

Belfast Health Development Unit: Active Belfast

Healthwise Physical Activity Referral Scheme

SROI Pilot exercise

Gauge NI



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1 Introduction

1.1 Belfast Health Development Unit

The Belfast Health Development Unit and the Public Health Agency commissioned Community Evaluation Northern Ireland, working in conjunction with Gauge NI, to develop an approach to capture and quantify social and economic outcomes for health and social well-being programmes in the Belfast Trust area.

In approaching the assignment, CENI and Gauge aimed to synthesise the *Measuring Change* and *Social Return on Investment (SROI)* approaches, focusing on two test programmes – Active Belfast and Drugs and Alcohol.

The exercise involved:

1. Identifying ‘what difference are the programmes trying to achieve?’ and developing frameworks of high-level outcomes against which achievement could be measured
2. Using the frameworks to identify the types of evidence required to demonstrate outcomes and impacts and developing a data collection plan for each of the programmes
3. Reviewing internal data collection processes to identify any gaps in evidence
4. Undertaking case studies to illustrate the application and utility of the SROI and *Measuring Change* methodologies to generate additional social change and financial data

This was an exploratory exercise designed to demonstrate how the approaches could be combined and applied, explore their potential transferability to other programmes and consider how this could be embedded within organisational practice.

This report provides a comprehensive overview of the SROI evaluation completed for the Healthwise Physical Activity Referral Scheme within Active Belfast as completed by Gauge NI.

1.2 Healthwise

SROI was applied to the Healthwise Physical Activity Referral Scheme within Active Belfast. Using the internationally recognised set of SROI principles, Gauge completed a small-scale SROI review of the scheme in one location, utilising comprehensive quantitative data from an agreed sample group as well as gathering qualitative feedback on a range of softer outcomes. This provided information on how the users have benefited and their lives been impacted through participation in Healthwise.

The process allowed for a set of financial values to be allocated to the identified outcomes to illustrate a social value relative to the investment made in the scheme. Potentially, this could be replicated across the wider Healthwise scheme and other relative programmes where outcomes are similarly focused.

1.3 Methodology

Gauge utilised the Social Return of Investment (SROI) principles and Impact Mapping -process to development its report. Both quantitative and qualitative research methods were used to collate all relevant information to carry out the evaluation.

Social Return on Investment (SROI) is an approach which focuses on accounting for value and assigns a monetary value to the social and environmental benefit that has been created by an organisation by identifying indicators which can be allocated a financial proxy. Comparing this

value to the investment required to achieve the impact produces an SROI ratio. It takes standard financial measures of economic return a step further by capturing social as well as financial value.

A range of data sources were utilised to gather evidence of the work and impact of the Healthwise programme.

▪ **Quantitative Data**

Specific data is collected for the Healthwise scheme. This currently includes information about individual referrals provided by the referring health service practitioner (reason for referral, medical history and baseline data concerning heart rate and blood pressure). It also includes information about individual participants, gathered by the exercise practitioner through initial screening and ongoing assessment. This includes health screening including medication details, exercise programme details, 'Feel Good' Index self-completion and Health Status Measurements which are completed at weeks 1, 6 and 12 to demonstrate progress

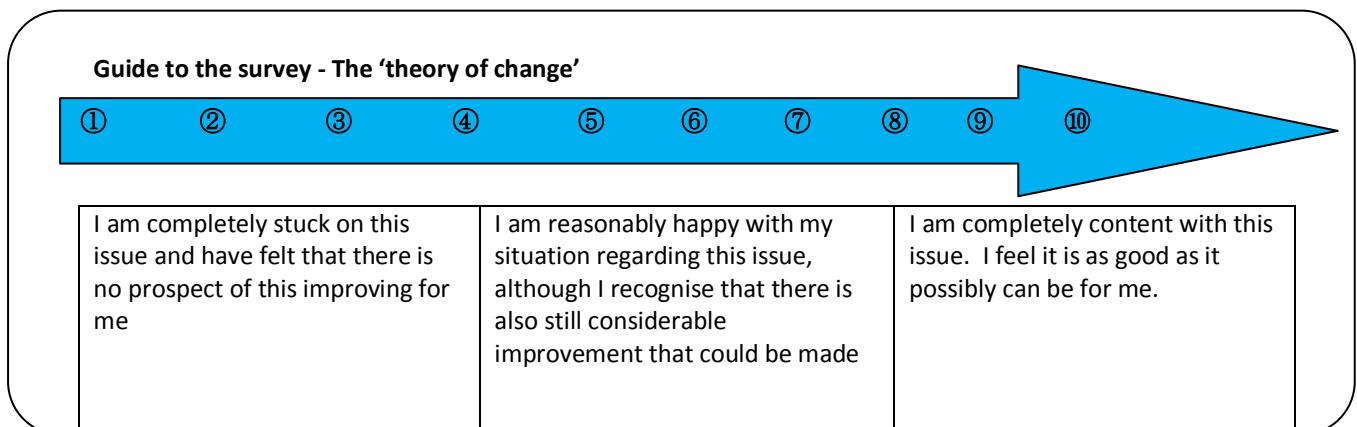
The exercise drew on client data which had been collected from the 36 participants who started the project with 26 completing the full 12 weeks of the Healthwise programme; 31 had been engaged until week 6.

This consisted of core health and medical data including:

- Height
- Weight
- BMI
- Heart Rate
- Blood Pressure
- Feel Good Index
- Referral rationale
- Programme activities

▪ **Qualitative Data**

Additional surveys were completed by 19 users indicating the change experienced by clients in a range of issues on a scale of 1 to 10, as outlined below:



Moreover, a focus group with a pool of five participants added to the depth of data and contributed to the 'theory of change' by adding the personal journeys experienced by the individuals as a result of the project.

The trainer in the selected site was also interviewed to identify and assess the perceived changes in users and to identify areas for potential development.

The data collected from these stakeholders is taken as a representative sample of the Healthwise scheme and the results have been extrapolated for the total number of participants.

Having completed the data collection aspect of the evaluation, we employed the principles of the Social Return on Investment (SROI), as outlined in **(Appendix 3)**, to build the Impact Map which addressed the requirements to measure both the impact and value of the Healthwise scheme.

The 'Impact Map' **(Appendix 4)**, provided a schematic high-level overview for the overall service provision and understanding of the value of the programme. The Impact Map fitted very well within the remit of the Healthwise programme as a means to identify, quantify and attribute a value to the change experienced by beneficiaries of the overall programme.

The engagement of stakeholders was pivotal to the Impact Mapping process so that those directly affected explore the full extent of the programme's impact, both intentional and non-intentional. By involving stakeholders in constructing the Impact Map it ensured that the outcomes that matter to those who are directly affected were measured and valued. This included identifying inputs, outputs, outcomes, placing values (financial proxies) on those outcomes.

2 Summary

The following narrative is offered as a description of the social outcomes and related social value created by the Healthwise Physical Activity programme based on the key findings from the stakeholder engagement and impact measurement process.

The physical activity services provided through the referral programme generates a social value of approximately **£1:£7** over a five year period. This is based on a Total Present Value (overall social value identified) of £484,697 created against an input of £69,000¹ over the extrapolated 5 year period, due to the impact being experienced by stakeholders beyond the period the service is delivered. Figure 1 and Table 1 below provide a summary on the Impact Value and Overall Impact that Healthwise has based on five key areas of; physical health, mental health and wellbeing, social interaction and engagement, skills of trainers and improved awareness and uptake of physical activity services.

Outcome area	Value	%
Physical Health	£222,218	45.85%
Mental Health	£84,774	17.49%
Social engagement	£121,042	24.97%
Skills of trainers	£9,886	2.04%
Improved awareness & uptake of services	£46,777	9.65%
TOTAL	£484,698	100%

Table 1: Overall Impact Value by Outcome

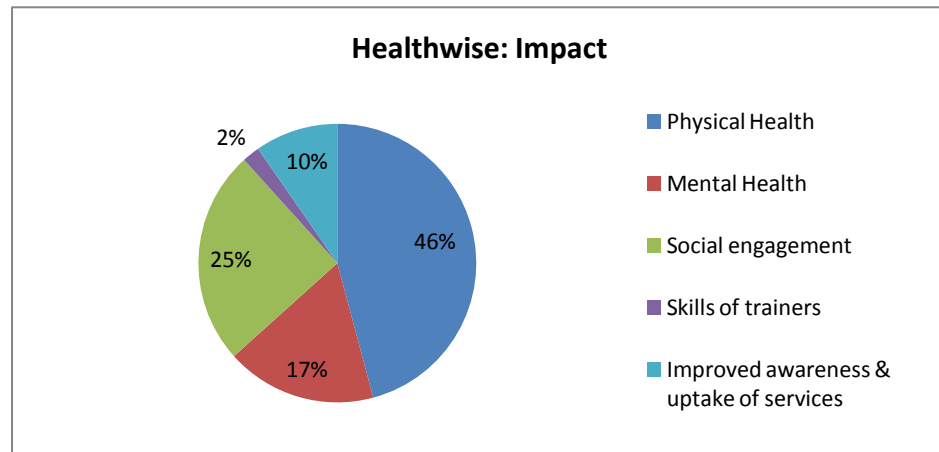


Figure 2: Impact by outcome type

As evidenced from the table above the key outcome relates to improvements to physical health followed by the identified value of the social interaction and engagement as a result of the service.

Outcomes in this context are the changes that occur over time following the intervention of the Physical Activity Referral Scheme. Outcomes can be measured at a variety of levels; individual, organisational, community etc, and can be considered intentional or unintentional. A full and complete SROI Impact Map is included in Appendix 4 whilst an explanation for each outcome and how the financial proxy was developed is detailed below.

¹ This input is based on the funding provided for the programme in 2012/13

Table 2 below provides the explanation for each outcome and how the relevant financial proxy was developed.

Stakeholder	Outcome	Number	Financial Proxy Used	Proxy Value	Explanation
Individuals & Participants	1.1 Improved access to physical activity services leads to an increase in activity	267	Value of participating in sport or physical activity at least once per month (£562) & Direct NHS cost of treating obesity in NI	£703 Equates to £562 HACT value + £202 (est) pp cost of obesity (£765) * 92% improvement in awareness of services	Report from HACT illustrating value of non-housing impacts & The cost of overweight & obesity on the island of Ireland - £92,323,652/26% of NI population (2009 costs adjusted by 6%)
	1.2 As a result of the improved physical activity blood pressure is reduced	244	Revealed preference of the willingness to pay for the relief from heart/blood pressure or blood circulation problems £1546	£433 £1546 proposed value * 28% improvement expressed by users	HACT Report (http://www.hact.org.uk/sites/default/files/uploads/Archives/2013/02/The%20Social%20Impact%20of%20Housing%20Providers%20report2013.pdf)
	1.3 Improved mental health leading to reduced feelings of depression & anxiety	244	Cost of 12 week counselling programme to combat anxiety & stress	£178 £660 value * 27% benefit expressed by users	£55 per session (12 sessions recommended by NHS Direct) from BACP Counsellor at Belfast Cognitive Therapy Centre
	1.4 Increased confidence as a result of the physical activity & increased social engagement	393	Cost of confidence building programme reflecting the value attributed to this improvement	£852 £1200 value * 71% improvement expressed by users	Provision of confidence building course (4 workshops) from Soul Ambition (Belfast)
	1.5 Increased levels of engagement with others, friends & family leading to an improvement in mental health	393	The value of increased frequency of interaction with friends, relatives & neighbours - satisfaction with leisure time domain	£3,596 Assumes a value of 40% of the proposed £15,500 benefit from the UL report * 58% improvement expressed by users	Putting a price tag on friends, relatives & neighbours ' University of London (UL), 2007 (p25)
Personal Trainers	4.1 Increased relevant skills leads to increased ability to deliver quality services	19	Median value of Ante & Post Natal exercise and Level IV Obesity & Diabetes courses	£293 Average cost of completing at least one of the two qualifications	£250 Ante & Post Natal course and £335 Obesity & Diabetes course
PHA (Public Health Sector)	5 As a result of improved communication & cross referral - departments experience increased uptake & increased efficiency (time saved - assumed)	786	The value of marketing campaign to raise awareness in hard to reach target group	£363 per person engaged based on a target group of 262,000 (equating to a reach of 0.3% to achieve the 786 proposed users	£1.09 based on Department of Health per capita spending on health awareness advertising (£56.43m in 2008-9; this is £1.09 per capita based on 2009 UK population)

2.1 Social impact: key issues

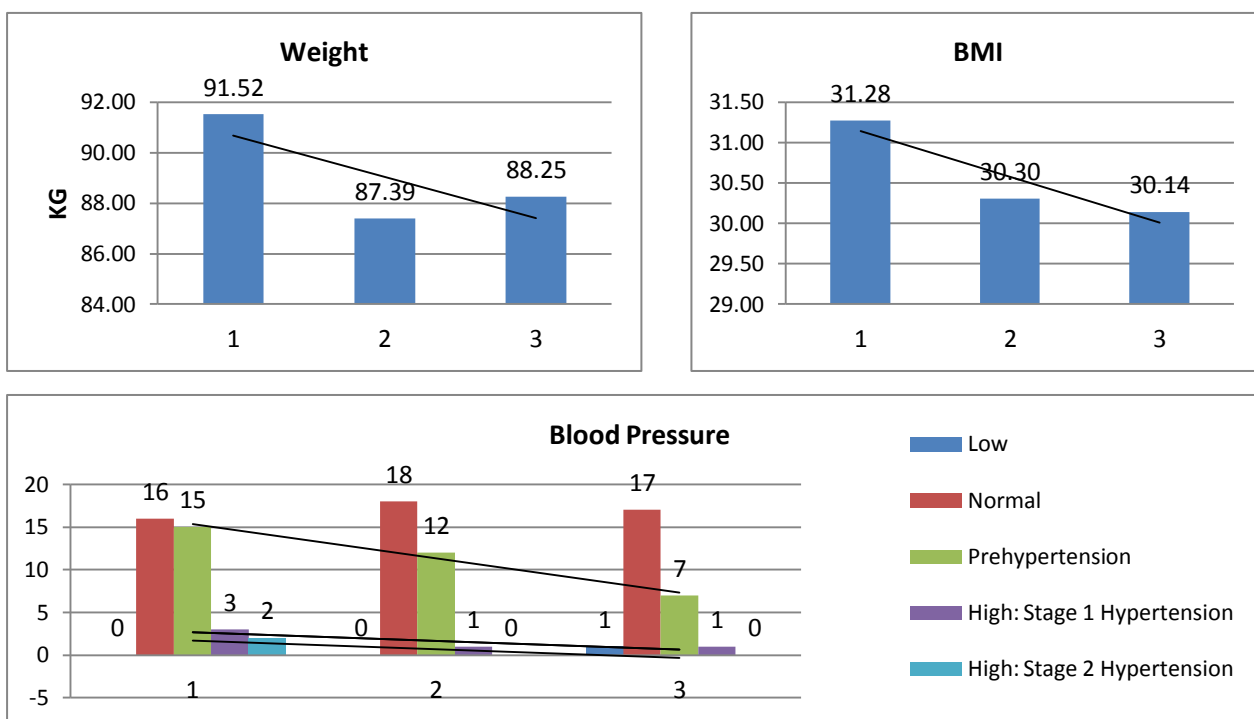
The key areas of social impact identified in the research were focused on the users of the service, as agreed in the initial scope of the research, with the following key outcomes:

- Physical Health
- Mental Health
- Social engagement
- Skills of trainers
- Improved awareness & uptake of services

2.1.1 Physical health

The improvements to physical health are evident from both the quantitative data collected and qualitative feedback sought from users.

Data from the 12 week programme illustrates improvements to weight, Body Mass Index (BMI) and blood pressure, as illustrated below.



Moreover, respondents to our survey suggested an 82% improvement in physical wellbeing and an 84% increase in physical activity, illustrative of the low baseline level of activity and poor health conditions for many of the participants.

On a general note, respondents were asked “To what extent do you feel your life has improved?” Respondents suggested an 82% improvement. A few quotes are provided below that illustrating how participants felt their lives had changed.

“Freedom – I can do more”

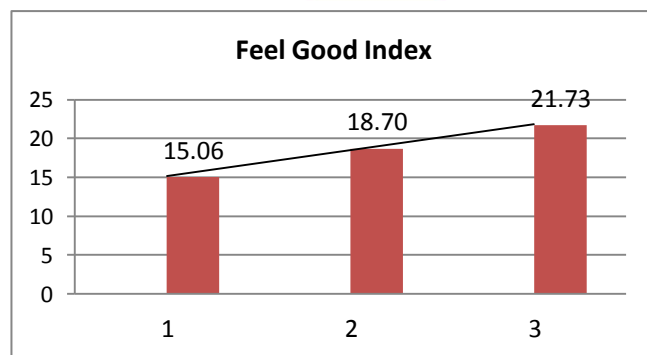
“I have lost a stone - feel fitter - I look better in my clothes”

“Less chest infections. Positive outlook on life. We love our group

“Do more at home. Simple things like getting upstairs or carrying something. I feel stronger. Before I hadn't left home for over a year”

2.1.2 Mental health

In terms of mental health survey respondents demonstrated a significant improvement in confidence (71%) that supported the findings of the 'Feel Good Index' data collected, illustrated below, that showed an improvement of 44% taking the group at the end of the process to a level of 22/25 from a 15/25 starting point.



2.1.3 Social engagement

A key positive, if unintended, outcome has been the improved level of social engagement and interaction as a result of the programme. Users suggested that along with a 71% improvement in confidence levels they improved their level of social interaction by 58%. This was further evidenced by feedback from the focus group of Healthwise users (opposite).

“The best things are meeting people, it’s a good laugh and I am enjoying the (fitness & weight) machines”

“More getting out and social activity”

2.1.4 Skills of trainers

Part of the programme included investment in the skills of physical activity professionals with 19 trained in additional skills, primarily the Ante & Post Natal course and £335 Obesity & Diabetes course (delivered by Train Direct and Wright Foundation).

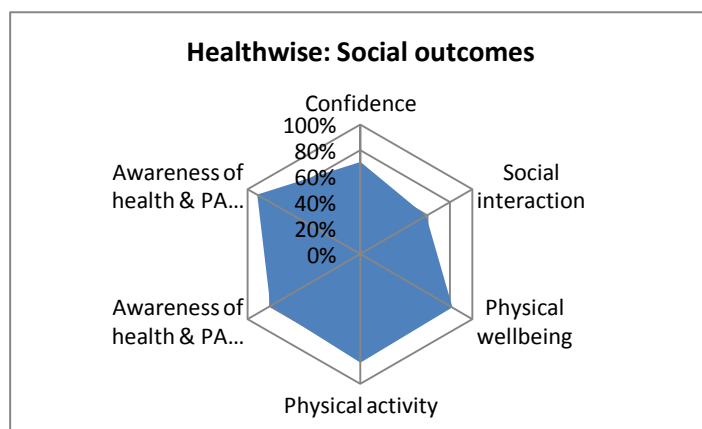
The potential added value of this training to the confidence and future prospects of the trainer was not measured in this instance. Moreover, the trainers benefit from improved knowledge of other services as a result of the programme, primarily through users informing them of other activities that they engage in.

2.1.5 Improved awareness & uptake of services

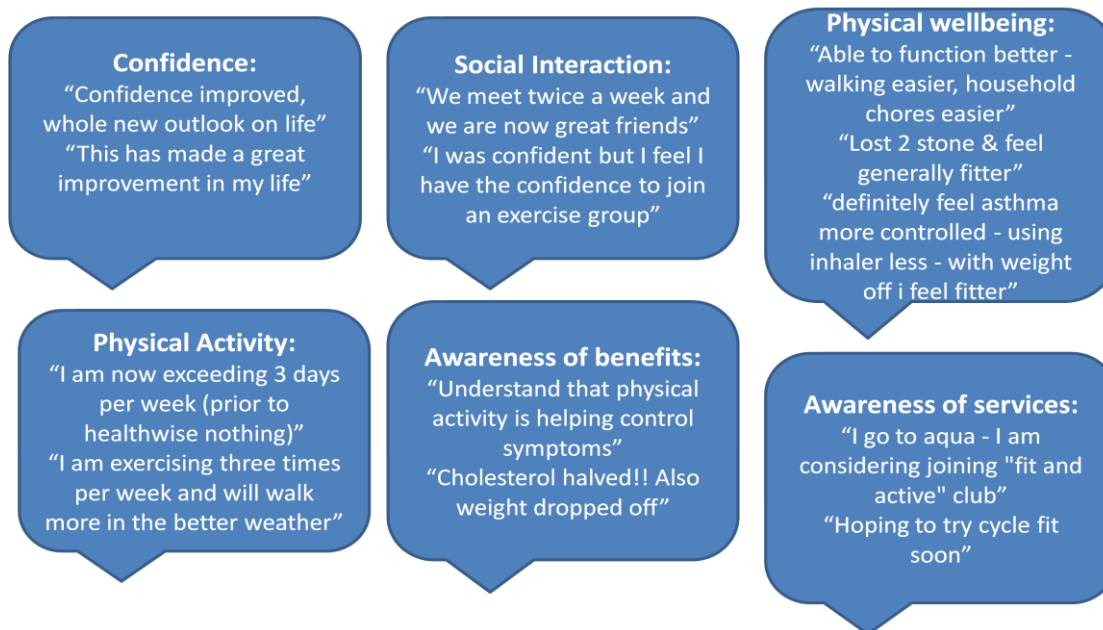
Identified as a central outcome for Active Belfast as a whole, the users of Healthwise certainly improved their knowledge of both the benefits of physical activity to them and the range of services available to them as a result of the programme. Survey respondents proposed an 80% increase in awareness of health benefits and a 92% increase in awareness of services available to them.

2.2 Impact summary

There were also significant improvements in the more intangible outcomes of confidence, reduced social isolation, increased awareness of both the benefits and range of services available for physical activity as evidenced opposite.



A series of quotes from users helps to demonstrate the 'journey' that they have taken as a result of the Healthwise programme:



Given that the analysis contains estimations and assumptions, it is prudent to review where these decisions have had a significant effect on the overall SROI calculation and to consider, therefore, the assurance that can be placed on such figures.

However, as an evaluative analysis, the study contains confirmed data regarding numbers of service users. As such, research makes extrapolated assumptions on the numbers affected based on the focus groups and questionnaires completed by the group. For example, the most significant outcome, accounting for almost 34% of total value, relates to Healthwise service users "improved access to physical activity services leads to an increase in activity."

The sensitivity analysis explores the impact on the SROI ratio of changing some of the study's key assumptions. Discount rates thought to be significant were amended to clarify the impact of changing attribution, deadweight or displacement.

Outcome values generated from research methods were adjusted to determine the impact of changing particular values, given that questionnaire results were extrapolated over the full stakeholder group.

The most significant (or sensitive areas) for the analysis relate to:

- Healthwise users – Improved access to physical activity services leads to an increase in activity (33.52%)
- Healthwise users - Increased levels of engagement with others, friends & family leading to an improvement in mental health (28.01%)
- Healthwise users – Increased confidence as a result of the physical activity & increased social engagement (13.27%)

Collectively these 3 outcomes accounted for almost 75% of the assumed value of social impact.

Stakeholder	Outcome	Factor chosen	Changed to	Ratio
Healthwise users	Improved access to physical activity services leads to an increase in activity	Financial Proxy	No change	£7.02
		Deadweight	33% (from 10%)	£5.59
		Displacement	No change	-
		Attribution	33% (from 20%)	£6.21
Healthwise users	Increased levels of engagement with others, friends & family leading to an improvement in mental health	Financial proxy	Reduced to 75% of proposed value	£6.59
		Deadweight	No change due to high level of sensitivity applied	-
		Displacement		-
		Attribution	i.e. only proposing 5% of value for project	-
Healthwise users	Increased confidence as a result of the physical activity & increased social engagement	Quantity	Reduce number of users affected from 50% to 30%	£6.75
		Deadweight	No change due to high level of sensitivity applied	-
		Displacement		-
		Attribution	i.e. only proposing 10% of value for project	-

This sensitivity analysis produces a range of ratios from **£1:£6** to **£1:£7** by either amending the quantity affected by the outcome or increasing the discount factors to reduce the proposed impact generated by the services. This illustrates that the proposed values stand up to a rigorous test of sensitivity and testing of the assumptions made in terms of what would have happened without Healthwise intervention (deadweight and displacement) and who else contributed to the change (attribution).

3 Conclusions and Recommendations

This section summarises the key conclusions and messages from the evaluation and sets out recommendations to support the future development of the Programme. These are drawn from the findings & analysis presented in previous sections of the report.

3.1 Conclusions

- This pilot SROI evaluation has identified that the Healthwise Physical Activity Referral Scheme engaged with 786 referred users in 2012/13. Many of those engaged with the Programme may not otherwise have had the opportunity to avail of the opportunity to engage in physical activity and certainly not in the controlled and supportive environment of a gym with a physical instructor.
- The Healthwise scheme compliments the wider strategic goals of Active Belfast and the outcomes map clearly to the Outcomes Framework developed for Active Belfast.
- The evaluation has identified positive economic and social impact across five key issues; physical; health, mental health, social engagement, skills of trainers and awareness of physical activity benefits and services. The use of the SROI methodology has calculated the economic and social aspects have delivered a return of approximately **£7 for every £1** invested in the Healthwise Physical Activity Referral Programme during the period of April 2012 –March 2013.

3.2 Recommendations

- The collection and collation of Healthwise data must be improved to allow the Belfast Health Development Unit to assess the improvements to participants. A spreadsheet for collating the current Healthwise screening and assessment data has been developed within this exercise.
- Central information on other services would improve the knowledge, number referrals and ultimately quality of service from physical activity trainers e.g. database or newsletter outlining other services available in centres engaged in the scheme.
- Flexibility for trainers to assess participants at different intervals as opposed to rigid 1, 6 and 12 weeks due to unique issues facing individuals.
- More flexibility in terms of group work should be encouraged based on the experience of a number of small groups in the sample and the benefits of social engagement and interaction. These could be themed to target groups of beneficiaries with common issues such as mental health, COPD, obesity etc.
- There is clear scope for further development and application of the SROI approach within Healthwise, such as engaging a wider group of stakeholders and testing the robustness of the financial values. The overall perception from those involved was that it was a welcome opportunity to reflect, to feedback their thoughts and to allow them to engage with the programme and perhaps help to shape it. The exercise also helped to identify gaps in information and data collection for Healthwise. Moreover, the enthusiasm for maintaining the momentum for assessing impact is clear with one stakeholder commenting: *‘I would like to see where we are next year as I have learnt so much in a short period of time and put in place changes that are starting to show an impact.’*



4 Appendices

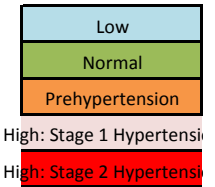
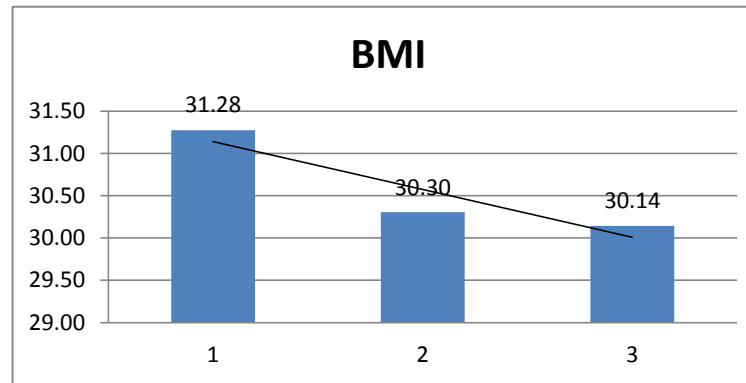
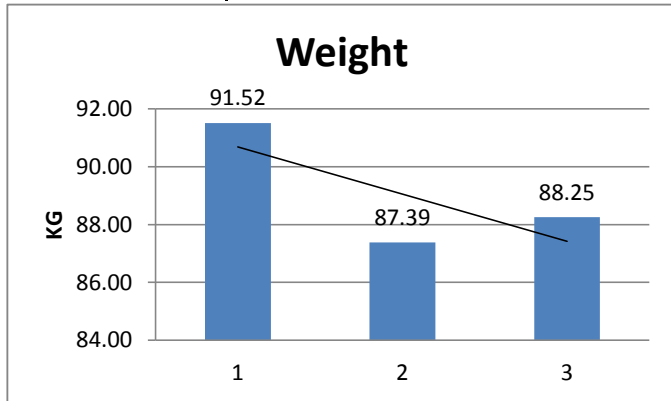
Appendix 1: Summary of Research Findings

36 responses

	Weight		
	Week 1	Week 6	Week 12
a	58.1	58.5	-
b	68.5	64	-
c	-	-	-
d	92.1	83	85.7
e	80.7	76.2	73.5
f	80.7	79.4	76.2
Average	91.52	87.39	88.25

BMI		
Week 1	Week 6	Week 12
22.6	22.8	-
24.4	24.4	-
-	-	-
29	28	26.4
31.5	28.9	28.7
25.5	25	25
31.28	30.30	30.14

Resting Heart Rate		
Week 1	Week 6	Week 12
70	64	-
78	-	-
-	-	-
72	70	70
76	82	78
73	71	82
76.34	98.00	75.09

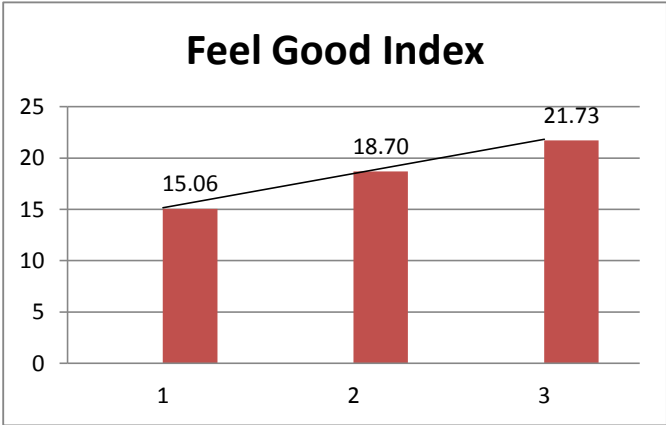
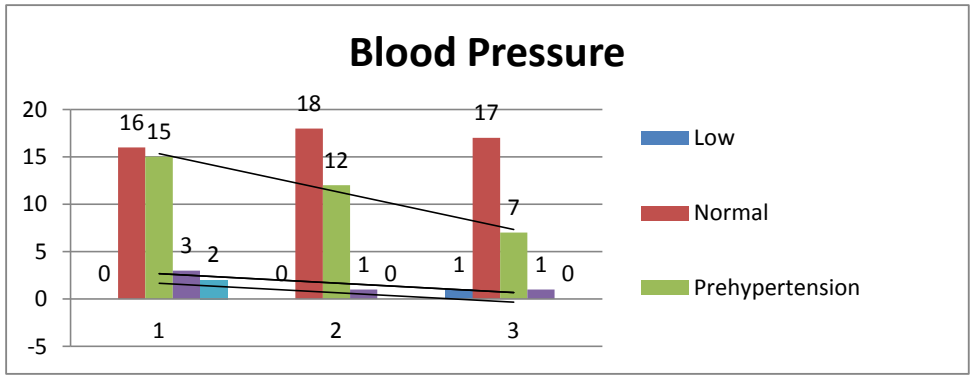


Blood Pressure					
Week 1	Indication W1	Week 6	Indication W6	Week 12	Indication W12
183	Normal	200	Normal	-	#N/A
299	High: Stage 2 Hypertension	200	Normal	-	#N/A
192	Normal	214	Prehypertension	-	#N/A
307	High: Stage 2 Hypertension	202	Prehypertension	206	Prehypertension
165	Normal	184	Normal	186	Normal
198	Normal	190	Normal	194	Normal
209.67		201.84		194.15	

Feel Good Index		
Week 1	Week 6	Week 12
14	17	-
12	13	-
15	-	-
19	19	24
18	20	24
10	15	16
15.06	18.70	21.73

60% 75% 87%

0	Low	0	Low	1	Low
16	Normal	18	Normal	17	Normal
15	Prehypertension	12	Prehypertension	7	Prehypertension
3	High: Stage 1 Hypertension	1	High: Stage 1 Hypertension	1	High: Stage 1 Hypertension
2	High: Stage 2 Hypertension	0	High: Stage 2 Hypertension	0	High: Stage 2 Hypertension
36		31		26	27.78%



Reason for Referral							
Hypertension	Diabetes	Asthma, Bronchitis or COPD	Anxiety, Stress, Depression	BMI >25	Osteoporosis	CHD or associated risk factors	Other
			x				
			x	x			
			x				
			x	x			
				x			
		x	x				
1	2	6	11	10	1	4	1

3% 6% 17% 31% 28% 3% 11% 3%

Personal Programme Need	Comments
Group Exercises, Circuits, Pilates, Swimming and Spin	
Walking/Group exercise.	
Cardiovascular, bike and core exercises	
Cardiovascular, running and core exercise/swimming	Client doesn't enjoy group activities
Weight lifting and cardiovascular	Client loved healthwise and is taking out membership
Cardiovascular, core strength and back/neck stability	

#

Appendix 2: Social Outcomes Survey

As a result of participating in the **Healthwise** scheme please score on the scale below how you feel you have been affected by the scheme in following six areas:

Theme	Range – to what extent has this improved
Increase in confidence	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Details	
Theme	Range – to what extent has this improved
Improved social interaction	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Details	
Theme	Range – to what extent has this improved
Improved physical wellbeing	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Details	
Theme	Range – to what extent has this improved
Increase in physical activity	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Details	
Theme	Range – to what extent has this improved
Awareness of health & physical activity benefits	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Details	
Theme	Range – to what extent has this improved
Awareness of physical activity programmes & services	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Details	
Theme	Range
To what extent do you feel your life has improved?	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
Details	

Since participating what physical activities do you do?	
Since participating have you joined any other sports / physical activity clubs? If so which?	
How do you plan to continue your physical activity after Heathwise?	
What has been the biggest change for you from participating on Healthwise?	
Please provide 1 recommendation to improve the service?	

Guide to the survey - The 'theory of change'

① I am completely stuck on this issue and have felt that there is no prospect of this improving for me	② I am reasonably happy with my situation regarding this issue, although I recognise that there is also still considerable improvement that could be made	③ I am completely content with this issue. I feel it is as good as it possibly can be for me.

Appendix 3: Principles of SROI

SROI is an approach to understanding and managing the value of the social, economic and environmental outcomes created by an activity or an organisation. It is based on a set of principles that are applied within a framework.

SROI seeks to include the values of people that are often excluded from markets in the same terms as used in markets, that is, money, in order to give people a voice in resource allocation decisions. SROI is a framework to structure thinking and understanding. It's a story not a number. The story should show how you understand the value created, manage it and can prove it. SROI is based on the following seven principles:

1. Involve stakeholders	Understand the way in which the organisation creates change through a dialogue with stakeholders
2. Understand what changes	Acknowledge and articulate all the values, objectives and stakeholders of the organisation before agreeing which aspects of the organisation are to be included in the scope; and determine what must be included in the account in order that stakeholders can make reasonable decisions
3. Value the things that matter	Use financial proxies for indicators in order to include the values of those excluded from markets in same terms as used in markets
4. Only include what is material	Articulate clearly how activities create change and evaluate this through the evidence gathered
5. Do not over-claim	Make comparisons of performance and impact using appropriate benchmarks, targets and external standards.
6. Be transparent	Demonstrate the basis on which the findings may be considered accurate and honest; and showing that they will be reported to and discussed with stakeholders
7. Verify the result	Ensure appropriate independent verification of the account



Appendix 4: Impact Map

Social Return on Investment - Impact Map (continued from previous page)														
Stage 1 duplicate			Stage 2 duplicate			Stage 4			Stage 5					
Stakeholders	The outcomes		Deadweight	Displacement	Attribution	Drop Off	Impact	Calculating Social Return						
Who do we have an effect on? Who has an effect on us?	Description		%	%	%	%		Discount rate (%)						
	How would you describe the change?	Value	What would have happened without the activity?	What activity did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Quantity times financial proxy, less deadweight, displacement and attribution	Year 1 (after activity)	Year 2	Year 3	Year 4	Year 5		
Individuals & Participants PHA (Public Health Sector)	1.1	Improved access to physical activity services leads to an increase in activity	£187,927.06	10%	25%	20%	20%	£84,567.18	33.52%	£84,567.18	£67,653.74	£54,122.99	£0.00	£0.00
	1.3	As a result of the improved physical activity blood pressure is reduced	£105,475.54	50%	0%	33%	33%	£17,930.84	7.11%	£17,930.84	£12,013.66	£0.00	£0.00	£0.00
	1.5	Improved mental health leading to reduced feelings of depression & anxiety	£43,420.21	25%	5%	33%	20%	£16,065.48	6.37%	£16,065.48	£12,852.38	£10,281.91	£0.00	£0.00
	1.6	Increased confidence as a result of the physical activity & increased social engagement	£334,836.00	40%	0%	50%	50%	£33,483.60	13.27%	£33,483.60	£16,741.80	£0.00	£0.00	£0.00
	1.7	Increased levels of engagement with others, friends & family leading to an improvement in mental health	£1,413,228.00	45%	0%	50%	20%	£70,661.40	28.01%	£70,661.40	£56,529.12	£0.00	£0.00	£0.00
	2.1	Increased relevant skills leads to increased ability to deliver quality services	£5,557.50	10%	0%	20%	25%	£3,890.25	1.54%	£3,890.25	£2,917.69	£2,188.27	£1,641.20	£0.00
	3.1	As a result of improved communication & cross referral - departments experience increased uptake & increased efficiency (time saved - assumed)	£285,580.00	33%	25%	33%	50%	£25,702.20	10.19%	£25,702.20	£12,851.10	£6,425.55	£3,212.78	£1,606.39
Total		£2,376,024.32					£252,300.95	100.00%	£252,300.95	£181,559.50	£73,018.72	£4,853.97	£1,606.39	
								% after discounting 11%						
Present Value									£252,300.95	£181,559.50	£73,018.72	£4,853.97	£1,606.39	
Total Present Value													£484,697.96	
Net Present Value													£415,697.96	
Social Return £ per £													£7.02 per £1	
Per annum									7.313070985	5.262594123			6.02 NPV	