

A Social Return On Investment (SROI) analysis of Community Champions Tri-Borough Public Health - Executive Summary

The Public Health White Paper, *Healthy Lives, Healthy People* (2010), recommends that addressing root causes of poor health and well-being requires better approaches to delivering health and care that is "owned by communities and shaped by their needs". The Health and Social Care Act (2012) gives local authorities the responsibility for improving the health of their local populations. It also sets out to "tackle health inequalities across the life course, and across the social determinants of health".

Consequently, the challenges for local authorities and health and care services are to work in more joined-up ways with their resources; to tackle socially embedded health issues, yet design approaches that increase quality and access, not solely reduce costs. This is very far from being easy; with an ageing population, available resources and public finances for health and care are set to continue reducing into the future.

A significant developing area is the role of social capital, and how unlocking this can lead to resource efficiencies across the NHS, public health and social care system. This means that improving health and access cost-effectively can be partly achieved by using local people's experience, relationships and ability to transfer health knowledge directly and consistently to their peers, about health services and health actions or behaviours. It also means a two-way conversation, including local people in how local

health and care services are designed and accessed to better meet the needs that are most meaningful to the diverse range of residents, children and their parents.

Community Champions draw on the skills, relationships and knowledge of local communities. The current programme is partly built from the process, learning and skills developed in the 2008-2013 Community Health Champions project in White City, where Champions are still involved today in community-led support activities for residents. Champions are rooted in their community, and bring local people and services together to improve health and well-being, transfer knowledge, and help reduce health inequalities across different groups. In addition, they themselves learn more about health services and positive health behaviours. Between February and April 2014, Envoy Partnership conducted an independent Social Return On Investment (SROI) analysis of the Tri-Borough's Community Champions activities so far this year, covering six estate-based hubs at Church Street, Dalgarno, Edward Woods, Queens Park (Mozart Estate), Old Oak, and World's End and Cremorne. The SROI analysis estimates £5.05 of social and economic value is generated for every £1 invested - of which at least £1.65 of care resource savings are potentially generated for the local authority, related to diabetes, improved mental well-being, community cohesion, and reduced isolation of families and older people.



Community Champions and what they do

Community Champions are local people who volunteer through their local community centre, to promote the health and well-being of all residents - covering around 1,000 households per hub, and actively reaching between 150-200 households per hub a year. They support access and awareness of local services, and also motivate residents towards improving health and well-being behaviours, knowledge and community participation. Champions are trained to deliver guidance in a professional manner, in most cases to at least RSPH¹ Level 2 in Understanding Health Improvement. In a typical month, example types of activities can include participating in physical activity classes, (e.g. zumba, walks, affordable gym and aerobic exercises, "Booty Camp"), healthy cooking and budgeting courses, awareness-raising about diet, diabetes and cardiovascular issues, organising



and delivering community health events and promotional stands, one-to-one guidance with households, and sign-posting to appropriate support services. Each location, starting point and demographic profile of residents is different, and therefore the Champions' activities are designed around the needs that their local community has identified. We identified a range of material outcomes that resulted from the programme and were measured with key stakeholders (table 1 below).

Table 1: Community Champions Outcomes - Who benefits?

Stakeholders	Outcomes that changed as a result of the Community Champions programme
Champions	<ul style="list-style-type: none"> Improved physical health, healthier eating behaviours & weight reduction Reduced likelihood of contracting long term conditions (e.g. type 2 diabetes, obesity, cardio) Improved overall mental well-being Reduced social and emotional isolation Self confidence & Resilience New skills & Employability/Paid work Intercultural cohesion Fairness of access and treatment Courage to engage with health profession Improved Knowledge – about health, appropriate services and about local people
Residents	<ul style="list-style-type: none"> Improved physical health and weight reduction Healthier diet & eating behaviour (more veg, less oil, salt and sugar) Reduced likelihood of contracting long term conditions (e.g. type 2 diabetes, obesity, cardio) Improved overall mental well-being Sense of community and cohesion Fairness of access and treatment Courage to engage with health profession Economic savings from healthier eating on a budget Improved Knowledge
Children	<ul style="list-style-type: none"> Improved physical health and well-being Fairness of access and treatment Improved dental hygiene Improved relationships with family and friends School readiness Sense of community and cohesion Pride & Motivation Improved Knowledge
Local Services / Gov't	<ul style="list-style-type: none"> Resource value of reduced care need across diabetes, cardiovascular & long term conditions Resource value to GP clinics Improved health equality and quality of services Resource value of reduced need for children's dental health intervention Economic contribution through finding paid work Citizenship and further volunteering

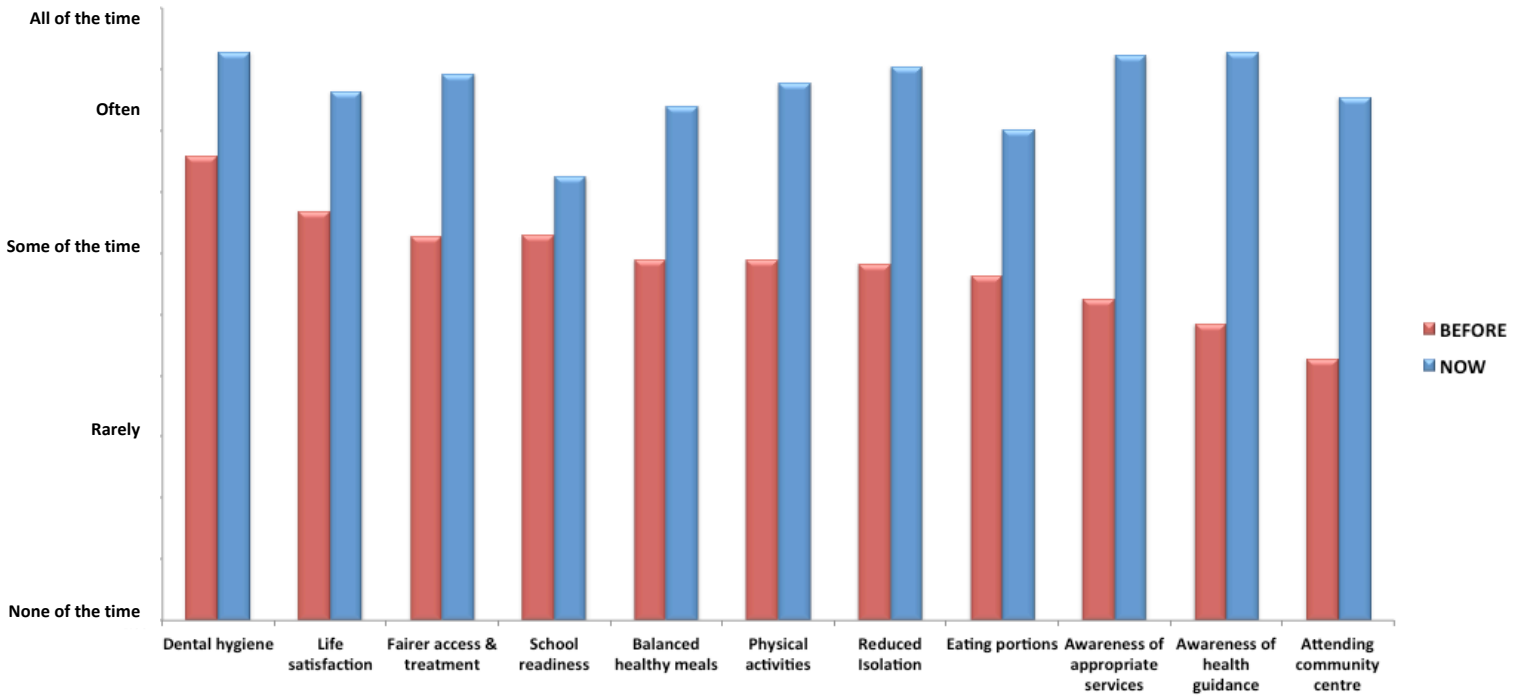
Impact: what is the scale of change?

Through conducting 65 household surveys and 36 Champions surveys, group consultations and interviews with a range of key stakeholders (including over 35 Champions and local agencies), evidence was reported about the magnitude of change across material outcomes. In particular there has been significantly improved participation in community centre activities, improved access, take up and awareness of appropriate health services for specific conditions, reduced isolation and improved frequency of mild physical exercise. For Champions, there are also significant improvements in skills, self-confidence, respect from their spouse and families, and being able to find work in future. On average, Champions and Residents reported that if they were to forecast how long the actions, knowledge and behaviours they had learned would last, it would go **beyond three years** - and reported in many cases that their improved habits should last for most of their lifetime.

There were clear improvements in key outcomes for Residents and Champions, as illustrated in the graphs below. Note that the graphs below have been reconfigured to weight the distance travelled, to reflect a move from a score of "None of the time" to "Some of the time" as more meaningful than a move from a score of "Often" to "All of the time".

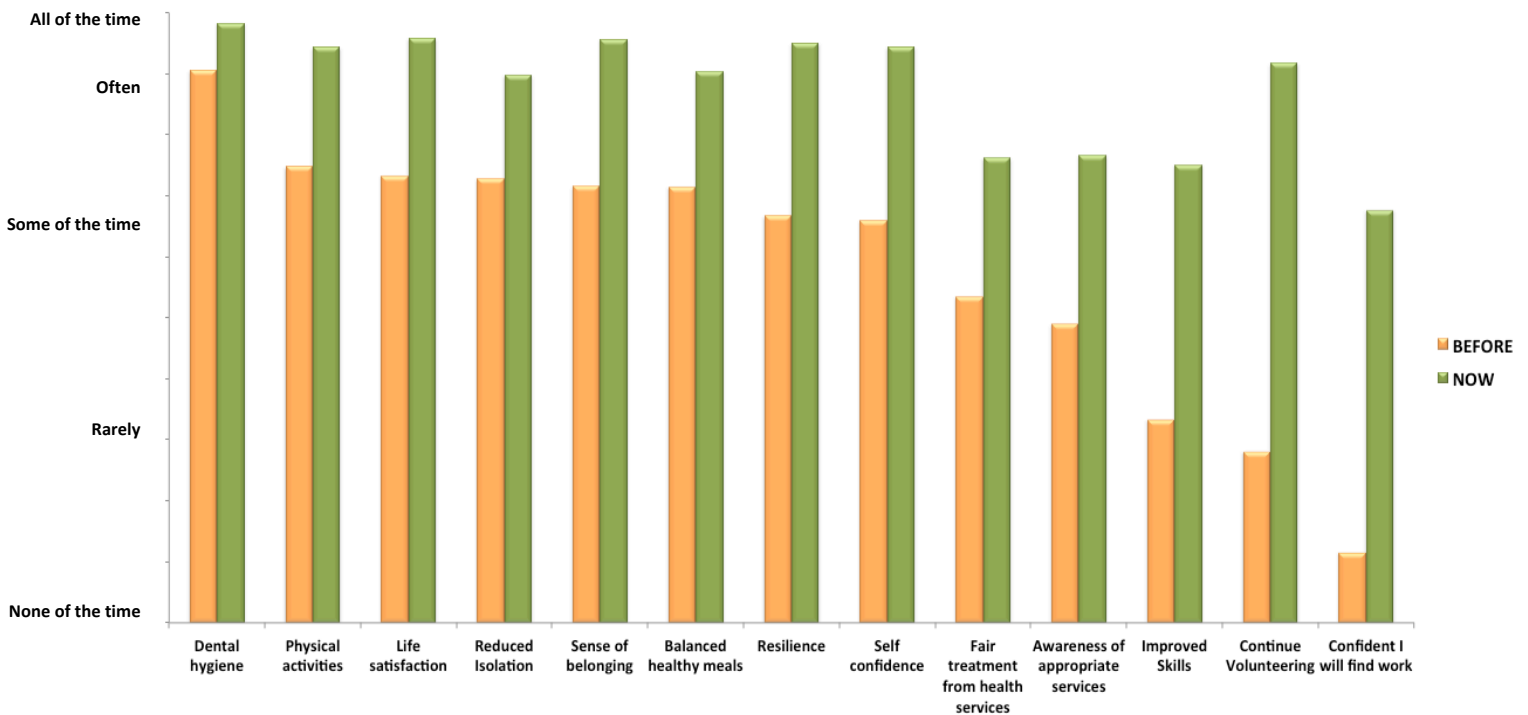


Graph 1: Frequency of occurrence of key health and well-being outcomes amongst Residents (Before contact with Champion, and Now)



38% of Champions report WAIST SIZE reduction by up to one size with WEIGHT LOSS (Average 4kg)
Paid work (FTE) gained by **10%** of Champions & **20%** into **further training, PPG or public speaking**
Over 1,300 children reached, leading to improved health actions, knowledge, oral hygiene & exercise

Graph 2: Frequency of occurrence of key health and well-being outcomes amongst Champions (Before becoming a Champion, and Now)



33% of Residents report WAIST SIZE reduction by up to one size and WEIGHT LOSS (Average 3.7kg)
c. 180 residents AVOID 10 years reduced life expectancy from developing type 2 diabetesⁱⁱ
 Health research indicates **1 in 8** likelihood of developing type 2 diabetes over-65sⁱⁱⁱ



Generating Social Value

The Champions' strength is in being rooted to the their communities, and becoming preferred trusted public health advisors for local families, often from disadvantaged or lower income backgrounds. They fulfil a multi-faceted role for local agencies and residents, by making contact and listening, sharing public health knowledge, delivering an outreach function and sign-posting function, being pro-active and consistent in their presence, peer-to-peer motivation for improved family welfare, and feeding back to stakeholders. Champions are a respected key asset, not just towards delivering health and care that is "owned by communities and shaped by their needs", but also for consistent motivation of health and well-being behaviour change, and helping to significantly reduce isolation within their communities. They also inspire other local people to engage and train up to be Champions.

From approximately £550,000 invested across 6 Community Champions hubs, Envoy valued the outcomes and changes identified using proportions of QALYS for physical health and mental health, local authority care costs of long term conditions such as diabetes, and government unit costs from a variety of sources, including National Audit Office, PSSRU (Personal and Social Service Research Unit), Department of Health, Institute of Diabetes for Older People and research from LSE, HACT, and the Kings Fund.

STAKEHOLDER OUTCOMES	PRESENT VALUE OF IMPACT (£ Attributed Value)	HOUSEHOLDS DIRECTLY REACHED per Hub
CHAMPIONS i.e. Improved health (exercise, healthy eating) Improved well-being Skills & knowledge Employability Fairer access to treatment	£248,000	76
RESIDENTS i.e. Improved health (exercise, healthy eating) Reduced prevalence of long term conditions Improved well-being Knowledge Fairer access to treatment	£845,000	circa 150-200 households per Hub (or approx 1000 households)
CHILDREN i.e. Improved health Improved well-being Knowledge	£526,500	circa 150-200 households per Hub (or approx 1000 households)
LOCAL AUTHORITY i.e. Reduced care need for reduced diabetes Reduced adult and elderly care need due to poor mental health and isolation Improved school readiness	£907,500	circa 150-200 households per Hub (or approx 1000 households)
Central GOVERNMENT SAVINGS i.e. Resource savings to Health and Social care, and DWP	£255,500	circa 150-200 households per Hub (or approx 1000 households)
SOCIAL & ECONOMIC VALUE over 12 month benefit period ONLY	c. £2.56 million	-
PRESENT SOCIAL & ECONOMIC VALUE forecasted across 3 year benefit period for specific outcomes	Circa £2.78 million	-



Challenges & Sustainability

Whilst there are significantly encouraging outcomes, impact and value generated by the Community Champions programme - especially for their children and local families - there remain a number of issues to address in future.

Sustainability will depend on:

- Being able to recruit a stream of volunteers
- Recruiting Champions from diverse background to ensure reflective representation of the community and range of service users
- Keeping the champions motivated and supported
- Feeding back achievements to the Champions and diversity of residents
- Collecting robust impact data
- Ongoing support from Triborough Public Health Service
- Co-design of indicators of success with Champion Coordinators
- Valuing the individual contribution of each champion
- Balance between scaling up and funding
- Maintaining autonomous processes for each hub
- Keeping enthusiastic hub co-ordinators
- Changing activities to meet local residents' needs and balancing this with cultural observations and respect
- Being able to use a local community centre/venue for activities
- Linking with other stakeholders, including housing associations, local authority agencies and health services, employment services, local businesses
- Meeting the needs of new communities and new service users in future, and sharing knowledge between hubs



The full SROI report will be available from end of May 2014 see overleaf for further details



What is SROI?

SROI is a stakeholder-informed cost-benefit analysis that uses a broader understanding of value for money. It is an approach which can translate the measurement of social values into economic language. It enables the assigning of values to social and environmental outcomes as well as economic outcomes, and can help organisations make improved spending decisions. Its development in the UK was funded by the UK (Cabinet) Office for Civil Society and the Scottish Government (through the *SROI Project*).^{iv} It is increasingly used to measure value-for-money and is signposted by the National Audit Office for a range of sectors.^v

The processes followed were:

1. Establishing scope and identifying key stakeholders
2. Mapping outcomes (with stakeholders' input)
3. Evidencing outcomes and giving them a value (with stakeholders' input)
4. Establishing impact
5. Calculating the SROI
6. Reporting and embedding

Specific SROI adjustment principles were followed, summarised below:

Attribution: Responses to surveys and consultation gave credit, or "attribution" of outcomes at around 60-65%, however this was further reduced to a third (21%) for residents, and half of this (11%) for Children, to account for other factors, and activities at the community centre or school, and other settings, that they may have attended.

Deadweight: The majority of respondents reported that it was highly unlikely that these outcomes would have occurred anyway or that alternative forms of outreach and access to health services would arise. However we have conservatively used a 50% counter-factual rate to further reduce the amount of impact claimed. Calculations are significantly sensitive to deadweight in this model, for example increasing the deadweight by 10% reduces the SROI to approximately £4:£1 and increasing to 75% deadweight reduces the SROI to £2.75:£1.

Displacement is zero, as we have assumed improving a person's health does not have a negative unintended consequence on another stakeholder.

Drop-off of impact is 66% drop off per year over a 3 year benefit period, although the majority of respondents felt the impacts would last well beyond 3 years, we have taken a conservative view. "Drop-off" is used to reflect that impact is reduced in strength over time.

Discount rate of 3.5% was used (suggested in HM Treasury Green Book) for calculating the present value of future benefits.

We have been advised by Tri-Borough Public Health co-ordinators to use a one third likelihood that Champions double-count or cross over the households they reach between them. Champions and hub co-ordinators identified the difference in number of new households and repeat households that they reach per month.

Full report will be available from end of May 2014 from Tri-Borough Public Health Department, further details at:



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ⁱ Royal Society for Public Health

ⁱⁱ Estimate of 10 years reduced life expectancy from developing type diabetes taken from: Department of Health, National service framework for diabetes (2012), & *Diabetes in the UK* by diabetes.org.uk (2010)

ⁱⁱⁱ Health & Social Care Info Centre, 2013

^{iv} <http://www.scotland.gov.uk/Topics/People/15300/SROI>

^v See: <http://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/value-for-money-and-csos>

