

Green Health Prescribing: it's role in Lothian's COVID recovery



Workshop 1 Summary

Green Health Prescribing enablers and barriers

Tuesday 3rd November 2pm - 3:30 pm

We all know how much better we feel, both mentally and physically, after some time in nature and the evidence base for green health activities is strong. A development project has been funded by Edinburgh and Lothian's Health Foundation to establish what needs to be in place to enable people most affected by COVID to experience those benefits.

70 people attended the first in a series of online workshops to discuss the enablers and barriers for green health prescribing in Lothian. They represented a diverse range of sectors and organisations and all share an interest in how we can use nature to improve health and wellbeing.

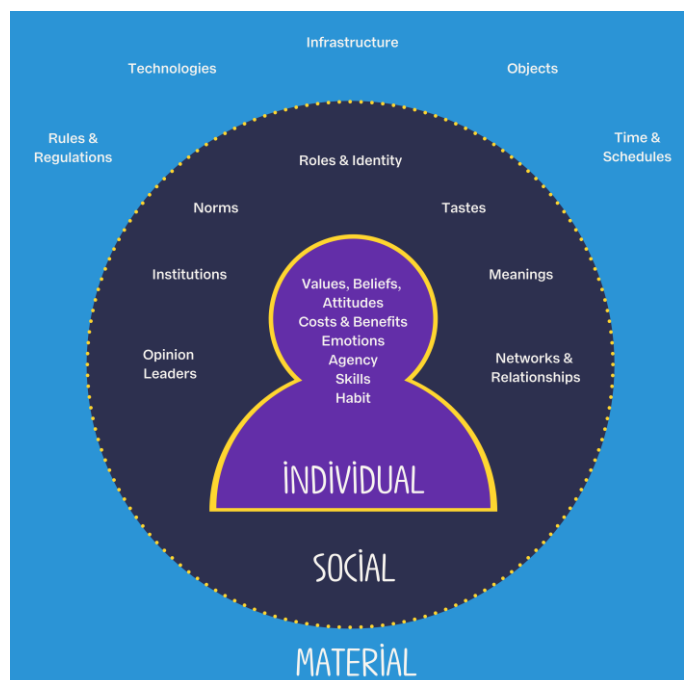
This document summarises what we have learnt so far. For further information please join the discussion on the Green Health Prescribing Network on Microsoft Teams by contacting Dr Rachel Hardie Rachel.Hardie@nhslothian.scot.nhs.uk or Ian Mackenzie ian.mackenzie@nhslothian.scot.nhs.uk.



What did we do?

The aim of the workshop was to consider the factors that help and hinder embedding green health prescribing in current models of care. Matter of Focus <https://www.matter-of-focus.com/> facilitated this using the ISM tool to consider the Individual, Social and Material contexts that shape this work.

The ISM is a tool developed by the Scottish Government, designed for policy makers and practitioners whose work ultimately aims at engaging people and influencing their behaviours to deliver improved outcomes. ISM is based on 'moving beyond the individual' to consider all the contexts that shape people's behaviours – the Individual, the Social and the Material (find out more [here](#).)



Who was there?

70 people from a range of professions and sectors attended the online workshop from a wide range of health and care settings and green health providers, with a broad geographical spread across Lothian. The following sectors and organisations were represented:

Health and care sector: *GPs, Practice Managers, Wellbeing practitioners and Community Link Workers, Cardiac Rehabilitation, Pulmonary Rehabilitation, Volunteer support organisations, Health in Mind, Self-Directed Support, Space and Broomhouse Hub, Home care, EVOC, MEHIS, THRIVE, Health all Round, Mayfield Development, Public Health Practitioners, Alzheimer Scotland, Weight Management Service, East of Scotland Partnership for Prevention and Remission of Diabetes, Older People’s Planning, Learning Disabilities, Pharmacy, Equality and Diversity, Planning Officer for Carers, VOCAL, Assistant Programme Managers, Practice Nurse Team Leader*

Green health activity providers: *Sport and Leisure, RSPB Nature Prescription, Redhall Walled Garden, Ranger Service, Edinburgh and Lothians Greenspace Trust, Health in Mind, Rowan project, Social Farms and Gardens, TCV, Venture Trust, Cyrenians, Parks and Greenspace, Scottish Forestry, Branching Out, Edible Estates, Ageing Well, Polbeth and West Calder Community Garden*

Greenspace and health: *Green Health Partnerships, greenspace scotland, NatureScot, Scottish Forestry*

What did we learn?

What do we mean by green health prescribing? Is it the right term?

Our working definition is “health and care workforce enabling people to access green health activities” (which are in turn defined as “any activity that enables someone to connect to nature with the aim of supporting their physical or mental health and wellbeing”). There was some interesting debate in the workshop about the term green health prescribing, in summary:

Pros	Cons
Makes sense to medical professionals	Too transactional; should be more about inviting people to experience a nurturing relationship with nature
Sets expectation of structured and funded solutions	Implies it has to be prescribed to benefit someone
Helps some people embrace it	Puts some people off
People take it more seriously if something is prescribed	Simply telling people to do something doesn’t lead to behaviour change
Could use prescribing for structured green health activities and more informal term for less structured activities?	Prescription might suggest only one referral route and limit potential for self-referral
	Need a culture shift away from going to GP for a prescription
Prescribing implies prescriber responsibility	Prescribing implies prescriber responsibility

What are the individual factors?

We learnt about the factors which affect individuals' choices and behaviours that in turn affect green health prescribing. We need to consider all individuals including people seeking support, the health and care practitioners and green health activity providers. Factors considered include people's values, attitudes and skills, as well as calculations made before acting, including personal weighing up of costs and benefits.

The following factors were seen as important:

- People's **expectations** of the interaction between person seeking health care support and health care practitioner: do people expect the traditional (biomedical) model of receiving medical advice, tests and a prescription, or a more person-centred model using a good conversation approach about what matters to the person and support to self-manage. Linked to this is the practitioners' time and skill to have a good conversation.
- People's **knowledge and understanding** of:
 - Potential **benefits** of activities which connect them to nature; experience during COVID lockdown means we are "pushing at an open door"
 - The **range and availability** of green health activities locally – the diversity of activities can be confusing but it does mean there's a choice; first-hand experience of an activity can help; individual and group activities are available
 - Factors which might present **personal barriers** eg fear, anxiety, lack of clothing etc
- People's **motivation** to suggest or take part in green health activities – for some, health might not be principle motivation, but social connection might be main driver – in situations like this impact on health is a useful co-benefit – termed "health by stealth", meaningful and purposeful activities can be important for motivation eg foraging, growing vegetables
- **Previous experience** of nature and being outside for practitioner and person – if negative, then more likely to dismiss green health activity; also people assume they need prior knowledge or experience eg gardening, and if they don't have this it can put them off; engaging children and young people and giving them a positive experience likely to lead to green health activities becoming a life-long habit
- People who could benefit most **don't necessarily access health care**
- **Role models** – important for both prescribers (eg someone else they respect already prescribes green health activities), and for encouraging people to take part (lack of role models cited as potential barrier for BAME community)
- **Enthusiasts or champions** are key for delivery at a multiple levels in the system
- **Belief and confidence** in the activity, **trust** in both health and care practitioner, and in green health activity provider; personal concerns about safety
- **Personal connections** – hearing about it from several different people
- Existing **health and psycho-social issues**

What are the social level factors?

The workshop highlighted factors that exist beyond the individual in the social realm, yet shape people's behaviours. These influences include understanding about green health prescribing that are shared amongst groups. They include meanings attached to activities, as well as people's networks and relationships, and the institutions that influence how people act.

The workshop found that the following social influences are important:

- **Networks and relationships** are key to matching the opportunities to the need. Communication between health and care and third sector can be challenging (in both directions). Difficult to build relationships if provision is short term. Community Link Workers and Wellbeing practitioners are key. Being embedded in a GP practice helps with relationships and co-delivery of activities.
- **Up to date information** but more importantly community held and **shared knowledge**. Databases quickly become out of date. Information channels need to be relevant for different audiences and take account of existing channels. Local, place-based, small area networks are effective because all relevant stakeholders know about the range of initiatives.
- Clear, simple and **consistent language and terminology is needed** – currently multiple terms are used and there is confusion even amongst those working in the area
- **Keeping access** to green health activity **simple** and straightforward for prescriber and person
- **Shared understanding of the benefits** of green health activities generally and also challenge of **differentiating** between different green health activities
- **Health inequalities:**
 - People who could benefit most are often least likely to engage, and may need tailored support;
 - Targeted support to people with greatest needs, to access activity initially as well as continuing to engage with it; may need to increase support to volunteers and voluntary organisations
 - Importance of peer support, role of volunteers and community based support
 - Pros and cons of activities aimed at specific population groups eg refugees – good for encouraging engagement but may not offer full range; should encouraging engagement in generic activity be the focus?
- Activities that have a **community presence** and **demonstrate benefit to community** raise awareness and support; for some people, they might prefer activity outside their community
- There is potential to develop new activities building on will, energy and motivation of community, working in partnership across sectors – **co-designing activities**
- **Leadership**, especially opinion leaders, and how to build on this to **spread** green health prescribing within teams and across the system (eg presentation at GP Cluster meeting) and to get investment; also strategic leadership to link everything together
- Strategic fit – **holistic model** of health and wellbeing; fits in wider **social prescribing model; whole systems approach** - involve agencies that aren't typically related to health to ensure eg quality green space and infrastructure
- **COVID related restrictions generating anxiety** about going out and taking part in group activities and for some people less use of greenspace

What are the material level factors?

Green health prescribing relies on a wide range of factors to be successful. The material factors are the ones 'out there' in the environment and wider world, which both constrain and shape behaviour. These influences include existing infrastructures, landscapes and regulations, as well as other 'softer' influences such as time and the schedules of everyday life.

The workshop groups identified the following material factors

- **Availability and proximity of good quality greenspace** that you might want to spend time in, with public transport options, provision of seating and toilets, somewhere to shelter; availability can be related to deprivation – less likely to have high quality greenspace and to have resources needed to develop it
- **Availability and capacity of:**
 - **Green health activity providers** – capacity can be limited, especially with COVID restrictions, and all need to have realistic expectations
 - Established long term **secure third sector anchor organisations** to support smaller community provision – need more recognition of these organisations and their potential
- **Flexible approaches to**
 - **Funding** has been crucial during COVID.; flexible funding important to meet short term additional needs eg additional tools because no longer able to share (COVID response fund helpful as it used anchor organisations to distribute small funds to community groups)
 - **Activity provision** – responding to changing COVID guidance; ingenuity in creating new resources online (eg recorded walking tours)
- **Sustainability of:**
 - **funding of green health activities** is crucial; discussion about how realistic it is to expect activities which are free at point of delivery to be sustainable; short term funding makes it more difficult to embed change in the system;
 - **Social prescribing as a model** – without a sustainable funding model this puts pressure on third sector without further investment
- **Pros and cons of “professionalisation/kite-marking” of green health activities** (referral pathways, data sharing agreements, accreditation) which may act as a barrier for some providers but may increase trust from prescriber perspective; all these factors contribute to bureaucracy of set up of new processes, especially in NHS; need for insurance
- **Organisation’s approach to risk** assessment and understanding of risks – focusing on risk aversion doesn’t take account of benefits of activities
- **Whole system approach:** across different health and care programmes, and other sectors eg town planning

Wouldn’t it be great if?

To allow people some freedom to express their views outside the structure of the workshop we asked everyone to think big and provide us with one statement that they think would have the biggest impact for green health prescribing. Here is a snapshot of some of the ideas:



The full list can be found on the Green Health Prescribing Network in Microsoft Teams contact Rachel.Hardie@nhslothian.scot.nhs.uk or ian.mackenzie@nhslothian.scot.nhs.uk to join.

What happens next?

Next steps - This workshop was part of our engagement with a range of stakeholders to develop a strategic approach to Green Health Prescribing in Lothian. The next step is a workshop to capture some local stories of success. The information we learn from the engagement will be used to create an outcome map which will help us understand what needs to happen to create a sustainable, inclusive, effective model of green health prescribing.

Early connections - This process has demonstrated a huge amount of enthusiasm for enabling access to green health activities across Lothian. As a result of engagements prior to the event, and networking during the first workshop, the following connections were made:

- Linking primary care pharmacist with Greenspace Officer to support development of self-directed nature resource “Winter Wellness” leaflet. Subsequently linked Carer Organisation with this as a potential support for carers.
- Connected GP practice interested in developing community garden with NHS Lothian greenspace and health programme manager, and with another practice who had already developed garden
- Connected GP practice interested in developing outside consulting areas with greenspace scotland ‘safer outside’ workstream
- Linked Type 2 Diabetes Regional Programme with NHS Lothian greenspace and health programme manager for NHS Greenspace opportunities
- As result of sharing a story about vision of Tai Chi in Mayfield Park at workshop, funding for Tai Chi instructor was identified, links were made with Wellbeing Service leads, and plans made to establish health walks and Tai Chi in the park for young Mums.