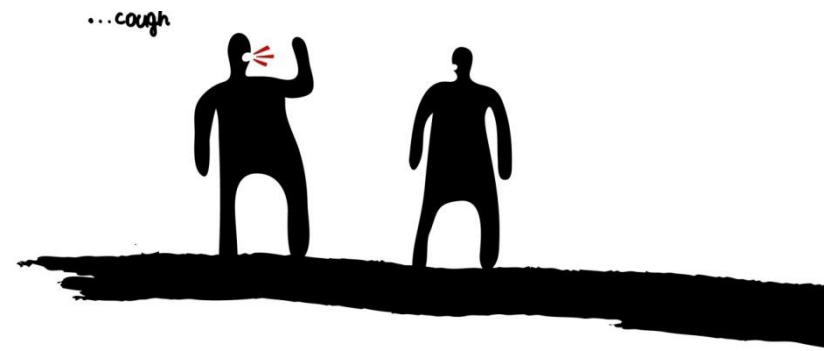


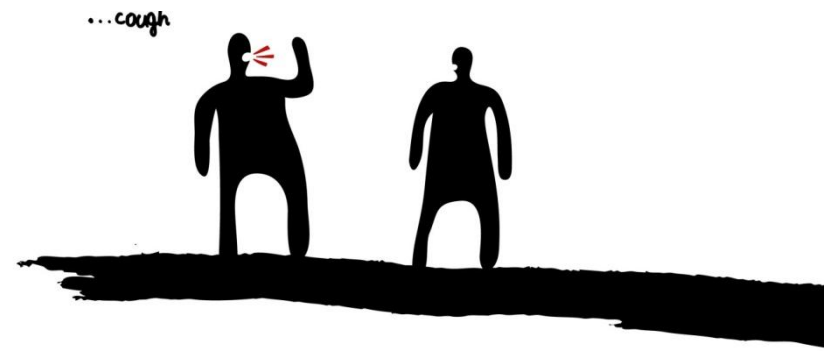
Social marketing in tough times - Can SROI be the beef!

Spencer Robinson

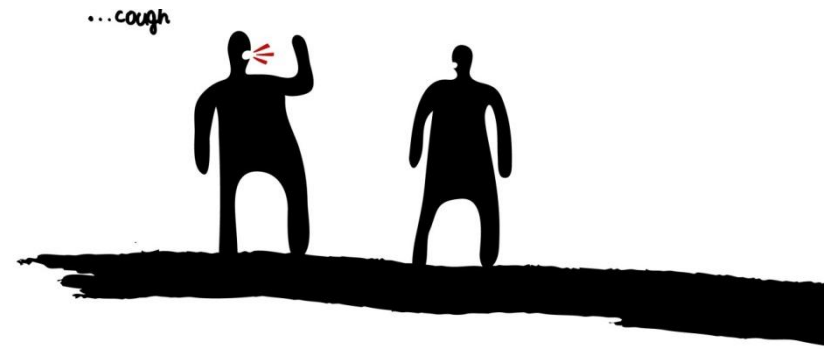


Session structure

- Brief introduction to SROI
- How I think SROI can contribute to a social marketing agenda
- Example of SROI in the early detection of lung cancer in Hull and East Yorkshire



Why do we need to do SROI or ROI if the intervention works?



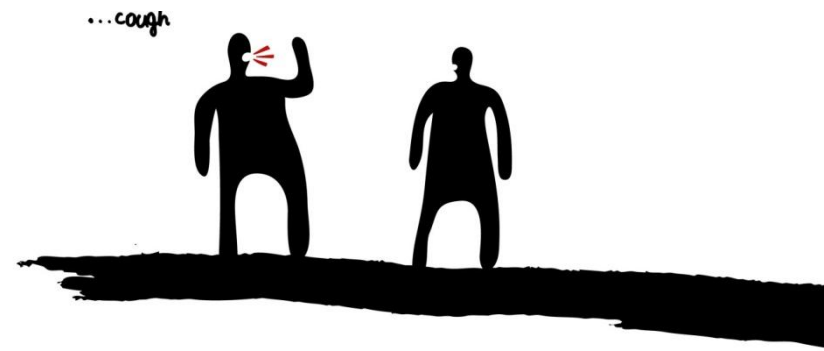
Social Marketing in tough times

In 2010 Nancy Lee's article Where's the beef? Social marketing in tough times, highlighted the absence of ROI within many intervention evaluations within a social marketing context.

Nancy describes ROI as

“economic value of changes and the behaviour and the calculated rate of return associated with the effort: for every dollar spent, dollars saved or generated, after subtracting expenses”

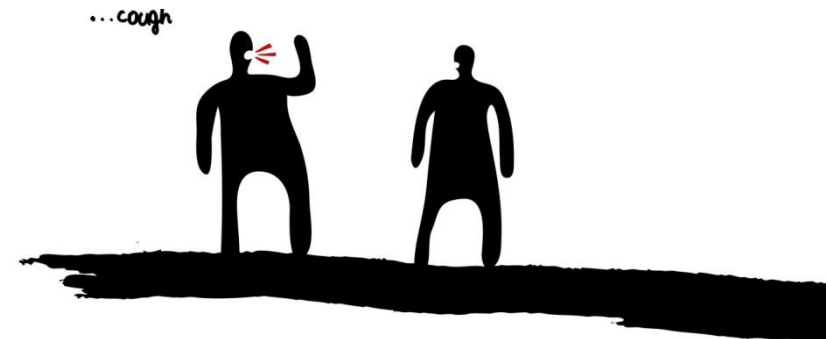
Nancy Lee ,JSM ,(2010)



What is meant by Social Return on Investment (SROI)?

“*SROI is a framework for measuring and quantifying change. SROI is about the measurement of social value and environmental change*”

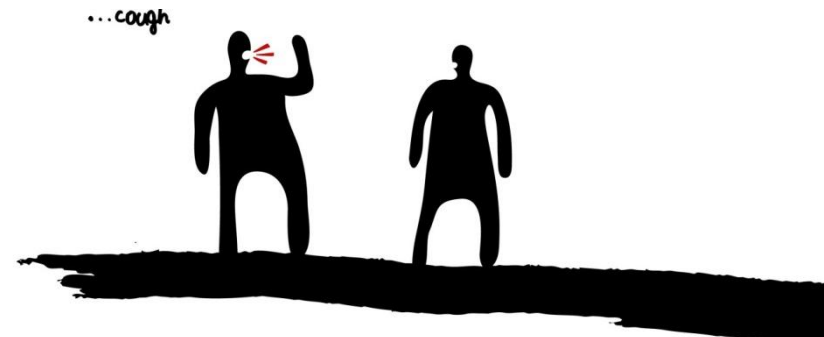
The SROI Network (2012)



What is meant by Social Return on Investment (SROI)? Contd..

**“SROI is all about value, rather
than just money”**

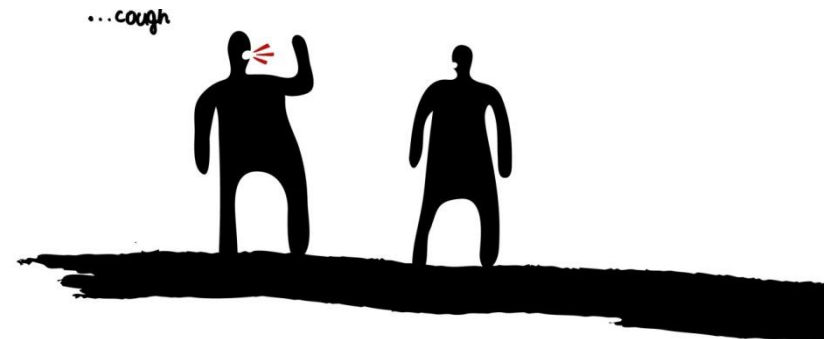
The SROI Network (2012)



“

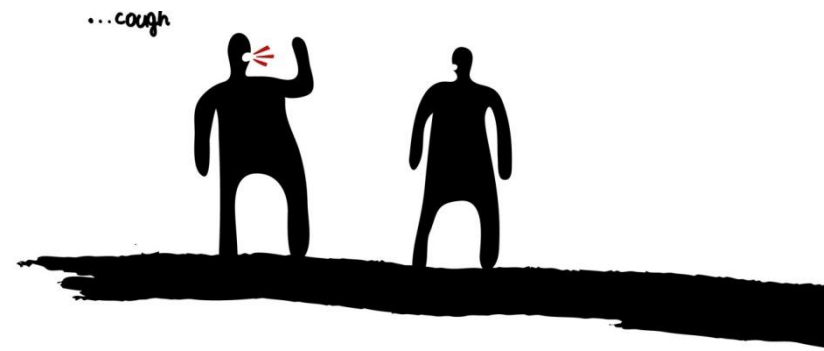
SROI tells the story of difference and change made by a policy, project or organisation being analysed and can be used as a forecast or evaluation tool”

The UK Cabinet Office, (2009)



SROI is not just a cost benefit analysis

- SROI borrows from CBA but is much more than a cost benefit analysis, and is more complex as the outcomes (both soft and hard) have to be monetised and given a £ value for the analysis to be completed.



e.g. Lung cancer cost benefits analysis

Acute Trust - Known costs:

Total number of excess bed days = **1,326**

Elective care costs (n= 2625) = £2,328,556

Average cost per person = £887

This does include chemotherapy costs

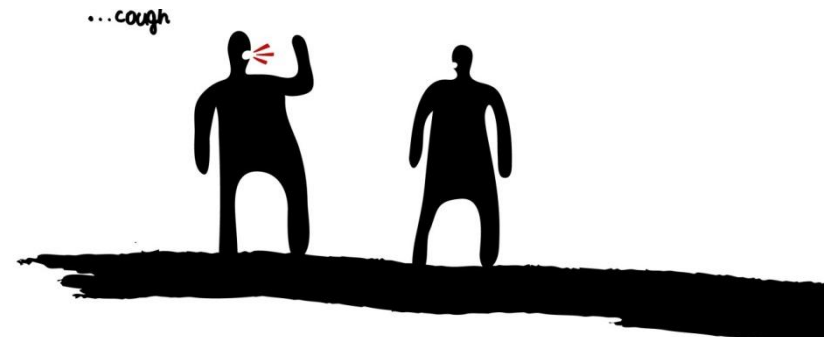
Number non scheduled excess bed days = 929

Non elective care costs (n=1664) = £3,275,849

Average cost per person = £1969

If 25% of unscheduled admissions can be saved by an earlier CXR (£19) which triggers an OPD (£230) the real saving could be £1720. This would equate to 150 (based on 600 referrals) CXR's and referrals with a potential saving of £258,000 from the unscheduled care spend.

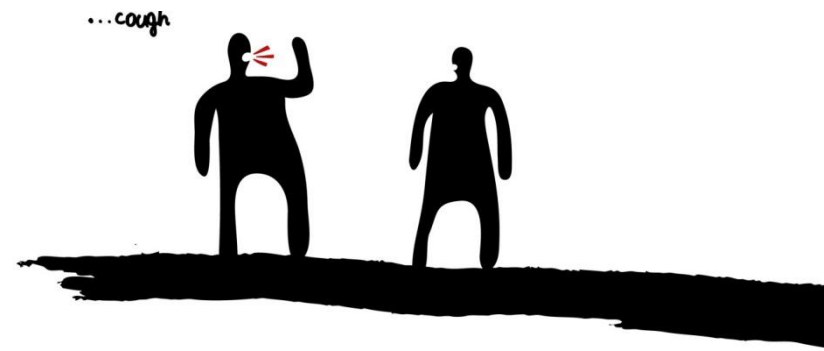
NB Data is based on 2008 figures and costs and includes all thorax cancers



Two types of SROI

SROI is based on a set of principles and can be undertaken as an ***Evaluation*** or a ***Forecast***.

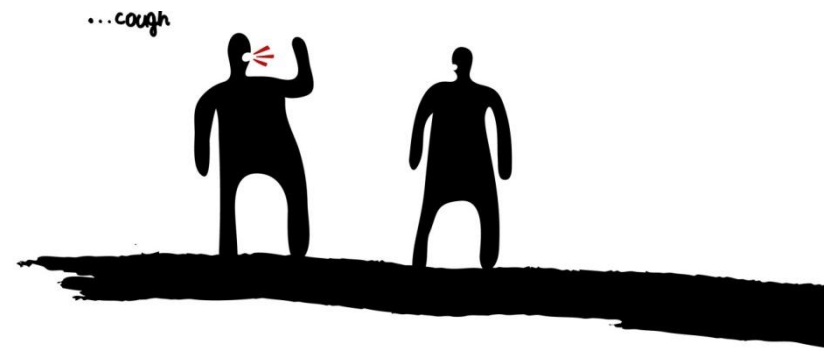
With a **forecast** you can use the information to look forward and plan your business or intervention. With **evaluation** you can look back and evaluate your objectives, changes, etc.



The principles in which to base SROI

1. Involve stakeholders
2. Understand what changes
3. Value the things that matter
4. Only include what is material
5. Do not over-claim
6. Be transparent
7. Verify the result

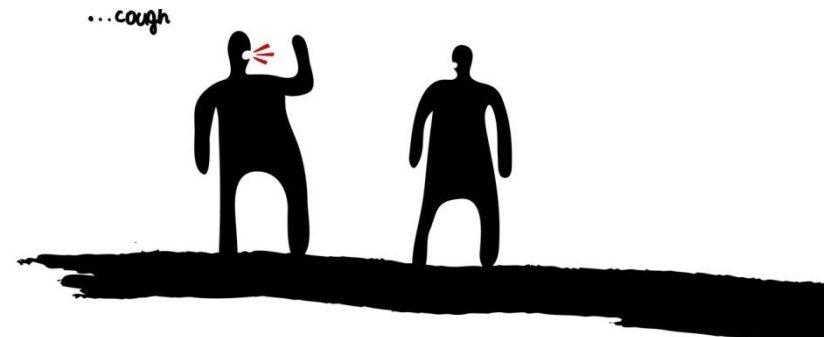
The SROI Network (2012)



The six stages are:

1. Scoping the project
2. Identifying stakeholders
3. Evidencing outcomes and monetising
4. Establishing impact
5. Calculating the SROI
6. Reporting

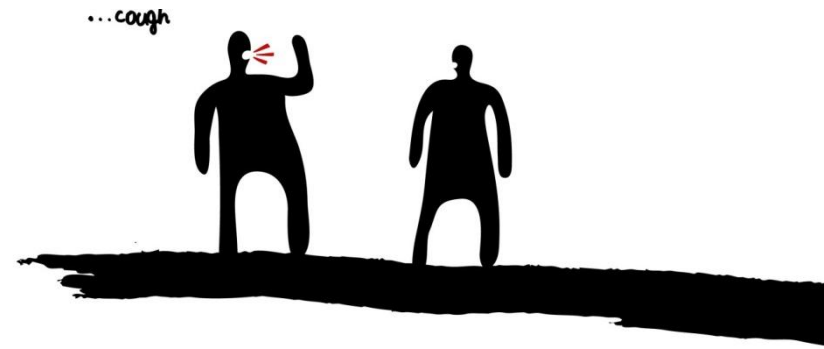
The UK Cabinet Office 2009, SROI Guide. p. 9-10



The benefits to SROI

Its can be used as a tool for :

- Strategic planning
- Communicating impact
- Attracting investment or making investment decisions
- Managing activities

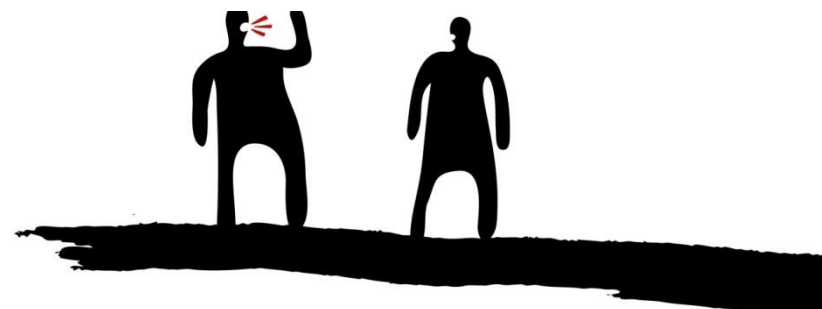


The impact map



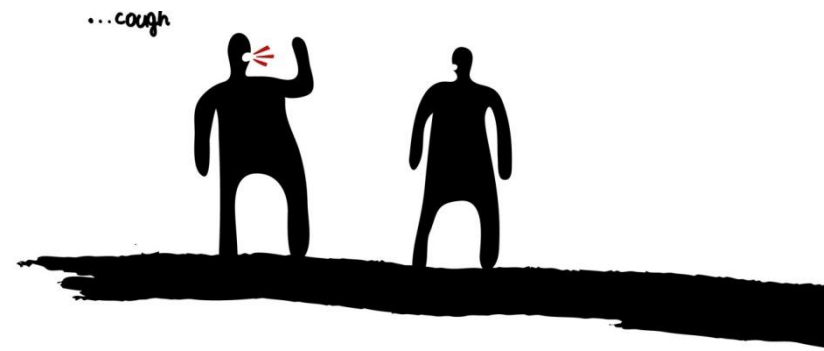
Social Return on Investment – The Impact Map

Organisation													Name					
Objectives													Date					
Scope	Activity											Objective of Activity		Time Period				
	Contract/Funding/ Part of organisation											Purpose of Analysis		Forecast or Evaluation				
Stage 1 →		Stage 2 →					Stage 3 →					Stage 4 →						
Stakeholders	Intended/unintended changes	Inputs		Outputs	The Outcomes (what changes)								Dead- weight %	Displace- ment %	Attribu- tion %	Drop Off %	Impact	Action Plan
Who do we have an effect on? Who has an effect on us?	What do you think will change for them?	What do they invest?	Value £	Summary of activity in numbers	Description How would you describe the change?	Indicator How would you measure it?	Source Where did you get the information from?	Quantity How much change was there?	Duration How long does it last?	Financial proxy What proxy would you use to value the change?	Value £ What is the value of the change?	Source Where did you get the information from?	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.	What needs to be done?

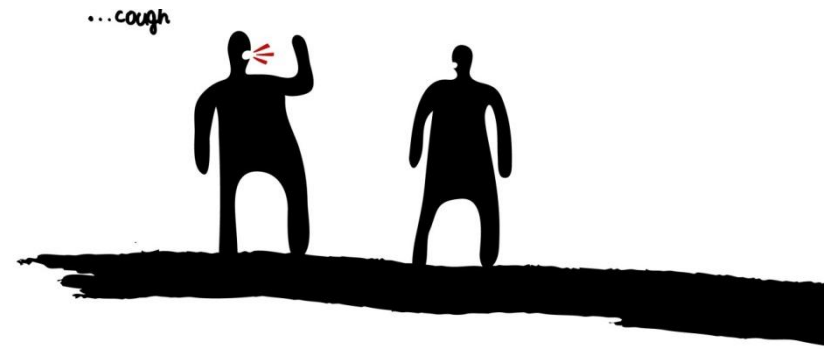


The benefits of SROI for social marketing interventions

- The potential to quantify and value the social and behavioural change
- By demonstrating improvement, effectiveness, efficiencies' and value can only enhance
- It incorporates the 'softer' monetary measures

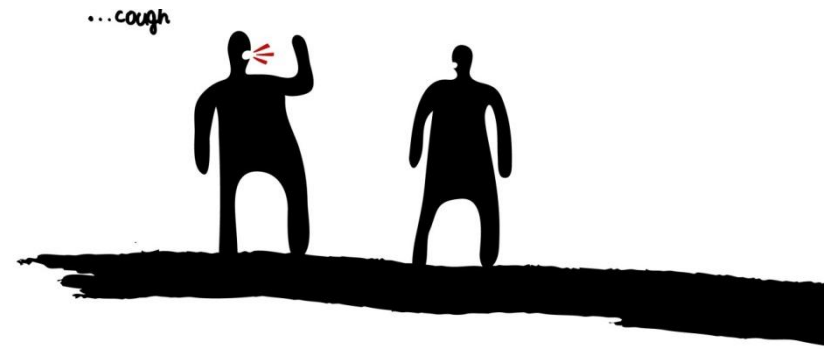


Social Marketing and SROI- the interplay!



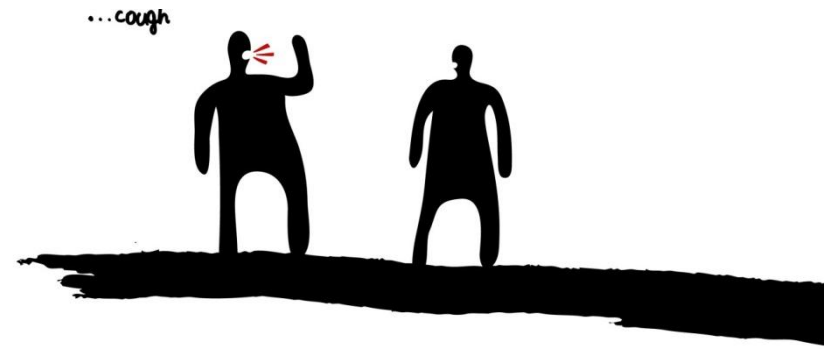
An early detection of lung cancer SROI

A brief context



Motivation

- Hull and areas of East Riding - amongst highest incidence of lung cancer in England
- 80% of patients diagnosed with lung cancer have a disease that is inoperable because it presented too late or have a co-morbidity.



Age-and gender-specific percentages smoking in Hull's 2007, and East Riding of Yorkshire's 2009, health and lifestyle surveys¹

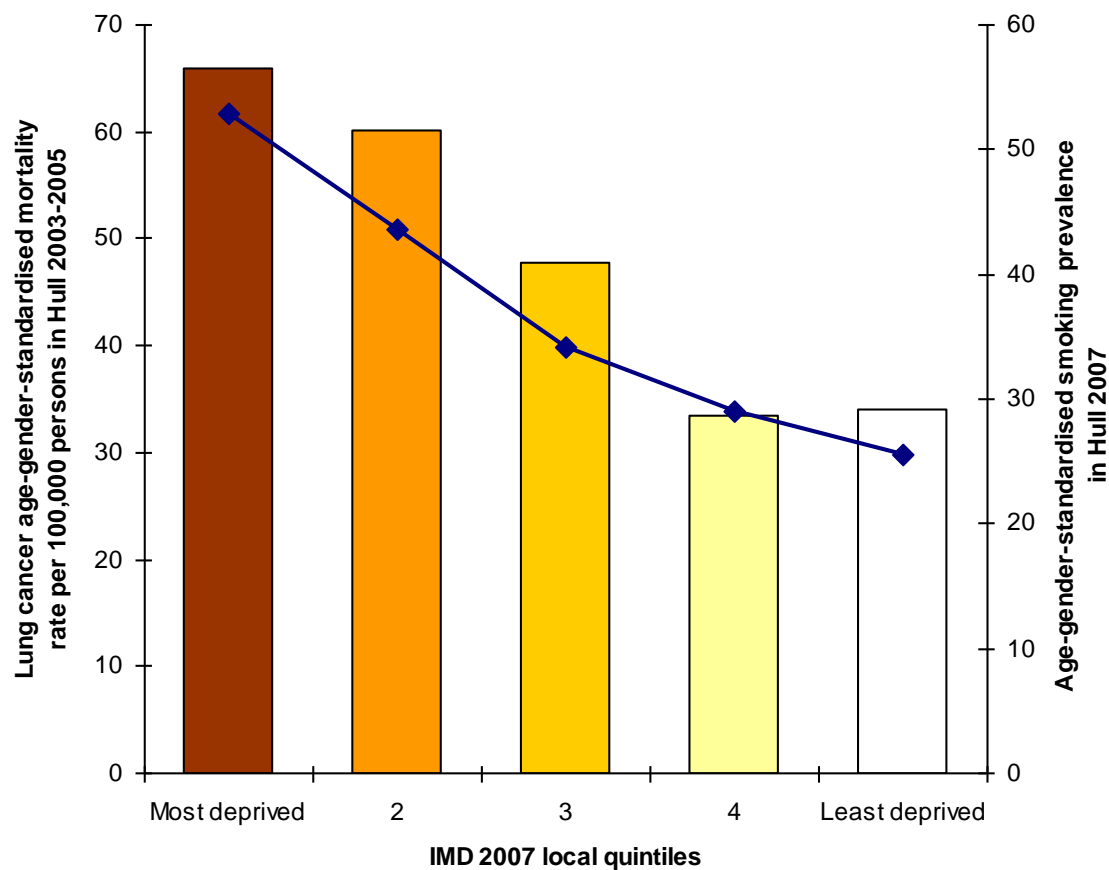
Gender and area		Smoking prevalence (%)				
		Age group (years)				
		18-24*	25-44	45-64	65-74	75+
Males	Bransholme	45.5	44.4	61.5	36.4	20.0
	Orchard Park and Greenwood	68.8	56.4	43.8	27.3	42.9
	Rest of Hull	41.1	37.3	29.5	22.5	16.5
	Goole	13.3	37.0	14.3	10.7	0.0
	South East Holderness	41.7	16.7	19.1	10.0	5.9
	Rest of EROy	17.3	22.4	16.9	10.4	3.7
Females	Bransholme	46.2	57.1	60.9	23.1	40.0
	Orchard Park and Greenwood	43.5	79.1	56.3	46.2	62.5
	Rest of Hull	32.3	31.1	26.8	20.0	10.2
	Goole	40.0	11.9	18.3	21.9	2.7
	South East Holderness	20.0	29.7	20.5	23.1	11.8
	Rest of EROy	20.1	16.4	11.3	9.7	6.0

...cough

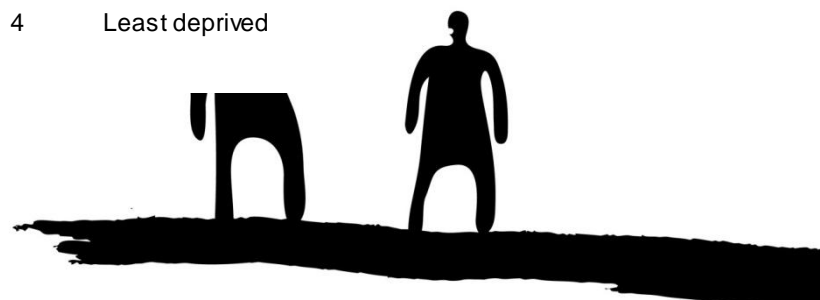
¹ Courtesy Robert Sheikh Iddenden, Public Health Sciences, NHS Hull



Smoking prevalence 2007 (line), lung cancer mortality 2005-07 (bars) and deprivation (local quintiles of IMD 2007) in Hull ¹



¹ Courtesy Robert Sheikh Iddenden, Public Health Sciences, NHS Hull



Intervention metrics

External - Target groups

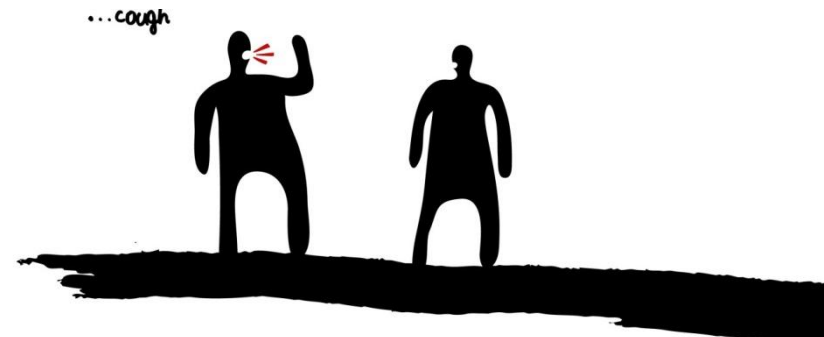
- Cancer Awareness Measurement tool implemented pre and post
- Uptake in people presenting direct to GP practices

Internal - Primary Care

- GP audit improvements in understanding, before & after intervention.
- Increased GP referrals - lowering their threshold
- Increased education levels of lung cancer in practices

Internal - Secondary Care

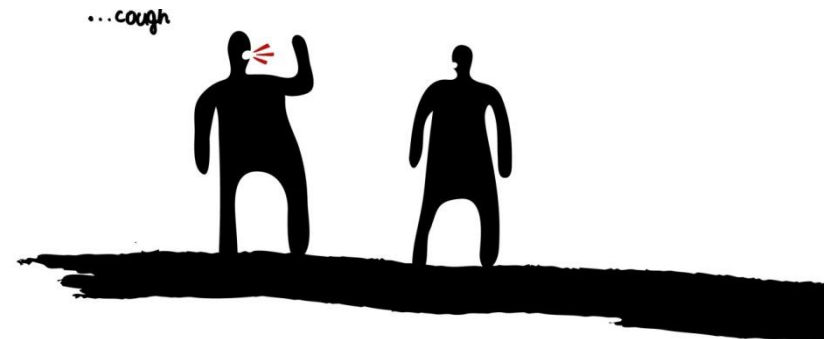
- Numbers of CXR/CT scans delivered
- Efficiencies made from earlier treatment and reduction in bed stay



Evaluation SROI - value ratios

The results suggest that for every £1 that has been invested in the social marketing interventions a social return on investment of £2.60 has been realised.

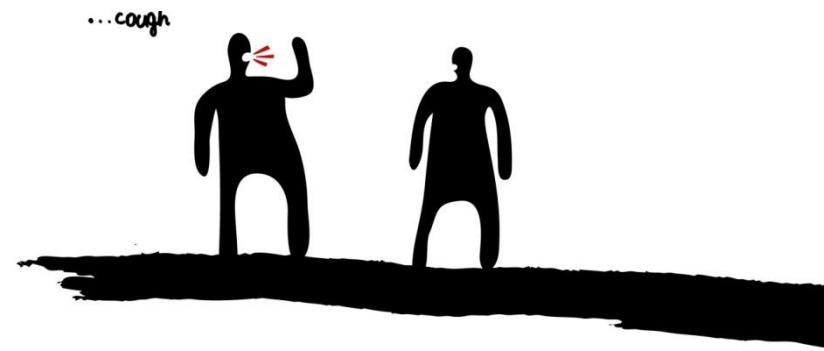
Total Present Value (PV)	£1,143,746.49
Net Present Value	£703,856.43
Social Return £ per	£2.60



value ratios...continued

This evaluation is based on HYCCN accepting credit for no more than 50% of the outcomes of the change brought about.

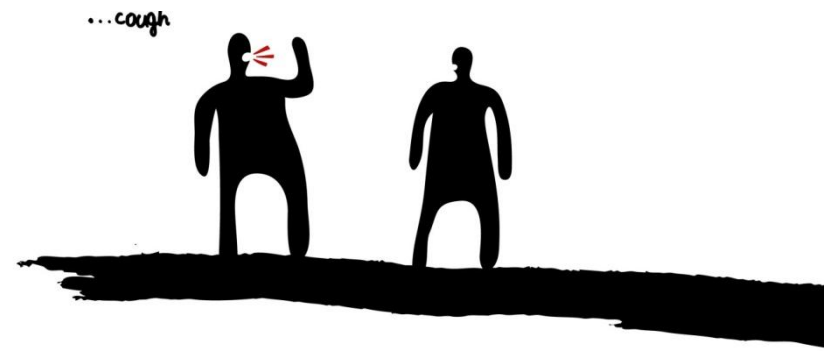
Total Present Value (PV)	£1,007,218.24
Net Present Value	£567,328.18
Social Return £ per	£2.29



value ratios...continued

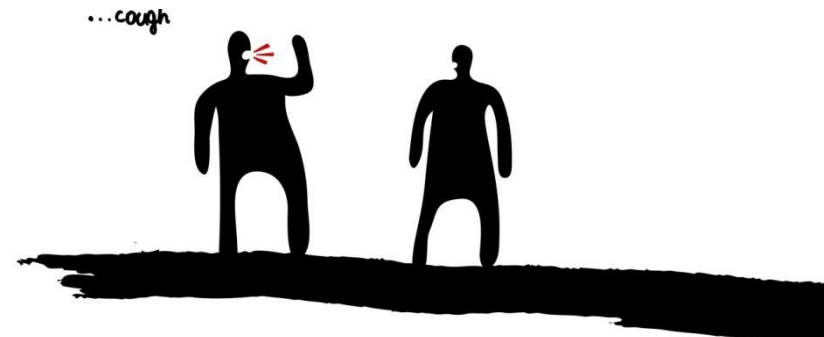
Should the network be credited with 90% of the change, which as instigators of the campaign would not be unreasonable then the SROI value is £1: £1.37

Total Present Value (PV)	£602,218.95
Net Present Value	£162,328.89
Social Return £ per	£ 1.37



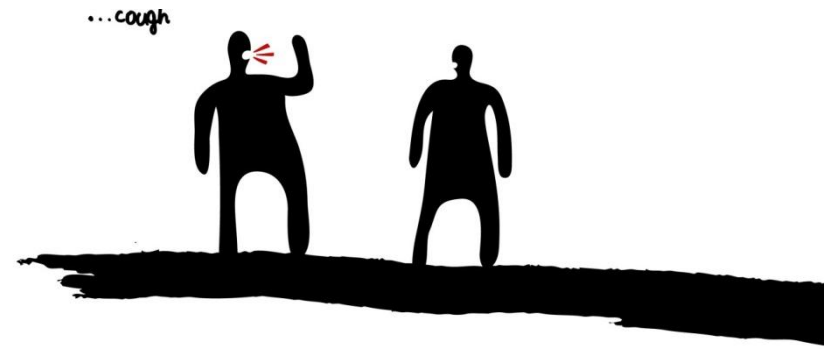
Conclusions

- The investment in social marketing campaigns demonstrates a short term return on investment, however with complex issues like cancer the longer term impact will be more difficult to demonstrate unless the impact map is updated at periodic times to demonstrate longer term public health outcomes.
- There appears to be a slight difference in the behaviour change in GP between group sessions and those who received 1:1 sessions. The impact of this should be further evaluated and the findings used to inform future social marketing commissioning.
- Staff who contributed to the evaluation mentioned there increased confidence in talking to patients. For SROI is a indicator of success.
- Gaps in data gathering following training needs to be embedded into future interventions so the impact can be more directly evaluated and the impact of the outcomes can be evidenced.



Unintended negative change

The potential of unintended negative change was that increased survival rates could cost more money to the NHS for treatment - although this could not be verified as the project was in its earliest evaluation stages and this would be a longer term outcome seen in 3-5 years.



Limitations to the SROI

Time limited

The investment in the evaluation did not account for the complexities and lack of available audit data which has impacted on the time scale for delivering the evaluation and moved the impact map to both evaluation and forecast.

Availability of quality outcomes data

There was little audit data or data gathering due to access in Secondary care and primary care to fully understand the impact of the brief interventions training.



Acknowledgements

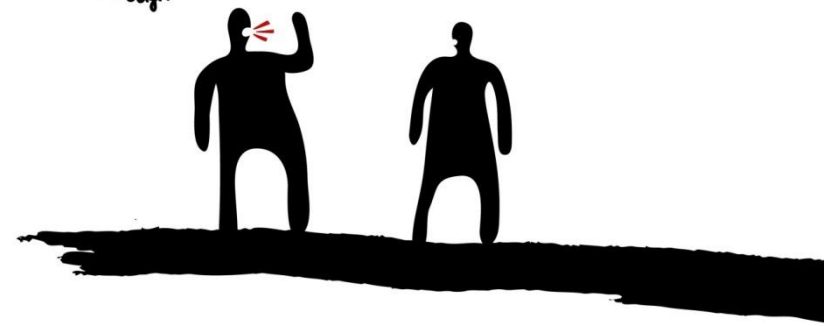
The work reported here was carried out as a result of funding from The North East Yorkshire and Humber Clinical Alliance (Cancer) via money from the National Cancer Action Team in 2009.

The SROI evaluation report was produced by Lesley Hoyle, SROI Practitioner, Inspire to Aspire.

The communication material that was used and adapted for the Hull lung intervention was originally developed by the team at Manchester v Cancer Alliance and McCanns of Manchester and was kindly shared and developed to support the delivery of the intervention.

The Central Office of Information (COI) were commissioned to co-ordinate with relevant research and communication agencies.

Additional support by Dr Gavin Anderson, Consultant Chest Physician from Humber and East Yorkshire NHS Foundation Trust, and Trish Rawnsley and Lily Sharma from for The North East Yorkshire and Humber Clinical Alliance (Cancer).



Useful resources

Lesley Hoyle - SROI Practitioner, Inspire to Aspire ,
hoylelesley@gmail.com

The SROI Network

NEF (New Economic Foundation)

Cabinet Office - SROI Guide (2009)

