

Do we make a difference?

A Social Return on Investment Report on the work of
Gateshead Older People's Assembly



GATESHEAD
OLDER PEOPLE'S
ASSEMBLY



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This report was commissioned by Gateshead Older People's Assembly and was written between May 2017 and November 2017 by Moyra Riseborough and Adrian Jones of Riseborough Research and Consultancy Associates.

Executive Summary

This report presents facts from the first independent assessment of the return on investment of Gateshead Older People’s Assembly.

1.1 Questions: Why undertake a Social Return on Investment Study?

Seen by many as the gold standard of factual reports, a Social Return on Investment study (SROI) aims to answer questions that you, the public, have a right to ask. Questions such as:

- Is the public and charitable money invested in Gateshead Older People’s Assembly making a positive difference to the lives of Gateshead’s older people?
- If so, what kind of difference does it make and how can we pin this down?
- What really works?

1.2 What is Gateshead Older People’s Assembly and why is their work important?

Gateshead’s growing population of older people is witnessing a huge change. They are part of the first generation of people who are living longer and often better than their own parents. It’s great news, but it brings some important challenges for us all.

We know that how we live our younger and middle lives will impact on our chances to have a good later life. We also know that even in very advanced older age we can make important differences to how we feel through exercise, by staying connected and by continuing to contribute to our communities. This is vital for people who have age-related health conditions such as type 2 diabetes or hypertension, and for people who become less mobile because they get about less.

Gateshead Older People’s Assembly is a unique community-based organisation working with and for older people to help them take control of their lives, enjoy a better quality of life and contribute to their communities. The Assembly organises activities to interest and engage older volunteers and beneficiaries across Gateshead, and provides a good variety of exercise, healthy eating and social opportunities for diverse groups of older people.

1.3 The headlines

All the evidence in this report shows that the Assembly plays a positive and critical role in the changing world we live in. Run by a small number of paid staff, and a growing band of older people who volunteer their time and skills, they provide the kind of activities that make a difference to the health and wellbeing of older people in Gateshead.



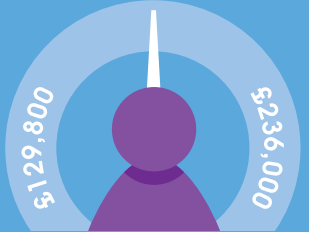
- For every **£1** of public funds invested in the Assembly, it generates **£2.96** of additional income



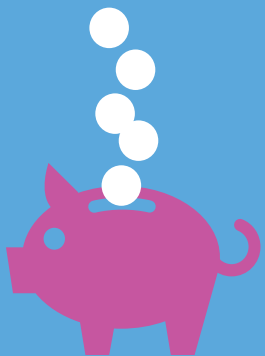
- Volunteer labour generated by the Assembly is worth **£65,453** per year



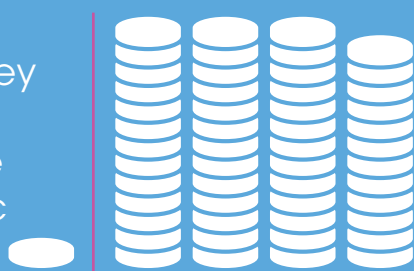
- The social return on public money invested in the Assembly’s 59 volunteers is between **£129,800** and **£236,000**



- The Staying Steady classes are supported by public health funds of **£19,146**. This provides estimated savings of at least **£968,736** compared to the spend on public health without this investment



- For every **£1** of public health money invested in Staying Steady classes, the return to the public purse is **£50.59**



- Between **£55,020** and **£100,000** in costs are being avoided as a result of volunteers leading social groups across the borough, in terms of injuries and illness to vulnerable older people being prevented



Introduction to the report

This report presents a theory of change together with examples of Social Return on Investment (SROI) calculations using evidence collected by The Assembly. It gives our assessment of the positive difference that The Assembly makes to the lives of older people in Gateshead.

2.1 Why a Social Return on Investment study?

Earlier this year, Gateshead Older People's Assembly took a brave decision by asking us, as independent researchers, to take a hard look at the work they do and estimate what, if any, difference they make to the lives of older people in Gateshead.

The Assembly particularly wanted us to carry out an SROI study because it produces quantifiable measures of the social, environmental and cost benefits that an organisation creates by providing a particular activity. The SROI puts an economic value on the benefits and helps everyone to see which actions make the most positive differences. It helps funders to understand what the return is on the money they grant to the Assembly and to understand the long-term benefits for people as a result.

An SROI also helps stakeholders and partners to understand the value of work other organisations do, particularly third sector community organisations like the Assembly. This is important, because services such as health and social care are changing enormously in response to pressures from an ageing society, and because understanding of health and wellbeing has improved.

2.2 Challenging times

We celebrate the fact that so many people are living longer but it is new territory for everyone. Health services in particular are shifting their emphasis from dealing with health problems to helping people prevent ill health and stay well. It has never been more important for everyone to work together to create an environment where older people can live better, more fulfilled and healthy lives for as long as possible. The Assembly is committed to this.

2.3 About the SROI method

The SROI method involves five key steps:

Step one

We bring all of the Assembly's stakeholders together to work out what, if any, difference the Assembly's work makes to their priorities. Stakeholders include health and social care commissioners; local and national charities and funders; local politicians, and of course older people themselves. Stakeholders also include staff and volunteers who contribute to and run activities.

Example: Shared priority to reduce falls

The key priorities for health and social care and public health commissioners include reducing the number of reducing the number of falls suffered by older people.. Gateshead's older people tend to have more than in other local areas. Gateshead has the second highest falls rate in older people in all 12 north east local authority areas. Falls have a devastating impact on older people and their families and lead to huge costs in economic and human terms.

Step two

We ask stakeholders what they would ideally like to achieve, and if they think there are shared aims to which everyone can sign up. We use this discussion to begin making a theory of change that sketches out a future. Working backwards from the future, we suggest actions that stakeholders can take together now to achieve the future changes everyone wants.

We also use the theory of change to line up evidence about the effectiveness of an organisation's activities compared to the outcomes the organisation aims to achieve. For example, to help prevent older people at risk from falling and injuring themselves or to help people who are struggling with mental health issues to improve their mental wellbeing.

Stakeholders and partners can choose to work together towards the same outcomes and plot how well they are doing. In the meantime, we have only examined the activities that The Assembly currently engages in and tracked how well they have done in 2016/17.

Step three

We gather evidence on how various activities led to reductions in health risks and improved health and wellbeing. We also examine evidence on how these activities helped older people to manage their long-term health conditions. This evidence is held by the organisation in the form of reports, monitoring and feedback.

Step four

We 'monetise' effective improvements and positive impacts by placing a monetary value on them, referring to official sources of data on the costs incurred by health and social care services (e.g. if someone has a fall).

Step five

We share the results with everyone concerned and initiate a discussion on how activities can be planned in future to achieve even better outcomes.

SROI studies look forward rather than back, by building on evidence that we already have. This is in contrast to most research, which collects data on what has already been done and experienced but doesn't actively seek to introduce change.

2.4 How we conducted research for this report

We followed the steps outlined above. Gateshead Older People's Assembly initially brought its stakeholders together at a meeting on 26 May 2017 to consider the SROI and discuss how they could contribute data and knowledge. We then contacted each stakeholder by email and phone to invite them to contribute, including public health, adult social care, a local GP practice, falls experts, frontline Assembly staff, volunteers, and instructors delivering classes.

We also carried out a considerable literature review to establish key priorities and data sources.



The theory of change we developed for the study

Activities Gateshead Older People's Assembly undertakes will lead to measurable improvements in the wellbeing of people over the age of 50 in Gateshead and enable more of them to self-manage long term conditions.

SROI calculations of Assembly activities

In this section, we will set out some of the background details about the Assembly, before going on to present our SROI calculations. We must stress that SROI studies are always a work in progress and they inform how organisations will improve both how they collect their data and the rationale for collection. In this first year we are working with the data we can extract from the Assembly’s current evidence base.

Our calculations are divided into monetised examples that we are confident about. These are indicative examples using the available evidence, with one particularly strong SROI example.

3.1 The background: What Gateshead Older People’s Assembly does

Table 1: Volunteers and participants, 2016/17

Number of volunteers	59
Total volunteer hours	4,706
Number of groups	31
Total annual activity hours	1,674.75
Annual attendance	9,106

Table 2: Activities and how often they occurred in 2016/17

Activities	Occurrence per annum
Community café	90
Art group	24
Reminiscence group	24
Social group (Birtley area)	24
Social group (Deckham area)	24
Social group (Whickham area)	12
Social group (Joyce Close)	50
Social group (St Peter’s area)	12
Social group (St Helen’s area)	24
Social group (Wardley Gate area)	50
Staying Steady	160
Tai Chi	40
Easy does it (seated exercise)	20
Circuits class	50
Discover health	6
Computer/IT class	7
Tea dance	20
Craft group	50
Dancercise class	40
Total	727

3.2 Gateshead Older People’s Assembly Income

The Assembly’s total income for 2016/17 was £112,929 which included grants of £105,581 for health, wellness and wellbeing related activities as well as the Assembly’s core costs. Income generated through donations and other sources such as the Assembly’s pay what you can community cafe was £7,348.

A wide range of grants and funds are secured to support the large number of activities that the Assembly provides. Public health funding supports the Staying Steady classes. A partnership with a local GP practice initially funded the tea dances, which are now self-funded and volunteer-run. Discover Health 50+ activities were funded with grants from The Gateshead Housing Company through the Community Foundation Tyne and Wear and Northumberland.

The vast majority of funds for wellbeing activities and core costs come from applications to trusts and foundations, which require an incredible amount of work from the Assembly’s staff team.

3.3 Maximising income – the purely financial return on public investment

In 2016/17, £28,467 of the Assembly’s income came from public funds. The remaining £84,462 came from funds the Assembly raised through trusts, foundations and donations. This pattern has been repeated in the current financial year. Overall, this means that for every £1 of public funds invested in the Assembly it generates £2.96 in additional income.

3.4 Monetising contributions from volunteers

The Assembly supported, trained and maintained 59 volunteers in 2016/17. Volunteer roles at the Assembly include:

- Café assistants
- Social group leaders
- Trustees/governance volunteers
- Expert support volunteers

They contributed a total of 4,706 hours, or an average of 79.8 hours per volunteer over the year. This is equivalent to 672 days of a paid worker.

We can monetise the value of the volunteers’ contribution by calculating a value based on an average hourly pay rate for someone in paid work. This is a respected method used by, amongst others, NCVO and Volunteer Scotland (“Calculating the economic value of your volunteers”, 2014). To do this we used the Newcastle/Gateshead average gross salary of £25,323 gross (based on working in a common local occupation, e.g. within the NHS).

This equates to:

- a monthly income of £2,110
- a weekly income of £486.98
- a daily income of £97.40.

Volunteer hours are therefore valued at £65,453 (£97.40 day rate x 672 days). Consequently, we can confirm that volunteers contributed this amount of added social and financial value to the work the Assembly does. They also increase the rate of return for every £1 of public and other money spent.

3.5 Contribution to wider health and wellbeing of older population

Volunteering also has wider benefits both to the individuals who are volunteering and to the individuals with whom volunteers come into contact.

Volunteers are drawn from the local communities the Assembly works with, which include some of the most deprived wards in Gateshead where volunteering is not a traditional activity amongst older people. Assembly volunteers are therefore likely to be inspiring others and setting local examples. These examples are important because they encourage greater self-determination and greater social connectedness amongst older people.

We know that getting involved in meaningful activities produces positive benefits in individual wellbeing. In deprived areas, low mental wellbeing scores and a sense that life is a daily challenge often go together with worse physical health in older age, compared to older people in more affluent localities. This is very clear in Gateshead’s public health profile, where mental ill health scores are higher and where falls amongst older people are more common in more deprived wards than in other areas of the borough and the region.

Changing people’s expectations and behaviours, particularly replacing unhealthy behaviours with healthier activities and encouraging exercise, are fundamental to achieving positive changes in individuals’ wellness and wellbeing. To achieve transformational change in communities where life and health chances could be improved, volunteering and peer mentors are therefore critical.

As a result, volunteering contributes to capacity building in local communities. This can be measured in terms of, for example, helping people to avoid visits to their GP for depression or low mood.

3.6 The social return from volunteers

We are absolutely certain that there are huge returns in terms of social benefit from the work that volunteers and paid staff undertake with local older people. All the evidence from other studies underlines this. However, estimating the social returns or added value produced by investment requires data on changes that volunteers have created and experienced. Benchmarking and measuring the benefits of volunteering is incredibly difficult as the majority of volunteers and the people they come into contact with do not wish to have their mental wellbeing or physical health put under a microscope. As a result, our assessments of the social benefits of volunteers are empirical and indicative, based on strong observations and case studies.

In contrast, activities such as Staying Steady lend themselves to collecting detailed evidence which is ideal for an SROI. We are highly confident about these conclusions.

3.7 Indicative calculations on SROI from volunteers and volunteering

The Assembly’s records show that through its 26 volunteers who lead social groups across Gateshead, social capacity building is provided to 395 older people on a regular basis. Some of the benefits that we can cost are as follows:

Reducing low mood and facilitating social connectedness	
Avoiding GP consultations	£45
Avoiding mental health care	£258
Avoiding early entry to residential care	£700 to £957 per week
Encouraging more exercise and preventing ill health/injuries	
Avoiding GP consultations	£45
Preventing fractures	£1,545 to over £8, 000
Preventing unplanned admission to hospital	£1,609
Avoiding GP consultations (Encouraging better nutrition and improving health)	£45
Avoiding residential care/ managing early dementia	£700 to £957 pw

Probable SROI of volunteers working with social groups in Gateshead:
Between £55,020 and £100,000 in costs are being avoided. Injuries & illnesses are being prevented amongst vulnerable older people. Using the assumptions described below, the social return on investment of the 59 volunteers is between £129,800 and £236,000.

A reasonable estimate is that amongst the 395 older people’s lives that Assembly volunteers influence, around 150 will be inspired to change their lifestyles and improve their health with potential conservative savings of £6,750 in avoidable visits to GPs, estimated according to PSSRU 2017 at £45 per short consultation, based on each older person requiring just one less GP appointment.

If we further estimate that at least 30 of the 395 older people will avoid an unplanned admission to hospital because they are less likely to fall, become ill and fail to care for themselves, these savings amount to £48,270 (30 x £1,609). Total indicative savings in this case amount to £55,020.

3.8 Strong example: Staying Steady

We have considered the return produced by Staying Steady on the funds invested by Gateshead Council’s Public Health Department. The Assembly received £19,146 per year for Staying Steady, which was first commissioned in 2016/17 and commissioned again in 2017/18. The classes, led by a postural stability instructor, took place in a number of community venues across the borough of Gateshead and particularly focussed on areas with high rates of falls.

Staying Steady is a great example of how best to collect data that can be measured. It has been robustly evaluated and clearly indicates measurable improvements to the postural stability of individuals referred to the Staying Steady programme by GPs, physiotherapists and Gateshead’s Falls Team. Participants complete a series of questionnaires at the beginning of their programme (to assess confidence and highlight participants’ falls history), which for the purposes of evaluation establishes a baseline. Participants also carry out a series of functional tests in week 1 to assess their strength, mobility and balance which are measured again at the end of the 20 week course.

Staying Steady evaluation reports demonstrate that there are significant improvements in individual participants’ ability to balance and in their willingness to exercise, and improve and maintain improvements known to reduce the likelihood of falls.

In the 2016/17 financial year, two Staying Steady courses took place (8 cohorts in total). Overall, 96 older people participated and 66 completed the programme.

Sixty-six people improved their balance, confidence in physical activity and actual participation by continuing to engage in physical activity after the classes, and therefore reduced their risks of serious injury as a result of a fall. The participants have also gone on to decrease risks associated with lack of exercise, which includes falls at a later time in life, while also improving their agility, muscle strength and alertness. This means that Staying Steady contributed to preventing the costs of 66 older people experiencing a fall and injury, being admitted to A&E and the ongoing cost of treatment, care and recovery.

Since there is a small level of uncertainty about the actual health status of participants and their likely risk of falling before they join a class, we took a conservative approach. We exercised restraint when deciding how to apply official estimates of costs associated with falls. We made assumptions about the likelihood that a proportion, but not all, individuals participating in the Staying Steady classes were at risk of falling and having a serious injury.

Our approach assumed that 75% of the 66 older people (50) who completed the classes had previously been at risk of falling and having a serious injury. Also, that one third (22) of the participants had been at risk of depression and low mood as a result of fear of getting out and about, because they felt physically less confident as they aged. However, the Staying Steady classes improved their confidence and led to them enjoying more classes and improving their mental wellbeing.



3.9 Savings and benefits

Using the Department of Health reference costs and Public Health England costs cited in Care and Repair England/BRE (2016) we estimated that a number of costs and savings and benefits could be derived.

Table 4: Likely savings as a result of Staying Steady

30 of the 50 at risk of falling and serious injury averted the human and financial cost of a serious hip fracture and replacement	Ambulance	£236
	A and E	£138
	Serious hip	£16,302
	Inpatient cost	£1,609
	Total	£18,285 x 30 = £548,550
20 of the 50 averted the human and financial cost of a broken femur or wrist	Fractured femur	£39,906 x 10
	Fractured wrist	£1,545 x 10
	Sub Totals	£399,060 + £15,450
	Total	£414,510
Additional 22 reduced risk of depression and low mood and improved confidence	Assessment of mental health (low risk) costs	
	£258 x 22 = £5,676 (excludes drug treatment and GP consultations)	
Overall total and savings		£968,736

Public health funds of **£19,146** are provided to fund the Staying Steady classes. The saving in terms of overall primary and secondary care expenditure that would otherwise have been spent without this investment is **£968,736**.

The return that is achieved for every £1 of public health money spent is £50.59.

If we add in the costs of social care that at least a proportion of the older people would have received as a result of being unable to care for themselves, the costs rise appreciably and the wider costs to family and so on increase the figures more.

3.10 Hypothetical case study

Mrs. Smith falls on the stairs on her way to the bathroom in the middle of the night and fractures her wrist, severely sprains her ankle and sustains cuts and bruises to her face. She is taken to hospital by ambulance and spends two days in hospital. She cannot be discharged until her daughter arrives from her home in Manchester to care for her, since Mrs. Smith cannot stand, go to the toilet unaided or manage the stairs at home. Mrs. Smith’s daughter takes a week off work and eventually Mrs. Smith goes to stay with her daughter in Manchester until she recovers.

Back in Gateshead, Mrs. Smith never recovers total use of her wrist and loses confidence in getting out and about on her own. She starts to lose touch with friends who regularly meet up in Newcastle because she is afraid to get on and off the bus. She becomes more isolated as a result. Mrs. Smith’s daughter visits once a month and phones every day. The strain of driving up to see her mother and care for her own family as well as working full-time affects her. After a couple of years her own health is affected and she has to reduce her working hours. With her subsequent loss of income, the whole family suffers and Mrs. Smith’s daughter can no longer afford to visit her mother once a month.

The social and economic costs of Mrs. Smith’s accident are, therefore, much wider than the costs to the health service. They have a significant effect on many people’s lives.

3.11 Facts about falls amongst older people

The North East has the highest rate of emergency admissions for hip fractures in England, and Gateshead is one of six areas in the North East where hip fractures are much higher than the national average. The North East average is 617.6 emergency admissions per annum, compared to a national average of 571.3, This rate has been more or less the same for the last five years.

North Tyneside, Gateshead, Newcastle and Sunderland local authority areas have the highest rates of emergency hospital admissions in England for older people aged 65 to 79 because they suffered injuries due to falls (based on the Public Health Outcomes Framework Data tool and the Gateshead Health and Social Care Joint Strategic Needs Assessment).

Falls are known to occur for complicated reasons. The most common reasons for people under 75 falling are:

- Lack of exercise leading to lack of muscle strength and co-ordination, which in turn reduces agility and resistance to falling
- Social isolation and mental ill health which leads to staying indoors, restricting exercise and reducing physical agility
- Loss of friends and family and life changing events which contribute to low mood/ depression, lack of confidence and unwillingness to go out and about
- Medication – side effects e.g. dizziness
- Medication or drug misuse and over use of alcohol
- Hazards in the home
- Badly fitting and inappropriate footwear
- Sight problems
- Poor nutrition
- Long-term limiting medical conditions
- Inner ear problems
- Poor lighting
- Ill-fitting slippers and gait problems
- Confusion/high temperature
- Falling from a stool or chair/ ladder
- Setting off in the dark or in a hurry e.g. to get to the toilet in the night
- In most instances people fall for several rather than one reason. Women are more likely than men to be affected badly by falls, because they are at a higher risk of osteoporosis after the menopause.

Falls have a very long recovery time. Falls can also be fatal or lead to fatalities. Hip fractures in particular are serious and recovery, in the sense of being able to return to the state of health and functioning that someone had before a fracture, is not guaranteed. Recovery is therefore an ideal state, but the extent of recovery is highly individual.



3.12 Costs associated with falls

Falls are the single biggest reason for serious injuries amongst older people. They are also a contributory factor towards death. Costs associated with serious falls are calculated using a range of reference costs as shown in table 5.

Table 5: Department of Health Reference Costs 2015-16

Cost of ambulance services	See, treat and convey - £236 (2015-16)
Cost of treatment in A and E	£138 per person
Cost of hip fracture (over 2 years)	£16,302 per person
Day case (inpatient cost)	£733 per person
Non elective inpatient cost i.e. emergency or unplanned	£1,609 per person
Excess bed day (additional day cost for patients that cannot be discharged)	£306 per person
Cost of subsequent consultations and cost of expert treatment by a trained health practitioner	£117+ per person

Costs to an individual’s family and friends in terms of the travel, lost work and leisure time spent in supporting and caring for a relative, vary depending on many factors. Our hypothetical case study is based on national evidence. A report by Carers UK (2011) highlights the extent to which average and low-income families experience debt and fuel poverty as a result of caring for family members.

Costs also flow in the other direction, since families also incur costs from the loss of the voluntary and care labour provided by the older injured person, such as looking after grandchildren or a spouse/ partner.

3.13 Some key points about the Assembly’s paid staff

Gateshead Older People’s Assembly employs a small paid staff team (4 employees) and the organisation’s annual audited accounts show that the costs incurred in the last financial year for employing staff were £69,169. Having paid staff makes a significant difference to third sector community-based organisations because they provide leadership and continuity. Volunteers cannot flourish unless a good framework is provided for them, which includes training and leadership. Volunteering also comes with costs such as recruitment, induction, ongoing training and volunteer support.

Having staff in post is often, therefore, an essential requirement. This section has shown how many volunteers have been recruited to the Assembly as a result of having paid staff. This is only one of the directly attributable benefits we can identify.

The Assembly has grown under the leadership of paid staff and it has been able to host and develop a regular set of activities which encourages further growth in the attendance and participation rates of older people. These figures are clear from looking at participation rates across the last two years and the current year so far (see the Assembly’s annual reports). The Assembly is also developing the capacity of the local older population to participate. None of this would be possible without a strong core of paid staff and it is vital to acknowledge this.

3.14 Summary of benefits calculated in this section

This section of the report has examined some rather than all of the Assembly’s activities and illustrates:

- For every £1 of public funds invested in the Assembly, it generates £2.96 of additional income
- Volunteer labour generated by the Assembly equates to £65,453
- Probable SROI of volunteers working with social groups in Gateshead: Between £55,020 and £100,000 in costs are being avoided, in terms of injuries and illness to vulnerable older people being prevented
- We estimate that the social return on public money invested in the Assembly’s 59 volunteers is between £129,800 and £236,000
- Public health funds of £19,146 are provided to fund the Staying Steady classes. The saving on public health expenditure that would have been spent without this investment is £968,736.
- The return achieved for every £1 of public health money spent on Staying Steady classes is £50.59

3.15 Concluding remarks

We strongly believe that Gateshead Older People’s Assembly makes a significant difference to the wellness and wellbeing of older people in Gateshead. The examples we present here are testament to the difference they are making.



Special thanks go to:

Gateshead Older People’s Assembly’s volunteers, beneficiaries, and staff team

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