)

The depth of impact on mental health will vary, so the value of increased positive mental health has been calculated at the conservative estimate of one hour’s counselling time (£40)

Valuing reduced isolation - 504 people benefited from projects that aimed to reduce social isolation. The value of

reduced isolation has been calculated at:

- Time spent engaged in social activities per hour: £10.99 (extracted from the SROI database)

Many of the activities were ongoing or involved a full day of participation, so the conservative measure of one hour per beneficiary has been used.

Valuing increased confidence - 441 people benefited from projects that aimed to increase confidence. The impact of increased confidence can be measured through values associated with engaging in new activities and hobbies:

- Annual spend on hobbies and games: £93.60 (£7.80 per month) (extracted from the SROI database)

The conservative measure of monthly spend per beneficiary was used.

Conclusion

This analysis represents only a small part of CHCP CIC’s social business. Of the 27 projects examined, the estimated value of the “Return” was significantly higher than the initial investment. Multiple outcomes were created for participants. Therefore the small grants programme provides a significant opportunity for CHCP CIC to influence health and wellbeing and create social value in a cost effective way.

Social Value Summary

Outcome	Valuation
Improved physical health	590 beneficiaries x £36 = £21,240
Improved mental health	217 beneficiaries x £40 = £8,680
Reduced isolation	504 beneficiaries x £10.99 = £5,539
Increased confidence	441 beneficiaries x £7.80 = £3,440
Total project spend: £17,657	Total estimated 'return' = £38,899



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