CREATING COMMUNITY HEALTH

Healthy Options – an exemplar in community health

healthy options

Lorn and Oban Healthy Options Ltd.
(trading as Healthy Options)

SNAPSHOT

Over the past 4 or 5 years we have had many visitors to Healthy Options from the Scottish Government and the Scottish Parliament, both senior politicians and officials. We have also been visited by national NHS officials and clinicians as well as Public Health Scotland and Health Improvement Scotland. All are impressed by our work and confirm that it is in alignment with national policy on the direction of future health services. They also inform us that we need to show the value and impact of our work and that Healthy Options is an exemplar in delivering community health improvement programmes that has the potential to influence the direction of future community health services.

Our combined research therefore has three distinct parts:

PART 1: EXEMPLAR ORGANISATION?

Action Research carried out in 2020 by two directors over 18 focused interviews with clients, health professionals, 3rd sector practitioners and a major Scottish funder into Healthy Options being an exemplar organisation.

PART 2: VALUE – INVESTMENT NOT A COST REPORT

Details in Appendix G

Produced in February 2020 by Dr Rob Waddington, GP at Lorn Medical Centre and a voluntary director of Healthy Options along with Sally Thomson, Senior Analyst with NHS LIST department concluded that **'Healthy Options has a highly effective service delivery model. We can demonstrate statistically significant reduction in front line service utilisation and can demonstrate robust evidence of substantial realised and projected cost avoidance'.** *(Please note this work was due to continue to a stage where the evidence built would be published in medical journals, then along came Covid-19)*

Based on the evidence from this action research and the other two reports Healthy Options can claim to be an EXEMPLAR in the delivery of health improvement interventions in the Oban and Lorn area. *(This report)*

PART 3: IMPACT – ANNUAL REPORT TO HSCP

Details in Appendix H

The 2019-20 Healthy Options annual report to Argyll & Bute HSCP, who that year contributed 35% of the overall cost (£208k) of running Healthy Options. The report was well received, and our work was described as 'truly outstanding and world class'.

The action research details SIX KEY ELEMENTS that combined make Healthy Options an exemplar organisation.

The evidence from the three reports confirms the Scottish Parliaments Health & Sport Committee 2019 report recommending an increased investment (5% of HSCP budget) in community health resources.

CONTENTS

1.0 FOREWORD

January 2021 marked thirty years to the month when a small group of community minded individuals decided to explore the potential creation of indoor sports facilities for Oban. The individuals became a team, with public support created an organisation, negotiated with the Council, raised funds and in August 1998 the £2.4 million Atlantis Leisure Sports & Leisure Centre development incorporating the swimming pool and tennis & squash facilities opened.

With the new Atlantis Leisure the focus moved from building facilities to the creation of a vast array of activities for people to participate in. Part of this was the acknowledgement that there now existed the potential to assist health creation. Thus the seeding of Healthy Options started in the early 2000's. **Germination of this seed took some years but when it became clear that 40% of our population had chronic conditions that could be better managed or improved by increased physical activity a few of the initial directors of Atlantis Leisure decided to explore whether this could be changed.** In 2011 the community, in collaboration with health professionals and Atlantis Leisure, formed Healthy Options and in January 2012 our first clients were referred through Lorn Medical Centre.

From this point Healthy Options has been embraced by clients and by Health Professionals working in the Oban area. Challenges abounded with finance and via staff changes. However what instantly became clear was the need for Healthy Options services and how, **with support people can improve their health and wellbeing and change their lives**. Funding came from grants, with minimal statutory public money for our services which were free to all clients.

Within the first 7 to 8 years the concept and work of Healthy Options has been endorsed locally and nationally. Visits by the then Minister of Health, MSP's (all parties) Chief Executive Sportscotland, Health Improvement Scotland, Deputy Chief Medical Officer (now CMO), National Clinical Director, Advisor to Scottish Government on Frailty and also Argyll and Bute Councillors, Chief Executive, Senior HSCP managers have all gone away hugely impressed by our work and its impact on the clients. All however indicate we need to secure funding locally (Argyll and Bute) and we need to show savings before finance can be directed from current focus to the prevention agenda. Some told us we need to become an Exemplar Organisation. Towards the end of this period and with the advent of Integrated Care part of our funding started to come from HSCP Integrated Care Fund (ICF). Along with other ICF recipients, NHS and 3rd sector, a 4-step model of care emerged, Oban Living Well Support Services which embraces a holistic, pro-active whole community approach (details in Appendix C). This model has been nationally recognised and has been included in a presentation, by the Scottish Government Advisor on Frailty at a major international health conference in Glasgow in 2018.

Securing an element of financial security over three years allowed Healthy Options in mid-2018 to employ a professional development manager and a highly

Healthy Options is an example of best practice. It is what we look for in other organisations. *(Funder)*

Germination of this seed took some years but when it became clear that 40% of the population had chronic conditions that could be better managed or improved by increased physical activity a few of the initial directors of Atlantis Leisure decided to explore whether this could be changed.

Based on their feedback we can conclude that Healthy Options can claim to be an exemplar organisation.

experienced and qualified exercise specialist. This transformed the organisation by reorganising and upskilling staff, being more professional in every aspect, increasing the number of people we can assist, working with clients who have severe conditions. Healthy Options is more than a voluntary group with good intentions. **Healthy Options is a professional community organisation delivering specialist health improvement interventions to our clients**. Example case study videos are on our web site www.lornhealthyoptions.co.uk.

In conjunction with two earlier reports, this action research seeks to identify if Healthy Options is an exemplar community health organisation.

The two earlier reports are

- **Investment Not a Cost evaluation report** was conducted to illustrate cost savings and potential cost avoidance to the Argyll & Bute HSCP. This work was carried out by Dr Rob Waddington, Oban GP and voluntary director of Healthy Options and Sally Thompson an Oban based Senior Analyst within NHS's LIST unit. It is not a final article as it was intended to continue with this work and develop it into an article suitable for publication in the BMJ. Sadly Covid-19 has meant this has stopped meantime. (Appendix G)
- **Development Manager's report** issued in Feb 2020 to NHS Locality Management that received comments that our work was "truly outstanding and world class". (Appendix H)

High level of professionalism in the Healthy Options team has a ripple effect, inspires people to do more, to make an impact.
(Health Professional)

Carrying out this action research combined with the two reports above is a tall order for an organisation with 5 FTE staff, volunteer directors and a turnover of circa £200k per year. Some may find flaws within our research, but the reports show conclusively that Healthy Options is an effective organisation worthy of increased support and financial security. At this point we could make mention of all the reports, policies and intents published by the Scottish Government over recent years to change the way we all need to think and act about health. If we did not know before 2020 everyone knows that coming out of the Covid-19 pandemic **we all have a responsibility to change the national outlook and actions on health**.

This action research includes focused interviews with a cross section of clients, health professionals and a major funding organisation. We thank them for their time and honest responses.

Based on their feedback we can conclude that Healthy Options can claim to be an EXEMPLAR ORGANISATION

In Appendix F we briefly indicate how we have managed to continue to support and assist our clients through the past 9 months of Covic-19

The only true value of the action research and the two reports is if they lead to securing the future of Healthy Options based on current activities and allows the knowledge gained over these past 10 years to be more broadly shared with stakeholders and a wider geographic area which in turn offers the opportunity of implementing similar community initiatives throughout Argyll and Bute.

We hope you find the enclosed of interest.

Hugh McLean, Roy Clunie, The Board and Staff of Lorn and Oban Healthy Options

hugh@lornhealthyoptions.co.uk **info@lornhealthyoptions.co.uk**
roy@lornhealthyoptions.co.uk **www.lornhealthyoptions.co.uk**

2.0 EXECUTIVE SUMMARY

This report details the research findings into Healthy Options April 2018 – March 2020, the 'New' Healthy Options - a focused professional community organisation.

Absolutely amazing, first class, I can't praise it (Healthy Options) any higher, it has helped me enormously.
(Client)

The Executive Summary comprises:

- Changing lives
- Creating the 'new' Healthy Options
- Six key elements of the 'new' Healthy Options
- Key learning from the research
- Guiding principles for creating community health throughout Argyll & Bute

CHANGING LIVES

From the beginning we knew that people who access Healthy Options community health programmes improve their health and wellbeing and for many this dramatically changes their lives. ***(A Healthier Future for Oban and Lorn – Healthy Options 70-page Pilot Project 2012-2013 Report and case studies on our website link www.lornhealthyoptions.co.uk/s/HO-Pilot-Report-Final.pdf)***

In March 2018 Healthy Options was a small local community organisation that delivered spectacular results for our clients, an important but a minor player in health provision.

The outcomes are simply fantastic.
(Health Professional)

By March 2020 Healthy Options had transformed into a focused professional community organisation that had:

- Trebled the number of clients referred to our mainstream programmes (480)
- On average, conducted 65 one to one consultations per month
- New programmes had started – a 12 week rolling programme of Health and Wellbeing education classes attracted on average 24 individual clients per month; weekly Re-wilding walks (approx. 5k) attracted 22 individual clients each month.
- 701 was the average intervention footfall per month.
- 328 average footfalls for supervised gym sessions per month

Statistics taken from our 2019-2020 Report to HSCP Appendix H

Clients are encouraged to think differently to change their mind-set. The primary element that makes this happen is the ethos behind Healthy Options.
(3rd Sector)

Outcomes from this increased activity include:

- 63% of clients graduating from Healthy Options sustain healthy behaviours by joining Stay Active programme at Atlantis Leisure
- 66% of clients report an increased ability to manage their own symptoms
- 72% reported increase in overall wellbeing using the WEMWBS tool
- 90% of clients rated an increase in one aspect or multiple aspects of their overall wellbeing as a result of their time with Healthy Options
- 53% of Oban-based clients are from deprived areas SIMD 1 or 2; based on postcode analysis for random search of clients
- 25% are from SIMD 3; 22% from SIMD 4; 0% from SIMD5

Statistics taken from our 2019-2020 Report to HSCP Appendix H

The REAL IMPACT of these statistics comes from our client's personal stories, their amazing health journeys. We have captured three inspirational stories on video – please see 'client stories' on our website **www.lornhealthyoptions.co.uk/client-voices.**

Please also refer to four case studies in our 'Investment NOT a Cost' evaluation Report Appendix G

It has made a huge difference to me both mentally and physically.
(Client)

In summary:

- The scale and quality of our input significantly increased.
- Our impact on the health of our community significantly increased.
- Our partnership working with health professionals and other third sector organisations had increased and consolidated with the development and implementation of the Oban Living Well Support Services model. *Appendix C*
- Healthy Options is now viewed by local health professionals as an integral part of health provision in Oban and Lorn
- At the February 2020 review meeting with HSCP Locality Management Healthy Options results were described as 'truly outstanding and world class'
- The increasing financial benefit of Healthy Options programmes and services to the HSCP - as an example our 22-page 'Investment not a Cost' Evaluation Report *(Appendix G)* highlights that an HSCP **investment of £1,030** towards Healthy Options programmes costs of the **four case studies** detailed in the report, will collectively deliver an estimated **£438,699 of 5-year cost avoidance**.

It has given me more confidence, brought me back into company, meeting other people, people older than me who can manage their health.
(Client)

During this period, Healthy Options hosted visits and received national acclaim for our services and for the Oban Living Well Support Services model from Health Improvement Scotland; Gregor Smith, CMO; Jason Leitch, National Clinical Director (who encouraged us to become an exemplar organisation), and from Graham Ellis, senior clinical advisor on ageing and health to CMO, whose quote includes *"For me what I saw in Oban was taking what we knew in theory and putting it into practice. It is what we need to replicate across Scotland". The full quote is in Appendix C*

CREATING THE 'NEW' HEALTHY OPTIONS

One over-riding factor was the catalyst – HAVING A LEVEL OF FINANCIAL STABILITY for the 3-years from April 2018 to March 2021

Unfortunately, this one factor took many actions, we suffered many setbacks, and ultimately it proved impossible to achieve the security of full 3-year funding. We entered each new financial year with a projected funding deficit, but we had secured enough to give the Board confidence to invest in employing new experienced professional staff and in developing our existing staff.

I have run out of adjectives to describe the work of Healthy Options.
(Health Professional)

This level of financial security came from four main sources.

1. The Robertson Trust, once again, committed to supporting Healthy Options for the next three years at an enhanced level **on the condition that Argyll & Bute HSCP continued to provide financial support**
2. We received a letter of comfort from Argyll & Bute HSCP that although it did not guarantee funding it stated that the HSCP would look to support Healthy Options with grant funding and also confirmed continued direct engagement with clinicians. This was sufficient for the Robertson Trust to release their grant funding
3. Healthy Options are one of 10 Scottish Community Health Organisations and 5 partnerships in Northern Ireland, representing 20 delivery organisations, that collectively were successful in securing grant support from the BIG Lottery in London to develop coordinated, holistic approaches to social prescribing. 5-year funding, 3-year guaranteed, years 4 & 5 dependent on outcomes.
4. EU LEADER 2-year part-funding for the new position of Development Manager

Staff are genuine people who have really bought into this.
(Client)

On the back of this funding, we took the opportunity recruit a Development Manager and a Senior Exercise Specialist. Gill Bruce took up the first role starting on 1st September 2018 having followed Rob Graham who started on 19th July.

Rob's appointment brought:

- Respect and buy-in from clients and Health Professionals
- Increased knowledge and expertise to the team
- Motivation, support and development for staff and clients

Gill is a qualified Occupational Therapist with experience in 3rd sector management. Her first task was to undertake a review of current operations and structure and this brought about changes that resulted in introducing:

- Structure, discipline, effectiveness in service provision and delivery
- Elemental software for case-load management and evaluation
- Staff development, training and upskilling resulting in higher qualified staff and their ability to support a wide range of clients with complex needs and conditions

The huge experience of the Exercise professionals inspires confidence
(Health Professional)

The appointment of experienced staff and the operation review resulted in Healthy Options focusing on our 'mainstream programme', focusing on the reason why Healthy Options was established i.e., to support the 40% of our community who have or at risk of having one or more chronic health conditions. Additionally, we continued to work with the Physiotherapy Dept. within the Reablement section of the Oban Living Well Support Services model.

Focusing on our mainstream programme necessitated us to withdraw from delivering general 'fitness' classes in local communities. We supported villages to take ownership of these important classes by helping them secure alternative providers, either Atlantis Leisure or an independent provider.

With our new and upskilled staff, with better tools and better practices we are comfortable in stating that Healthy Options is at the leading edge of improving health and wellbeing in the community in Scotland and probably has the best qualified and experienced team of community exercise professionals and management systems in the west of Scotland if not in the whole of Scotland.

SIX KEY ELEMENTS OF THE 'NEW' HEALTHY OPTIONS

From the 18 interviews with clients, health professionals, 3rd sector partners and a funder the research highlighted Six Key Elements that contributed to the development of and success of the 'New' model of Healthy Options. *All elements are explored in detail starting on page 15.*

BRIEF OVERVIEW

ASSETS

Our biggest asset is our staff. Investing in the correct people with the correct knowledge, skill, experience and emotional intelligence was critical for the development and ongoing success of Healthy Options. Page 15.

NEED

Re-focusing on the core health needs of our community and how best we can address these by improving the health and wellbeing of 'our 40%'. Page 17.

COMMUNITY

Recognise that we come from a place of abundance, embrace the opportunities that living in Oban and Lorn provides to create health in our communities. Page 19.

INNOVATION

We openly acknowledge that the existing health systems are great when needed i.e., reactive, but fall short at 'creating health'. We actively champion and implement new non-medicalised approaches for creating health in our communities. The social determinants of living in 21st century Scotland - increasing sedentary lifestyle, fast-food, and the demographics of Argyll & Bute will overwhelm our existing 20th century model of health care. Page 20.

COLLABORATION

Locally – developing the potential within the Oban Living Well Support Services model for statutory and third sector organisations to provide a modern holistic approach to health in our communities.

Nationally – developing links with 3rd sector organisations, networks and intermediary organisations involved in community health. Page 22.

FINANCIAL STABILITY

We mentioned above that a level of secured funding over three years was fundamental to the development of the New Healthy Options. (please note that this period of financial stability ceased at 31st March 2021). Page 23.

KEY LEARNING FROM THE RESEARCH

FINANCE

Providing financial stability for community health provision is a necessity. This should be treated as an investment and not a cost. It is an investment in new approaches and new services not currently delivered by the NHS. These services will protect the NHS, both in capacity and financially through cost reductions and projected cost savings.

In January 2018, despite six years of delivering life-changing programmes, the Board of Directors of Healthy Options were faced yet again with a mountain to climb to keep the organisation financially afloat. The Board, with much regret agreed to wind-up the organisation by the end of 2018 if future longer-term funding could not be secured. Thankfully, as a result of exhaustive efforts sufficient funding was secured by the Board giving it the confidence to invest in the NEW Healthy Options.

Healthy Options is at the forefront of change.
(Health Professional)

It is important that statutory agencies recognise and therefore respond as the majority funder for community health services to be sustainable by using a **3-year rolling funding model** with agreed outputs and outcomes (Appendix D). This security would allow Healthy Options, and other community organisations to invest in staff and programme development whilst drawing-down funding from Charitable Trusts, trading income and local fund-raising to fund the balance and to provide seed funding for new initiatives.

INNOVATION

Healthy Options was established, in collaboration with local health professionals, to provide new non-medicalised community approaches to support people and communities to stay healthy. This is in complete alignment with medical and academic research, in alignment with Scottish Government policy and in agreement that people and communities will be the agents of change to address the social determinants that determine how healthy we are. It is important to acknowledge that GPs, NHS, and Government cannot do this alone, nor should they be attempting to do so.

Since 2012 we have witnessed the impact of Healthy Options programmes – health improvements for clients, positive impact on GPs and GP surgeries, positive impact on Physiotherapy Dept. and services, new approaches to Reablement services, and the start of quantifying cost-saving and projected savings for the HSCP. We view this as the start. As an example at the time of writing we had started non-medical activity interventions pre-surgery and post-surgery with help from GPs and Physiotherapy Department.

Gym based, simple goals, was guided through programme, adaptions made to programme to be more comfortable and manageable with health limitations.
(Client)

The innovative Oban Living Well Support Services model is unique in the scale of collaboration between NHS and the third sector and the services provided and was acknowledged as such by Health Improvement Scotland and at the NHS National Awards in 2018. The collaborative Oban Living Well Support Services approach creates the forum and the platform to design and implement new holistic approaches to improving the health of our communities.

ASSETS

STAFF – Getting the right people in the right jobs is key. We increasingly recognise that the work we do is innovative and specialised. We are seeing the creation of new services, with new learning and new training requirements, new careers. It has taken us 10 years to fully recognise this. The success of any community health initiative will

depend on the people involved – staff, management, Board. Sourcing people with the required skills is exceedingly difficult, we did not always get this right.

Trust and respect between health professionals and Healthy Options staff is paramount. We do not take this for granted and work at all levels to protect this. It just takes one failure to erase years of work.

Adding good Communication to Trust and Respect you get a seamless two-way flow of information, advice, support to assist NHS patients /our clients on their health journeys.

Healthy Options recognises that in our field we are at the forefront of community health and a future role for Healthy Options may be in providing learning and development opportunities for third sector, NHS, statutory organisations and their staff.

My friend first told me about Healthy Options, then my physiotherapist referred me, the process was excellent, didn't take long before my interview.
(Client)

RESOURCES – Funding aside, we passionately believe that Oban and Lorn has everything that is needed to support people to improve their health and wellbeing, particularly for 'our 40%'. We have the people, passion, physical and social capital, many organisations and their resources, we have the environment for this to happen. These assets already exist.

At the beginning, these assets were largely untapped. It took collective leadership and collaborative approaches from the community, Health Professionals and Atlantis Leisure for the connections and vision to emerge. This did not happen naturally, nor will it in any community, it takes leadership from within the community.

The NEW Healthy Options saw the relationship with Atlantis Leisure strengthen with Healthy Options taking a lead in developing their Stay Active team at Atlantis. Both organisations recognise the importance of developing exit routes for clients once they graduate from their Healthy Options programme. Atlantis Leisure has made available special pricing and programmes to graduates and their Stay Active staff support them on this transition as they continue to exercise and self-manage their health conditions.

SERVICES

Approaching 40% of the population of Oban and Lorn have a chronic health condition which could be improved or control-managed by having an active healthy lifestyle.

Collaboration with health professionals is key in any service we deliver from concept to ongoing implementation. Our services will always be complimentary and additional to NHS provision. We work in partnership to deliver a shared vision for improving the health and wellbeing of our communities. We have no aspirations to deliver existing services where the expertise lies within the NHS, rather new services where the expertise and the resources lie within communities.

Through our participation in the Scotland/Northern Ireland Social Prescribing programme we installed Elemental software to standardise case load management, evaluation and reporting across all fifteen delivery partners. Elemental software has been specifically designed to support Social Prescribing and to capture improvements to health and wellbeing. Elemental can be accessed by third sector organisations, GPs and Health Professionals, and even by clients themselves. It is our belief that Elemental software is key to the development and management of community-based health services.

The initial consultation with referred clients remains key to gaining the trust of clients. At this 1 – 1 ½ hour meeting we help to identify the hopes and aspirations of clients and using co-production methodology jointly design client specific programmes that will interest the client. Regular, consistent communication – telephone calls, social media, review meetings - with the client on both a personal and group basis keeps the client engaged and motivated to complete their health journey.

Since March 2020, as a result of Covid-19 and different levels of 'lock-down', Healthy Options has developed a blended approach to facilitating our mainstream programmes and support for clients - Pre-recorded and live digital group sessions, daily health and wellbeing videos, 1-2-1 support calls and individual recorded videos and live individual zoom sessions. Under 'relaxed lock-down' exclusive use of Atlantis Leisure gym at designated times for three group sessions weekly. *(Appendix F)*

GOVERNANCE

Governance, or how we operate as an organisation was changed to facilitate and manage the NEW Healthy Options. Our Board structure altered to having three sub-groups reporting to the Board of Directors – Finance and Governance; Operations (programme delivery/staff etc); Community and Fund-raising (incl social media). *See Appendix D*

We installed accounting software and enhanced the administrative support to include day-to-day accounting practices. Management and staff roles and responsibilities were altered along with case load management practice in response to the 300% increase in referrals to our mainstream programme.

It is the firm belief of Healthy Options that creating health can only happen in the community not in or by the NHS services however good and necessary they are and will continue to be.
(Healthy Options Board)

GUIDING PRINCIPLES FOR CREATING COMMUNITY HEALTH THROUGHOUT ARGYLL & BUTE

RECOGNITION, RESPONSIBILITY, STRATEGY, COLLABORATION, FUNDING

- As a society we need to recognise that we are not split between unhealthy people, and healthy people. It is not THEM and US. It is simply US, living in Scotland in 2021, 40% of us are living with chronic condition/s and this affects everyone. If we are not one of the 40% today we will be tomorrow, demographics and negative societal determinants will determine this **unless we change our behaviours**
- We need to recognise that the current 20th century NHS model on its own cannot meet the needs of 21st century Scotland
- As a society we should recognise that the NHS are extremely good at providing services for us when we are unwell, but the NHS is not best placed to create health in our communities
- The NHS is not solely responsible for our health. As individuals we have a responsibility for our own health, as a community we can provide support and access to services that give us the tools to create health in our communities. If this support is not within the community where will it come from?
- People and communities will be the agents of change that can address the social determinants that determine how healthy we are, not the NHS, not the Government
- The Scottish Parliament Health and Sport Committee recognised the latent resource that lies within communities. Physical activity is often labelled as 'the miracle cure'.
  - **'Having established compelling financial and health benefits arising from social prescribing of physical activity, and wider preventative activity, we expect a significant proportion of each Integration Authority budget should be spent on commissioning local services to increase physical activity levels and improve health in communities. We recommend that figure be not less than 5% and this target be achieved in 2 years'**
    The Scottish Parliament Health and Sport Committee report 'Social Prescribing: physical activity is an investment, not a cost '; Dec 2019.
  - **Argyll and Bute HSCP annual budget circa £278M, 5% = £13.9M**

Healthy Options has made me realise the community can do more.
(Client)

- There is great need for HSCP and Healthy Options along with others in the 3rd sector to start working strategically, in partnership, to create the new system for creating health in our communities. Currently this is not happening, we are restricting ourselves to trying to adapt the existing system and this will not work!
- This new system needs a new funding model – not the usual procurement method or public procurement portal!
- There needs to be a commitment to ring-fenced, long-term funding such as the 3-year rolling funding model (as shown in Appendix D) that will allow the development of community-led health organisations and services that will create health in our communities. For example delivering the current level of services Healthy Options should be funded by statutory organisations at a minimum of £100k per annum.
- This £100k investment by HSCP in Healthy Options would release direct cost savings, help to address capacity issues, and drives cost avoidance by a multiplier effect. Refer to Investment not a Cost report in Appendix G
- A similar investment in a Healthy Options model in the other 3 geographical areas of Argyll and Bute will result in a significant improvement to health and wellbeing and £millions in cost savings and cost avoidance.

We need to recognise that the current 20th century NHS model on its own cannot meet the needs of 21st century Scotland.

Looking to the future, the reality is that the health time bomb for Argyll and Bute is approaching. Ageing population demographics, ageing health workers, increasingly sedentary behaviours will create an unsustainable situation. As Public Health England state in their very clear and stark publication 'Everybody active, every day – an evidence-based approach to physical activity' ***'if current trends continue, the increasing costs of health and social care will destabilise public services and take a toll on quality of life for individuals and communities'.***

Physical activity is often labelled as 'the miracle cure'.

The only way this can be combatted is for people to live healthier lives.

More life in our years not years in our lives needs to be the target and this will benefit all.

In Graham Ellis's quote (about the Oban Living Well Support Services model) for this report he states

> *"In the Scottish Government's programme for Government is a firm commitment to address the public health needs of our population as well as create better approaches for older people at every opportunity. After COVID we have become conscious of how much multimorbidity and frailty make someone vulnerable and the best way to make our older population safe is to give them the tools to stay healthy and fit. We hope that we can build on that commitment with more ambitious exercise and preventative health initiatives that will lead to a more resilient and healthy older population".*

'For me what I saw in Oban was taking what we knew in theory and putting it into practice. It is what we need to replicate across Scotland.'
(Prof Graham Ellis)

The new (established April 2020) Scottish Public Health organisation identifies three major challenges. These being:

- Scotland's relative poor health
- The significant and persistent inequalities in health outcomes in Scotland
- Unsustainable pressures on health and social care services

As a result Public Health have set 6 priorities for health and wellbeing in Scotland. These are:

- A Scotland where we live in vibrant, health and safe places and communities
- A Scotland where we flourish in our early years
- A Scotland where we have good mental wellbeing
- A Scotland where we reduce the use of and hard from alcohol, tobacco and drugs
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- A Scotland where we eat well, have a healthy weight and are physically active

It is the firm belief of Healthy Options that **creating health,** and addressing the 6 priorities of Public Health, can only happen in the community not in or by the NHS services however good and necessary they are and will continue to be.

It would be naive of Healthy Options to claim we have the answer, but our 10-years of experience, including Covid-19 reinforces that there is the need to approach health improvement differently than in the past.

Creating health improvement has to be based in the community since that is where the opportunities are for us all to maintain our health and to improve our health conditions.

Creating health in our communities is a necessity to protect the NHS, keeping people outside the NHS systems.

Prof John McKnight stated in an address in 2009 to the Coady Institute

> *"Our neighborhoods are the primary source of our health. How long we live, how often we are sick, is determined by our personal behaviors, our social relationships, our physical environment, and our income. As neighbours, we are the people who can change these things. Medical systems and doctors cannot. This is why scientists agree that medical care counts for less than 10% of what will allow us to be healthy. Indeed, most informed medical leaders advocate for community health initiatives because they recognize their systems have reached the limits of their health-giving power".*

What this action research and accompanying reports show is that **Healthy Options services are part of the solution and organisations like Healthy Options should become a strategic partner that create health in our communities** and in so doing contribute greatly to the overall health and wellbeing of Scotland.

Therefore, it is illogical to expect community health organisations that are successfully working to achieve the aims of Scottish Government and Argyll and Bute HSCP strategic objectives to remain in existence let alone continue to develop services based on year-to-year funding. It provides no security to the organisation. Statutory agency funding should be at a minimum of 50% of overall costs.

The lack of security impacts on the organisations ability to achieve the desired objectives and outcomes. The work and achievements are created by people, not money. If people have no security they look elsewhere and move. This year-to-year funding model fails to attract the professional people needed to deliver the outcomes. Professional people will not move job or location on a 1-year funded basis.

Neither can any organisation expect to be funded indefinitely without being outcomes focused.

'if current trends continue, the increasing costs of health and social care will destabilise public services and take a toll on quality of life for individuals and communities'.
(Public Health England state in their very clear and stark publication 'Everybody active, every day – an evidence-based approach to physical activity')

As individuals we have a responsibility for our own health, as a community we can provide support, and access to services that give us the tools to create health in our communities.

There is great need for HSCP and Healthy Options along with others in the 3rd sector to start working strategically, in partnership, to create the new system for creating health in our communities.

We believe the way forward has two parts:

A) 3-year rolling funding with established targets and outcomes reviewed regularly to confirm results and to review / modify ongoing objectives

B) This to be done on a partnership basis in a new approach to the procurement process

The diagram in Appendix D outlines the method of working for 3-year Rolling funding. It must be stressed that 3-year Rolling is not the same as 3-year funding. It is the rolling aspect that creates the security and the partnership with regular communication and reviews that keeps it on track.

It is good at meeting the needs of the more disadvantaged people, very good at creating bonds with people, creating peer support. People trust Healthy Options.
(Funder)

STOP PRESS – April 2021

From April 2021 Healthy Options is once again in a period of year-to-year funding presenting a huge challenge to the organisation.

3.0 RESEARCH APPROACH

From the outset, the researchers recognised that this research was not simply about what makes Healthy Options the organisation successful to date, and thereby empowered their clients to 'change their lives'. Whilst important that this is identified, this research is more than focusing on a moment in time, it recognises that the key objective is to provide a 'route map' from concept to now and importantly to the future development of community health throughout Argyll & Bute.

It is for this reason that the framework for researching Healthy Options has **five time phases:**

1 **Concept & Prestart 2009-2011**

2 **2-year Pilot 2012-2014**

3 **Upscaling 2014-2018**

4 **Exemplar 2018-2020** - *the focus for this part of the research*

5 **Future 2021**

Brief analysis of Phases 1-3 is in Appendix B

Primary stakeholders as being 'those identified in 'need' of the service provision and those that directly enable the provision to be made'.

For this research (Phase 4 Exemplar 2018-20) we identified **Primary stakeholders** as being 'those identified in **'need' of the service provision** and those that **directly enable** the provision to be made'.

Secondary stakeholders 'are the organisations that give the opportunity for the service provision to happen, or who indirectly benefit from the service provision'.

The research was carried out using focused interview technique. Selection was made from within each category of Primary and Secondary Stakeholders.

Secondary stakeholders 'are the organisations that give the opportunity for the service provision to happen, or who indirectly benefit from the service provision'.

From the 18 interviews with 24 people selected from Primary and Secondary stakeholders six Key Elements emerged as being the major factors in the success of Healthy Options:

FUTURE RESEARCH WORK

This report is Stage 1 of a 5 stage process that has been halted by Covid-19 pandemic.

The Extended Research, when initiated will have a further four phases:

- **Stage 2** Desk-top research into other potential case studies
- **Stage 3** Fieldwork – case studies to be researched
- **Stage 4** Analyse findings and draw conclusions on the
  - Key Elements involved in the success of Healthy Options and other community health organisations
  - Transferability of the best practice to facilitate the roll-out of community health initiatives
  - Process involved in implementation of rolling out across Argyll and Bute
- **Stage 5** Report writing and presentation

The completed research will identify best practice in other community organisations delivering health improvement in other localities. Analyse findings, draw conclusions on the transferability of best practice, and identify the implementation process for roll-out of across Argyll and Bute.

The researchers, Hugh McLean and Roy Clunie both founder Directors and current Chair and Vice-chair of Healthy Options, have experience of similar research work carried out on behalf of Carnegie UK Trust.

The Report authors would welcome the opportunity to work collaboratively with other organisations / individuals to carry out the extended research stages highlighted above.

4.0 SIX KEY ELEMENTS – ANALYSED

The new 'professional' model which grew from the funding stability, staff development, and operations reviews resulted in the ability of Healthy Options to address the health needs of our local communities by utilising six Key Elements.

ASSETS

Previous research carried out by the two authors for Carnegie UK Trust *(Steps to Successful Community-led Service Provision in Rural Areas, Published in 2009)* discussed Assets in terms of the Human, the Social and the Physical.

Of itself Healthy Options has no significant Physical assets. However, we work in partnership with the community developed and managed Atlantis Leisure Centre. Several of Healthy Options directors were the instigators and directors of Atlantis Leisure from the start in 1992. Without this relationship and use of facilities Healthy Options approach to community health would be significantly different. Every community has unique assets that it can utilise to improve health and wellbeing.

This means that we can focus all our energies on growing the **human assets** to **create social benefits** (assets) thereby creating an upward spiral (virtuous circle) of **wider community benefit.**

The impact of human assets, principally staff, but also the Board, and how we use the operational processes and pathways to deliver best practice to the clients are the key to our effectiveness.

Operations include:

- **Consultations**
- **Programme activities**
- **Education**
- **Operational relationships**

There is recognition locally amongst health professionals that Healthy Options is an invaluable service.
(Health Professional)

RESEARCH FEEDBACK ON ASSETS

KEY FEEDBACK – OVERALL

- Absolutely amazing, first class, I can't praise it (Healthy Options) any higher, it has helped me enormously (client)
- I have run out of adjectives to describe the work of Healthy Options. (Health Professional)
- Healthy Options is an example of best practice. It is what we look for in other organisations. (Funder)

FEEDBACK – THE STAFF

from Clients

- Staff are really good, friendly, encouraging, knowledgeable, and well informed
- Staff are genuine people who have really bought into this

from Health Professionals

- The huge experience of the Exercise professionals inspires confidence
- Reputation of Healthy Options. It has a high level of safe-guard, secure and trusted from 3rd Sector and Funders
- Clients are encouraged to think differently to change their mind-set. The primary element that makes this happen is the ethos behind Healthy Options.
- High level of professionalism in the Healthy Options team has a ripple effect, inspires people to do more, to make an impact.

FEEDBACK – THE ORGANISATION

from Clients

- I do see this (Healthy Options) as best practise and transferable.

from Health Professionals

- It is a bottom up, practical approach based on what is needed. It delivers fantastic outcomes for the end user: it is powerful stuff.
- From the team at Healthy Options we could see a strong vision, belief from the whole team in the importance of what it does – the Why? the values inherent in the staff and organisation.
- What Healthy Options do is Best Practice because it is an evidenced based model that is transferrable
- Healthy Options is at the forefront of change

from 3rd Sector and Funders

- A professional organisation with high potential
- There is a high focus on funding specialised projects, highly targeted projects, at the expense of funding universal community organisations. Such community organisations underpin the health of our communities and need support.

FEEDBACK – REFERRAL AND CONSULTATIONS

from Clients

- Referral process quick and easy
- My friend first told me about Healthy Options, then my physiotherapist referred me, the process was excellent, didn't take long before my interview.
- It took about 1 ½ hours of questions but it was very relaxed, and I was not stressed, enjoyed it

from Healthy Options staff and directors

- The Consultations seen as vital. Some clients do not know why they are there. That period is fundamental in building up trust and rapport with client. Some open-up, explain their life story. Clients seem to see us as different from the medical system
- Taking time with clients, from the initial telephone call to the consultation meeting, building trust and rapport and allowing almost any amount of time to achieve this. This may be the first time that clients have opened-up to someone else. Emotions, tears. Ongoing trust and engagement with clients sometimes a telephone call other times a cup of tea. Clients previous engagement with healthcare comes in 10-minute blocks. Clients get to know us and think that "I can work with these people"

FEEDBACK – ACTIVITIES

from Clients

- Gym based, simple goals, was guided through programme, adaptions made to programme to be more comfortable and manageable with health limitations
- In the gym I realised I was in safe hands
- The culture of the organisation. Getting to know people. The spin-off is you meet people of your own age and see how happy they are and that helps us all, it rubs off on us and helps us to be happy.

from Health Professionals

- With Healthy Options there is a much higher compliance to programmes from individuals, it is a more supported programme, and delivers many benefits.

from Healthy Options staff and directors

- There is no stigma with Healthy Options, clients become proud of what they achieve, proud of the graduation certificate

Offers individualised support and creates forward momentum for health for the person and the family.
(Client)

NEED

BACKGROUND CONTEXT

- The NEED is first identified by a Health Professional as an alternative to the traditional medicalised route for a patient. Health Professionals then refer (now called a social prescription) the patient to Healthy Options. From the start to the present time this is the only route into Healthy Options and forms the basic part of the close working relationship between local Health Professionals and Healthy Options.
- Approaching 40% of the population of Oban and Lorn have a chronic health condition which could be improved or control-managed by having an active healthy lifestyle. There are almost 4,000 patients of the Lorn Medical Centre in Oban in this situation with chronic medical condition/s.
- The population of Argyll & Bute is projected to reduce by 3.5% from 2016 to 2026. Every age group will decrease apart from age 65+ which will increase. Those aged 75+ will increase by 30% between 2016 and 2026. Those aged 85+ will increase by 56% between 2026 and 2036. This vividly illustrates the need to keep our ageing population as healthy as possible to lessen the burden on NHS services. These

It was a real eye opener into what is being done out in the community having been a health professional for a good number of years and having the NHS mind set *(Client)*

demographics increase the need for alternative approaches to health improvement, and is causing increasing concern regarding staffing issues to meet this need.

- Physical inactivity is a significant health issue nationally and in Argyll and Bute. It contributes to many long-term health conditions such as CHD, diabetes and some cancers, as well as being overweight and having high blood pressure.
- The 'new professional' Healthy Options model has witnessed
  - an increase from 168 mainstream referrals to 480 mainstream referrals in a year.
  - an increasing number of clients with serious and complex conditions improving their health and wellbeing as a result of being referred to Healthy Options
  - the success of our Health Education classes introduced in 2019 – a rolling programme of 12 weekly sessions which are heavily supported and valued by our clients – often key to their ongoing self-management of their health conditions

KEY FEEDBACK – NEED

From Clients

- It has given me more confidence, brought me back into company, meeting other people, people older than me who can manage their health.
- It has made a huge difference to me both mentally and physically.
- Offers individualised support and creates forward momentum for health for the person and the family

From Health Professionals

- The outcomes are simply fantastic
- There is recognition locally amongst health professionals that Healthy Options is an invaluable service.
- Healthy Options works with patients with complex health conditions, a client group that not normally engages with self-management, so it is meeting a recognised need.

From Funders & 3rd Sector

This report clearly identifies significant cost savings and projected cost avoidance for HSCP.

- A community led response to community need – key element
- Encouraging people to think differently, to change their mindset
- It is good at meeting the needs of the more disadvantaged people, very good at creating bonds with people, creating peer support. People trust Healthy Options

IF THIS NEED COULD NOT BE MET i.e. IF HEALTHY OPTIONS COULD NOT CONTINUE?

KEY FEEDBACK

from Clients

- If it closed, I would find it very hard to leave my home.
- It has been a lifeline.
- Very important it continues and continues to be well run
- Not important who runs it but it is really needed. It would be a big loss

from Health Professionals

- The quality of care for our patients would be reduced.
- Options for patients would be reduced.
- The spend on drugs would increase
- The quality of life of health professionals would be reduced.
- Healthy Options provides a long-term solution for people with long term health conditions

COMMUNITY

There are two main 'community' areas - The health community and the local community.

THE HEALTH COMMUNITY

Engagement, collaboration and partnership working with the health community remains at the heart of Healthy Options:

- Oban Living Well Support Services model embedded as a key element in the delivery of health services for patients of Lorn Medical Centre
- Visits to Healthy Options and ongoing engagement with NHS Scotland senior management
  - Gregor Smith, then Deputy Chief Medical Officer, Scotland, now CMO.
  - Graham Ellis, National Clinical Lead for Older People and Frailty
- Engagement with and subsequent visit to Healthy Options by Health Improvement Scotland management
- Healthy Options and the Oban Living Well Support Services model - Finalist at the NHS Scotland 75th Anniversary Awards, Edinburgh 2018
- One of 10 Scottish community health organisations delivering the 5-year Northern Ireland/Scotland Social Prescribing Project funded by the UK National Lottery, London
- Engagement with and visit from Paul Anderson, Scottish Parliament Community Outreach Team, Sport & Health Committee
- Visit from Professor Jason Leitch, National Clinical Director of the Scottish Government
- Graham Ellis, National Clinical Lead for Older People and Frailty, presented the Oban Living Well Support Services model at the Institute for Healthcare Improvement conference in Glasgow, April 2019
- Partnership working with Versus Arthritis (Scotland) and Argyll & Bute 3rd sector organisations in developing and delivering self-management programmes funded by Health & Social Care Alliance.

> If the NHS tried to deliver Healthy Option services it would medicalise everything, and it would be more expensive, it would not be the best value for money.
> *(Health Professional)*

LOCAL COMMUNITY

Our vision, values and ethos starts and finishes with the community:

- Continued to strengthen the relationship with Atlantis Leisure, itself a very successful community social enterprise, and use of their facilities to improve health and wellbeing
- Developed Atlantis Leisure Stay Active programme and staff to form new pathways for Healthy Options 'graduates' to progress and continue to self-manage and improve their health conditions post intervention
- Healthy Options is one of the founding partners including North Argyll Carers Centre, Rockfield Centre, BID 4 Oban, Atlantis Leisure, Derek Laidler (Lead Physiotherapist), Laura MacDonald (Community Development Officer, Argyll & Bute Council) in establishing the independent Oban Health Town initiative
- Increasing links with other local 3rd sector organisations

KEY FEEDBACK – COMMUNITY

From Clients

- Healthy Options has made me realise the community can do more.
- The NHS is fine but being a community organisation you are more involved.
- It was a real eye opener into what is being done out in the community having been a midwife for a good number of years and having the NHS mind-set

From Health Professionals

- 90% of healthcare is in the community, 10% is in hospitals, therefore community based is the best approach.
- If the NHS tried to deliver Healthy Option services it would medicalise everything, and it would be more expensive, it would not be the best value for money

From Funder & 3rd Sector

- It creates a breathing space for people, it creates a new community of peer support and harnesses community cohesion, this is a powerful combination that develops other ideas
- A community led response to community need – key element
- It is not an 'off the shelf' project delivering atypical services. It is driven by the community, delivering unique services, a best example of a genuine grassroots initiative
- It is embedded in the community, has its roots in the community, but it also has strong links to the NHS.

From HO Director (ex NHS)

- It opened my eyes into what a wee organisation like Healthy Options could achieve such a huge impact and what is possible, monumental difference it makes, which can be replicated

Time spent on Oban Living Well Support Services model is a good investment for the end user but also for us as individuals and as an organisation, it builds relationships, networks.
(Health Professional)

INNOVATION

Innovation is a state of mind that is always thinking ahead, looking for new or better ways to do things. The initiator may be internal through new skills / new insights or outlook, or external through the injection of new opportunities, thinking or policy.

Innovation is at the heart of Healthy Options, from concept, to implementation. It is born from the realisation among our stakeholders that the status quo will not deliver the health benefits our communities are seeking.

Innovation is not limited to our current services, there are more ideas, new areas of work that could improve community health than we can implement. This would require the determined implementation of the reports and plans that government indicate is the way forward but of which little action is seen at grass root level.

Commitment and Cash is all that is required.

Examples of Innovation within the 2018 to 2020 period:

- **Healthy Options Mainstream programme** developed to provide a holistic, inclusive approach to support 'our 40%'
  - Weekly Re-wild walks, for clients ready for the challenge of longer (approx. 5K) nature walks. Re-wild walks also build peer support.
  - Rolling programme of 12 Weekly Education classes covering: benefits of physical activity; east well guide; food labels; portion sizes; fat, salt, sugar; energy balance; mood and food; behaviour change; takeaway food; sleep improvement; self management; self management (2)

  These classes are extremely well supported with up to 40 people attending:
  - **New enhanced partnership with Atlantis**.
  - **Introduction of industry-leading Elemental social prescribing software for case-load management**.
  - **Working with Versus Arthritis (Scotland)** to develop innovative approaches to deliver Self-management programmes across rural Argyll.
  - **Providing awareness sessions for stakeholders** as part of exposing them to different ways of helping people to lead healthier lives - trainee doctors, other health professionals, Leisure organisation staff, senior management and non-medical people e.g. MSP's

The innovative approach and the 'life-changing' impact on health of patients referred to Healthy Options along with the perceived cost-savings to the NHS was the catalyst for Dr Rob Waddington, GP LMC and Voluntary Director of LOHO along with Sally Thompson, Senior Information Analyst, Argyll & Bute LIST, ISD to carry out an evaluation on Healthy Options that resulted in the Report – Lorn & Oban Healthy Options: "HSCP Funding An Investment Not a Cost"

The focus of this evaluation was to demonstrate to the Argyll & Bute HSCP via Healthy Options report in February 2020 of the value our work creates in relation to savings and future cost avoidance thereby benefiting HSCP expenditure. The full report is a separate part of our evidence - Appendix G. This report clearly identifies significant cost savings and projected cost avoidance for HSCP. It should be made clear that it was the evaluation report authors' intent to continue with this work to build up the evidence and to prepare it to the stage of submitting to BMJ for publication. Sadly this work has been put on hold due to the Covid pandemic.

Willingness to try different things together, sharing a vision of what could be, a holistic collaborative approach.
(Health Professional)

KEY FEEDBACK – INNOVATION

As expected, there are only a few comments from clients with regards to Healthy Options being an innovative organisation. The client interacts with Healthy Options during their personalised health programme average 12 weeks, so what happened before or will happen after has little relevance to that client.

HOWEVER, every new client referral will for them be an innovative experience of engaging with a professional community organisation delivering specialise non-medicalised prescriptions. It is important to stress that what we do is not innovative, nor is it unique, but **how we do it is both innovative and unique**.

From Health Professionals

- Willingness to try different things together, sharing a vision of what could be, a holistic collaborative approach
- Time spent on Oban Living Well Support Services model is a good investment for the end user but also for us as individuals and as an organisation, it builds relationships, networks
- It shows that we can do something about the big issues we face

From Funder

- I remember my first visit to Oban, the connections, the networks, the holistic approach, I could not believe it. This is how community can work, how it should work. These experiences inform our decisions – why it works well, how it works well – trust in individuals, empower them to build stronger relationships

COLLABORATION

'Nowhere else in Scotland have we witnessed this level of integration between NHS and 3rd sector both in scale and in depth'
(Healthcare Improvement Scotland)

The concept of Healthy Options evolved between two community activists and Pauline Jespersen (senior Nurse and Partner of Lorn Medical Centre (LMC)) deciding to take action to assist the 40% with chronic conditions to a brighter, healthier future. With the involvement of Atlantis Leisure and others from the community and health professions, ideas flourished and Healthy Options was established.

- Hence Healthy Options was a collaboration from the very start and remains at our heart.
- The finest example of collaboration is the emergence of the Oban Living Well Support Services model of care. This emerged from the funding to Healthy Options, LMC and Physiotherapy Dept. from HSCP via the Integrated Care Fund. (Appendix C)
- This model has received widespread recognition and has been commented on by Graham Ellis (Senior Clinical Advisor to Scottish Government on Ageing and Health). Full details of the model and Dr Ellis's quote are in Appendix C) Suffice to say his opening comments were 'For me what I saw in Oban was taking what we knew in theory and putting it into practice. It is what we need to replicate across Scotland.' Dr Ellis was instrumental in bringing about the visit of Dr Gregor Smith now the Scottish Chief Medical Officer to Healthy Options.

Further COLLABORATION examples

It is the firm belief of Healthy Options that creating health can only happen in the community not in or by the NHS services however good and necessary they are and will continue to be.
(Healthy Options Board)

- Physiotherapy Dept. at Oban & Lorn Hospital – Reablement service development; staff training; neurological conditions
- Argyll & Bute Self-Management Partnership Group – Versus Arthritis (nationally) along with Argyll & Bute 3rd sector organisations and Health Professionals
- Oban Healthy Living Town initiative
- Lorn Medical Centre & Senior NHS Analyst leading evaluation into Healthy Options services
- Developing and leading Atlantis Leisure gym staff into Stay Active 'healthy living' team
- Spring Project:- Healthy Options are one of ten Scottish organisations working collaboratively delivering the pioneering Scotland – Northern Ireland social prescribing project
- Introducing Elemental to Argyll & Bute HSLP

KEY FEEDBACK – COLLABORATION

from Physiotherapy Department

- Essential, without the collaboration the numbers in frailty would be overwhelming
- This is truly a whole system approach with GP's, hospital based HP's and 3rd sector all working together
- With Reablement the system works really well as the 2 agencies (physiotherapy + Healthy Options) work hand in hand

- All aspects are interdependent on each other, this collaboration is brilliant
- Should be scaled up to be Argyll & Bute wide.

from Lorn Medical Centre

- Collaboration is hugely important. Before Healthy Options and the frailty project collaboration was a challenge. Now we are collaborating with third sector organisations such as Healthy Options, North Argyll Carers Centre, Crossreach etc. which has opened many doors.
- Securing ICF funding has allowed breathing space and dedicated staffing to work more holistically and to do things better. Collaboration has been extremely rewarding for health professionals and patients. A survey of health professionals recorded since working collaboratively with the Oban Living Well Support Services (Frailty) model, **93% stated an increase in job satisfaction**.
- Working collaboratively as a multidisciplinary team the focus is on the patient at the centre, we have all come together to help the patient, this holistic approach makes a huge difference.
- The partnership between LMC, Healthy Options and the Physiotherapy Department at the Oban Hospital is particularly good at driving forward the living well model to manage all levels of frailty.
- The NHS needs a change of focus from sickness to health.

Collaboration has been extremely rewarding for patients and health professionals.
93% of whom stated an increase in job satisfaction.
(Lorn Medical Centre)

from 3rd Sector

- Collaboration is the strongest part of Healthy Options; it needs to collaborate to succeed. The only way to support clients is to collaborate with health professionals and other organisations within the town.
- Jointly we are creating a new healthy living team to support graduates of Healthy Options as they move onto the Stay Active programme.

FINANCIAL STABILITY

The relative financial stability of Healthy Options from April 2018 came to an end to 31st March 2021. Whilst the work of Healthy Options before this period had been noteworthy and of real significance to the engaged clients it did not compare with the quality and scale of work during this period.

HSCP funding Healthy Options clearly is both a financial and a health investment.

Healthy Options looks to the evidence presented in this report and the other 2 reports as evidence enough that this work should be stabilised financially, and also to seek ways that the lessons learned over the years in the creation and development of Healthy Options can be utilised in expanding the principles elsewhere.

The Executive Summary has detailed the actions taken to get us to this point and the recognition and responsibility that community and society has to improve health. In the summary we argue for between £100k to £120k investment into Healthy Options on an ongoing basis from statutory funding. That represents approx. 50% of overall funding leaving Healthy Options to source the remaining 50%.

APPENDIX A

EXEMPLAR ORGANISATIONS

Definition 1 To show what's possible, to inspire similar projects

Definition 2 Utilised from the Australian Commission on Safety and Quality in Health Care. (This has been used following desk top research into definitions and was found to be the most detailed. The orange print is the Healthy Options response to each of the statements).

The Australian Commission on Safety and Quality in Health Care released the National Safety and Quality Health Service (NSQHS) Standards (second edition) in November 2017 for implementation by health service organisations from January 2019.

Exemplar practice is practice that is

- Commendable and successfully addresses a safety and quality problem (for Healthy Options this reads addresses chronic / long term heath conditions) in a way that is unique to the circumstances and the issue.
  There ample evidence the Healthy Options meets this requirement
- It represents model practices that are best practice or evidence-based, innovative, sustained and measured.
  We are told this by clients, health professional's, senior health officials, senior HSCP local management and organisations we work alongside
- It is practice that is substantially higher than the general satisfactory level of achievement for the relevant standard and actions being assessed.
  Undoubtedly, repeatedly informed so by primary and secondary stakeholders
- To be determined as an example of exemplar practice, a health service organisation should be able to demonstrate that the initiative under consideration meets the following criteria.

  The initiative is:
  - Designed to address significant chronic / long term health issues Yes
  - Evidence-based or best practice Yes
  - Reflects patient-centred care Yes
  - Clearly communicated to all relevant parties Yes
  - Built into day-to-day operations Yes
  - Routinely measured – Internally within limits but also by external analysis
  - Sustainable

  Based on the 3 parts to Sustainability – assets / people / finance.

  Assets – as an organisation we have few **physical assets**, as a community we have an **abundance of resources**, assets are no barrier to being sustainable.

  People - The **people** we have are outstanding and represent the main asset. Currently this is no barrier to being sustainable. How long we can retain them is dependent on finance.

  Finance - represents the biggest challenge to being sustainable. Providing a service that is open to all and free to those who cannot pay is key. Those who can pay paying an affordable contribution to overall expenditure. To do this we are

dependent on statutory funding in a time of great financial challenge. The work of Healthy Options is in complete alignment with government policy, public health intentions and the general acknowledgement that creating health is a community challenge not an NHS challenge and as such can only be tackled within the community context. Statutory funding is required to support community action.

- Being appropriately evaluated
  - Compliance with external funding organisations reporting and evaluation processes.
  - Programmes and outcomes agreed with statutory bodies, subject to annual review.
- Improving patient outcomes in chronic / long-term conditions. Independent assessment of exemplar practice – Healthy Options welcomes any opportunity for external research into our work, practices and outcomes for clients. The "Investment not a Cost" (Appendix G) report was conducted by a GP (also a Healthy Options director), a few of his staff unconnected to Healthy Options and an NHS senior analyst totally independent of Healthy Options.

APPENDIX B

HEALTHY OPTIONS – THE FIVE TIME PHASES

PHASE 1: 2009 – 2011 Research - Vision - Concept - Pre-start

A community response... A child of Atlantis... A child of Lorn Medical Centre

The people of Oban have long supported community initiatives. An outstanding example is that of Atlantis Leisure, a community social enterprise formerly established in 1992 to take over the Council operated swimming pool with a view to develop indoor sports facilities. The outcome is a hugely successful £multi-million sports and leisure complex. During this 'Atlantis journey' two past Chairman of Atlantis, Hugh McLean and Roy Clunie undertook action research on behalf of the Carnegie UK Trust into *Community Led Service Provision in Rural Areas*. This research report was published in June 2009 and included a critical analysis of Atlantis Leisure. During this critical analysis process Pauline Jespersen, a Director of Atlantis Leisure and the Senior Partner Nurse and Partner at Lorn Medical Centre was instrumental in highlighting the potential health benefits of the community owning a sports centre and using it to provide health beneficial opportunities and becoming an ASSET for such provision in the community.

'If there is a problem in the community then the answer is in the community'
(a learning from the Carnegie study)

Oban has one medical practice, the Lorn Medical Centre (LMC), which at the time of planning Healthy Options had just over 10,000 patients of whom 3,800 – 4,000 had a chronic medical condition/s. Almost 40% of people in our community are affected. Shocked by this statistic, the positive message was that these conditions could be improved, or control managed by adopting an active healthy lifestyle. That was our challenge – to improve the wellbeing of 'our 40%' and for Oban and Lorn to become a more active, fitter, healthier community. Healthy Options was our community's response to these health problems prevalent in our area.

PHASE 2: 2012–2014 2-year Pilot

Healthy Options, a community social enterprise was established as a company limited by guarantee and registered as a charity in late 2011. A two-year pilot project started with our first clients beginning their health journey with us on the 1st February 2012.

The single overwhelming conclusion, drawn from four evaluation methods, was that the 2-year Healthy Options pilot programme had been an outstanding success:-

- the number (265 people) and age-range of clients
- the range and complexity of health conditions
- the improvements to health and wellbeing
- the ongoing commitment to self-manage their conditions.

It is quite remarkable to reflect that the success of Healthy Options had been achieved with less than 2 FTE staff, and from a standing start.

Our hope and expectations for the project and our clients were surpassed, the academic and clinical research papers were proved correct, the Scottish Governments policy documents on communities and health were realistic and achievable (with realistic sustainable funding). Healthy Options was delivering change to health provision. The Healthy Options approach was changing lives.

Our 72-page HEALTHY OPTIONS PILOT PROJECT 2012 – 2013 is available on the Healthy Options website - www.lornhealthyoptions.co.uk/s/HO-Pilot-Report-Final.pdf

PHASE 3: 2014–2018 The interim years

Upscaling of services, increasing impact
Pressure of success – on finance, staff, Board of Directors

Success brought additional requests for our services from Health Professionals and our 3rd sector partners:

- Along with the Physiotherapy Dept. at Oban and Isles Hospital, we started an Award-winning programme for clients with neurological health conditions
- Falls Prevention classes were delivered in surrounding villages
- A project to support Carers improve their health and wellbeing was established in collaboration with NHS and North Argyll Carers Centre (NACC).
- In collaboration with West Highland Housing Association we organised and delivered a twice weekly programme for disadvantaged and vulnerable social housing tenants
- Macmillan Cancer Support research contract completed
- Self-management programmes were delivered in conjunction with Versus Arthritis and NACC with funding from Health and Social Care Alliance
- The significance of the Oban Living Well Support Services model was recognised and selected as a finalist in the National Health Awards
- Oban Healthy Living Town scoping exercise undertaken
- Reablement project initiated, line managed by Physiotherapy Department, delivered by Healthy Options exercise professional

This upscaling required additional exercise professionals and administrative support. Healthy Options operates in a new ‘industry’ of community-led health improvement and delivers innovative programmes, securing appropriate staff with the correct qualifications is exceedingly difficult, ***at times we struggled***.

Innovation and change is challenging to fund, particularly during a time of austerity, with NHS Argyll & Bute HSCP seeking to save many £millions from their budgets. Our funding from the HSCP has been on a year-to-year basis and reducing in real terms even though our impact and range of services were increasing.

Since starting a significant majority of funding has come from Charitable Trusts but this takes a significant amount of time and cost with associated stress, to secure. ***We were (and remain) financially very vulnerable***.

All funds raised were spent on service delivery, leaving voluntary Directors fulfilling a management role, which is neither desirable nor effective long-term. Our systems were creaking, our staff were stressed, ***our Directors nearing burn-out***.

Despite widespread support and encouragement from Scottish Government Ministers and Senior officials, national NHS bodies, despite being in complete alignment with Scottish Government national policy, despite huge engagement and collaboration with health professionals operationally ***our business model was proving to be unsustainable***.

In January 2018, the Board took the difficult decision that if we did not manage to secure sufficient 3-year funding to employ a Development Manager by December 2018 to wind-up Healthy Options.

Yet, the Healthy Options approach works, spectacularly so. Hundreds of people with chronic/long term condition were improving their health, changing their lives. 10 months more. One more big push.

The focus of this research

PHASE 4: 1st April 2018 – 31st March 2020
Healthy Options transformed

Are we an 'Exemplar' organisation?

Three 'development' elements contributed to the 'new' Healthy Options

1. **FUNDING**
   - The Robertson Trust once again proved to be supportive and agreed a new enhanced 3-year revenue grant, with a caveat that it was conditional on Argyll & Bute HSCP continuing to grant fund Healthy Options
   - HSCP – The Robertson Trust response levered a letter of comfort from senior management at HSCP, *which did not guarantee funding*, but did affirm ongoing support for Healthy Options on a similar year-to-year basis
   - Healthy Options is part of a Scotland / N. Ireland consortia that successfully applied to the BIG Lottery, London for a 5-year (3-year guaranteed) grant to fund the development of Social Prescribing in selected 3rd sector organisations (10 in Scotland)
   - Healthy Options were successful in applying for a 2-year grant from LEADER to part-fund the new Development Manager position

2. **STAFF**

   Our funding efforts gave us the confidence to:
   - Appoint a Development Manager, with a Health Professional background
   - Appoint a new Senior Exercise Professional, with higher qualifications and more experience than we have previously had
   - Invest in training which allowed existing Exercise Professionals to gain higher qualifications

3. **OPERATIONS**

The Development Manager led a review of current operations and implemented changes resulting in

- a renewed focus on our core mainstream programme, widening the activities, increasing the number of clients
- reducing our non-core activities, divesting our outreach programmes in local villages to the communities themselves and to Atlantis Leisure and independent providers
- Implementing bespoke social prescribing software 'Elemental' for case-load management, client progression, evaluation

These new professionals brought new skills, experience, and authority to our team resulting in

- Increasing capacity and quality of service provision
- Mentoring and supporting the up-skilling of our exercise professionals
- Increased team motivation and effectiveness, respect and buy-in from clients and health professionals
- **The revitalised, professional Healthy Options (pre Covid-19) increased the number of clients referred to our mainstream programmes from 168 to 480 in a 12-month period. Hundreds of people each year improving their health and wellbeing, changing their lives.**
- Dr Rob Waddington, GP at LMC and volunteer Director of LOHO, along with Sally Thomson NHS Senior Analyst produced a 22-page Evaluation Report - **Healthy Options – An Investment not a Cost**, (report attached in Appendix G). This highlights the significant financial benefits to the HSCP in supporting Healthy Options through cost savings and cost avoidance e.g. 4 cases studies alone result £439k in cost avoidance over 5 -years.

PHASE 5: 2021 – Future Development / geographical roll-out / future business model

Our vision and developing future strategy in part-response to research findings – to be continued.

APPENDIX C

OBAN LIVING WELL SUPPORT SERVICE MODEL

Support quote from Professor Graham Ellis

Quote provided by Prof Ellis for this report

> *'For me what I saw in Oban was taking what we knew in theory and putting it into practice. It is what we need to replicate across Scotland. As a national advisor I am keen to see Scotland become the best place in the world to grow old. To do that we need to engage with older people as part of the solution and get them engaged, active and very much in control. We need to move the conversation out of the GP surgery and Hospital. Crucially ageing well starts before contact with services but I was heartened and amazed to see what could be achieved with enough ambition and engagement. I think then partnership working between third sector and local health and care services has been essential to the success of the venture and I wish we could bottle what has been achieved here for the rest of Scotland.*
>
> *In the Scottish Government's programme for Government is a firm commitment to address the public health needs of our population as well as create better approaches for older people at every opportunity. After COVID we have become conscious of how much multimorbidity and frailty make someone vulnerable and the best way to make our older population safe is to give them the tools to stay healthy and fit. We hope that we can build on that commitment with more ambitious exercise and preventative health initiatives that will lead to a more resilient and healthy older population.*
>
> *I was delighted to present the Oban work at an international event (the IHI Patient Safety Conference) and the response from the audience was incredible and a bit overwhelming. I know you let me share that video and it went down a bomb with interest from Australia, Canada, Denmark and countless other countries that I didn't have time to take note of! So for me this is the beginning of something I hope to see as 'the new normal.'*

Prof Graham Ellis
Senior Clinical Advisor on Ageing and Health to Chief Medical Officer (Scotland)

Oban Living Well Support Services

A collaboration between NHS, 3rd Sector and the community

HEALTH FOCUS	LEAD & DELIVERY PARTNERS	BENEFICIARIES	ACCESS ROUTE	SERVICE PROVIDED	POTENTIAL NUMBER OF BENEFICIARIES
PREVENTION *Creating health in our communities.* **Edmonton Frailty Scale Not Frail**	**Oban Healthy Living Town Led** Using existing local community resources and organisations.	People of all ages, all abilities.	Self-referral (opt-in), community referral (family, neighbours, friends, colleagues)	Providing opportunities locally to exercise, take part in activities, eat healthily.	**Everyone**
CONTROL MANAGE OR IMPROVE CONDITION *Helping those with chronic medical conditions to improve their health and wellbeing.* **Edmonton Frailty Scale 0-5 Not Frail**	**Healthy Options (HO) led with NHS advice and influence** Using existing (and new) resources in the community.	Patients with chronic medical conditions or at risk of developing long term condition which could be improved by adopting an **active** healthy lifestyle.	Well established patient referral route using HO referral form via Health Professionals – GP surgeries, Physiotherapy, Cardiac, Dietitian, Mental Health, Pulmonary, OT, etc.	HO qualified exercise professionals, with input from health professionals co-design with the patient a programme of exercise based social prescriptions resulting in the client self-managing their health.	**4,500**
REABLEMENT *Helping patients, with new or at risk of needing social care packages.* **Edmonton Frailty Scale 6-7 Vulnerable 8-9 Mild Frailty**	**NHS Physiotherapy** led with Healthy Options delivering.	Patients likely to have at least one chronic condition starting to impact on their ability to fully self-care – starting to need increased social or family support for activities such as shopping, housework or activities requiring a degree of balance and/or strength.	Patients assessed by physio and/or OT (prior to and following intervention) are referred to HO exercise professional.	HO Exercise Professional who works 1-2-1 in patients home and depending on progress the patient is encouraged to engage in existing community classes / referred to HO mainstream programme / referred to Oban Frailty team.	**600+**
SUPPORTING FRAIL PATIENTS TO LIVE WELL AT HOME *Providing holistic care to patients with complex conditions.* **Edmonton Frailty Scale 10-11 Moderate Frailty**	**Oban Frailty Team (NHS – Lorn Medical Centre (LMC)).**	Patients from LMC with more than 1 chronic condition starting to impacting on simple ADL's likely to be already in receipt of social care and at risk of recurrent hospital admissions / increased dependence on health and social care services.	Self-generated referrals from interrogation of practice data electronic Frailty Index (eFI). Referrals from other health and social care professionals via Multi Disciplinary Team (MDT) meetings.	Lorn Medical Centre (LMC) patients only. Practice led MDT service aimed at regular review and holistic management of complex patients presenting with significant issues due to frailty. Using an anticipatory and person centred approach.	**400+**

APPENDIX D

INTERNAL ORGANISATION – Sustainability, Finance, Assets (staff), Governance, Organisation

SUSTAINABILITY

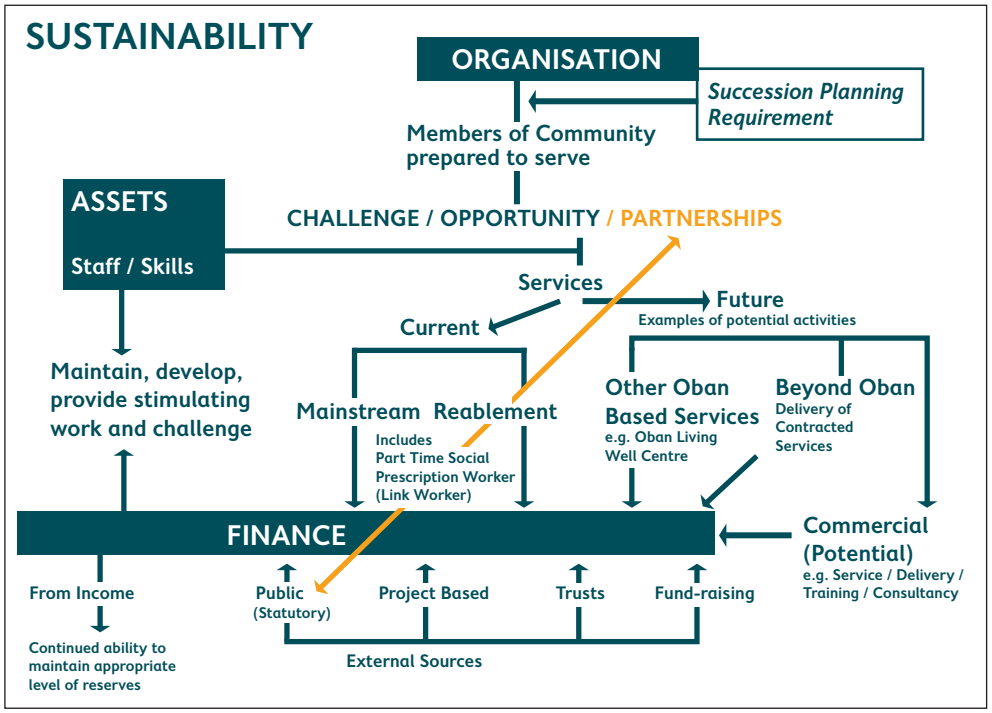
Definitions

A Sustainability is the ability to exist constantly.

B Sustainability encourages decisions in terms of environmental, social, human and financial impact for the long-term, rather than on the short-term.

Sustainability has 3 aspects

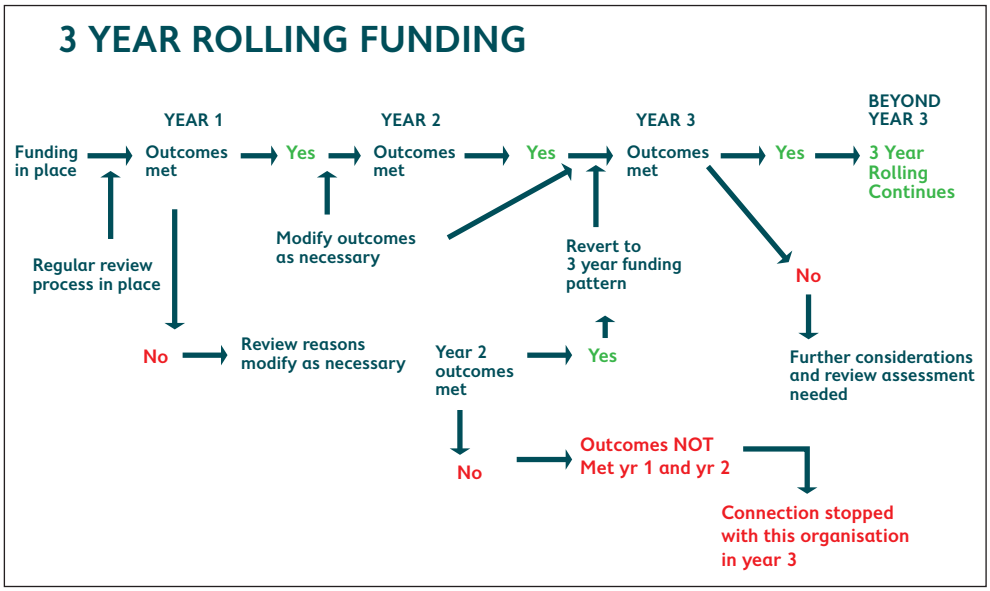
The **Organisation**, the **Assets** (which in Healthy Options case are principally the people within the organisation) and **Finance**. The attached diagram lays out how they interact and what may present as future opportunities.



FINANCE

As for most 3rd sector organisations the key to stability is security of FINANCE. Without secure routes to finance there will always be issues with assets and the organisation itself. As we have always indicated Health Options like any other organisation whether commercial, statutory or 3rd sector has no divine right to survive. They all have to produce results that benefit their clients and continually develop to meet changing circumstances.

It is our view that partnership working is the way forward with 3-year rolling funding put in place with negotiated and agreed targets for review annually. For the basis of this see the attached diagram.



As we have been continuously informed by high-ranking officials from health, local or national government that no matter how good and emotive we can show our impact on clients' health we have to show savings in cost reduction and / or cost avoidance. This criteria is being accomplished as shown in the attached report 'An Investment Not a Cost' (Appendix G) carried out by Dr Rob Waddington (GP and Partner in LMC and a voluntary director of Healthy Options) and Sally Thompson Senior Analyst in NHS LIST Department.

This evaluation work as presented was prepared to inform HSCP management at the annual services/funding review in Feb 2020 of the value of Healthy Options and the potential for further development if increased investment can be sourced. It was intended to continue and develop this approach to show value and impact. Sadly Covid-19 has paused this work meantime and it is unknown (in Feb 2021) when it can be re-established.

What is certain is that as we emerge from the Covid-19 pandemic there will be a greater need for community engagement between HSCP and organisations like Healthy Options resulting in the development of additional community responses and resources.

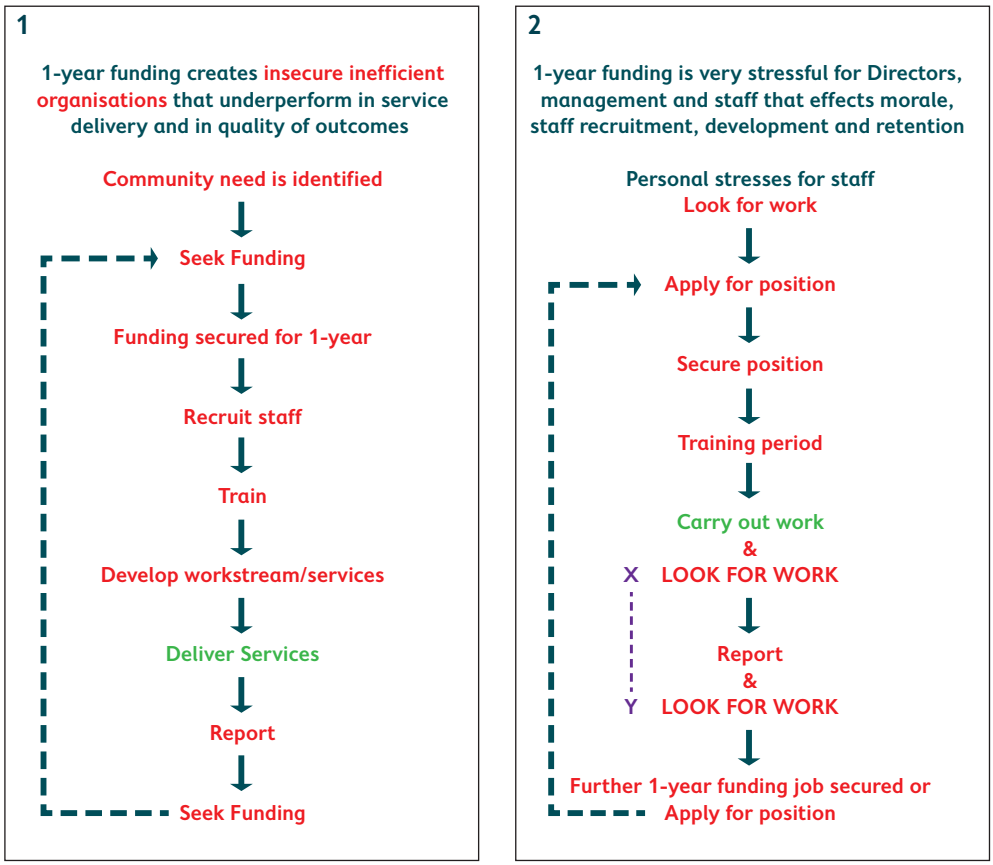
STAFF

Having staff with the qualifications, experience, personal disposition that creates a great working environment and builds confidence and respect from clients and health professionals is difficult to achieve. It is rare in this 'new profession' that people with all these characteristics have come together to form such a team.

Healthy Options is currently blessed to have such a team. The comments contained in this report from clients and health professionals demonstrate this to be the case. After 10 years of operations to get to this stage is wonderful to behold. Our joy at being in this situation is tempered by the financial fragility of the organisation.

Funding for the 3rd sector is both weak and unreliable, this affects the ability of the 3rd sector to attract and retain qualified, professional staff (especially in rural areas). This can be attributed in the main to financing the organisation via 1-year funding.

This is best illustrated by the following diagrams:



Notes from diagrams

1 **Organisationally it can be called the Set-to-Fail Cycle**
Within the 3rd quarter the organisation has to start thinking about the next year. This is especially difficult if funded by multiple funders. What reporting has to be done? when do we need to re-apply? Do we have alternatives if application fails? etc. The time, energy and stress involved is unimaginable to those in secure positions.

2 **Insecurity for Employee results in the Stress Cycle**
At what point along the X – Y axis does the employee start to think about whether the job will continue into the following year? Should I start to look for other work? (Even if they love what they are doing they will have responsibilities of their own)

Of course there are many factors and the above diagrams are expressed in a simplistic manner. It is however not difficult to see that this whole process is unproductive for organisations, employees and reduces the quality of outcomes. Therefore the funder also loses.

From this insecurity other agencies may regard the 3rd sector as being weak, unreliable with lower-level employees. It is not the 3rd sector that is weak / unreliable, it is the funding of the 3rd sector that is weak / unreliable. A secure funding basis is required for the 3rd sector to attract and retain staff to do the work that helps achieve the social objectives of the organisation and the funder. This is even more important as we emerge from Covid 10.

Reversing this Vicious Cycle is critical to developing community-led health initiatives and will potentially provide significant secondary benefits e.g. attracting people to and retaining people in rural communities.

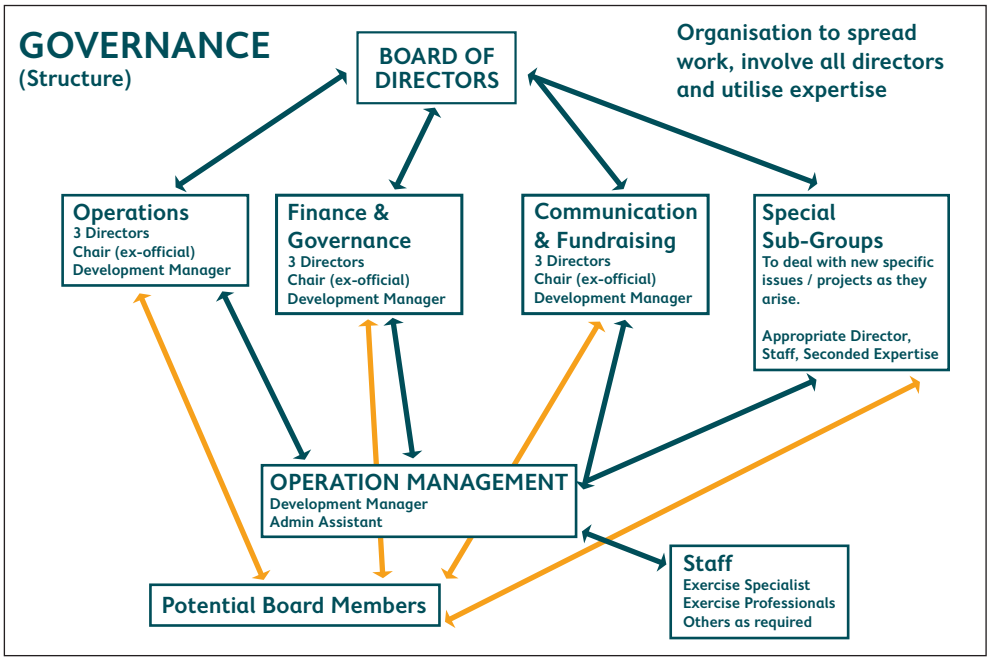
This is the primary challenge Healthy Options faces to ensure we continue to employ the excellent people we currently have and provide the correct environment for them to flourish thereby ensuring our clients gain maximum benefit.

ORGANISATION

The final part of the jigsaw. Although it may seem to be the least challenging of the three cornerstones of sustainability the composition, working, shared vision and experience of the members of the volunteer board are critical to the overall performance. The board provide the guidance, stability, vision and strategy that drives the organisation. This is not done in isolation from the management, staff and clients who contribute to all these aspects even in an informal way.

GOVERNANCE. The volunteer board also ensure the direction and resources are provided to staff for the Governance of a charitable organisation ensuring standards expected, leadership and accountability are clear and understood.

Health Options has worked hard at having a stable board of directors with an appropriate range of skills and experiences. However, we are not blind to the evolving world we live in and recognise the working of the board via three sub-groups would benefit from additional skills in finance, fundraising and social media. From the strengthened sub-groups we would expect to strengthen the Board in due course. By this evolutionary approach, succession planning can take place to ensure the right skills, values and community outlook will continue into the future.



This year has, with Covid-19, thrown into prominence the need for strategic thinking for short and longer term. This process is underway to ensure the whole of organisation is moving forward in complete alignment.

Securing the necessary funding remains the biggest challenge.

APPENDIX E

NATIONAL POLICY

Since the start of Healthy Options we have been aware of policy development in line with our operational intent.

Initially, and as we progressed in the delivery of our services we referred to:

- The National Framework for Service Change in the NHS: 'Building a Health Service Fit for the Future' (2005, The Kerr Report)
- Building on the National Framework for Service Change , the Scottish Executive's Report 'Delivering for Health' provided a template for the future of NHS Scotland (November 2005)
- Essential in promoting the approach to services at the heart of 'Delivering for Health' is the Long Term Conditions Management CHP Self-Assessment Toolkit (February 2007)
- 'Shifting the Balance of Care' is a policy objective which entails increasing emphasis on health improvements and anticipatory care – essentially, more continuous care closer to home (July 2009)
- The National Physical Activity Implementation Plan 'A More Active Scotland: Building a Legacy from the Commonwealth Games' (2014)

Since then the intent of government by policy development has continued. These include:

HEALTH AND SOCIAL CARE INTEGRATION - 2016

Integration is the most significant change to health and social care services in Scotland since the creation of the NHS in 1948. Integration aims to improve care and support for people who use services, their carers and their families. It does this by putting a greater emphasis on joining up services and focussing on anticipatory and preventative care.

The main purpose of the integration planning and delivery principles is to improve the wellbeing of service-users and to ensure that those services are provided in a way which:

- Are integrated from the point of view of service-users
- Take account of the particular needs of different service-users
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided
- Take account of the particular characteristics and circumstances of different service-users
- Respects the rights of service-users
- Take account of the dignity of service-users
- Take account of the participation by service-users in the community in which service-users live
- Protects and improves the safety of service-users
- Improves the quality of the service
- Are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
- Best anticipates needs and prevents them arising
- Makes the best use of the available facilities, people and other resources

National Health and Wellbeing Outcomes (18th February 2015)
There are nine national health and wellbeing outcomes which apply to integrated health and social care. Health Boards, Local Authorities and the new Integration Authorities will work together to ensure that these outcomes are meaningful to people in their area.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

The New Public Health Organisation (2020)
Public Health Scotland Target Operating Model 2.0 (29/04/19)

Introduction includes:

Health and wellbeing of people in Scotland faces three major challenges

- Scotland's relative poor health
- The significant and persistent inequalities in health outcomes in Scotland
- Unsustainable pressures on health and social care services

The vision of public health reform is **a Scotland where everybody thrives**. The ambition is for Scotland to be a **world leader** in improving the public's health.

Public health reform aims to create a culture for health in Scotland that recognises the social and economic issues that affects health and creates environments that drive, enable and sustain healthy behaviours in our communities, supporting individuals to take ownership of their own health and wellbeing wherever possible. The innovative use, application and sharing of knowledge, data and intelligence will be a key tool in achieving this.

To this end, partners across the wider system and the public health system have agreed priorities for Scotland's public health. The six priorities for health and wellbeing in Scotland are:

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.

4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active

Statements of particular interest to Healthy Options and others in the 3rd Sector
2.4.3 Community and Voluntary Sector - Page 20 / 21
The community and voluntary sector works across both national and local public health systems. Community and voluntary organisations carry out a wide range of activities to improve people's lives, often with the public sector, like:

- health, social care and employability services
- housing
- advocacy and campaigning
- social and community development activities
- conservation, heritage and regeneration

In Scotland more than 1,400,000 people volunteer across 40,000 voluntary organisations of which 19,965 are regulated and employ more than 106,700 staff. Third sector organisations have an annual income of £5.8billion.

How Public Health Scotland works with the community and voluntary sector is vital to achieving public health reform's ambition of Scotland becoming a leader in improving the public's health.

The voluntary and community sector are very well positioned to help Public Health Scotland:

- by providing expertise in community engagement, and insight and expertise on solving public health challenges
- with experience and expertise in supporting and empowering individuals to codesign and co-produce services, to self-manage ill-health, disability and long term conditions, and to protect their own health and prevent ill-health arising or reoccurring
- by provide rich evidence that illuminates "what works" in achieving better public health outcomes from third sector evaluation and research, practitioner evidence and the evidence of people with lived experience.
- develop and deliver actions/interventions that achieve outcomes that are people driven/led, not just high-level outcomes that are solely top-down and/or medically driven

On day one Public Health Scotland will help the voluntary and community sector:

- help local communities and communities of interest access the training, support and tools they require to co-design local solutions
- gain access to the same high quality data as mainstream providers/partners.
- translate and use evidence that is appropriate to community/voluntary sector approaches
- address the need for fire-fighting: existing resource issues are inhibiting change across sectors, strong leadership and guidance is required to look at how we all use our resources in a different way

- develop and/or strengthen accessible structures that support local inequalities work and activity across partners

Together, Public Health Scotland and the community and voluntary sector will:

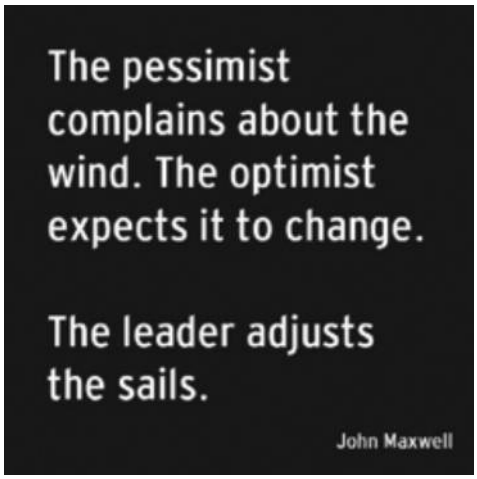
- work together to build services around people and communities
- collaborate to improve awareness and understanding of the social model of health within mainstream agencies/partners
- combine our different health improving data and intelligence to create a more holistic understanding of public health needs and solutions
- promote the importance of using different types of evidence – open up the system to acknowledge the relevance of lived experience and self-reported improvements in health via participation in social interventions
- reframe how we talk about health in Scotland so that the focus is on good health and wellbeing
- shift resources and activity towards models of health that support prevention and self-empowerment.
- work with the sector as a catalyst for communities and individuals to take independent action on the issues that affect their health

Beyond day one the ways in which Public Health Scotland and the community and voluntary sector work together will change in their depth and extent. The level of collaboration between partners will deepen and mature, particularly as Public Health Scotland's local offer develops

APPENDIX F

LORN AND OBAN HEALTHY OPTIONS – Response to Covic-19 Pandemic

The COVID-19 pandemic brought with it many challenges for Healthy Options to continue to deliver services through phases of lockdown and tier restrictions. Our organisation's motto "If the problem is in the Community, the Solution is in the Community" has never been more pertinent. Despite the many waves of uncertainty and the changing landscape of government guidance, the spirit of innovation, resilience and commitment saw us adapt and develop in order to continue to deliver.



When the COVID-19 crisis hit we quickly responded, taking positive action to counter the isolating effects of lockdown, self-isolation and shielding. In the first six months we created a library of online resources, completed over 600 wellbeing 'check ins' and delivered in excess of 100 motivational videos and educational blogs using social media platforms. We moved our consultations to either telephone or online face to face calls, ensuring the key component of co-produced programmes could continue remotely through these one-to-one sessions along with the creation of individualised videos by our Exercise Professionals.

The importance of communication and connection remained a priority not only for our clients, but for our staff too. Staff supervision and peer support was achieved through weekly caseload meetings and team check-ins. Space was created to reflect on the journey we were

all on (and are still on). Carving out this invaluable time allowed the team to acknowledge feelings of vulnerability and uncertainty, enabling us individually and collectively to choose courage over comfort and meet the challenges as they came our way.

Thanks to COVID response funds from various funders we were able to support clients to access our online resources and classes. For some clients this involved literally getting a connection to the internet; for others it has included provision of tablet or laptop; while others have required technical support to use the equipment they have. Additionally, we upskilled our staff to be confident and competent in implementing and delivering a weekly timetable of "live" classes and sessions (Four a week: Move Well, Education, Pilates, Self-Management plus weekly coffee and chat).

As lockdown restrictions began to lift we recognised the support needed for clients to re-engage with supervised gym sessions at Atlantis Leisure once more. Acutely aware of the anxieties many clients expressed around re-engaging in person, we set up "walk round" appointments and agreed with Atlantis Leisure specific times for Healthy Options clients to exclusively access the gym. We provided extra time to listen to concerns and answer questions clients had - oftentimes helping them find the balance of how they could adhere to strict government guidance whilst still being able to engage in exercise and social interaction for improved mental and physical wellbeing.

We have remained grounded and mindful; our focus never wavering of "WHY" Healthy Options exists – everything we do is built on the principle that everyone should have access to health support, advice, and skills. By doing so we enable those living with, or at risk of developing long term conditions, to better manage their health and wellbeing – and ultimately improve their quality of life. The pandemic just made us go the extra mile on how to proactively and dynamically achieve this!!

None of this would have been possible without a dedicated team of Staff and Directors. It would be fair to say there have been tough days, fatigue, and dips in moral. However, I truly believe the commitment, perseverance and comradery behind the scenes is one of, if not THE biggest elements which has helped us, not only survive, but to grow and develop throughout this extraordinary and challenging period of our lives.

Gill Bruce
Development Manager, Lorn and Oban Healthy Options Ltd
January 2021

Lorn and Oban Healthy Options Ltd.
(trading as Healthy Options)
Tel: 07961 292955 Email: info@ lornhealthyoptions.co.uk
Registered in Scotland No. SC383167 Registered Charity No. SC041998

APPENDIX G

Lorn and Oban Healthy Options
HSCP Funding
An Investment, Not a Cost

If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat'

UK Chief Medical Officers' Physical Activity Guidelines

'Having established compelling financial and health benefits arising from social prescribing of physical activity, and wider preventative activity, we expect a significant proportion of each Integration Authority budget should be spent on commissioning local services to increase physical activity levels and improve health in communities. We recommend that figure be not less than 5% and this target be achieved in 2 years'

The Scottish Parliament Health and Sport Committee report 'Social Prescribing: physical activity is an investment, not a cost '; Dec 2019.

Please note it was intended to continue with this evaluation work and develop it into an article suitable for publication in the BMJ. Sadly Covid-19 has meant this has stopped meantime.

Author/Editor: Dr Robert Waddington GP Lorn Medical Centre; MBchB, BSc, MRCP, DRCOG; Voluntary Director Healthy Options

Lorn and Oban Healthy Options; HSCP Funding is an Investment, Not a Cost

This report aims to provide evidence that Lorn and Oban Healthy Options Ltd (Healthy Options) is an effective partner which can support the HSCP to meet its financial targets.

We support an increasingly large number of clients to live healthier, happier, and more active lives and in doing so deliver a significant net reduction in health and social care expenditure. Front line health professionals recognise our significant contribution to quality of patient care and have provided extensive input into this report.

In a climate of financial constraint, we appreciate that any HSCP expenditure should be justified. We will demonstrate this through looking at:

1. National Recommendations and Cost-Efficacy of Our Service Delivery.

2. Cohort Analysis of Clients Referred to Health Options from Lorn Medical Centre; **Clients referred to Healthy Options have 26% fewer Unscheduled Care Contacts and utilise 17% fewer GP appointments in the year following referral to Healthy Options than the year prior.**

3. Case Studies with Estimated Financial Benefits for the HSCP; **Collective 5year cost avoidance demonstrated; Direct = £439,699,**

4. Projected Cost Avoidance from Evidence Based Literature as a Result of Healthy Options interventions delivered over 2019, **Collective 5year cost saving demonstrated = £212, 743 to £888, 654.**

Summary

- Healthy Options has a highly effective service delivery model (see appendices 1 & 2). We can demonstrate statistically significant reduction in front line service utilisation and can demonstrate robust evidence of substantial realised and projected cost avoidance.

- We can underpin this evidence by projecting likely savings from analysis of evidence-based literature.

- The Scottish Parliament Health and Sport Committee recommends extensive investment in schemes similar to Healthy Options, recognising the value of our services for patient quality of care and reducing health and social care expenditure.

- This report presents a strong case for a continued financial investment by the HSCP.

- The focus of this report has been to provide evidence of the value Healthy Options brings to Argyll &Bute HSCP and the community we serve. Additionally, we should make mention of the potential value to the area's communities of the Oban Living Well Support Services model (see appendix 3) and its potential for roll-out across the county. Healthy Options is an intrinsic part of this model.

- Following discussion with HSCP these findings will be shared with others, including national bodies with whom we have linkages with a view to develop further our evaluation work.

1. National Recommendations and Our Current Service

Healthy Options supports clients to live healthier and more active lives. There is a robust evidence base suggesting that positive lifestyle changes result in improved health. The Scottish Parliament Health and Sport Committee recommends significant financial support for organisations such as Healthy Options. We are a cost-effective partner for delivering this service.

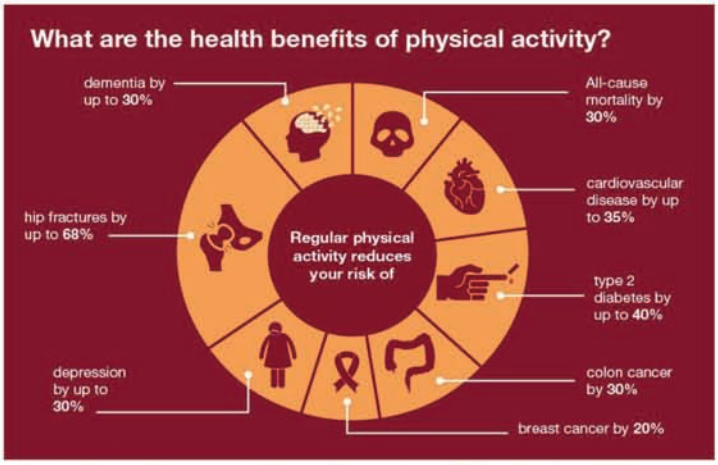
Healthy Options supports clients referred to our service via health professionals, housing associations and other third sector organisations to **live healthier and more active lives.** Our 4 highly trained exercise professionals deliver tailored co-produced programmes through social prescribing to help clients manage long term conditions, prevent chronic conditions developing or support recovery from illness or injury.

We Offer 2 Services:

- **'Mainstream Service' Delivered primarily at Atlantis Leisure Centre:** This could involve any of a wide range of activities for example group classes, gym or swim sessions, educational talks, tai chi and Pilates classes or re-wilding walks. With improvements to our model of service delivery and recent high-quality staff recruitment we have seen an increase in demand for our services with 480 referrals in 2019 compared to 168 in 2018.

- **'Reablement Service':** This service is for patients who are identified as frail; at risk of falls, have poorer mobility and present with an increased likelihood of needing unscheduled care. This service is delivered within the patient's own home in conjunction with the Physiotherapy team. The programme aims to improve reversible aspects of physical decline that occur in association with chronic disease and frailty.

Physical inactivity is responsible for one in six UK deaths (equal to smoking). It is associated with a broad range of diseases (see below). We would therefore expect that interventions to support a more active lifestyle to improve the health of the population and decrease demand on health and social care services and these benefits to be felt across the whole health and social care system.



https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health

Detailed evidence underpinning the value of exercise prescription programmes are described by The Scottish Parliament Health and Sport Committee report 'Social Prescribing: physical activity is an investment, not a cost; Dec 2019. This report states:

'Having established compelling financial and health benefits arising from social prescribing of physical activity, and wider preventative activity, we expect a significant proportion of each Integration Authority budget should be spent on commissioning local services to increase physical activity levels and improve health in communities. We recommend that figure be not less than 5% and this target be achieved in 2 years'

We can therefore move on from providing evidence that exercise referral schemes are valuable assets to conventional health services and focus upon demonstrating that Healthy Options is an effective partner to deliver this service for the local area.

We make a conservative estimate of this expected budget for the North Argyll area to be £900,000.

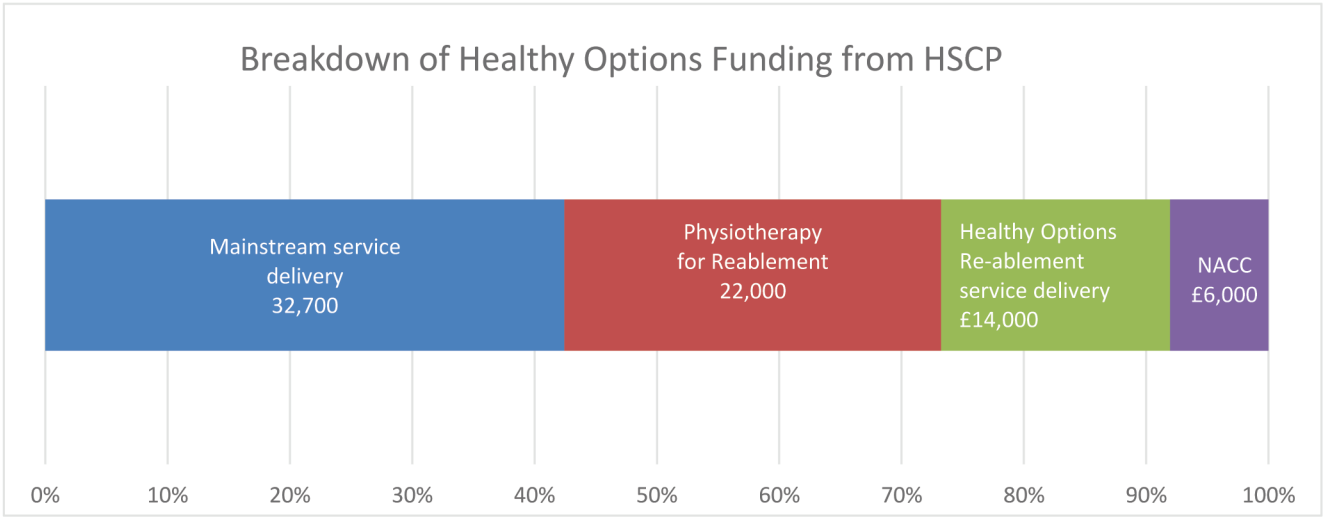
Funding

- The average cost per client for our 'mainstream' service primarily delivered at Atlantis is £403.33 of which the HSCP funding makes up 20% or £79.
- The average cost of Healthy Options Reablement based on 60 clients in 2019 is £252; this does not include NHS physiotherapy funding. The maximum cost of this would be £23,000 for the overall service or around £383 giving a total cost of Reablement service delivery of up to £635.

From a financial perspective the HSCP is the main beneficiary of the additional funding which we attract. Our ability to attract funding from other bodies is a key strength of our organisation. HSCP funding remains a core part of our funding and ongoing investment in Healthy Options from HSCP is essential for our continued ability to operate and attract this external investment.

The HSCP Grant for the financial year April 2019 to end March 2020 was £74,700 made to Lorn and Oban Healthy Options Ltd, L&O Physiotherapy Service and North Argyll Carers Centre (NACC) to provide and take forward the Developing Healthy Communities Project for 2019/2020.

Of this grant, and at time of writing this report, NACC have drawn down the agreed £6,000, Physiotherapy have invoiced for £22,000 to cover their costs implementing the Reablement part of the project. This results in Healthy Options actually receiving a grant of £32,700 for our Mainstream work and all the costs for our part of Reablement which will run to approx. £14,000.



2. Cohort Analysis of Clients Referred to Healthy Options 'Mainstream Service' from Lorn Medical Centre

Authors:
Sally Thompson (Senior Information Analyst, Argyll & Bute LIST, ISD) and Dr Robert Waddington (GP Lorn Medical Centre).

A detailed analysis of Healthy Options 'Mainstream Service' referrals from Lorn Medical Centre from April 2016 was performed. The findings are summarised below:

- **35.4 % of referrals from the most socio economically deprived group** (Deprivation quintile 1) who stand the most to benefit from positive lifestyle changes.
- **17% reduction in GP Appointment Utilisation** (all clients): There is a statistically significant reduction (i.e. statistically unlikely to be due to chance) in GP appointment use the year following referral relative to the year prior (17% reduction) releasing 267 appointments. Clients from deprivation quintile 1 show an even larger reduction (28%) in GP appointment use.
- **26% Reduction in Unscheduled Care Utilisation**: Patients referred to Healthy Options accessed unscheduled care around 26% less frequently in the year following attending Healthy Options than the year prior. Female patients showed around a 50% reduction: achieving statistical significance (i.e. statistically unlikely to be due to chance).

Future analysis will compare health activity and costs with a control group made up of people with a 'similar' health profile to represent a control group. A more detailed report is planned along with seeking publication of this data.

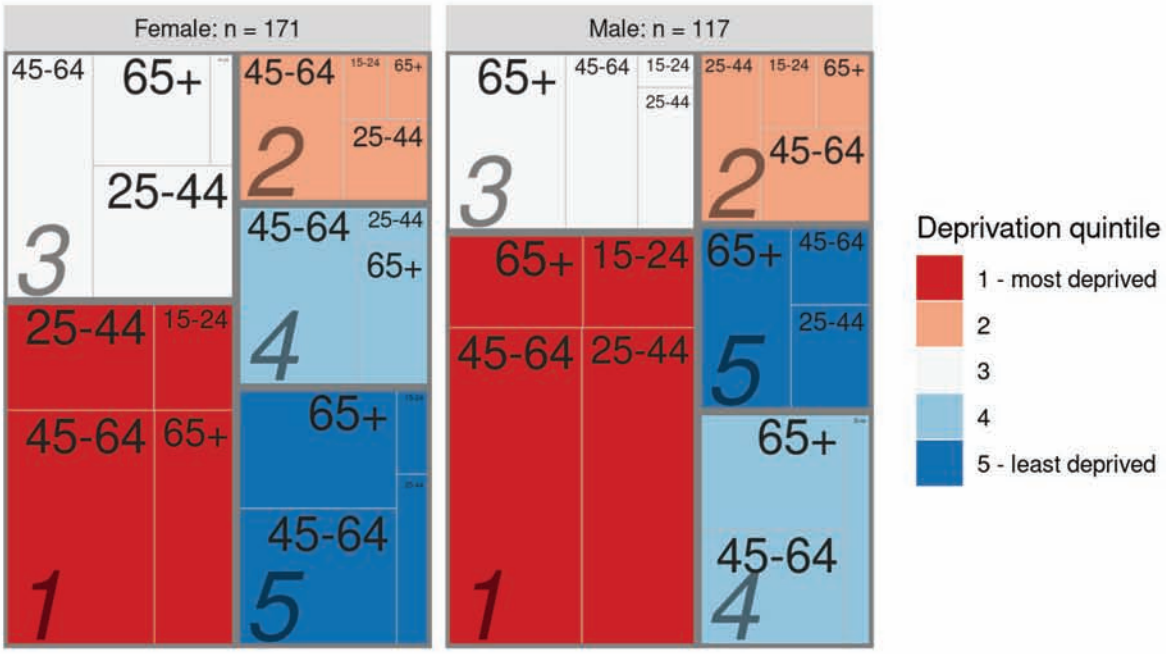
Cohort Analysis and Breakdown by Socio-Economic Group

A detailed analysis of Healthy Options referrals from Lorn Medical Centre from April 2016 was performed. There is a more detailed report available but here we present the highlights. Of 346 case records analysed 9% disengaged and 7.2% left the practice (or died) we therefore had 288 case records to analyse.

The largest group referred were those in the most deprived socio-economic group (Deprivation Quintile 1) as demonstrated in the figures below.

HSCP Socio-Economic Deprivation Quintile	Number patients	% of LOHO referrals (n= 288)
1 – most deprived	102	35.4
2	34	11.8
3	60	20.8
4	43	14.9
5 – least deprived	49	17.0

Proportion of LOHO clients by age and deprivation



NB: Splitting the cohort by gender allows for further grouping by age and deprivation. Note that although the rectangle size is the same for Male and Female, absolute comparisons between genders cannot be made, due to different cohort size; further details of gender and age split is available in our full report.

Men aged between 25 and 64 from quintile 1 (most deprived) make up approximately one quarter of all male LOHO clients. Women of all ages in quintile 1 account for approximately one quarter of female LOHO clients. This is particularly important as quintile 1 has a markedly lower healthy life and life expectancy relative to the most affluent groups e.g. Scottish National Average for Males: Healthy life expectancy (48.2 years vs 71.3 year) and lowest life expectancy (69.6 vs 82.7 years) [National Records of Scotland; Dec 2019]. This group therefore has the greatest potential to benefit from our lifestyle-based intervention. Furthermore, the lower age of this groups allows for greater potential for positive long-term impact and health outcomes.

https://www.nrscotland.gov.uk/files//statistics/life-expectancy-areas-in-scotland/16-18/life-expectancy-16-18-publication.pdf

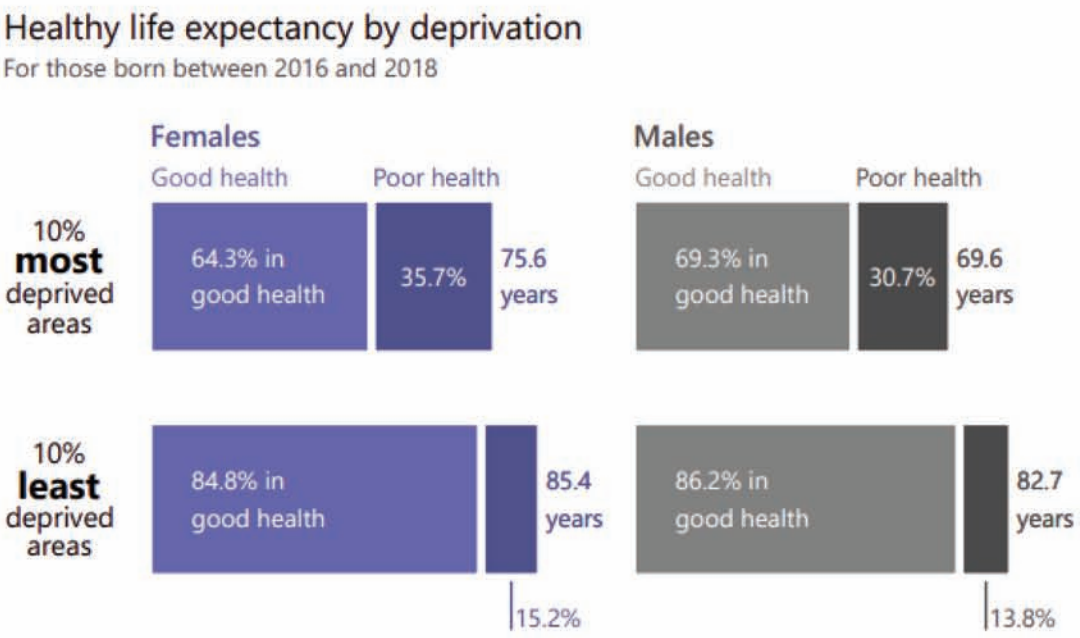


Image extracted from https://www.nrscotland.gov.uk/files//statistics/life-expectancy-areas-in-scotland/16-18/life-expectancy-16-18-publication.pdf

Impact of Healthy Options Referral on GP Appointment Utilisation

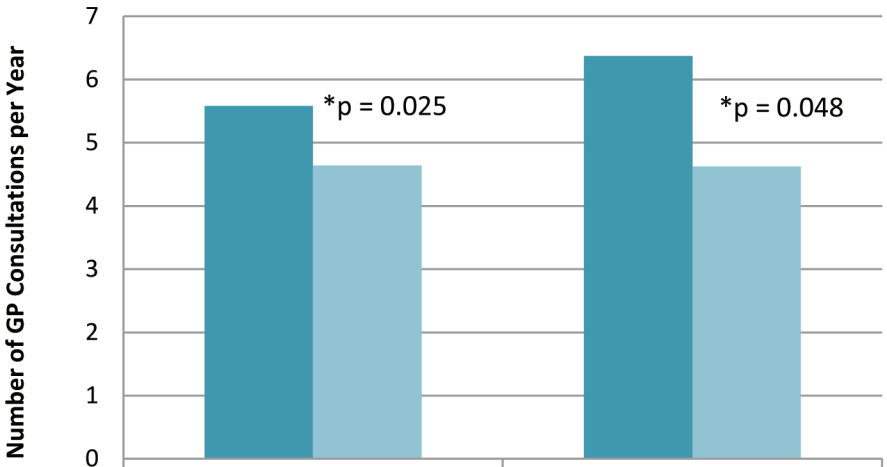
This section of analysis compared the number of GP appointments in the year prior to each patient's referral to LOHO with the number of appointments in the year after. GP appointment data is readily available, and we consider this a proxy measure for wider health service utilisation. We plan to undertake further study to verify this link.

As this requires a full 12 months after referral, it excludes patients who were referred in 2019. We therefore analysed a reduced number of 145 cases (although of these, 10 patients had no GP appointments in the year prior to or after referral).

Paired samples t-tests were conducted on various groupings, to compare the average (mean) number of GP appointments in the year prior to, and the year post referral to LOHO. A 'significant' result is an indication that results are highly unlikely to be due to chance.

Grouping	No. of patients	Average (mean) number of GP appointments		Reduction in no. of appointments	p-value
		year prior	year post		
All	135	5.58	4.64	0.93	0.025
SIMD 1	45	6.37	4.62	1.76	0.048

Comparison of the Number of GP Consultations the Year Prior and Following Healthy Options Referral



	All Referrals	Referrals from Most Deprived Socio-Economic Group (Quintile 1)
Average GP Attedance the Year Prior to Healthy Options Referral	5.58	6.37
Average GP Attedance the Year Following Healthy Options Referral	4.64	4.62

As would be expected our intervention resulted in a significant reduction in GP appointment consultation rates.

Completion of the Healthy Options program resulted in a reduction of GP attendance in 135 individuals by 17%, releasing 267 appointments during 2019. Applying an average cost of £30 per GP appointment (excluding follow-up referrals, prescribing, ongoing examinations, treatments etc.) this represents a saving of £8010. https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/

Impact of Healthy Options Referral on Unscheduled Care Service Utilisation

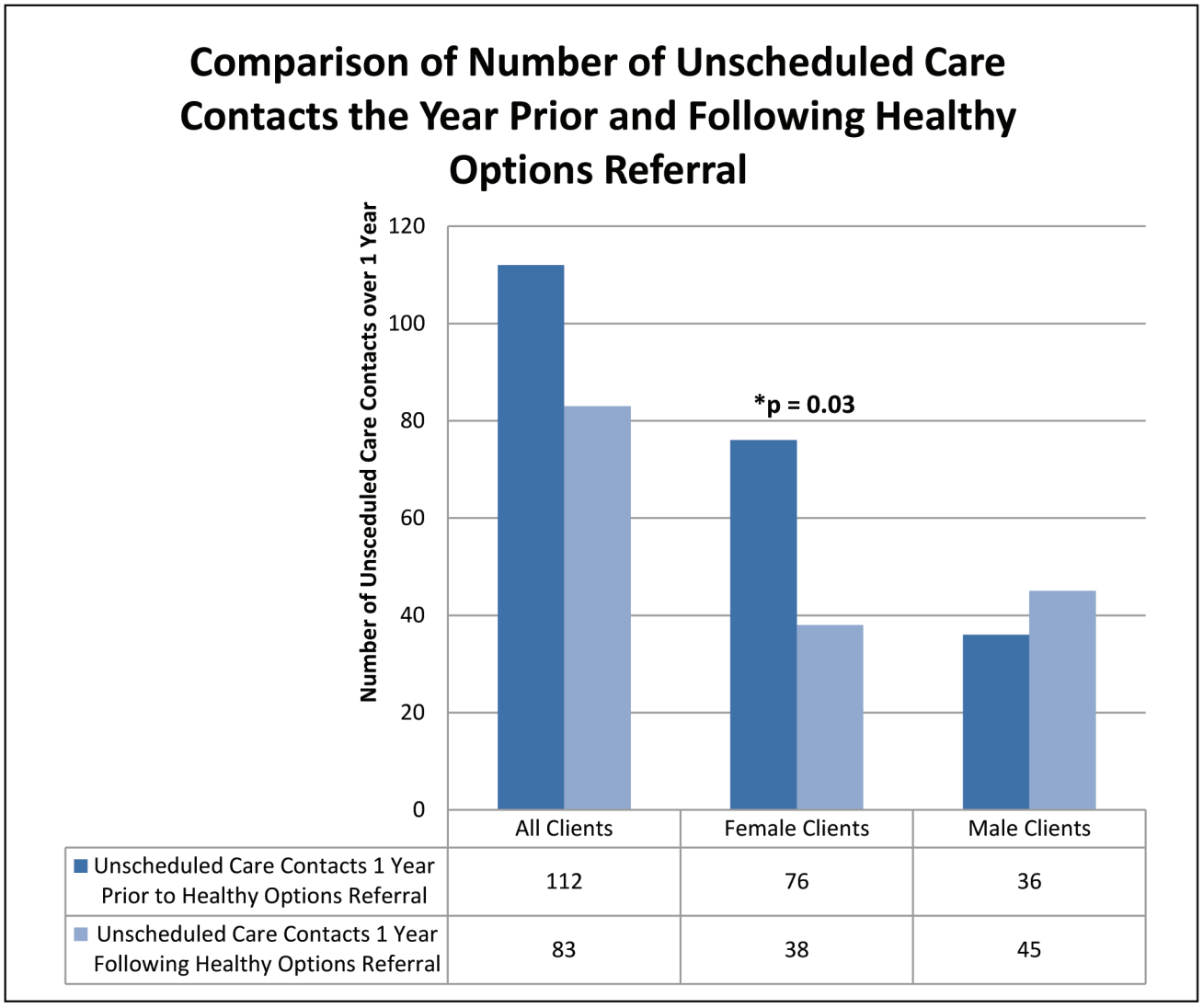
We went on to look at unscheduled care access; this occurs less frequently than GP appointments so is more challenging to provide statistical analysis. Again, we looked at unscheduled care access 12 months prior and 12 months following referral. As this requires a full 12 months after referral, it excludes patients who were referred in 2019. We therefore analysed a reduced number of 136 cases. For performing this analysis, we used the Unscheduled Care Datamart (UCD) which collects data on contacts with any of:

Unscheduled Care Datamart:

- A&E attendance
- Acute Emergency Inpatient admission
- Psychiatric Inpatient non-respite admissions
- NHS 24 calls
- Primary Care Out of Hours
- SAS incidents

A Continuous Urgent Care Pathway (CUP) is an unbroken time that a person spends in a series of emergency/urgent care services that occur within 24 hours of each other. 82 LOHO clients had at least one CUP at some point in the year prior to or post referral – 28 clients had contact only in the year prior to referral, with 26 clients having contact both before and after referral.

Patients referred to Healthy Options accessed unscheduled care around 26% less frequently (29 fewer contacts) in the year following referral to Healthy Options than the year prior. Female patients referred to Healthy Options accessed unscheduled care around 50% less frequently in the year following attending Healthy Options than the year prior to Healthy Options (1.9 contacts prior 0.9 contacts following Healthy Options). This difference was found to be statistically significant i.e. unlikely be due to chance. There was no statistically significant change in the male patients between unscheduled care activity prior to and following Healthy Options referral.



We hypothesise that this may be influenced by the large number of males in socio economic group 1 relative to the whole group. Healthy Options referral may mask what would have otherwise been an escalation in unscheduled care attendance.

We look forward to future data analysis with greater patient numbers; we expect this will demonstrate a similar reduction for males and will be able to provide a more detailed and higher-powered statistical analysis.

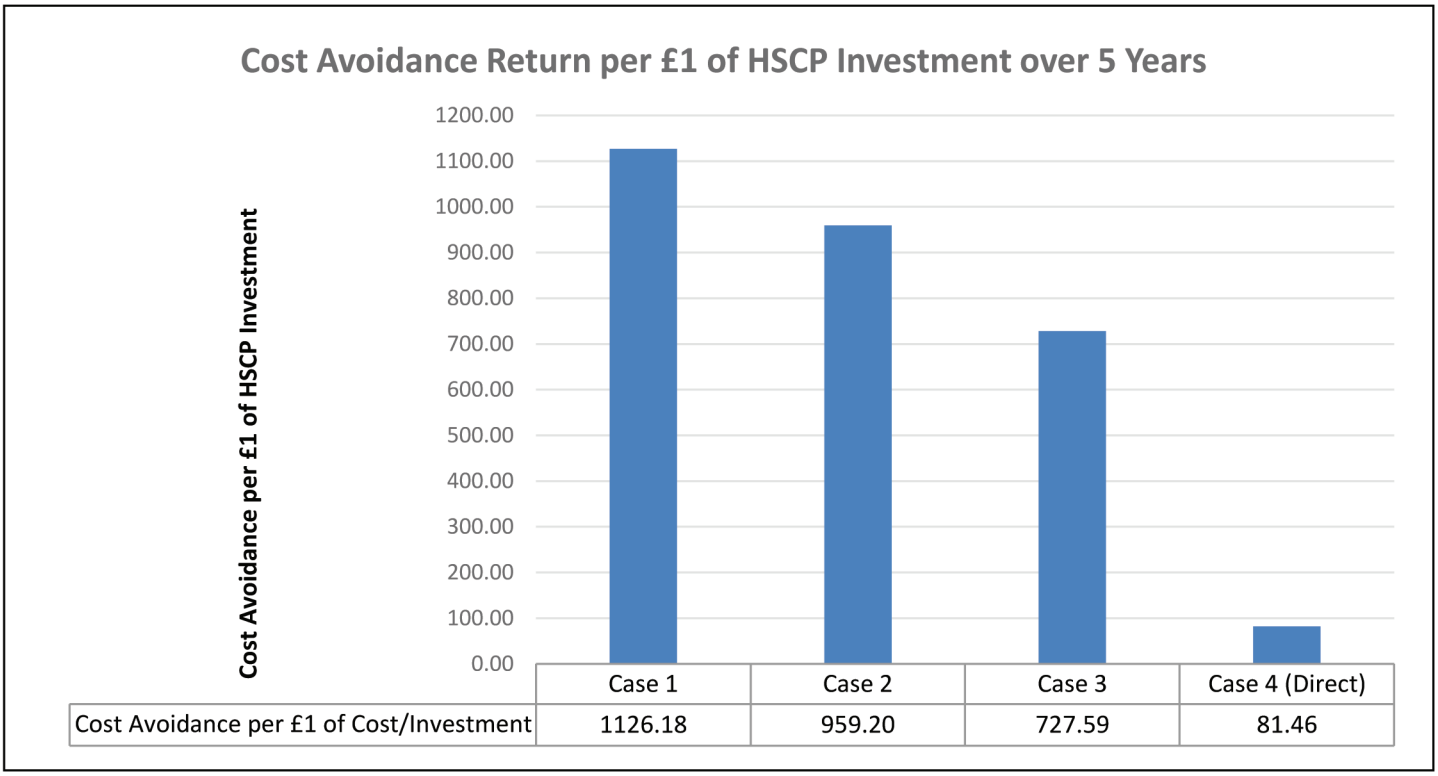
3. Case Studies with Estimated Cost Avoidance for the HSCP

We can make a strong case for maintaining HSCP funding of LOHO at current levels as a minimum by looking at only 4 client cases which collectively deliver an estimated £438,699 5-year cost avoidance.

- **Cost Avoidance from only 4 Case Studies £438,699 over 5 years**
- **HSCP expenditure on all 4 case study clients £1030**
- **HSCP expenditure on the collaborated services including all LOHO services if current funding level maintained for 5 years £373,500**

The 2019 UK Chief Medical Officers' Physical Activity Guidelines states *'If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat'*

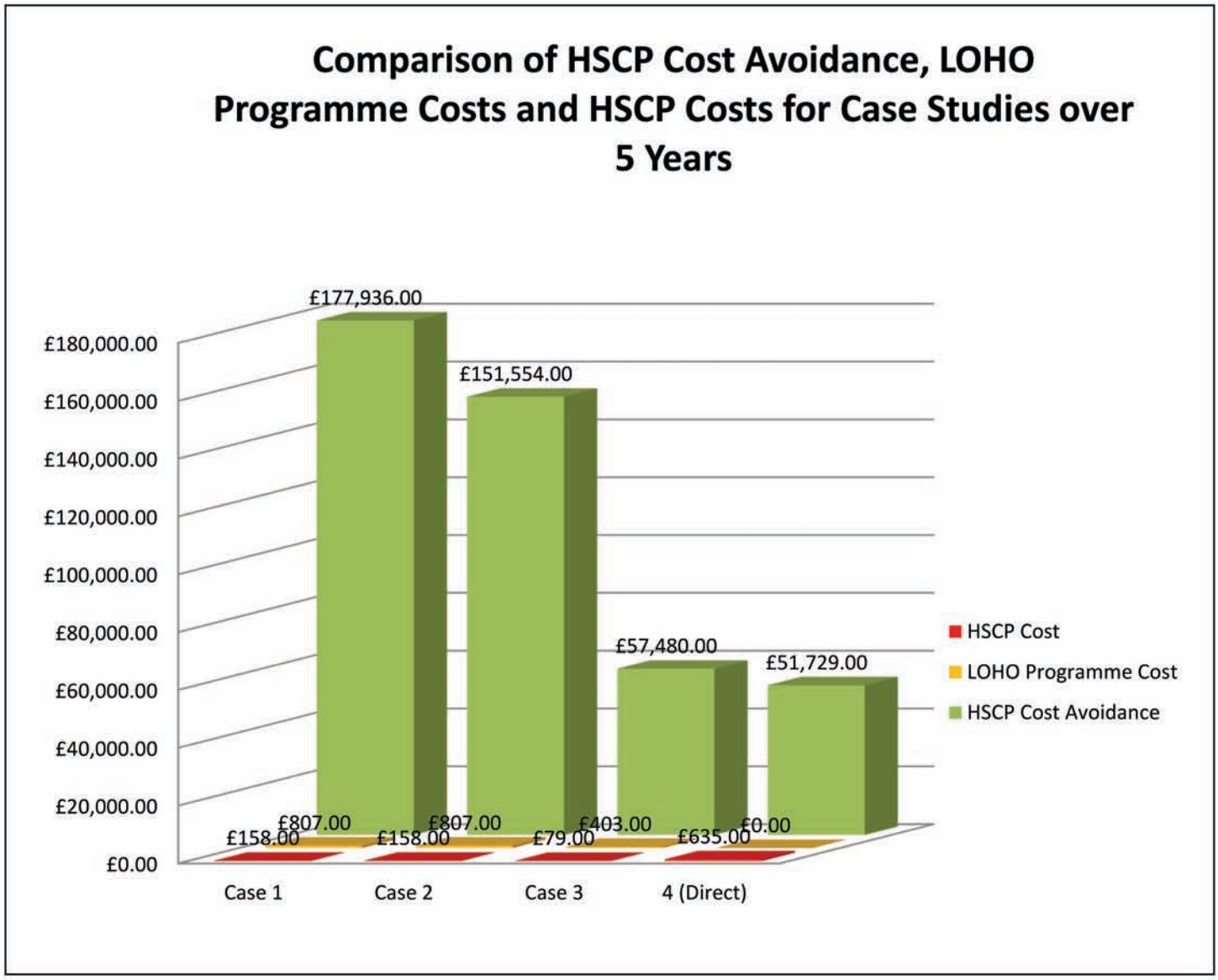
The Graph below summarises the huge return of investment in the 4 case studies we will look at in detail. We are aware of other similar cases and others which demonstrate benefits to a lesser degree but for brevity focus on these 4 cases in detail.



	Case 1	Case 2	Case 3	Case 4 (Direct)
Cost Avoidance per £1 of Cost/Investment	1126.18	959.20	727.59	81.46

Given the broad scope of benefit, the positive effects to our clients are complex, far reaching and will be felt across the whole health and social care system. Exercise is as much about prevention as it is about treatment so a significant amount of the benefit seen is about costs that have not been incurred and can take many years to become apparent.

We provide a range of Case Studies that capture some of the far-reaching benefits of Healthy Options where possible this has been reduced to cost avoidance figures for the HSCP. The Quality of life benefits to these patients and their families are often substantially underestimated by the demonstrable financial benefits. Names and other nonrelevant details have been removed or changed from cases to maintain confidentiality. The below graph summarises the financial aspects of the cases.



Case Study 1: Retrospective Case Study – Mental Health.

(Mainstream Healthy Options)

Dr David Hill and Dr Robert Waddington; Lorn Medical Centre

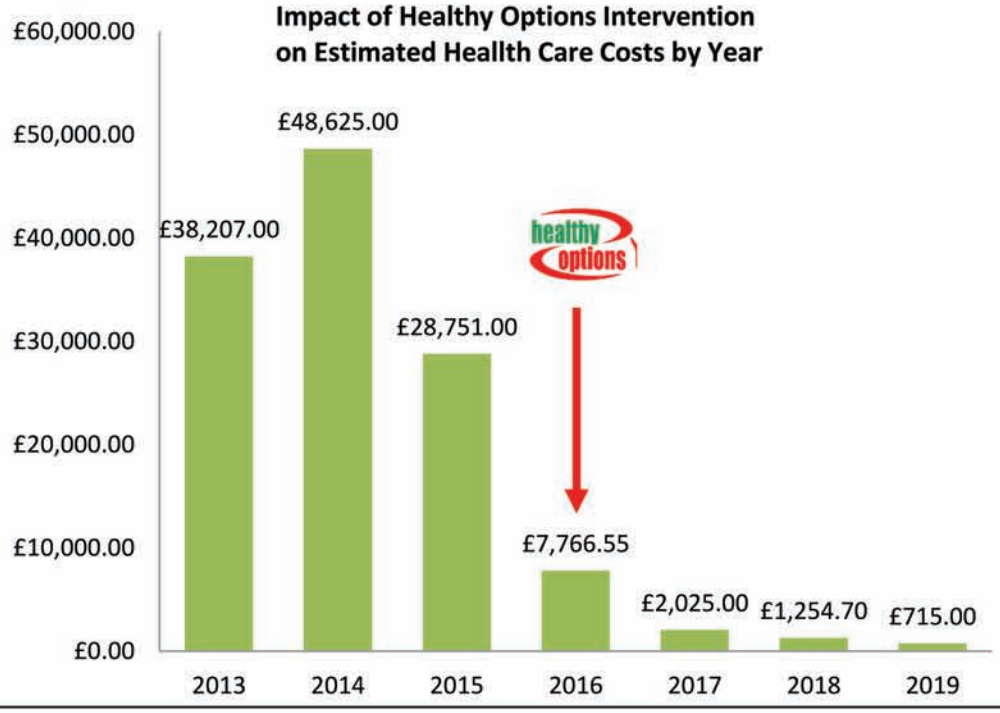
- **Predicted Minimum 5 year Cost Avoidance from 2016 = £177,936**
- **Healthy Options Programme Cost = £807**
- **Cost to HSCP £158 (20% of funding for mainstream clients)**

'I worked really hard with my diet but all the years of being trapped by a chronic treatment resistant illness, left me weak, unmotivated to move my body and hating my self-image' 'Healthy Options is REALLY REALLY good ''It has helped my mood hugely. I go to the gym to lift my mood and exercise gives me a break from my head' Client

At Point of referral to Healthy Options in 2016 this patient in his 20's had significant mental health difficulties including treatment resistant Schizophrenia. He had a history of multiple prolonged Psychiatric admissions. His mother required to be his full-time carer and was struggling. He was obese with signs of fatty liver disease.

Following Healthy Options intervention; graduating in early 2019. This patient has demonstrated dramatic and sustained improvement in mental health and function. He is now undertaking a paid apprentice, volunteers at a local centre and has learnt to drive. He has lost 39Kg in weight, reversing weight related liver damage. Primary care contacts have decreased with 19 GP consultations in 2016 down to 4 in 2019. He has undertaken a supervised reduction in medicines from 11 drugs in 2016 to 3 in 2019. Most significantly he has not required any further psychiatric admissions. His mental health, coping skills and support networks are now as such I think it is unlikely he will ever require psychiatric admission in the future.

The below graph provides details of costs prior to and following Healthy Options intervention.



Estimated health care costs based on admissions, outpatient appointments, primary care contacts and drug costs by year. Notably CPN input, state benefits and costs of mother acting as carer are not captured so it is likely these are under estimates.

Case Study 2: Prospective Case Study – Neurological Condition.

(Mainstream Healthy Options).

Derek Laidler, Professional Lead Physiotherapist Argyll and Bute

- **Predicted Minimum 5 year Cost Avoidance from 2020 = £151,554**
- **Healthy Options Programme Cost = £807**
- **Cost to HSCP £158 (20% of funding for mainstream clients)**

'Up until 6 months ago I'd be walking with 2 walking sticks if I'd not come here, I'd be in a wheelchair...now I can walk 500m without any sticks!' 'It's given me a new lease of life and confidence...' 'It's turned my life upside down for the better' Client

At point of referral to Healthy Options in 2019 this patient in his late 60's had significant mobility problems associated with a neurological condition. It was anticipated that he would rapidly decline in physical function and lose much of his quality of life.

My professional opinion is that he would have been wheelchair bound within 12- 18 months and requiring personal care 6 – 12 months later and soon following this require a complex care package.

An estimate of complex care package costs with patients in a similar position would require 25.5 hours per week of care at a cost of £48,478 per annum' 'Further to this cost if Healthy Options were not available he would have required one physiotherapy session per week representing a saving of 52 physiotherapy appointments (£2040).

Following Healthy Options intervention, he has marked ability to self-manage his condition; improvement in his mobility is significant, he is no longer reliant on walking aids. He is enthusiastic and confident about the future. Physiotherapy approaches would have only slowed the progression of his decline whilst Healthy Options has reversed many of his symptoms.

I do not now foresee that care will be required for many years to come.

This client's testimony as to the benefits of Healthy Options has been shared with his consent and can be accessed via Healthy Options Website: https://lornhealthyoptions.co.uk/client-success-stories/

Case Study 3: Prospective Case Study – Post Surgical Rehabilitation. (Mainstream Healthy Options)

Gillian Berry; Senior Occupational Therapist.

- **Predicted Minimum 5 year Cost Avoidance from 2020 = £57,480**
- **Healthy Options Programme Cost = £403**
- **Cost to HSCP £79 (20% of funding for mainstream clients)**

'Due to attendance at LOHO he has increased in physical fitness, increased exercise tolerance and reversed the effects of his frailty...' Gillian Berry; Senior Occupational Therapist

This client (late 60's) who was previously independent with good mobility, fell and fractured their hip whilst on holiday. He did not progress well following discharge developing significant anxiety and becoming physically de-conditioned. His functional status declined to the point he was unable to leave the house and began to struggle with self care.

In my professional opinion this client would imminently require a daily morning care package costing £5748 per annum unless recovery could be supported. This was anticipated to further escalate, in the near future, to a twice daily care package costing £11,496 per annum.

Occupational Therapy identified the significant role that Healthy Options could play in supporting this client's recovery both from a physical and mental health perspective and made a referral.

He has progressed extremely well at Healthy Options returning to a similar level of function prior to his injury. I now do not foresee this client requiring a care package at all.

Case Study 4: Retrospective Case Study – Falls, Frailty and Enabling continuation of care role for Husband.

(Reablement)

Katy Docherty; Senior Physiotherapist

- **Predicted Minimum 5 year Direct Cost Avoidance from 2020 for Client only = £51,729 (care package once daily year 1, twice daily year 2-5)**
- **Cost to HSCP £635 (100% of funding for Reablement clients)**
- **Including her husband's needs the predicted Minimum 5 Year Indirect Cost Avoidance from 2020 for Client AND 24hr care for partner = £207,729 to £363,729.**

> *'This client was almost certainly going to continue on the downward trajectory and fall again.' 'She has now recommenced her country dancing...' 'These were fantastic improvements in her physical ability but also the associated mental health...' Katy Docherty; Physiotherapist*

This client is the primary carer for her husband with advanced dementia. In early 2019 she had several falls and brief admissions. The falls resulted in soft tissue injury and a loss of confidence with a further decline in her mobility, reduced social involvement and increased frailty.

In my professional opinion this client was on a downward physical spiral. On initial assessment she scored 30/52 on the Berg balance assessment which demonstrates an almost 100% falls risk and the likelihood that an individual may require assistance with daily living tasks. Frailty is a multi factorial assessment with eight indicators, five of the indicators (weakness, low physical activity, poor balance, low gait speed and fatigue) can be directly influenced by exercise.

This client's downward trajectory would almost certainly result in falling again. Statistics demonstrate that at one year post first fall, 20% of fallers are either in hospital/long term care or die; her outlook for an independent and good quality of life was poor. It would be highly likely that she would have started to require care at home and become increasingly dependent on support at home. Initially it is likely that she would require a daily morning care package costing £5748 per annum. This was likely to escalate requiring further care in the near future to a twice daily care package costing £11,496 per annum. The bleakest outlook would be the possibly of this client requiring 24hour care.

This client consented to an exercise intervention with reablement physiotherapy assessment and analysis. Healthy Options reablement exercise professionals provided the intervention. The intervention was patient focused; 12 sessions of exercise based on patient's individual goals in an environment which suited the individual and a daily home exercise program. This client's goal was to be able to attend and participate in her country dancing classes, increase her leg strength, her balance and increase her confidence in outdoor mobility.

On assessment, after completing the 12 sessions with Healthy Options, she has progressed extremely well, her Berg score was 52/56 which demonstrates an individual who is mostly independent and has a low risk of falling. This client has now recommenced her country dancing and participating fully in the classes, in addition to this she was happy to walk with her friends and felt confident walking up and down hills. These were fantastic improvements in her physical ability but also the associated mental health and management of carer stress cannot be underestimated. I now do not foresee this client requiring a care package. This client has been referred to mainstream Healthy Options and is looking forward to her future, a big change in her outlook!

This client has now been enabled to continue to provide care for her husband with advanced dementia as is her wish. This represents a major cost saving as it is likely that otherwise he would require 24hour care costing between £31,200 - £62,400 per annum.

4. Projected Savings from Evidence Based Literature as a Result of Healthy Options Interventions Delivered over 2019

We can extrapolate the kind of savings that we might expect from our service delivery in 2019 through comparison with evidence-based literature.

- **Collective Estimated 5 year Cost Avoidance Demonstrated = £212,743 to £888,654 (North Argyll)**
- **Healthy Options Programme Cost £66,545**
- **Cost to HSCP £13,035**

In this section we look to evidence-based literature to extrapolate the likely cost savings of Healthy Options interventions delivered over 2019. We are not sufficiently funded to undertake detailed research such as this ourselves however, we can use this evidence as a basis to estimate the likely cost saving impact of our activities.

The expected benefits are large as we might expect from looking at our case studies. There are multiple assumptions made when applying the outcomes of these studies to our clients and our figures should be considered as best estimates to illustrate the orders of magnitude of expected savings that Healthy Options can deliver rather than precise figures. We will be conservative with our estimates and demonstrate reasonable rational to support our findings.

We have been requested to include estimates for the whole of A&B HSCP, this additional estimation increases uncertainty around the precise figures further. It should be noted that significant demographic and geographic factors will alter these figures and have not been taken into account in these calculations which are based on population only.

Maintaining Independent Living

- **Estimated HSCP 5 Year Cost Avoidance £146,990 to £579,275 (North Argyll)**
- **Healthy Options Programme Cost £66,545**
- **Cost to HSCP £13,035**
- **Applied to population of whole HSCP; 5 Year Cost Avoidance £701,142 to £2,763,142**

Older adults who undertake higher levels of physical activity have been found to have half the risk of going on to develop disabilities associated with care requirements compared to inactive older adults with otherwise similar characteristics. These findings were found at follow up between 3 to 10 years in 17,000 patients across 9 different studies collated in a meta-analysis that is used for this discussion. *Prevention of onset and progression of basic ADL disability by physical activity in community dwelling older adults: A meta analysis; Erwin Tak Et a; Ageing Research Reviews 12(2013)329-338; https://doi.org/10.1016/j.arr.2012.10.001*

Our case studies 2 and 3 are clients for whom this research is applicable, and we have seen how as a consequence of increasing physical activity can reduce care need and reduce social care expenditure with significant ongoing cost avoidance.

164 over 65 year olds were referred to Healthy Options in 2019 we expect that most of the clients attending Healthy Options continue to undertake activity following graduation from our services; creating sustainable lifestyle change is a core part of our model. This can include self directed activity or by our sign posting to a wide range of other third sector groups. In order to be conservative with our estimates however we will look only at the 26% of over 65year olds that we are certain are continuing moderate to high levels of physical activity through the Stay Active Programme jointly run by Atlantis Leisure and Healthy Options.

The average hours of community care required in December 2019 for over 65year olds was 11.4 hours per individual (excluding 24hour care) in the Oban and Lorn area. At a care cost of £18.28/ hour over a 52 week period care for each individual would cost £10,836. At any given time 13% of over 65 year olds in Argyll require social care (16.9% female; 8.3% male).

Healthy Options intervention would therefore, with an optimistic view of client maintenance of physical activity, equate approximately only 10.7 half the risk of these individuals requiring care instead of 21.45. In other words, this would be an annual cost saving of £115,945.2 or £579,725 over 5 years.

A pessimistic view of client compliance looking only at the 42 individuals enrolled in the Stay Active programme would result in 2.7 individuals requiring care (costing £29,257 annually or £146, 285 over 5 years) as opposed to 5.5 individuals requiring care (costing £59,598 annually or £297,990 over 5 years). This would represent an annual cost saving of £29,257 per year or £146,990 over 5 years.

Reducing Unplanned Admissions

- **Estimated HSCP 5 Year Cost Avoidance £65,753 to £309,379 (North Argyll)**
- **Healthy Options Programme Cost £66,545**
- **Cost to HSCP £13,035**
- **Applied to population of whole HSCP; 5 Year Cost Avoidance £313,642 to £1,475,738**

It has been demonstrated that older adults that undertake little exercise are twice as likely to require unplanned hospital admissions compared to those with similar health and demographic characteristics that undertake more exercise. *Simmonds B, Fox K, Davis M, et al. Objectively assessed physical activity and subsequent health service use of UK adults aged 70 and over: a four to five year follow up study. PLoS One. 2014;9(5):e97676. Published 2014 May 27. doi:10.1371/journal.pone.0097676*

We can use this to make estimates regarding the likely cost avoidance of Healthy Options supporting older adults to remain active. Again, we will be conservative with our estimates and look only at the 35 clients over 70 that we are sure are remaining active through enrolment in Atlantis Leisure Stay Active Programme following graduation from Healthy Options.

The average number of admissions for a patient over 70 in Oban Lorn and the Isles is 2.34 admissions over a 5 year period. The average length of stay is 11.5 days. The cost per unplanned admission is £1603 (NHS Improvement; Reference Costs 2017/18).

We can therefore predict that our intervention in the cases of this 2019 cohort of 35 individuals will result in 41 fewer unplanned admissions: saving 471 bed days with a resultant cost of £65,753 over a 5year period.

An optimistic view if all 165 individuals referred maintained activity would result in 193 fewer admissions: saving 2220 bed days, representing a cost saving of £309, 379.

References and Contributors

- The Scottish Parliament Health and Sport Committee report 'Social Prescribing: physical activity is an investment, not a cost ‘; Dec 2019. https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/112371.aspx
- Unit Costs of Health and Social Care 2018, Personal Social Services Research Unit, University of Kent, Canterbury https://doi.org/10.22024/UniKent/01.02.70995
- NHS Improvement; Reference Costs 2017/18 highlights, analysis and introduction to the data Nov 2018. https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf
- Local Care Costs; Derek Laidlaw; Professional Lead Physiotherapist for Argyll and Bute; Dec 2019
- Estimated cost of implementing Health and Sport Committee report; Erik Jespersen; Clinical Lead North Argyll
- https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health
- Average Hours of Care delivery figures: Marie Hendry; Team Leader Resources; Community Services
- Prevention of onset and progression of basic ADL disability by physical activity in community dwelling older adults: A met analysis; Erwin Tak Et a; Ageing Research Reviews 12(2013)329-338; https://doi.org/10.1016/j.arr.2012.10.001
- Extensive data analysis and statistics information support; Sally Thompson; Senior Information Analyst; Local Intelligence Support Team (LIST); Information Services Division; NHS National Services Scotland
- Simmonds B, Fox K, Davis M, et al. Objectively assessed physical activity and subsequent health service use of UK adults aged 70 and over: a four to five year follow up study. PLoS One. 2014;9(5):e97676. Published 2014 May 27. doi:10.1371/journal.pone.0097676
- A further case study we have in progress has been captured in video format and can be viewed here: https://lornandobanhealthyop.sharepoint.com/:v:/g/EaSYcb1PS95JljEhHKLjuEkBC5DhgIQF9Wol-dk8OZW7EA?e=wbTtEj We share this with the client’s consent, however it is not available for general circulation at present.

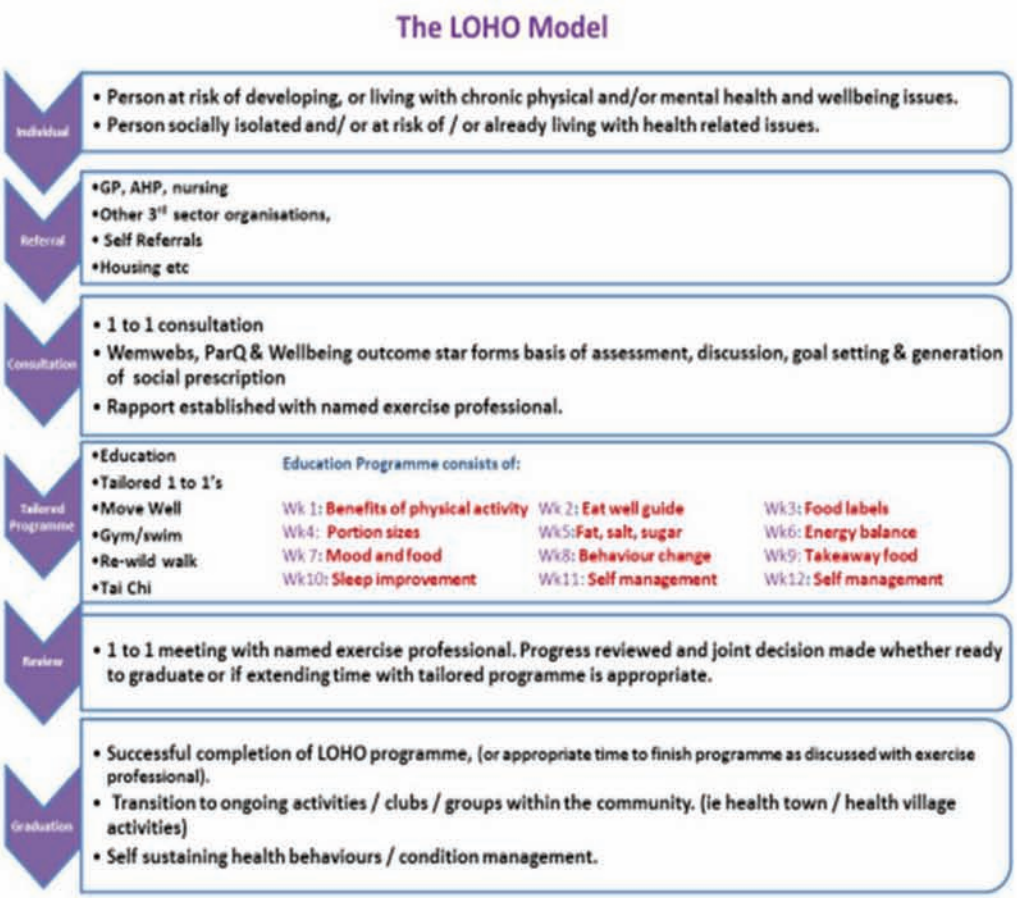
Appendices

1. Appendix 1: Lorn and Oban Healthy Options model.

2. Appendix 2: Lorn and Oban Healthy Options Ltd referral criteria, pathway & guidance notes

3. Appendix 3: The Oban Living Well Support Services Model.

APPENDIX 1:



Appendix 2: LOHO Referral Criteria and Pathway

Lorn and Oban Healthy Options (LOHO) is a community health organisation which supports people living with, or at risk of developing, long term conditions.

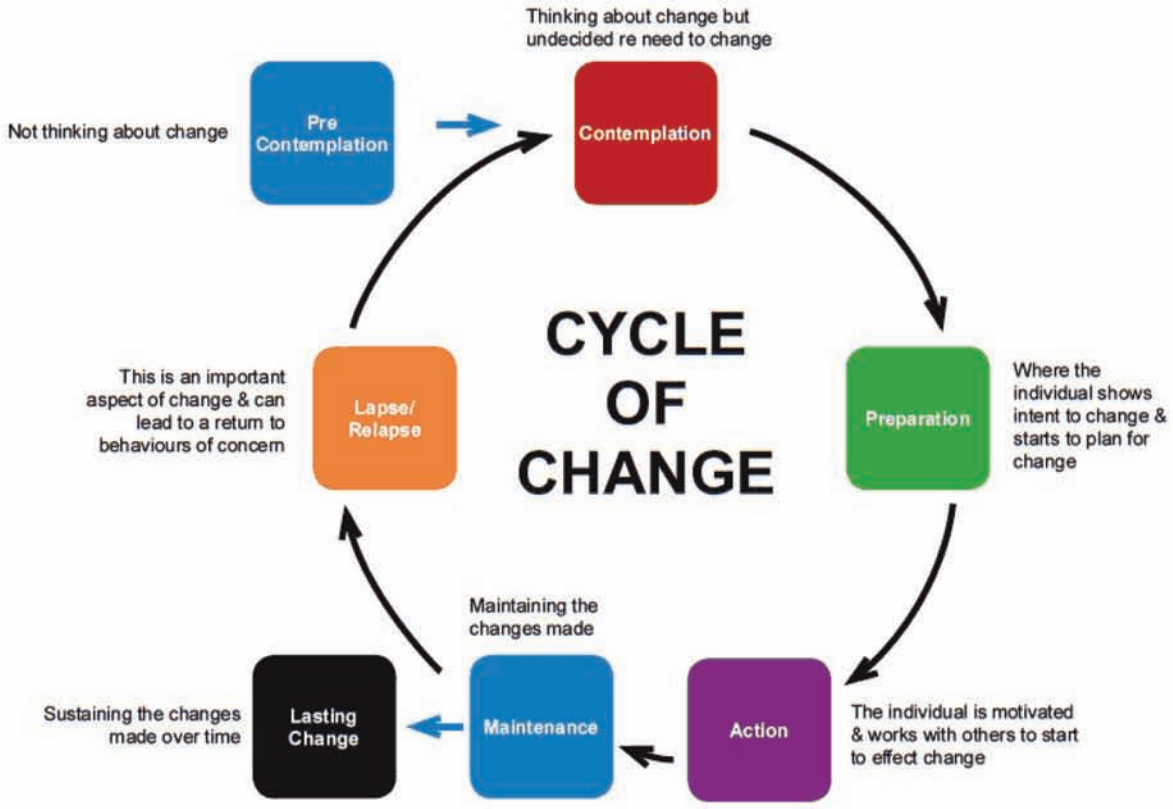
The mainstream LOHO programme is designed around a 12-week tailored plan coproduced by the client and one of our exercise professionals. This specialist support, intervention and guidance is a steppingstone for individuals to then progress on to sustaining and self-managing healthier, more active lives.

To help clients and their healthcare professionals decide if the programme is right for them the following criteria is used:

<u>Access Criteria</u> (to LOHO mainstream programme)

The individual is:

- **Independently mobile with / or without mobility aids.**
- **Independently able to transfer sit to stand.**
- **Motivated to engage / actively in the preparation stage of the change cycle.**

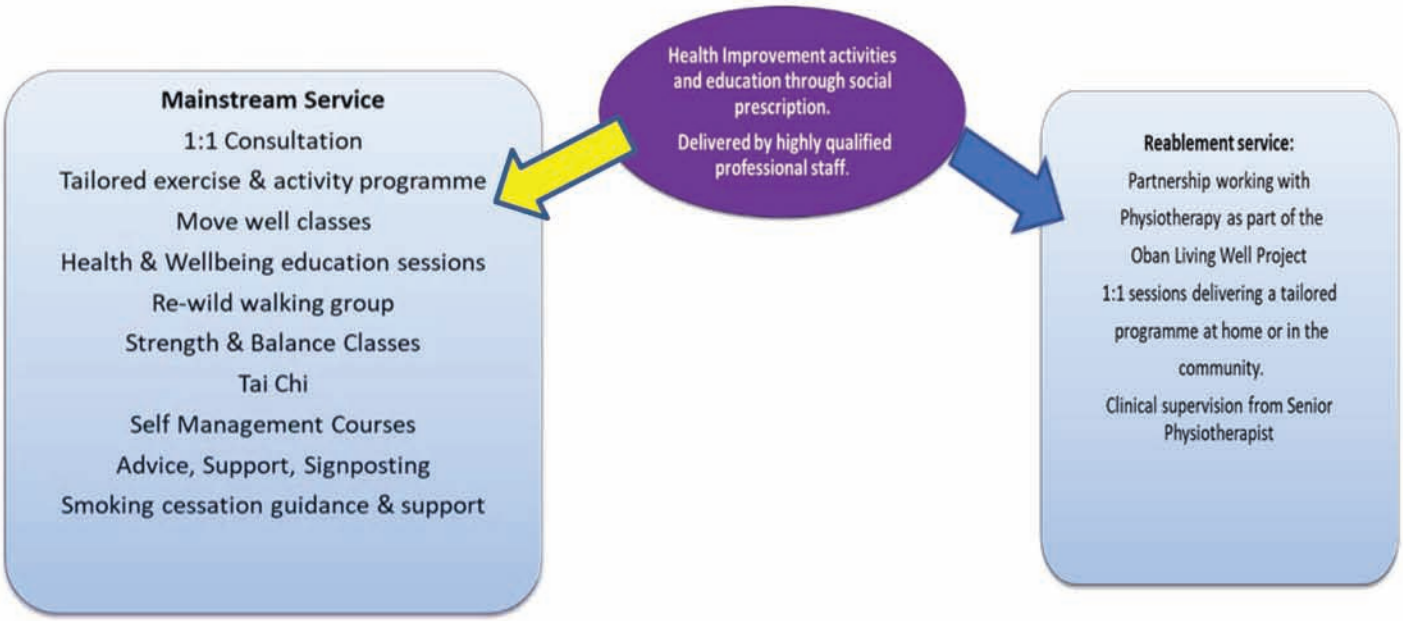


For the safety of the client and optimisation of outcome from accessing the skills of the exercise professionals' healthy options cannot accept referrals into the mainstream programme in line with the following criteria.

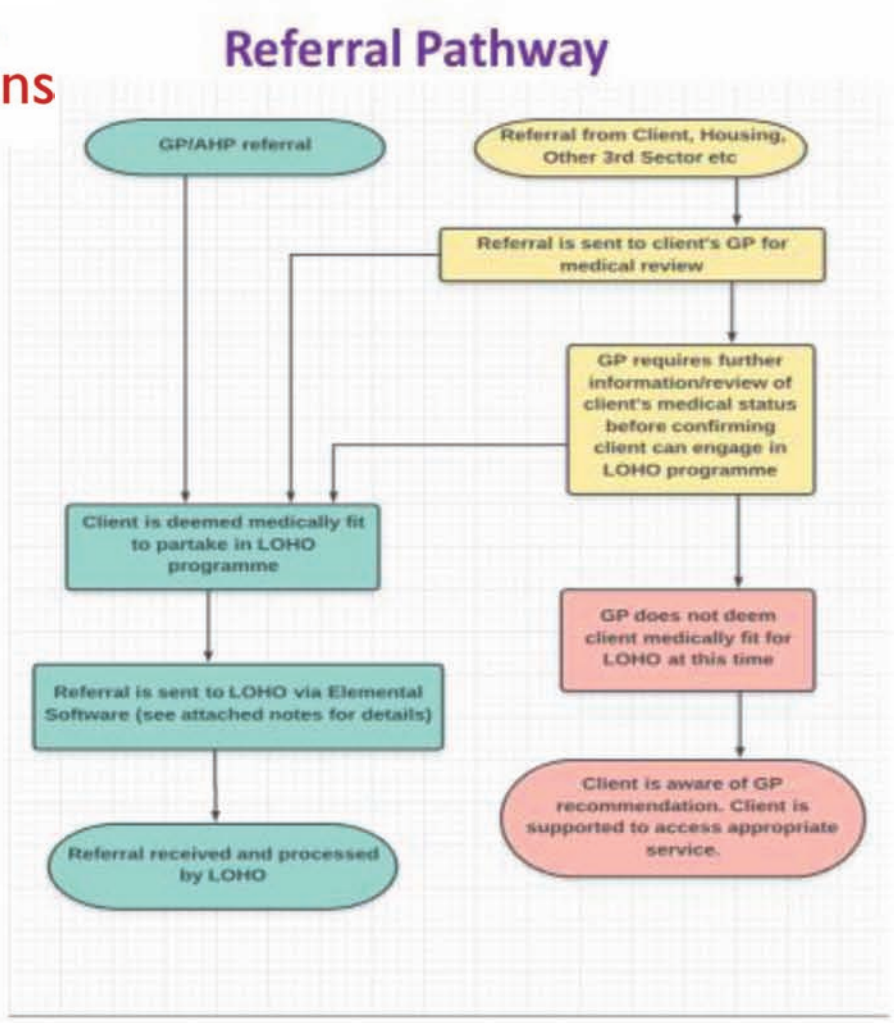
<u>Exclusion Criteria</u> ***(to LOHO mainstream programme)***

The individual:

- **has a BP of 180/100 and/or a resting heart rate of 100+** ***(see attached guidance notes regarding LOHO risk assessment)***
- **requires assistance to transfer sit to stand**
- **is experiencing exacerbation of symptoms of a severe/enduring mental health condition**
- **has significantly impaired cognitive/perceptual ability**
- **remains in the contemplation stage of change**



In partnership with the Physiotherapy Service at Lorn & Oban RGH Healthy Options also input to the reablement service as part of the Frailty Project. All referrals for this service **must** go via Physiotherapy who will complete their assessment prior to LOHO interventions.



Additional Guidance: Risk Assessment

Assessment regards the appropriateness of enrolment in an exercise programme is the responsibility of the supervising exercise professional. It is also important that exercise professionals are aware of their professional boundaries and feel empowered to refer back to health services where required.

In order to support the continual risk assessment process which our exercise professionals undertake when working with clients the below guidelines have been developed.

These guidelines provide a list of conditions where involvement in an exercise programme may pose un-due risk; it is not exhaustive and professional judgement is still required. It is likely these clients may still benefit however from enhanced management of underlying conditions or signposting to a more appropriate service.

It is important that a client recognises that there is an inherent element of risk in undertaking exercise however in most circumstances the benefits to their health are

likely to be outweigh these risks and this should be highlighted in discussions around involvement in an exercise programme.

GENERAL

- Clients who have been advised by a health professional that to undertake exercise would be dangerous/worsening their condition.
- Clients who through impaired judgement would pose a risk to themselves or others. (e.g. this could be a consequence of medication, substance misuse or mental health disorder)
- Poorly controlled diabetes with significant risk of hypoglycaemia
- Patients with significant peripheral vascular disease

CARDIAC PATIENTS – *Referral to Cardiac Rehab may be more appropriate. (Liaise with Cardiology Specialist nurse Lorn and Islands Hospital)*

This is an area of particular risk clients with any significant cardiac problems should normally receive hospital based cardiac rehab and then be referred to healthy options rather than being accepted directly.

- Chronic Heart Failure NHYA 3 or 4 (NYHA 3 = Marked limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, shortness of breath)
- Heart Attack, CABG, Valve replacement or PCI/Cardiac stents in the last 6 months
- Unstable Angina or recently worsening Angina
- Patients awaiting cardiac investigations/intervention/surgery
- Blood Pressure of more than 180/100. (If BP above normal range then refer to general practice)
- Hypertrophic Cardiomyopathy
- Aortic Stenosis with gradient >60mmHg i.e. Severe Aortic Stenosis
- Acute Heart Failure
- Patients with, uncontrolled tachycardia or uncontrolled arrhythmia or AF with resting ventricular rate >100 bpm

RESPIRATORY PATIENTS - *Referral to Pulmonary Rehab may be more appropriate (Liaise with Respiratory Specialist Nurse)*

MRC Dyspnoea Score grade 3 or above (slower than contemporaries because of breathlessness or has to stop for breath when walking at own pace)

MUSCULOSKELETAL – Referral to physio/falls service may be a more appropriate initially.

- Clients at high risk of falls
- Severe Osteoarthritis/Rheumatoid Arthritis

NEUROLOGICAL

- Clients with stroke or TIA in the last 3 months
- Clients with neurological conditions where the exercise environment may pose a risk of injury e.g. poorly controlled epilepsy, significant peripheral neuropathy

These guidelines have been developed with reference to the NHSGGC Live Active Referral Guidelines, The Irwin and Morgan Sample Risk Stratification Tool and the National Exercise referral Quality assurance framework and REPS. These can be referred to for further information.

Appendix 3: Oban Living Well Support Services Model

Oban Living Well Support Services

A collaboration between NHS, 3rd Sector and the community

HEALTH FOCUS	LEAD & DELIVERY PARTNERS	BENEFICIARIES	ACCESS ROUTE	SERVICE PROVIDED	POTENTIAL NUMBER OF BENEFICIARIES
PREVENTION *Creating health in our communities.* **Edmonton Frailty Scale Not Frail**	**Healthy Options (HO) Led** Using existing local community resources and organisations.	People of all ages, all abilities.	Self-referral (opt-in), community referral (family, neighbours, friends, colleagues)	Providing opportunities locally to exercise, take part in activities, eat healthily.	Everyone
CONTROL MANAGE OR IMPROVE CONDITION *Helping those with chronic medical conditions to improve their health and wellbeing.* **Edmonton Frailty Scale 0-5 Not Frail**	**Healthy Options (HO) led with NHS advice and influence** Using existing (and new) resources in the community.	Patients with chronic medical conditions or at risk of developing long term condition which could be improved by adopting an **active** healthy lifestyle.	Well established patient referral route using HO referral form via Health Professionals – GP surgeries, Physiotherapy, Cardiac, Dietitian, Mental Health, Pulmonary, OT, etc.	HO qualified exercise professionals, with input from health professionals co-design with the patient a programme of exercise based social prescriptions resulting in the client self-managing their health.	4,500
REABLEMENT *Helping patients, with new or at risk of needing social care packages.* **Edmonton Frailty Scale 6-7 Vulnerable 8-9 Mild Frailty**	**NHS Physiotherapy** led with Healthy Options delivering.	Patients likely to have at least one chronic condition starting to impact on their ability to fully self-care – starting to need increased social or family support for activities such as shopping, housework or activities requiring a degree of balance and/or strength.	Patients assessed by physio and/or OT (prior to and following intervention) are referred to HO exercise professional.	HO Exercise Professional who works 1-2-1 in patients home and depending on progress the patient is encouraged to engage in existing community classes / referred to HO mainstream programme / referred to Oban Frailty team.	600+
SUPPORTING FRAIL PATIENTS TO LIVE WELL AT HOME *Providing holistic care to patients with complex conditions.* **Edmonton Frailty Scale 10-11 Moderate Frailty**	**Oban Frailty Team (NHS – Lorn Medical Centre (LMC)).**	Patients from LMC with more than 1 chronic condition starting to impacting on simple ADL's likely to be already in receipt of social care and at risk of recurrent hospital admissions / increased dependence on health and social care services.	Self-generated referrals from interrogation of practice data electronic Frailty Index (eFI). Referrals from other health and social care professionals via Multi Disciplinary Team (MDT) meetings.	Lorn Medical Centre (LMC) patients only. Practice led MDT service aimed at regular review and holistic management of complex patients presenting with significant issues due to frailty. Using an anticipatory and person centred approach.	400+

APPENDIX H

Argyll & Bute HSCP

RAG

RED	Unable to progress
AMBER	Progressing, but out with timescale
GREEN	Progressing, within timescale

Name; Lorn & Oban Healthy Options Ltd

Date: 28th Jan 2020

Report for: Locality Management

Overall current RAG status: Green ☑

Reporting period: 2019-2020

Measurable Outcomes – ***See page 2, and attach relevant data to show progress towards these***

Outcome 1 : Healthier Living
Outcome 2 : Independent Living
Outcome 3: Positive experiences and outcomes
Outcome 4: Maintained and improved quality of life.
Outcome 5: Reduced Health inequalities
Outcome 6: Carers are supported
Outcome 8: Engaged workforce
Outcome 9: Effective Resource Use

Progress on Main Achievements – Summary:

Healthy Options has had a transformational year. With a fulltime Development Manager, and full time Level 5 in post we have been able to restructure the organisation. This enabled us to consolidate the Healthy Options model to provide a programme of specialist advice, support and interventions for people living with, or at risk of developing long term conditions. See attached for details of Healthy Options Referral Criteria and Pathway (Appendix 1) and Model (Appendix 2). This report focuses on mainstream activity, Derek Laidler Lead Physiotherapist will report on the reablement aspect. *See breakdown regarding funding on page 7.*

Main achievements highlighted are:

- 480 Referrals into the mainstream service
- Average rate of engagement in Healthy Options mainstream of 67%; 65% of those engaged complete their full 12-week programme. NB Majority of remaining 35% have their programme extended.
- Successful implementation of the improved, streamlined Healthy Options programme and activities based on cognitive behavioural approaches to educate, support and embed healthy living skills and activities which support self-management of long-term conditions.
- Continued development of reablement partnership with Physiotherapy as part of the **Oban Living Well Support Services** Model

Next Period – Key Planned Activities

- Progression from short term grant funding (as has been the case since 2016) to a contracted partnership agreement with HSCP to continue to support HSCP deliver against their KPIs and in line with the Public Health Reform Strategy which recognises Scotland's health cannot be achieved by any one organisation working alone.
- Secure rolling funding from other funders to provide the financial stability Healthy Options needs to continue to deliver and develop services which maintain and improve the health and wellbeing of significant numbers in our communities.
- Closer working partnership with Atlantis Leisure and other 3rd sector organisations to increase local capacity needed to support growing demand for delivery of Healthy Options and Stay Active programmes. This partnership is essential in

RAG Status

(Appendix 3). This has included development of another member (p/t) Healthy Options staff to support the project's need to deliver tailored 1:1 intervention for clients identified 'at risk' using the Edmonton Frailty Scale. This accounts for £14,000 (excluding on-costs) of the 74,700 of HSCP funding. • Recognition at Government level of how collaborative approaches between HSCP and Third sector interventions 'upstream' in the OLWSS model are helping to prolong the development of frailty and dependency. The DCMO Gregor Smith highlighted the ***"level of collaboration and inter-disciplinary (perhaps even trans-disciplinary) working across general practice (Lorn Medical Practice), community healthcare teams, hospital teams, third sector (Healthy Options) and the local leisure trust was as good as I've seen anywhere else in the country. I think this is a programme to be proud of – entirely consistent with Realistic Medicine". "I'd like to use this as an example of innovative work where principles (if not actual model) can be spread elsewhere."*** • Innovative developmental work to support local communities establish and embed sustainable long term 'Healthy Village' activities – facilitating changes in cultural approaches to community led health. (See attached report from NACC, Appendix 4 for details of their work) Implementation of Elemental social prescribing platform which provides a robust tool for waiting list and caseload management, social prescribing directory and monitor/evaluation of outcomes for individuals and overall service performance/outcomes. Healthy Options extended an invite to A&BHSCP and other 3rd sector organisations to introduce this digital social prescribing platform which has generated interest from A&B Public Health. We also host and lead training opportunities for clients, carers, health professionals and other third sector organisations.	supporting clients to continue with self-sustaining health behaviours once they have completed the initial programme. • Increase capacity to expand use, populate, and analyse data on Elemental thereby enabling in depth research. For example, the longer-term health and wellbeing outcomes being achieved; and the subsequent cost avoidance/savings to HSCP. • Development of online resources for clients to access at any given time.	
Measurable Outcomes Please note: ➢ Indicators are drawn from core indicators and associated rationale as per Scottish Government Guidelines [ref: https://www2.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes/Indicators/Indicators]		
Outcome 1: Healthier Living: People are able to look after and improve their own health and wellbeing and live in good health for longer		

Indicators as referenced above:

- Provision of appropriate information and support.
- Improvement of the environmental and social factors that can act as barriers to health and wellbeing.
- Identifying and building on strengths of individuals and communities.

590 one to one consultations delivered up to mid Jan 2020 (combination of initial, intermediate and completion interviews)

Average number of intervention footfall to Healthy Options in any given month: 701
325 Supervised Gym sessions delivered:

- On average, 82 individual clients participate in gym sessions per month.
- Footfall of 2966 for first 9 months of this reporting year

100 Move Well (graded circuits class) sessions delivered:

- On average, 33 individual clients participate in Move Well sessions per month
- Footfall of 1028 for first 9 months of this reporting year

50 Education classes delivered

- Footfall of 399 for first 9 months of this reporting year
- 100% of clients receive self-management training as part of participation in the Education classes
- On average, 24 individual clients participate in Education classes per month
- Education classes run on a 12 week rolling programme and includes:

Wk 1: **Benefits of physical activity**	Wk 2: **Eat well guide**	Wk3: **Food labels**
Wk4: **Portion sizes**	Wk5:**Fat, salt, sugar**	Wk6: **Energy balance**
Wk 7: **Mood and food**	Wk8: **Behaviour change**	Wk9: **Takeaway food**
Wk10: **Sleep improvement**	Wk11: **Self management**	Wk12: **Self management**

50 individual Strength and Balance classes delivered up till September 2019. Following this, clients who required focused 1:1 interventions were referred to reablement with all others accessing strength and balance components integrated into their tailored programme at mainstream Healthy Options.

50 Re-wild walks delivered, promoting health through activities and social connectedness

- on average 22 individual clients participate in any given month
- Footfall of 392 for first 9 months of this reporting year

The weekly Healthy Options timetable is included in Appendix 5 for your information:

25 Argyll Networks group sessions (Funded by WHHA and Integrating Communities Fund up till end Sept 2019) 5 individual clients have since progressed into the Healthy Options mainstream programme and 18 have taken up Stay Active membership at Atlantis Leisure.

1 x Stand with informative leaflets maintained and regularly updated at Atlantis Leisure Centre

Mainstream Clients:
100% of all clients given free access to Healthy Options activities and programmes at Atlantis or elsewhere for first month of programme, thereby reducing financial barrier.

100% of clients offered social prescriptions in their local area, thereby reducing travel barrier.
100% of graduating clients supported to join in the Stay Active programme or other activities and programmes available in their communities following completion of Healthy Options programme thereby reducing motivation barrier.
63% of clients graduating from Healthy Options sustain ongoing health behaviours by engaging in Atlantis Leisure's Stay Active programme.

66% of clients report an increased ability to manage their own symptoms
72% reported increase in overall wellbeing using the WEMWBS tool
90% of clients rated an increase in one aspect or multiple aspects of their wellbeing in aspect of their overall wellbeing as a result of their time with Healthy Options

Of those clients referred with mental health issues:

- 100% reported an increased ability to manage their own symptoms
- 100% reported an increase in how positive they felt
- 100% reported increase in overall wellbeing using the WEMWBS tool

Outcome 2: Independent Living: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Indicators as referenced above:

- Provision of community-based services that focus on enablement, prevention and anticipatory care that mitigate increasing dependence on care and support.
- Support of social connectedness

100% of clients offered Self-management training, which is embedded within the Education classes

100% of clients engaged in ethos of Self-management embedded within the culture of Healthy Options

100% of clients offered support and encouragement to attend gym with "Buddy-up" system

100% of clients encouraged to take up Stay Active programme, on graduating from Healthy Options, which includes dedicated social hour every Wednesday.

Case Study Video links**: Please note**, the first link is our most recent video evidence – this is not for general circulation at present.

https://lornandobanhealthyop-my.sharepoint.com/:v:/g/personal/gill_lornhealthyoptions_co_uk/Ec4BNeDL9ZtGlN-NgZE46e8B2W47XqpWteW0az2-uazLng?e=UdjP1f

https://lornandobanhealthyop-my.sharepoint.com/:v:/g/personal/gill_lornhealthyoptions_co_uk/EVGM0o1JT9dNlqk5ELNhGagBxTL_f0XtsdDKTOgrq7tpPg?e=iNttQR

https://lornandobanhealthyop-my.sharepoint.com/:v:/g/personal/gill_lornhealthyoptions_co_uk/EdVb6LDAAMhIqFf_P2dx8ikB7gKPAB-BuMAJp9iib8ZARw?e=dFCHCC

Outcome 3. Positive Experiences & Outcomes: People who use health and social care services have positive experiences of those services, and have their dignity respected

Core indicators as referenced above:

- Percentage of adults receiving any care or support who rate it as excellent or good.

Based on a survey of 24 clients, 4% of rated their healthy options experience as "good" and 96% rated it as "excellent".

Outcome 4: Maintained & Improved Quality of Life: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Indicator as referenced above:

- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.

Using the WEMWBS scoring matrix:

- 72% of clients rated their overall Wellbeing to have increased as a result of their time with Healthy Options

Using the Outcome Star scoring matrix:

- 89.7% of clients rated an increase in one aspect or multiple aspects of their wellbeing in aspect of their overall wellbeing as a result of their time with Healthy Options

Outcome 5: Reduced Health Inequalities: Health and social care services contribute to reducing health inequalities.

With reference to the expectation people can have for this outcome, as per the Health and Social Care Integration *National Health and Wellbeing Outcomes: Framework* document (p12), we can evidence this outcome with the following:

- ALL clients where cost may be a barrier get their whole programme FOC i.e. paid for by Healthy Options - (unemployed, those on health/social benefits, financial hardship etc).
- 100% of mainstream clients receive a 1 to1 consultation (min of 1 hr) and a co-developed, personalised programme of activities free of charge (i.e. paid for by Healthy Options).
- 53% of Oban-based clients are from deprived areas SIMD 1 or 2; (based on postcode analyses for random sample of clients);
- 25% are from SIMD 3; 22% from SIMD 4; 0% from SIMD 5
- 100% of clients receive month 1 of the programme of social prescriptions free.

Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Core indicators as referenced above:

- carers feel supported to continue in their caring role

While we have not explicitly asked carers the above question as the numbers, we see are not formally monitored *(this is encouraged as we recognise the benefits to carers who come with their relatives/friend/clients*)we can report through gathering of informal feedback and our own knowledge that:

- "Education" classes are attended by carers as appropriate
- Carers report being inspired by witnessing the journey of the people they care for. They talk of improved mental wellbeing making their caring role easier to bear; and some have started attending Atlantis Leisure and other activities in the community themselves as they recognise the benefits of physical activity.
- Re-wild walks are often attended by carers providing physical support for their cared ones and then benefitting from the social and health aspect themselves (as well as benefitting from being out and about).

For additional impact on carers please refer to Appendix 4.

Outcome 8. Engaged workforce.

Indicators as referenced:

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

- Percentage of staff who say they would recommend their workplace as a good place to work

In a recent survey, staff were asked their agreement level with the statement "I would recommend my workplace as a good place to work"
"100 % strongly agree."

This year we have also been able to introduce structured monthly staff meetings, 1 to 1 supervision sessions, weekly caseload meetings, peer support and CPD sessions.
Staff training this year.
In addition:
1 staff member has progressed to complete the Level 3 GP Exercise on Referral qualification
1 staff member has commenced (due to complete Feb 2020) the Level 4 Exercise Therapy Qualification written by physiotherapists and lead clinical Pilates practitioners,
1 staff has commenced (due to complete March 2020) Level 4 Advanced Certificate In Instructing Mat Pilates
Other examples of training attended or delivered include:

- Parkinson's Disease Warrior Training
- Managing violence and aggression
- MAP Health behaviour change training
- First aid at work
- Self-Management – shared learning event
- Social prescribing learning exchange
- NHS Learning Event: Exercise on Referral

Most recently: “Self-Managing Chronic Pain”; “Elemental Software, a demonstration”, “Healthy Options in Action” hosted visits attended by a range of individuals and organisations such as:

- GP trainees, medical students, AHPs and trainees, PHD students.
- Deputy Chief Medical Officer Gregor Smith.
- National lead for frailty, Prof Graham Ellis.
- A&B Council CEO Clelland Sneddon, Linda Currie Lead AHP
- Representatives (both local and A&B wide) from the Department of Work and Pensions.

Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services.

Indicators as referenced above:

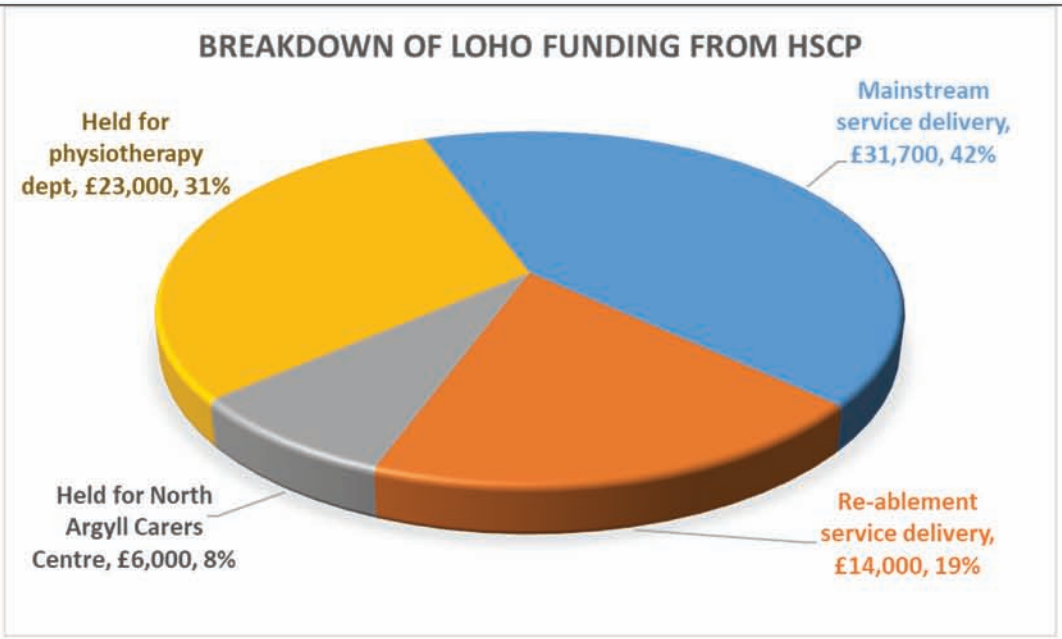
- Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.

Rationale for indicator can also be evidenced by:

- Services are delivered through person centred planning to ensure that people receive the right service at the right time, in the right place.
- Services are planned for and delivered for the benefit of people who use the service.
- 100% of clients are engaged on a co-production basis and jointly devise their programme of activity with Healthy Options. All clients attend an hour consultation followed by goal setting and support sessions as required.
- As a member of the A&B Self-Management Partnership Healthy Options manages and co-ordinates the ALLIANCE funding to deliver 11 self-management programmes across Argyll and Bute. (Funding for this ceases 31st March 2020)
- Our resources are used effectively and efficiently:

  Of the total Healthy Options budget from all funders the spend up to end Dec 2019 breaks down as follows:
  - 84% has been programme costs which includes staff costs
  - 8% on overheads
  - 8% on fundraising, monitoring and evaluation and accountancy

- Of the 74.7k funding awarded to the collaboration between Healthy Options, Physio and NACC the breakdown of allocation is as follows:



- The £31,700 for Mainstream service delivery of funding from HSCP represents 20% of Healthy Options spend for financial year 2019-2020
  - **For every £1 invested by HSCP; return on investment equates to over £5 of resources delivered to client *** *(this excludes the value added by the knowledge and input from the 7 volunteer directors.)*
  - **Broken down, the investment of A&BHSCP is £79 per client.**

Case Studies: Please refer to case studies given in "impact stories" attached.

All RED/AMBER items from your plans & other Risks and Issues	**Plans to address RED/AMBER items**
The greatest risk is loss of funding. This impacts on the **whole** Oban Living Well Support Services model and not just Healthy Options as a standalone organisation. This echoes concern raised by DCMO Gregor Smith who was keen to ensure that Healthy Options was secured as part of the model through HSCP commitment. He stated ***"the yearly funding cycle that it currently has seems to me to be a source of fragility and concern for its sustainability. If there was a three-year rolling funding agreement linked to KPIs then I think it would put it onto a more secure footing".*** Without a mainstream partnership funding agreement, the ability to deliver, develop and roll out the services, skills and knowledge detailed in this report are significantly impacted.	Healthy Options continues to seek and apply for ongoing charitable funding. In addition, social enterprise models are being explored through closer partnerships with other organisations. As these establish it is evident a small percentage of sustainable income can be anticipated. However, with growth of Healthy Options annual turnover from circa 60k (2011-12)to 200k (2019 -20), the numbers engaging in the programme and the recognition of the impact Oban Living Well Support Services model has on

Time spent year on year submitting funding applications and reports detracts from the operations and development work of this small team, increasing the challenge of efficient resource allocation, and effective delivery of services. The risk of loss of funding or continuing without a partnership agreement directly impacts on how well this third sector organisation can work with other sectors to influence and support the vital change needed in health and wellbeing culture. We have an ever increasing waiting list. Supply cannot keep up with demand. In any service this is an obvious challenge, however missing the window of opportunity to engage clients in Healthy Options at the optimum point in their cycle of change impacts on outcome clients can achieve. This is in direct alignment with the Public Health Reform strategy which highlights *"Shared public health priorities for Scotland provide a focus for delivering closer collaboration and a joined-up approach to improving the public's health. Scotland's public health priorities are intended to be shared priorities and an important catalyst for working together, nationally and locally."*	both HSCP and Public Health strategies it is evident sustainable funding is crucial. For a small, yet highly professional organisation this is a monumental task of balancing delivery, management and research to demonstrate its services are investment not cost. **We recognise we raise this annually and appreciate the demands on the HSCP at all levels; however, we eagerly repeat our request for discussion regarding a sustainable way forward.**	

Sustainability - How will this work be sustained after the DD fund? What is the exit strategy if work limited to the period of the DD fund? Is there a disinvestment plan if seeking funding after 3 years?

Healthy Options continues to seek engagement with A&BHSCP on all levels. Liaison with senior management is required to update and discuss how the work of Healthy Options supports people and communities of Lorn and Oban to improve their health and wellbeing.

Operationally, Healthy Options has close successful multidisciplinary collaboration with health professionals. This is recognised as an exemplar.

The work of Healthy Options aligns with Government Policy, A&BHSCP strategy and the Public Health Reform agenda; it is fundamental in both the prevention and management of long-term conditions, prolonging the onset of frailty and improving health and wellbeing of our communities.

Healthy Options is acutely aware of the pressures the current financial climate places on A&BHSCP monies however would urge A&BHSCP budget holders to recognise, consider and invest in the benefits and culture change this innovative partnership work achieves.

The demands on the traditional approach to healthcare far outweigh HSCPs ability to cope alone; without innovative, dynamic partnerships like these being mainstreamed the status quo is unsustainable.

It would therefore appear pertinent to respectfully suggest that rather than an exit strategy it would be proactive to discuss inclusion strategy of partnership working, reframing funding discussions as necessary investments for A&BHSCP to meet long term budget constraints. By doing so resources, services and skills are utilised effectively and efficiently to keep communities more active, engaged and supported, stemming the flow of people requiring acute and long-term assessments, interventions, services and care. Ultimately this influences the culture of health and wellbeing in our locality and provides a viable option to pioneer roll out in other areas.

As our understanding and use of Elemental develops, we will progress towards robust and in-depth monitoring and evaluation procedures. From the limited period of time we have used this platform indicates that Healthy Options interventions provide substantial savings per annum. A draft report on evaluation is attached as Appendix 6, the full report will be available by end of March 2020.

Key Learning:

- Partnership work with NHS and other Third sector organisations to deliver early interventions to mildly frail/vulnerable clients facilitates client ability to self-manage, reduce care package need and increase quality of life.
- Referral to specialist exercise professionals in the third sector for a tailored programme of social prescriptions significantly improves client knowledge, skills and ability to prevent long term conditions developing, and/or ability to develop skills to self-manage long term conditions.
- Specialist support from level 4 exercise professionals via the Healthy Options programme increases the likelihood of sustainability of clients continuing to engage with positive health behaviours beyond the time they attended Healthy Options
- Collaborative working across sectors is a proactive, cost effective way to tackle wider social and economic issues that affect health. The Oban Living Well Support Service Model supports communities and individuals to manage their own health and sustain healthy behaviours.
- A partnership arrangement would strengthen collaborative working for health improvement, capacity building to address the challenges which lie ahead for 'healthcare'.
- Evidence from Scottish Parliament Health and Sport Committee: Social Prescribing: Physical Activity is an investment not a cost. https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2019/12/4/Social-Prescribing--physical-activity-is-an-investment--not-a-cost/HSS052019R14.pdf

1. Please indicate the Outcome area (s) that this work is impacting on. Tick as many as appropriate

Adult Health and Social Care			
	No	**Outcome Area**	**Outcome Description**
☑	**1**	Healthier Living	http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes
☑	**2**	Independent Living	
☑	**3**	Positive Experiences & Outcomes	
☑	**4**	Maintained & Improved Quality of Life	
☑	**5**	Reduced Health Inequalities	
☑	**6**	Carers are Supported	
	7	People are Safe	
☑	**8**	Engaged Workforce	
☑	**9**	Effective Resource Use	

2. Please indicate the Outcome area (s) that this work is impacting on. Tick as many as appropriate. Nb. Other measures will be developed as new services/ ways of working are designed and implemented through the life of the programme.

☑	10% improvement in all markers in health and care experience survey
☑	Increase in number of people participating in physical activity programmes – measurable target to be agreed when baseline information is available
☑	10% increase in number of people participating in self management programmes
	15% increase in number of hours available in all Time banks
☑	10% increase in range and type of activities supported through Third Sector in communities across Argyll and Bute – focussing on areas where access is more difficult
	10% increase in new people accessing greater number and range of Technology enabled care services
☑	20% increase in reablement care packages
☑	5% reduction in emergency admissions to all hospitals in Argyll and Bute
	10% reduction in Delayed Discharges over 2 weeks
	10% reduction in bed days lost
	Referral, treatment and discharge pathways will be person centred and clearly explicated and information is available to all from a single point of access, and unified approach to seamless delivery for those who may require services
	Universal assessment and care plan, and lead professional role will be implemented
	Pathway for Intermediate Care will be clearly defined with range of options available to support care delivery when home is not an option
	Faster access to all equipment required to enable people to stay at home

List of Appendices:

Appendix 1 ……	**Lorn and Oban Referral Criteria and Pathway**
Appendix 2 ……..	**Lorn and Oban Healthy Options Model**
Appendix 3 ……..	**Oban Living Well Support Services Model**
Appendix 4 ……..	**North Argyll Carers – Healthy Village Groups report**
Appendix 5……..	**Lorn and Oban Healthy Options Weekly Timetable**
Appendix 6 ……..	**HSCP Funding; Investment not a Cost**