

WHY, HOW, WHAT

Lorn and Oban Healthy Options
(Healthy Options)

FIT for PURPOSE

9TH MARCH 2016



WHY? **Healthy Options**

- **4,500 patients (40%) of Lorn Medical Centre have 1 or more Chronic Medical Conditions**
- **“These conditions can be control managed or improved by adopting an active healthy lifestyle”**
- **“You do not need doctors to do this”**



WHY? Healthy Options

Scottish Government Policy **Health in the community** Shifting the balance of care

'Exercise is the best medicine'

'Exercise is the wonder drug'

“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”.

Prof. John McKnight

Medical research

Case studies

Demographics of Argyll & Bute

Social Prescriptions

Co-production

Self Management



THE CASE HAS BEEN MADE, *many times*

HOW? Collaboration *from the start*



**'If the problems are in the community –
The solutions are in the community'**



HOW? Governance/Experience

Healthy Options Staff

HIGHLY QUALIFIED • ACCEPTED AS EQUALS • TRUSTED by CLIENTS

Supported by enthusiastic and motivated volunteers

Healthy Options Board

LOCAL PEOPLE • DIVERSE SKILLS • COMMON PASSION

Business • NHS • Health • SE • Community

Health Professionals

Lorn Medical centre – Physiotherapy – Dietitian

Cardiac + Pulmonary Rehab

Links / Engagement / Support

Senscot Health and Sport Networks and Roundtables

Scottish Government

SportScotland

Social Enterprise Academy

CHEX

Co-production network

GCU Yunus Centre

Scottish Communities for Health & Wellbeing



£££ PRICELESS £££

WHAT?

Do we do?

Core Programme
OUR 40%

500+ clients on their own individual health journey – co-produced exercise and activity programmes

Specific Groups

M.S. / Neurology
Move Well
Cancer Pilot Project

Contracts

Rural Falls programme
Counterweight

McMillan 'Move More'

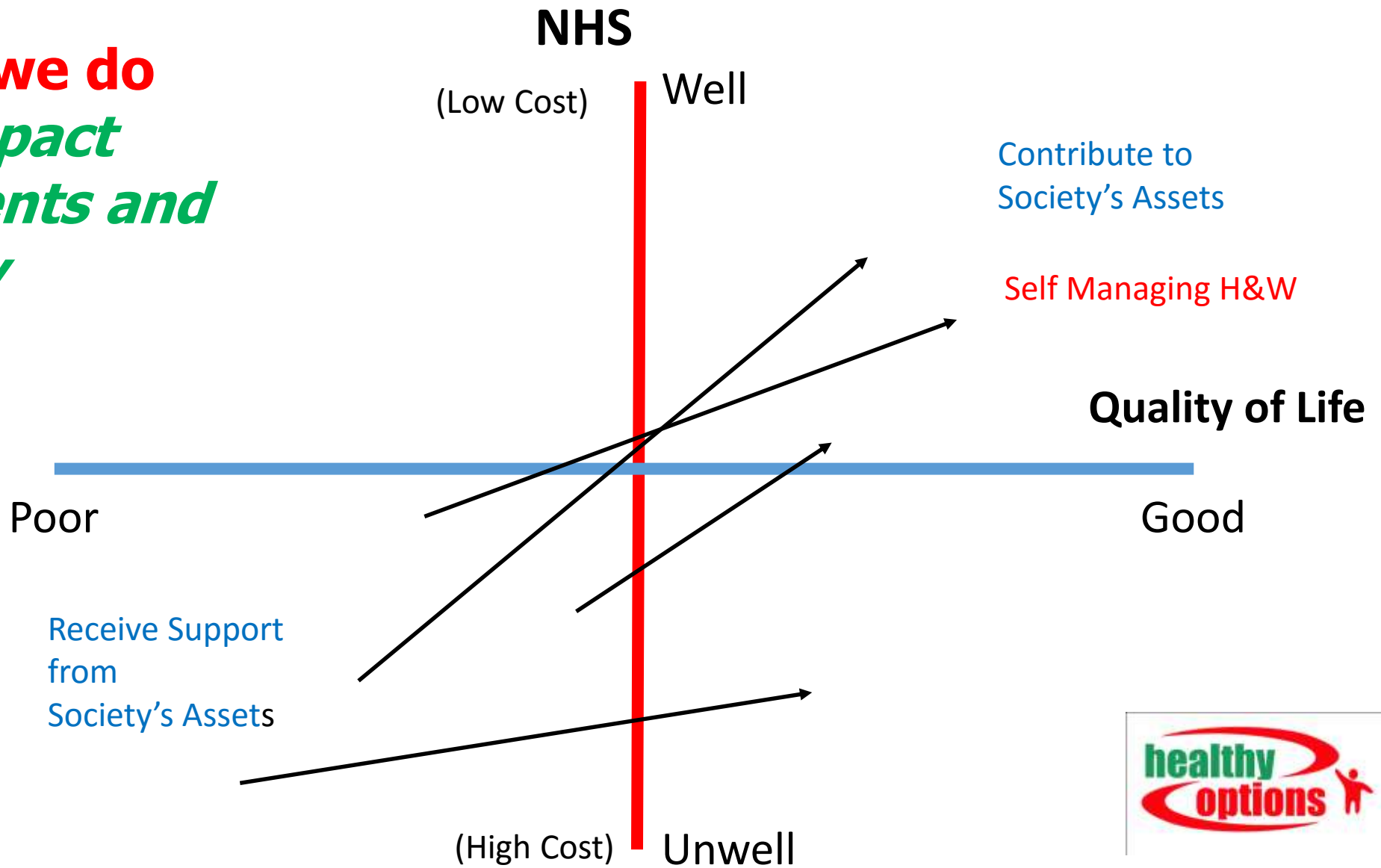
6 months scoping exercise

Research and Development

Tender submitted to A & B NHS - Social Prescribing?
Health Alliance - Transforming Self-Management?



What we do
It's Impact
On Clients and
Society



GCU's Yunus Centre for Social Business & Health: researching social enterprise for the common good

Cam Donaldson

Yunus Chair in Social Business & Health



Only three people have won:

- 1. The Nobel Peace Prize**
- 2. Congressional Gold medal**
- 3. Presidential Medal of Freedom...**

**... and appeared in an episode of
The Simpsons!**



A famous quote from Yunus

“Whatever the bankers did, I simply did the opposite. The bankers would only lend to the rich. I would only lend to the poor. The bankers would only make large loans. I would only make very small loans. The bankers would only lend to men. I would only lend to women. The bankers would only lend if there was collateral. I would only lend without collateral. The bankers required extensive paperwork. I only made loans that even an illiterate could understand. The bankers required their clients to come to the bank. I took my bank to the village.”

Why “...and Health”?

28 years

How do we get to the 'causes of the causes'?

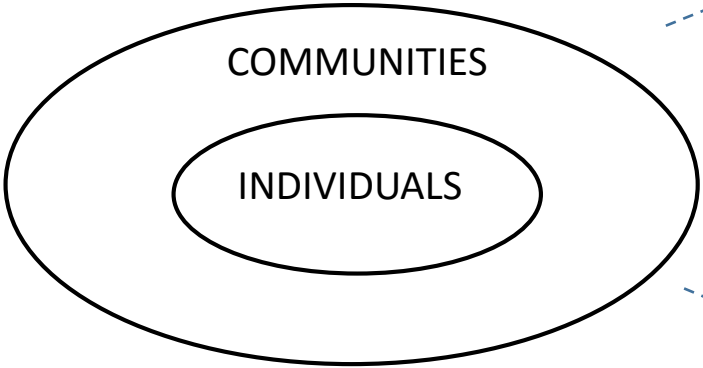


A simple framework

ENGAGEMENT

ENHANCING LIVES OF:

- SOCIAL ENTERPRISE:
 - social mission
 - trading
 - no share ownership
 - etc.



Social capital

Cohesive/
connectedness

Improved health and well-being



Why do we need to 'evidence' it?

- Are organisations doing what they claim to do?...
- ...and what other wider societal benefit might they engender?

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But, most importantly...

- Communities themselves

How do we evidence it?

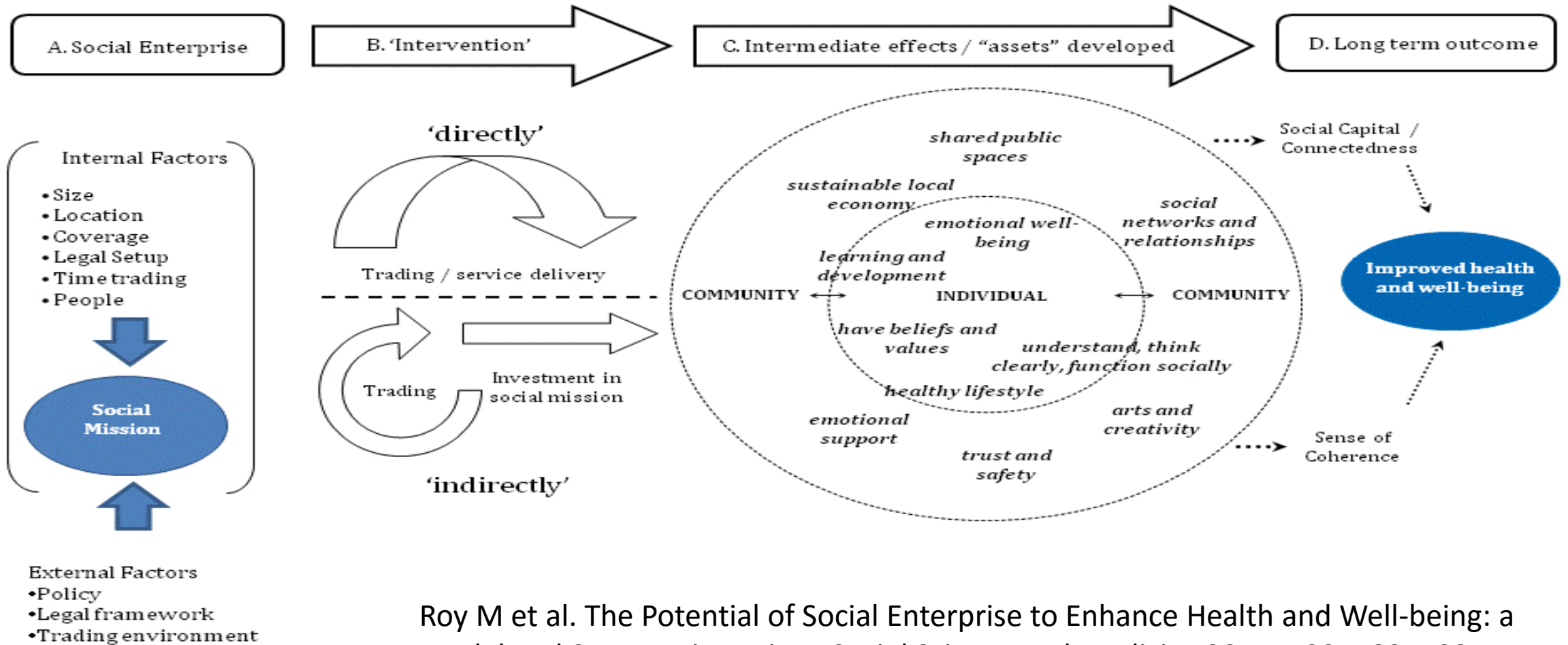
People and studies

- 3 to 35 people in 5 years; 11 PhDs:
 - Staff, students and interns from Austria, Bangladesh, Canada, China, Egypt, France, Greece, Italy, Malaysia, Poland, South Africa, Spain
- Studentships: University; international awards; self-funding
- Develop people and disciplines: social sciences, health sciences, humanities, design thinking
- Smaller studies (funded by Scottish Funding Council) with specific social enterprises (e.g. Theatre Nemo; WeeEnterprisers)
- Other small grants (£30,000 from Santander Bank; £38,000 from Glasgow Council for the Voluntary Sector)
- Then some 'biggies':
 - MRC/ESRC, £1.96m, 'Developing methods for evidencing social enterprise as a public health intervention' (**CommonHealth**)
 - European Commission, €3.17m [€333,425 to GCU], 'Enabling the flourishing and evolution of social entrepreneurship for innovative and inclusive societies' (**EFESEIIS**)
 - Chief Scientist Office of Scottish Government's Health Department, £211,000, 'Fair credit, health and wellbeing: eliciting the perspectives of low-income individuals' (**FInWell**)

How do we evidence it?

- Conceptualisation

Developing the framework (Mk 1)



Roy M et al. The Potential of Social Enterprise to Enhance Health and Well-being: a Model and Systematic Review. *Social Science and Medicine* 2014; 123: 182–193.

How do we evidence it?

- Conceptualisation
- Systematic review:
 - Social enterprise:
 - as a public health initiative (Roy et al. again!)
 - **as an alternative provider of (community health) services**
 - in specific roles (preventing homelessness and social isolation)
 - Microcredit:
 - short and longer-term impacts on health

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 - Microcredit:
 - short and longer-term impacts on health
 - Challenges of systematic review:
 - lack of studies; heterogeneity; comparators

How do we evidence it?

- Conceptualisation
- Systematic review
- Populate the model:
 - Qualitative research:
 - Interviews with clients, employees, executives, policy-makers
 - Embedded within organisations ('Passage from India')
 - Financial diaries with microcredit clients
 - Q methodology
 - Comparative studies:
 - How do social enterprise clients compare with those in other settings? (homelessness; social isolation; community-based chronic disease management)
- **Healthy options:**
 - **Further development of framework (23 interviews plus observations of sessions)**
 - **Importance of connectedness and self-confidence**
 - **Comparative study**
 - **Quantitative study (GP records); qualitative (interviews with HO and non-HO clients)**

How do we evidence it?

- Conceptualisation
- Systematic review
- Populate the model:
 - Challenges with primary research:
 - generalisability; comparator groups; retention

HEALTHY OPTIONS

THE FUTURE

?

