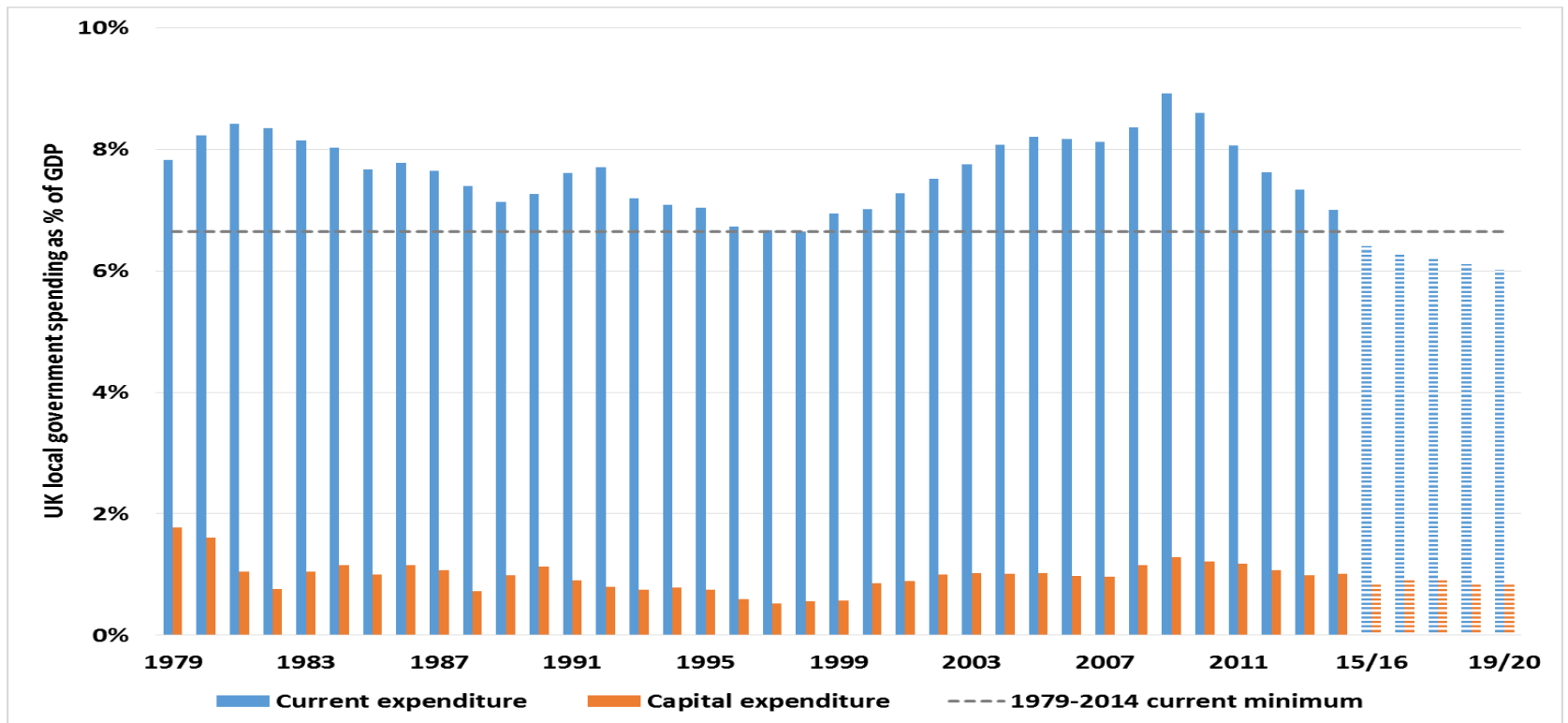




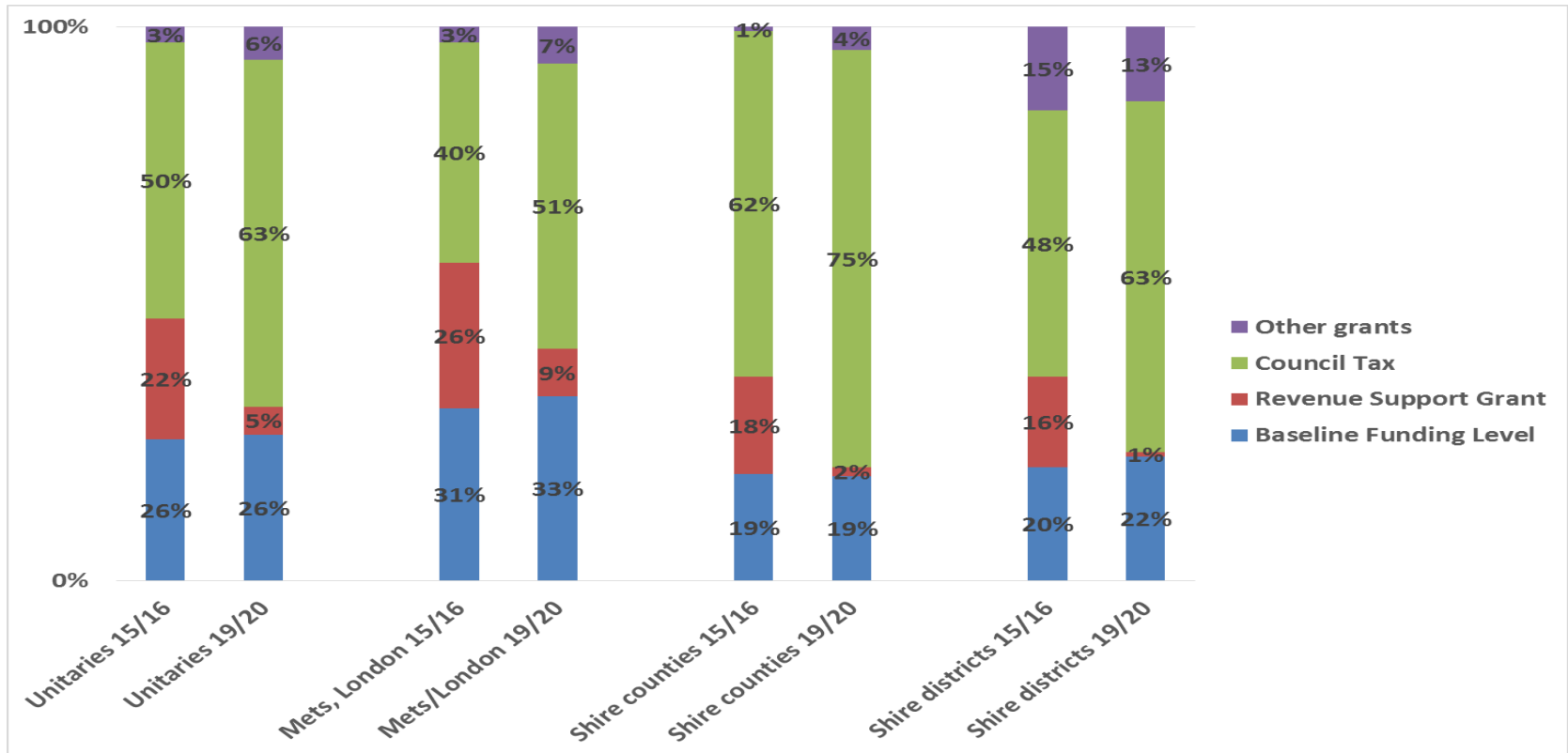
# Social Prescribing

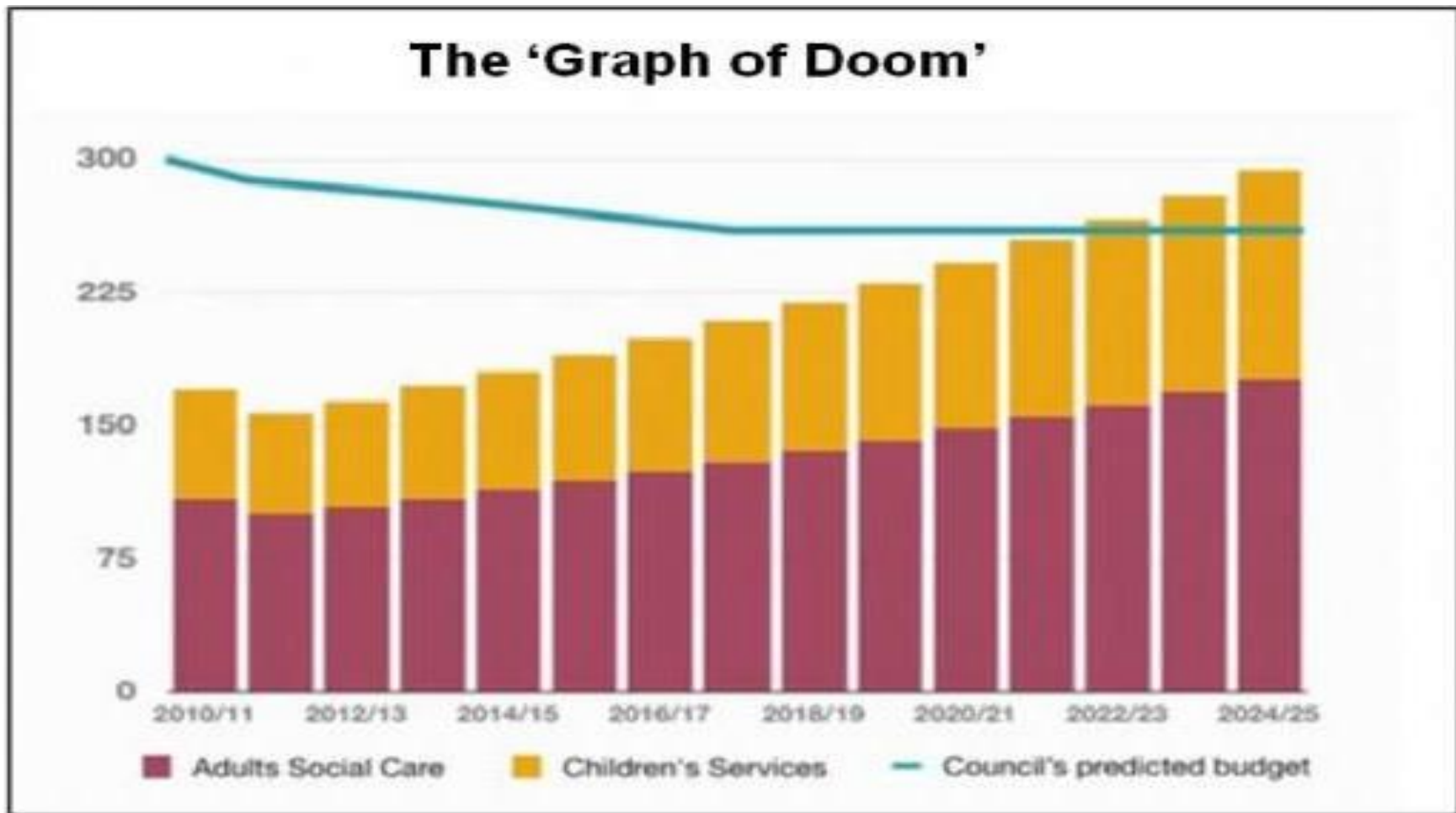
Rob Bailey,  
Principal Advisor, APSE

**UK local government spending as a share of GDP: current spending, already below the 1979-2014 minimum, is projected to go on falling to 2020**

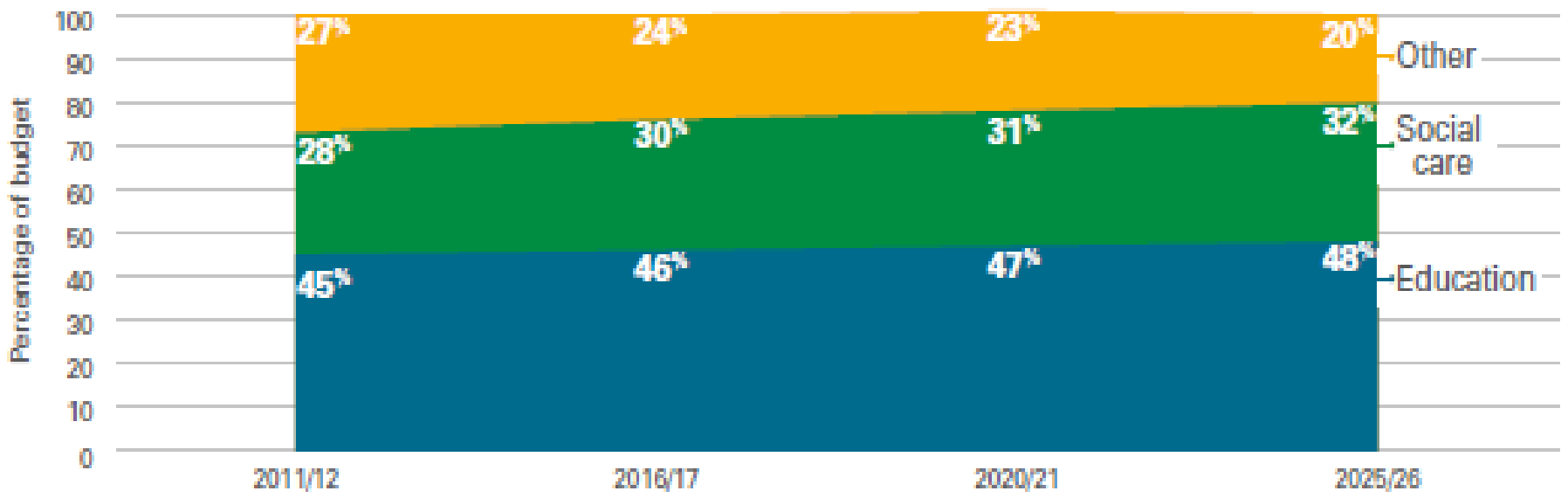


# Balance of core spending power 15/16 and 19/20: as RSG shrivels beyond London and the Mets, most LA funding will come from council tax





# The Graph of Mc Doom



Note: Calculations are based on cash terms.

Source: [Scottish Local Government Finance Statistics 2016/17](#) Audit Scotland, November 2016



# Local Government Physical Activity Partnership



## Common Purpose Statement

- To create a collective voice to represent, help improve and demonstrate the value of public sport, leisure and physical activity services by supporting local authorities across England to make independent, transparent and informed long-term decisions.
- This collective voice has significant reach and influence, with the ability to make a real difference.

# What is social prescribing?

- Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.
- Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.
- Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include **volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports**.

# Social Prescribing

- Social Prescribing is a means of enabling GPs and other frontline healthcare professionals to refer patients **to a link worker** - to provide them with a face to face conversation during which they can learn about the possibilities and design their own personalised solutions, i.e. 'co-produce' their 'social prescription'- so that people with social, emotional or practical needs are empowered to find solutions which will improve their health and wellbeing, often using services provided by the voluntary and community sector. It is an innovative and growing movement, with the potential to reduce the financial burden on the NHS and particularly on primary care.



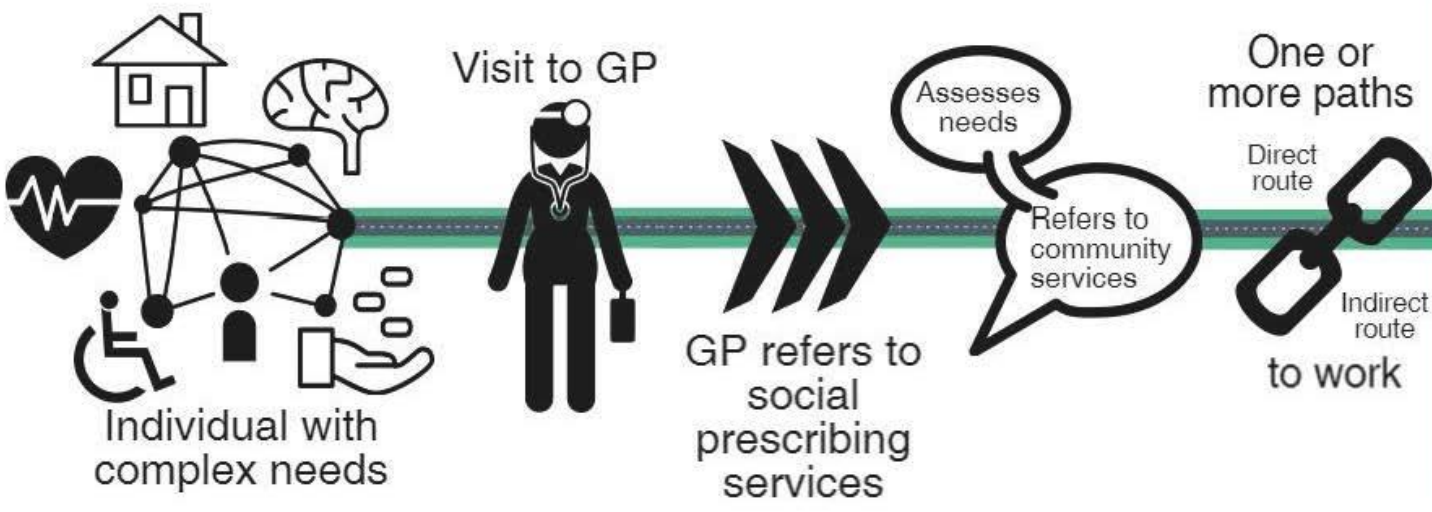








# Social Prescribing Pathway



**Learning and Skills**  
improving skills or providing adult learning opportunities

**Community Employment Support**  
providing specialised support to find and retain work

**Activities**  
engaging with a range of activities, to improve confidence, social networks and wellbeing

**Outcomes**

Improved Health

Improved Wellbeing

Improved Work Opportunities

**Social prescribing links people into community support to help them improve their quality of life**



Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nuture community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Figure 1. Outcomes described from social prescribing stakeholders (Social Prescribing Conference Report, 2016<sup>20</sup>)

# Primary care referrals

- 56% of clients referred by general practice were women.
- 36% were over 65 and 48% were over 55.
- Most (75%) people referred by general practice required up to 3 interactions therefore falling into the first group of clients who need more light touch support (including signposting and onward referral to other community or statutory services).
- The vast majority (79%) of referrals in this pathway come through GPs, but some are also made by practice nurses (13%) and healthcare assistants (4%).
- **Mental health issues** such as anxiety, low mood or depression were prominent among presenting issues for clients in general practice, as well as social isolation and need for financial advice.

# Adult social care referrals

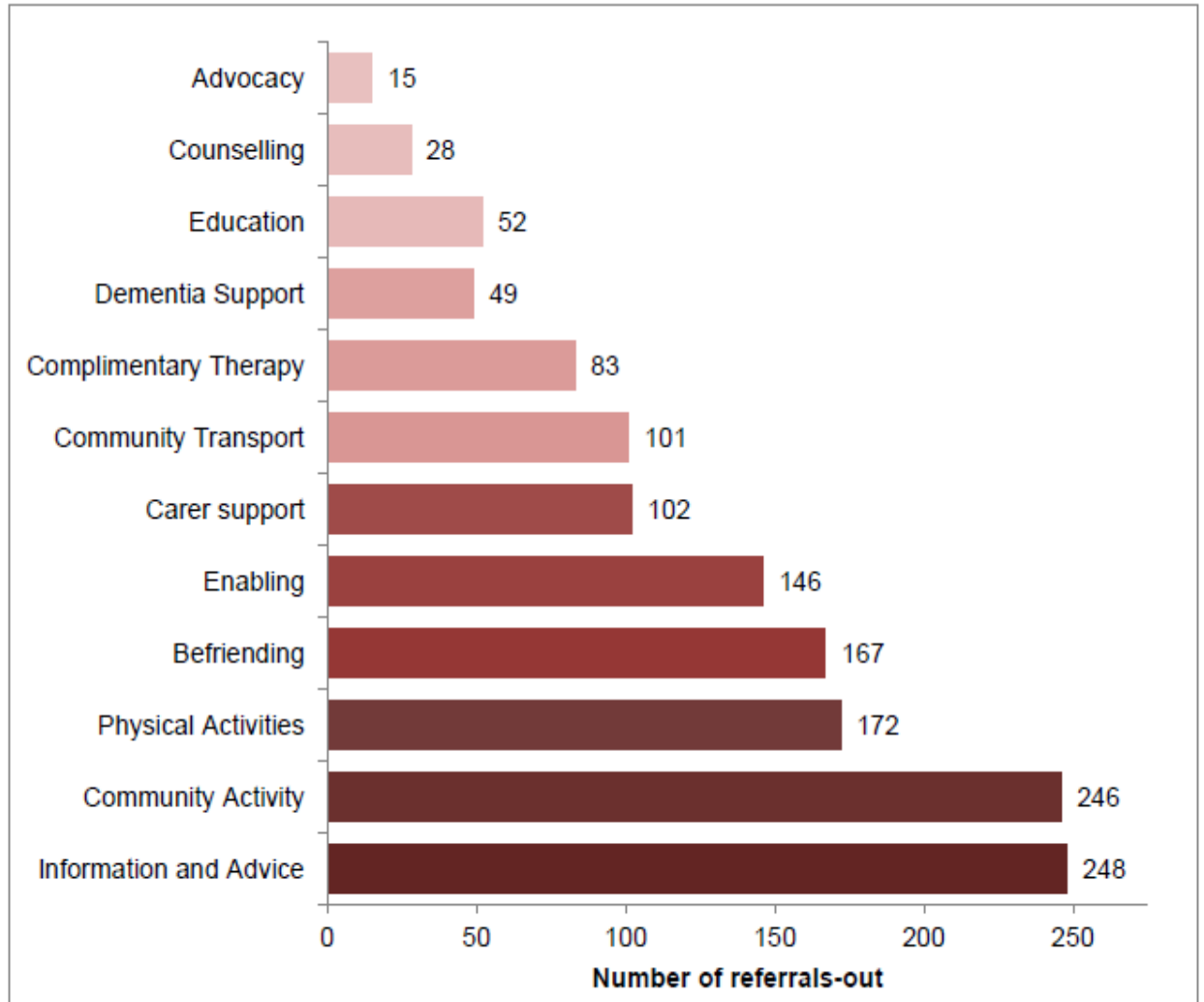
- 62% of clients referred through the social care pathway were women.
- 51% were over 65 and 63% over 55.
- On average, social care clients are older than clients referred through general practice, but younger than clients referred through the acute pathway.
- Clients referred through the social care pathway were also the most likely to require 5 or more interventions (49%).
- **Social isolation** is the most common reason for referral through the social care pathway, followed by transport advice.
- Indeed, the professionals we interviewed in this pathway said that referrals are mostly made when people find it difficult to leave the house. Lack of transportation is often a key reason for their isolation.

# Acute referrals

- 65% of clients referred through the acute pathway were women.
- The majority of clients in the acute pathway were older patients, with 72% being over 65 and 84% over 55
- Younger clients referred through this route tend to be people with chaotic lifestyles who are frequent attenders at the hospital.
- Falls and breathing difficulties are among the most frequent reasons for hospital admittance for patients referred through this pathway. Recurrent issues recorded by the CLWs based in the hospital are: long term conditions (such as COPD), mobility problems and pain; anxiety and depression; and substance or alcohol abuse.
- Issues that people tend to need help with are: finances; benefits and entitlements; **accessing social activities** and support groups for specific conditions; and carer support.



# Where?



# Development Strategy





<https://www.activetameside.com/everybody-can-achieve/>



# RHS Salford



# So why LA Leisure?

- Local authorities don't go bust
- Existing:
  - Facilities
  - Infrastructure
  - Access to finance
  - Off peak capacity
- Trained staff with flexible roles

# Can the Voluntary Sector deliver?

- Critical Size?
- Continuity?
- Funding?
- Quality?
- Sustainable?

# Next Steps

- Survey of Local Authority Leisure – examples
- Worked costings and case studies
- Identify the link workers and commissioners?
- Offer viable commissionable activities

# **NEW MUNICIPALISM**

Delivering for local people and local economies





**Query Title:** SL0202 - Leisure Retail Supplier in Leisure Centres - 280918

**Description:** A member authority is reviewing the supply of leisure clothing and

equipment within their facilities

(e.g. swimming costumes, swim goggles etc).

1. Who is your main supplier?
2. What range of clothes/equipment do you stock?
3. Do they provide promotional material?



## **Query Title:** SL0203 - Leisure Management Software - 280918

**Description:** A member authority is reviewing their choice of leisure management software

Please can you assist with the following:

1. What leisure management systems do you use?
2. What are the annual costs for the system(s)?
3. How much did it cost for the system to be installed?
4. What hardware was put in to support the leisure system and any costs?



## **Query Title:** SL0204 - Outdoor Educational Residential Sites - 031018

**Description:** A member authority is reviewing the running of their outdoor educational facilities

1. Do you run such a centre as a profitable commercial venture?
2. Have you opened / closed such facilities in the last 5 years?
3. Have you moved such facilities to an arms-length organisation or charitable body?



## **Query Title:** SL0205 - 3G Artificial Grass Pitches - Financial Information - 241018

**Description:** A member authority is embarking on a plan to install a 3G pitch and is seeking financial information for the cost of running similar facilities:

The pitch will be a full-size FA 11-a-side pitch with appropriate run off areas around the pitch to enable it to host adult matches.

The pitch will be floodlit with approximate opening hours as follows:

9am to 10pm Monday to Friday

9am to 6pm on Saturday

9am to 10pm on Sunday

What has been your income and expenditure over the last 5 year period?



**Query Title:** SL0206 - Competitive response to Budget operator - 271118

**Description:** A member authority is looking at its competitive response to the arrival of a budget operator.

Do you have any examples of initiatives taken following the arrival of a major budget operator into the market place that proved successful?

Particularly interested in:

- Pricing
- Changes to membership packages
- Approach to marketing
- Investment

Any thoughts on your experience over the first 6 months would also be welcome.

**Responses**

## **Query Title:** SL0207 - VAT Exemption on Sporting Activities - 140319

**Description:** Following the European Court of Justice ruling on VAT exemptions for sporting activities, a member authority is reviewing its changing policy.

Specifically how the exemption of VAT applies to in-house leisure services taking casual bookings for team sports activities such as five-a-side in sports halls, and outdoor pitches.

- A re you applying the VAT exemption for casual bookings?
- Do you differentiate between community users/teams and those from business organisations booking a sports hall to make money?
- How do you record those subject/exempt from VAT?

## **Query Title:** SL0208 - Options for leisure service contracts - 210319

**Description:** A member authority is reviewing the future of its leisure, libraries and culture contracts – currently operated by an in-house company and charity.

They are interested in exploring options of either returning the services back in-house or re-letting avoiding a full blown EU procurement process.

- Have you recent experience of returning leisure services in-house from an external supplier?
- Have you used options other than full blown procurement to re-let contracts?
- Have you used consultancy support for this and if so who?



**Query Title:** SL0209 - Health & Safety - Data Capture in Leisure - 220319

**Description:** A member authority is looking for electronic methods of collecting Health & Safety information from their Leisure Facilities

- Do you use an electronic system to collect data? ( e.g. tablet, phone app etc.)
- Where is the data stored?
- What is the name/supplier of your system?





# Contact details

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**GB 11409**



**GB 11132**



**GB 14074**