Department
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Food & Rural Affairs

Green Social Prescribing in Camden and Islington

Process Evaluation

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1. Executive summary

This report follows an evaluation, completed in-house by Defra, of a green social prescribing pilot in Camden and Islington. This pilot formed part of the Future Parks Accelerator programme and aimed to connect people with green space to improve physical and mental wellbeing outcomes. It draws on recognised links between time spent in green spaces and health and wellbeing, as well as linking to the commitment in Defra's 25 Year Environment Plan to connect more people with the environment, helping people improve their health and wellbeing by using green and blue spaces.

The evaluation explored understandings of green social prescribing in Camden and Islington, green social prescribing processes, the process of co-designing the green social prescribing pilot with local stakeholders, and participants' understandings of 'scaling up' green social prescribing. Qualitative data, consisting of semi-structured interviews with key stakeholders and detailed notes from co-design meetings, were collected during the co-design phase and analysed thematically using NVivo. Key findings, as summarised in Section 1, highlight the potentially broad scope of green social prescribing; the different needs of different stakeholders; the complexity of green social prescribing processes; and the types of resources (space, people, money and ideas) needed to scale up green social prescribing. Sections 2 and 3 introduce the pilot and evaluation and provide a background and rationale. Section 4 outlines the methods that were used. Section 5 explores the findings, and Section 6 considers these findings to answer the research questions outlined in Section 4. Finally, Section 7 makes policy suggestions.

Summary of key findings

1.1 Definitions and understandings of social prescribing

- Social prescribing was recognised as a holistic, non-medicalised approach to healthcare, working with patients with a broad range of issues. Interviewees also emphasised the role of social interaction, engagement, and 'community spaces' as a way of supporting wellbeing.
- The activity types forming people's 'social prescriptions' reflect both the holistic focus of social prescribing, and the diverse range of patients/service users for whom it may prove beneficial.
- Link Workers are central to social prescribing and have a broad and challenging remit which can vary from signposting to more physical and practical support for service users.
- Target groups for social prescribing were also broad, with social prescribing perceived as helpful for a wide spectrum of issues not just limited to mental and physical health and wellbeing.

1.2 Definitions and understandings of green social prescribing

- ‘Green social prescribing’ has a broad scope, and communication about green social prescribing needs to be clear so people are discussing the same thing.
- Green social prescribing was understood as social prescribing which capitalises on the benefits of spending time in nature – it was seen as an option for those benefiting from social prescribing rather than a separate process, and as a positive addition to the social prescribing model.
- A broad range of activities could be done outdoors under the remit of green social prescribing. This ranges from exercise and conservation activities to deliberately bringing ‘indoor’ activities outside so that people can benefit from spending time in green space

1.3 Social prescribing in Camden and Islington

- In Camden and Islington, multiple social prescribing routes are taken. In some cases, it was directly linked to GPs and GP practices, but some people took more informal routes, such as self-referral. There was also evidence of Link Workers, prior to this pilot, recruiting service users proactively, ‘pounding the streets’ to encourage people to join nature-based activities.
- There were perceived benefits to social prescribing beginning with a GP or healthcare professional, though it was suggested that self-referral could potentially be quicker and involve less bureaucracy, and chimes with the person-centred ethos of social prescribing.
- The interconnection of multiple systems, and partnership working, were viewed as central to the success of the green social prescribing pilot in Camden and Islington; this project was viewed positively as a way of bringing together activity in Camden and Islington and ensuring good communication between both boroughs.
- For green social prescribing to work, Link Workers need to be aware of available services and activities, but dissemination of this information was varied.

1.4 Engagement with green social prescribing

- GP involvement is useful in terms of encouraging service users to engage with social prescribing. However, not all healthcare professionals are equally engaged with social prescribing, and engagement was perceived as varying across providers.
- A key barrier to engagement in social prescribing for healthcare professionals is a lack of understanding of it; GPs in particular were perceived to have limited time to understand new initiatives and mechanisms for referral and take on board new information. GPs’ understanding of and engagement with social prescribing is crucial if more formal routes are taken.
- When considering social prescribing, GPs might need reassurance of quality control, and to be able to see that there is clear data showing outcomes and benefits of their patients participating in green social prescribing activities.

- To fully embed and scale up green social prescribing, engaging community organisations who are likely to be key in delivering activities and services is important.
- Service users are likely to have a different set of concerns and experience a different set of barriers to participation in green social prescribing, compared to healthcare professionals.
    - Social prescribing involves working with vulnerable people, who are likely to be harder to engage, so key to engaging service users is considering a wide range of access needs.
    - Additional barriers for service users included: timings of activities, language barriers, reluctance to discuss mental health, physical health issues, park facilities, poor weather, and limited internet access.
    - Activities on offer should aim to suit a range of different needs and interests and should ideally be developed in consultation with the relevant communities.
    - Approaches to signposting service users to activities need to suit everyone so should be technological and non-technological.

1.5 Involvement in co-design work

- The local authority led approach to this pilot was valuable in developing relationships between a wide range of community level organisations; the co-design meetings were well attended by a wide range of stakeholders from across the green social prescribing system in Camden and Islington.
- Participation in the co-design process was beneficial to the participants; it was perceived as a good opportunity to meet and network with other people also working on green social prescribing.
- Stakeholders interviewed for this evaluation suggested that more input from service-users/patients would have been beneficial in thinking about approaches to green social prescribing.

1.6 Scaling up

- Some participants saw ‘scaling up’ of green social prescribing in practical terms, relating it to replicability, ‘next steps’, and rolling it out broadly; some felt that it was important the work stayed at a grass roots/community level.
- A key concern about scaling up was the resources required, which could include infrastructural change as well as additional referrals placing burden on under-resourced community groups.
- Funding was also viewed as a resource necessary for scaling up green social prescribing, though participants tended to focus more on non-financial resources.

1.7 COVID-19

- The ongoing co-design work was complicated by the uncertainty of the pandemic, particularly given that many of the people involved worked in health-care related roles.

- The guidance during the pandemic initially limited the types of activities people could do, particularly when working with service users who need to bring another household member with them.
- Post-COVID-19, people may have lingering concerns about doing activities in large groups
- Nonetheless, the pandemic could also bring opportunities and have a potential positive impact on green social prescribing, both in terms of people's sentiment towards it, and its role in recovery post-pandemic.
- The pandemic may also have highlighted groups who could be targeted for green social prescribing interventions.

2 Introduction

The 25 Year Environment Plan[1] makes a commitment to connecting more people with the environment, including helping people improve their health and wellbeing by using green and blue spaces:

> *Our ambition includes encouraging mental health service providers to explore the potential offered by environmental therapies and doing more to spread the word about the benefits of nature. The Government will promote collaboration between the health and environment sectors, at national and local level.*

Recognising the links between health and wellbeing and spending time in nature (as summarised in Section 3.1), in 2019, Defra contributed £35,000 to a co-designed, green social prescribing pilot in Camden and Islington, and agreed to undertake a light touch process evaluation of this work. The pilot formed part of the Future Parks Accelerator[2] programme. It was local authority led, and aimed to connect people with green space to improve a range of physical and mental wellbeing outcomes, through green social prescribing. The Camden and Islington pilot aimed to:

- Implement activities with already-proven health and wellbeing benefits
- Understand the practicalities of implementing the activities
- Get people into parks through social prescribing avenues

Through a series of co-design sessions with stakeholders, the pilot aimed to develop action plans for scaling up green social prescribing in Camden and Islington. This evaluation focuses on this process and the final plans that were produced, responding to the following aims:

- To develop an understanding of what has worked well in the pilot project, for whom, in what circumstances and why, as well as aspects that could have been improved.
- To identify the barriers to the scaling up of green social prescribing in Camden and Islington and more generally, and consider how these barriers could be overcome.
- To develop recommendations to inform future work in this area, covering policy, practise, and evidence, including work in other locations.

This report will begin with a brief overview of the existing evidence on green social prescribing. Following this, it describes the methods used for this evaluation, and the key research questions the evaluation explored. The next section is an in-depth

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[1] *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693158/25-year-environment-plan.pdf*

[2] *https://www.futureparks.org.uk/*

discussion of the findings, and the final section returns to the research questions, to consider key recommendations arising from the Camden and Islington pilot.

3 Background

3.1 Social Prescribing and Green Social Prescribing

Social prescribing is a holistic approach to health and wellbeing, where a variety of services offer practical and emotional support to a wide range of service users.[3] Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses.[4] Recognising that social, economic, and environmental factors can all have an impact on wellbeing,[5] social prescribing is associated with a range of health and psychosocial benefits for service users, such as improved mental and physical health, reduced social isolation, and increased self-esteem, confidence and self-efficacy.[6] People who might benefit from social prescribing include those:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing.[7]

Link Workers are often (but not always, as described in Section 3.2) central to social prescribing, working with service users to focus on what matters most to them, and working with, and referring service users into, community groups and other relevant agencies.[8]

Green social prescribing capitalises on well-established links between physical and mental wellbeing and spending time in nature. For example, exposure to natural environments is associated with reduced stress, anxiety, and depression, as well as reduced socioeconomic inequality in mental wellbeing.[9] Indeed, recognition of the health benefits of taking part in community activities and interacting with nature is widely accepted and as such nature based activities have a well-established place within many localised social prescribing offers.[10] In addition to the benefits experienced by individual service users, social prescribing, including nature based social prescribing, has been shown to reduce health inequalities within a population

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[3] *https://www.england.nhs.uk/personalisedcare/social-prescribing/*

[4] *https://www.kingsfund.org.uk/publications/social-prescribing*

[5] *https://www.kingsfund.org.uk/publications/social-prescribing*

[6] *Husk, K., Blockley, K., Lovell, R., Bethel, A., Lang, I., Byng, R. and Garside, R., 2020, What approaches to social prescribing work, for whom, and in what circumstances? A realist review, Health and Social Care in the Community, 28:2*

[7] *https://www.england.nhs.uk/personalisedcare/social-prescribing/*

[8] *https://www.england.nhs.uk/personalisedcare/social-prescribing/*

[9] *Lovell, R. and Maxwell, S. 2018, 'Health and the natural environment: A review of evidence, policy, practice and opportunities for the future', Defra*

[10] *Natural England Commissioned Report, 2017, 'Good practice in social prescribing for mental health: the role of nature-based interventions', Natural England*

and have a positive impact on pressures faced by health care systems.[11] [12] For the purposes of this report, therefore, green social prescribing refers to social prescribing where the 'prescription' is a green or nature based activity.

3.2 Social Prescribing Processes

It was noted in Section 3.1 that Link Workers are often viewed as central to social prescribing – for example the NHS definition of social prescribing states that: *Social prescribing is a way for local agencies to refer people to a Link Worker*.[13] However, the University of Exeter,[14] commissioned by Defra, explored the efficacy and delivery of nature-based therapeutic programs for diagnosed mental health conditions and found:

> *…a number of challenges in the system, including: poor coordination of demand and supply; inadequate funding for delivery and activities; poor information sharing between stakeholders; and a need for integration of evidence-based practice into the design and delivery of nature-based offers.*

As part of this work they created a logic model to show four different pathways to social prescribing activities (Appendix 1). These pathways are:

- Pathway A: Primary care or another service, usually public or third sector, refers an individual to a Link Worker, or similar role. The Link Worker works with the individual to identify a suitable community-based resource. The individual receives a referral to the community resource.
- Pathway B: Primary care or another service, usually public or third sector, refers an individual to a directory of social prescribing opportunities available. The individual, potentially supported by the health professional, accesses a suitable community-based resource. The individual receives a referral to the community resource.
- Pathway C: The individual accesses the social prescribing system through direct contact with a Link Worker or similar role, bypassing the health or other professional referral. The Link Worker works with the individual to identify a suitable community-based resource. The individual receives a referral to the community resource.

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[11] *Husk, K., Elston, J., Gradinger, F., Callaghan, L., Asthana, S., 2019, 'Social prescribing: where is the evidence?', British Journal of General Practice, 69: 678, pp 6-7*

[12] *Brandling, J. & House, W. 2009, 'Social prescribing in general practice: adding meaning to medicine', British Journal of General Practice, vol. 59, no. 563, pp. 454-456*

[13] *https://www.england.nhs.uk/personalisedcare/social-prescribing/*

[14] *Garside, R., Orr, N., Short, R., Lovell, R., Husk, K., McEachan, R., Rashid, R., Dickie, I., 2020. 'Therapeutic Nature: Nature-based social prescribing for diagnosed mental health conditions in the UK', Defra*

- Pathway D: The individual accesses the community-based resource directly with no direct referral through the health system or via a Link Worker or similar role.

This pilot focused on green social prescribing in Camden and Islington, with the findings applying to both boroughs rather than necessarily differentiating between the two. However, it is noteworthy that Camden and Islington have different social prescribing models to each other, with a more structured model introduced in Camden in 2018, and several formal pathways commissioned by Islington CCG to help people access social prescribing activities (discussed in more detail in Section 3.3). This picture will continue to change as NHS funded Link Workers are recruited. One of the key aims of the pilot in Camden and Islington was to contribute to the scaling up of green social prescribing, both within the boroughs, and by feeding findings into work taking place nationally. To scale up, it is essential to explore different routes into green social prescribing and what this means for resources and outcomes.

3.3 Pilot in Camden and Islington

The Green Social Prescribing pilot in Camden and Islington was one component of the wider Parks for Health programme, which seeks to transform the role of green spaces, recommissioning them as public health assets for the 21st century, with a focus on people with the greatest needs. Social prescribing differs between the two boroughs. In Camden it is delivered at a borough level according to need. Referrals are initiated: either by professionals (including GPs and Community Outreach) or service users, to a central referral point, and then on to a care navigator, social prescribing Link Worker, or community links; or via Community Outreach and self-referral to WISH Plus, one of the organisations delivering the service. These processes broadly map on to pathways A, B, and C as outlined in Section 3.2.

In Islington, social prescribing is delivered on a geographical basis, with different providers providing social prescribing Link Workers for different primary care networks. This presents a slightly more complex picture but, in centralising the role of the Link Worker, again aligns with pathways A and C. It should be noted that self referrals, and referrals that bypass formal services, as in pathway D, are likely to be harder to count and measure but this doesn't mean this type of activity doesn't happen.

Delivery of the Green Social Prescribing pilot took place between September and November 2020. It aimed to understand how Green Social Prescribing could be enhanced and delivered in the two pilot sites, and how the model might be scaled up. Activities targeted priority groups including ethnic minority groups, residents aged 65+, people with a disability, mental health service users, young people and residents with obesity. The pilot was established with funding from the Parks for Health project and Defra to test green social prescribing in two parks – Caledonian Park, Islington and Talacre Gardens, Camden.

The pilot was informed by a co-design process, which entailed three co-design meetings between November 2019 and May 2020 with representatives from local community organisations, local GPs and Social Prescribing Link Workers, DEFRA, GLA, London Sport, NHS England and Camden and Islington CCGs. These co-design meetings informed the development of the pilot, including action plans for Green Social Prescribing activity. This evaluation focuses on the co-design work and the development of action plans.

3.4 Conclusion

This section has outlined definitions of social prescribing and of green social prescribing, noting that social prescribing is a holistic, non-clinical approach to health and wellbeing that often (but not always) utilises a Link Worker to work with service users. Green social prescribing draws on the well-established links between health and wellbeing and spending time in green spaces, with service users being 'prescribed' green activities. Social prescribing processes are complex and non-uniform, and a key aim of this evaluation was to explore such processes in Camden and Islington, and the process of scaling up green social prescribing.

The next section outlines the research questions this evaluation sought to answer, as well as the methods that were used.

4 Methods

The evaluation aimed to understand the processes of partnership working in the Camden and Islington green social prescribing systems in the context of their green social prescribing pilot.

This is a light-touch, qualitative, process evaluation of the co-design work in Camden and Islington, intended to contribute to and shape the scaling up of green social prescribing both in Camden and Islington and more broadly. This initiative was part of the Future Parks Accelerator programme, and therefore was led by Camden and Islington Councils with a focus on rolling out green social prescribing in parks.

Specifically, this evaluation focussed on the following research questions:

- What does the green social prescribing process look like in Camden and Islington?
- Does this process differ between the two boroughs?
- What are service users' experiences of the green social prescribing journey?
- What are providers' experiences of green social prescribing?
- Do stakeholders have a clear idea and definition of green social prescribing?
- How did co-design contribute to the development of a program of scaling up green social prescribing in Camden and Islington?
- Has co-design working resulted in a clear plan for scaling up green social prescribing?

4.1 Data collection and analysis

This evaluation draws on: observations from the three co-design meetings, both from the evaluation team and the project team; observations from three discussion groups that fed into the co-design meetings; and semi-structured telephone interviews with stakeholders.

The evaluation team attended, participated, and took notes of their observations in each of the co-design meetings, and these notes were supplemented by notes taken by the project team. These meetings were attended by a range of stakeholders from the health sector, council, and VCSE and were intended to inform the scaling up of green social prescribing in Camden and Islington more broadly. Each meeting was two hours long. In addition, two members of the evaluation meeting attended discussion sessions to observe and take notes (see Table 1 for details of co-design meetings and discussion groups).

Table 1: Co-design meetings and discussion groups

Activity	Attended by	Date
Co-design meeting 1	Link Workers, GPs, parks employees, VCSE representatives	28/01/2020
Co-design meeting 2	Link Workers, GPs, parks employees, VCSE representatives	16/03/2020
Co-design meeting 3	Link Workers, GPs, parks employees, VCSE representatives	19/05/2020
Discussion group 1: VAC Network meeting	Service users, facilitated by council employee	20/02/2020
Discussion group 2: Focus group – Age UK	Service users, facilitated by council employee	02/03/2020
Discussion group 3: Focus group - Mind	Service users, facilitated by council employee	04/03/2020

The team also conducted eight semi-structured telephone interviews with a range of stakeholders involved in green social prescribing in Camden and Islington, who were recruited through their involvement in the co-design process (for example attendance at the meetings). Interviewees were selected to reflect the range of different types of stakeholder involved in the co-design process, and were split between the health sector, the council, and the VCSE in Camden and Islington. Sampling was intended to reflect participation in the co-design meetings and to include the key stakeholders needed to answer the research questions, for example Link Workers and GPs. As such, after seeking advice from the team in Camden and Islington, contact was made with people identified as suitable participants, with follow-up emails sent to the co-design group as a whole. Due to COVID-19 restrictions, no activities were piloted during this evaluation and no interviews were conducted with service users.

The interviews were audio-recorded and fully transcribed by an external transcription service. All the data (notes from meetings and interview transcripts) were analysed thematically[15] in NVIVO, in order to draw out key themes of importance to those involved. The findings from this evaluation are explored in Section 5.

[15] *Clarke V., Braun V. (2014) Thematic Analysis. In: Teo T. (eds) Encyclopedia of Critical Psychology. Springer, New York, NY. https://doi.org/10.1007/978-1-4614-5583-7_311*

5 Findings

This section outlines the key evaluation findings. It begins with findings on the broader context of the work, definitions of social prescribing and perceptions of links between social prescribing and green space. Next, social prescribing specifically in Camden and Islington is explored, followed by a consideration of how different groups engage with and could be encouraged to engage with green social prescribing. After this, findings are outlined that relate specifically to the co-design work in Camden and Islington, the scaling up process, and the impact of COVID-19 on both this project, and green social prescribing in general. The broader implications of these findings are discussed in Section 6, which links the findings to the research questions outlined in Section 4.

5.1 Context: definitions and linking social prescribing to green spaces

5.1.1 Social prescribing and green social prescribing

The co-design meetings made reference to the King's Fund definition[16] of social prescribing, which places clinical staff at the forefront of the process:

> *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*

Interviewees recognised social prescribing as a more holistic approach to healthcare, moving beyond prescriptions for medications and working with patients on a broader range of issues, using non-medical interventions:

> *I think it's a holistic take on healthcare and it's about challenging health inequalities and taking the patient and individual as a whole and their whole situation… It's also about lifestyle changes and looking at what's going on more broadly and other issues like poverty and wider things like race and gender and other inequalities and things that affect people's life. (*Participant 3, Link worker)

There was also an emphasis on the role of social interaction, engagement, and 'community spaces' as a way of supporting wellbeing. This was particularly central to those in social prescribing roles:

> *My role as a social prescriber, I see within that as helping people to navigate the system and to get the most out of the organisations and the healthcare and everything that's going on in their local area… It's linking people up to social activities and groups and making friends, and the more positive bits of life I*

[16] *https://www.kingsfund.org.uk/publications/social-prescribing*

suppose, focusing on their interests and passions and things like that. (Participant 3, Link Worker)

The activity types forming people's 'social prescriptions' reflect both the holistic focus, and the diverse range of patients/service users for whom it may prove beneficial:

> *So I started a craft-a-noon at one of the practices actually as a volunteer nearly three years ago, so every Friday afternoon we sit in the waiting-room and it's open to anyone. We found that through doing some sort of activity and having it there in a waiting-room, people were coming along because they were waiting to see their doctor or nurse or whatever and then seeing this group of people doing some activity in the corner and then wanting to join. From there we get about ten to 15 people every week. What's also good about it, particularly for those people who are feeling anxious or depressed, or don't want to engage but want to be with people, if you're doing an activity and you're using your hands you're not actually having to talk. So they can be part of the conversation, but not actually talk.* (Participant 4, Link Worker)

Green social prescribing was understood as social prescribing which capitalises on the benefits of spending time in nature. It was not viewed as a separate process, but as an option for those benefitting from social prescribing:

> *…it can be incorporated into wider social prescribing itself. I think because social prescribing is such an adapted term it can kind of fit in to social prescribing generally as well rather than separating it and calling it green social prescribing in itself* (Participant 1, VCSE).

> *… it should be the same thing as social prescribing, generally it's just green social prescribing is around green infrastructure to enable anyone to make a referral or let anyone know what activity is happening in their local green spaces.* (Participant 7, CCG).

One participant suggested that green social prescribing lacked a clear definition, though they did demonstrate an understanding of green social prescribing as it has been defined for the purposes of this report (see Section 3.1):

> *I think it needs to be defined... What is green, what does it mean? So I see it as something as like being outside, being with nature, trying to, just encouraging walking, anything that's outside basically, and with nature or do something just a bit... Again, does it need to be clearly defined, not even clearly defined, but a definition that people can say okay, this is what green social prescribing, what I see it as, but it'll be interesting to see what other people see it as.* (Participant 6, GP)

5.1.2 Link Worker role

Link Workers are central to social prescribing (for example see the King's Fund definition of social prescribing in Section 5.1.1). For the remainder of this evaluation, the term Link Worker is used to refer to people in roles that involve supporting

service users with wide-ranging issues using non-medical interventions (so for example this would include people whose job title is 'social prescriber').

Participant 3 (Link Worker) described herself as a social prescribing Link Worker, and she was employed by a group of GPs but managed by a VCSE organisation. Of her role, she said:

> *Ordinarily, in normal times, it's lots of home visits to patients that I'm working with or meeting them in surgeries or getting out and about and attending activities with them. It's a lot of signposting to other services and other community groups and organisations.*

This demonstrates the broad remit of Link Workers, which can vary from sign-posting to more physical and practical support for service users. This was also demonstrated by Participant 4, who focussed on working *with* service users, in keeping with the understandings of social prescribing in Section 5.1.1. Linked to this approach, Participant 4 also avoided using language that indicated service users were taking a passive role in their care.

> *…my role is to meet with those patients and to work out together - so I'm very, very conscious of working with someone rather than prescribing to them. That's why we don't use the words social prescriber in my title because it's just about supporting people and talking to them, teasing out of them what they think is important or what is important in their life, what matters to them, what they enjoy doing. Trying to see if I can find either by signposting or encouraging them to join something within our community in order to meet other people and feel better about themselves.* (Participant 4, Link Worker)

Understandings of the Link Worker role varied even just within Camden and Islington, both in terms of language used, and what the role entailed. For example, Participant 2 (VCSE) distinguished between a Link Worker and a 'Social Prescribing Link Worker:' whereby 'Social Prescribing Link Workers' work more closely with GPs, whilst Link Workers are less connected to primary care:

> *The distinction between the Social Prescribing Link Worker and that of a Link Worker, is social prescribers are doing it from the point of view of medicine, GPs and so on, practitioners. Link Workers are slightly more broad… we're all about well-being. We're basically trying to find out or do a gauge on someone's coping ability, what areas of issues that they may have and require support with and actually link them to the appropriate service that will help alleviate or resolve their particular issues…those referrals would come from all avenues, whether it's self-referrals from practitioners, from other partner organisations. Whereas, as I say, social prescribing is a lot more in relation to GP practices and so on.* (Participant 2, VCSE)

> *It's like Link Worker. You know, the word Link Worker, I mean, what the hell?! A government department would know what that is, cos they created the phrase, but, you know, its taken people years to even know what a keyworker is, so to have a Link Worker, is just, you know, what is that?* (Participant 5, VCSE).

5.1.3 Target groups for social prescribing

Target groups for social prescribing were also broad, with social prescribing perceived as helpful for a wide spectrum of issues not just limited to mental and physical health and wellbeing. Indeed, in a co-design meeting it was noted that target groups broadly consisted of 'vulnerable people as a whole', with little separation of physical and mental health needs. Issues that could be addressed by social prescribing included: mental health/illness, dementia, obesity, childhood obesity, isolation, smoking, income disparities.

Target groups are often those who visit GPs with problems that are harder to address medically, meaning that in keeping with Section 5.1.2, Link Workers can have quite a broad remit:

> *What was happening is that GPs are finding that people are coming, presenting with certain problems and actually…The problem a lot of the time is due to being isolated, lonely, causing depression, anxiety*…(Participant 3, Link Worker)

Even where social prescribing is targeted to specific groups, the remit of Link Workers remains broad and a key strength of social prescribing is that it can be used to tackle multiple issues.

> *… but the kinds of people that are referred to us… I'd say 80 percent either identify with or describe having an experience with … difficulty with their mental health, because we are a mental health charity… then want to give themselves a bit more of a network to engage with when they are kind of feeling low or suffering with their mental health, but we also get people who are new to the borough, who are experiencing social isolation, as well as people with different learning needs, physical disabilities…it's people who for one reason or another have difficulty accessing certain services or just don't have the knowledge or awareness of what they can access within the borough.* (Participant 1, VCSE)

5.1.4 Green social prescribing

Interviewees and stakeholders in the co-design meetings recognised the benefits of spending time in green space, and of linking this to social prescribing.

> *Well, I think everybody can benefit from it, it depends what groups you're working with, cos I think, obviously you get … population with families who benefit from it because it's fresh air, it's running around, there's activities for kids to do, and it's a space where kids and their parents or their guardians can do something together, which isn't that common in indoor spaces* (Participant 1, VCSE)

For this project specifically, green social prescribing was linked to parks, so as well as recognising the benefits of spending time in green space more broadly, green social prescribing was viewed as a way of encouraging people to utilise them.

I genuinely felt quite enthusiastic about this, simply because when you think about the number of green spaces within an area like London, for argument's sake, where space is of a premium, sometimes when you go around and you look at some of these parks, regardless of the size, a lot of it is underused as far as I'm concerned. (Participant 2, VCSE)

I think green space is often underused. I mean, my background is in community work and doing community projects, community development, so I can speak to that idea of how spaces are used around London and underused, and how certain groups monopolise a space and other groups don't feel welcome, and it's just a bad use of space full stop. (Participant 3, Link Worker)

It was recognised that a broad range of activities could be done outdoors, under the remit of green social prescribing. This ranged from exercise and conservation activities to deliberately bringing 'indoor' activities outside so that people can benefit from spending time in green space:

… they've quite enjoyed projects out in green spaces and then it gives it a little bit more of a personal feel, so that people feel like they've helped to develop something, and it's almost borderline green social prescribing and volunteering as well, people are able to give back but also engage with others and get the benefits of being outside… if you're doing a book club, taking that into the park if the weather's nice, can be really, really good, using the park as an alternative to being indoors, to do a session that could be done outside, I think would be really good as well. (Participant 1, VCSE)

….It doesn't have to be all physical. I was talking about walking, gardening, all these sort of things, you can have things like yoga, T'ai chi classes taking place. You can even have, obviously depending on what the resources available are at the park, a space where people can do some, play board games and all sorts of things. (Participant 2, VCSE)

Drawing on and being explicit about the broad range of activities that can be done in parks under the umbrella of green social prescribing is really important. In Discussion Group 2, participants favoured activities such as gardening and walking where they could develop skills, watch things grow, but also socialise with other people. The framing of activities is important as service users can be put off by things being described as exercise and physical activity:

… I think if you always sold things as exercise people put it up as a barrier for whatever reason, whether they're embarrassed or don't feel they can do it or are anxious about it. So even starting with a craft group or a book club or some sort of social event in a green space, just being in a green space…I think it just impacts on your well-being almost immediately…From there, then I think you can grow and you could make your craft group, well, let's go for a walk around the park, or let's go for something, and those who want to join us can, and then we start our craft group or we go for a walk at the end or something like that. I think that you can just gently - little steps. (Participant 4, Link Worker)

5.2 How social prescribing operates in Camden and Islington

5.2.1 Referral processes: 'Formal' routes into social prescribing

As described in Section 3.2, and Appendix 1, there are multiple pathways into social prescribing, which differ according to their starting point and who initiates the process. In this report, referral processes involving a Link Worker or clinical staff are referred to as 'formal' referrals, in contrast to less formalised routes, whereby people access the same support but through a range of methods, such as self-referral or through existing involvement with community organisations. It has already been noted that in Camden and Islington, multiple social prescribing routes are taken. In some cases, social prescribing was directly linked to GPs and GP practices.

> *Yes, so all my referrals come from GPs. There was a system in place where Age UK were involved and there would be a referral form that would go through the NHS database EMIS, and then would trigger something at Age UK and they would triage it their end. Since lockdown, just for ease, GPs just email me directly to my NHS email.* (Participant 3, Link Worker)

> *Yes, so it usually comes through referrals from GPs or the nurses. Sometimes reception* [at the GP practice] *might pick up. Now that we've got COVID obviously we're not seeing patients in the practice, but prior to that the reception are the face of the practice so they can pick up and get to know patients. They might just speak to me about someone or they might mention to someone that they might be interested in this, and it's gone from there. So all my referrals come from within the practice.* (Participant 4, Link Worker)

Involvement of GPs or other clinical staff was viewed as beneficial in engaging service users in social prescribing:

> *I think for some people it is necessary because I think sometimes you do need kind of that … to back it, to make it, to give it some grounding … so for people who are reluctant to or aren't aware of the benefits of physical activity for example, it helps if you've got somebody from a professional background saying … if a GP can refer you into something, saying this will make you feel better, or it's something you can try to make you feel better, that kind of can be really beneficial and necessary for some people.* (Participant 1, VCSE)

Referrals can be straightforward, for example where GPs refer directly to Link Workers (such as in the case of Participant 4, Link Worker), but this can become complex if additional organisations are involved:

> *This process is much better where I'm getting them through the GPs directly, but when … were involved, it's just like another hurdle, another delay until I get the referral, but I appreciate there's reasons for that.* (Participant 3, Link Worker)

5.2.2 'Informal' referral processes

Some service users take routes into social prescribing that are not initiated by a healthcare professional or other professional. For example, service users can refer themselves to activities or services, and referral might be more informal. Additionally Link Workers can proactively recruit service users for social prescribing without any involvement from a GP – for example at the first co-design meeting there was mention of 'pounding the streets' to encourage people to join nature based activities.

Some organisations have mechanisms for service users to refer themselves**:**

> *And then the other half of the work that I do is more kind of client facing work so we have a referral process into the programme, which is pretty straightforward, and people can self-refer but once people have referred into us they have to have a meeting, which is quite straightforward and it's quite simple, it's just a chance for us to get to know them and explain how we work, and then at least they have a name and a face in our programme and then we can let them know how they can get more involved into the programme.* (Participant 1, VCSE)

Despite the benefits of routes into social prescribing beginning with a GP or healthcare professional, there are also benefits to self-referral, which could potentially be quicker and involve less bureaucracy:

> *Yes, I would love it to be slightly more open, I would love for self-referrals to happen. I've had lots more of them over recent months because I've been getting to know people and people have re-referred themselves into the service, which has opened it up a bit more, but no, there's definitely some level of gatekeeping involved in that it has to come through the GP.* (Participant 3, Link Worker)

Additionally, self-referral was suggested to chime more with the person-centred ethos of social prescribing:

> *I think the idea of person centred and it being accessible fits better with it being able to self-refer rather than through GPs, but I mean, it's working well for me.* (Participant 6, GP)

5.2.3 Communication and interconnection of multiple systems

Although this evaluation has so far described different social prescribing routes, the success of the green social prescribing project in Camden and Islington will in part rest on the interconnection of multiple systems and partnership working.

> *Yes, I think it's a brilliant project…because it will mean that we're all working together rather than just the GP practices just being a GP practice and actually it's all connected. Health connected to mental health, physical health, and getting people healthier through green spaces and exercise and activities and*

socialising and meeting up, is hopefully some way forward to alternative - not just giving people prescriptions and medication all the time. (Participant 4, Link Worker)

Learning across multiple service areas was also viewed as useful in embedding green social prescribing, with this project viewed positively as a way of bringing together activity in Camden and Islington and ensuring good communication between both boroughs:

> *That's where organisations like us need to ensure that the learning from one service area is actually cascaded right across other areas within the same organisation and beyond. I think that's going to be really, really important as well.* (Participant 2, VCSE)

> *That's been another positive I think, a really big positive, so it's not just insular, we're Camden and across the road at Islington I don't know what happens. I just think that we've got so many fantastic resources and it just needs to be brought together.* (Participant 4, Link Worker)

Making information available about activities and services viewed as an important component of the social prescribing system:

> *I think it's just having the right conversations with the right people. Because we know that there are people out there and because there are social prescribing Link Workers are out there as well now…If we've got them on board and we can network with Link Workers about green social prescribing, and be really specific about making the information clear and robust, then they won't have any issue with referring people into it; if they know that the quality is there.* (Participant 8, Council)

For green social prescribing to work, Link Workers need to be aware of available services and activities, but dissemination of this information was varied depending on their employer and which borough they were located in. Some social prescribers had regular meetings to exchange ideas, identify opportunities, and work together and develop good practice, and Islington CCG have started a programme to connect social prescribers in the borough and explore the best ways to build and maintain relationships between them.

5.3 Engagement with green social prescribing

5.3.1 Healthcare professionals

One GP (Participant 6) was interviewed for this evaluation, and she was positive about green social prescribing, stating that: *I've also been interested in green spaces and how to integrate nature with health as well.* In addition, in Section 5.2.1 it was suggested that the involvement of GPs was useful in terms of encouraging service users to engage with social prescribing.

However, not all healthcare professionals are equally engaged with (green) social prescribing, and this was perceived as varying across providers:

> *I think it might have been a bit of a lottery before; whether or not you did actually get into the referral process by visiting your GP depends on whether or not they liked social prescribing or whether or not they're more traditional and just wanted to give you, I don't know, pills to deal with your depression; instead of being able to spend the time to explore it a bit better*. (Participant 8, Council)

A key barrier to engagement in social prescribing for healthcare professionals, and GPs in particular, is a lack of understanding of it:

> *… there are quite a number of people working in GP's surgeries who themselves don't quite understand what social prescribing is and how it works and how it can lead to referrals and so on and so forth…It's growing, without a doubt. The information going out, the presentations that are being done by us and others around social prescribing is getting better.* (Participant 2, VCSE)

> *So I think the barriers would be when something is a little bit top-down, don't really understand what's going on, what's it all about. People don't have information, are there incentives, what are they for patients and for practices, yes, so I think barriers are people remembering that things exist as well, they often forget, so how to keep that in the forefront, of what services are available.* (Participant 6, GP)

In addition, GPs in particular were perceived to have limited time to understand new initiatives and take on board new information. **'…**we are also conscious of the fact that most GPs don't have the time to sit and read pages of information that's been sent to them.' (Participant 2, VCSE). The premise of social prescribing is that, if it works well, it should reduce burden for GPs.[17] GPs' understanding of and engagement with social prescribing is crucial if more formal routes are taken. However, explaining to service users how social prescribing works could also create burden for GPs.

> *… lots of social prescribing is to take the heat off the GPs so they've got more time in their ten-minute session. It doesn't give them more time if they have to explain what social prescribing is to get the consent of the patient to then be referred to my service. It would be better if that was something which happened outside of the GP consultation room...* (Participant 3, Link Worker)

When considering social prescribing, GPs might need reassurance of quality control, and being able to see there is clear data showing outcomes and benefits of their patients participating in green social prescribing activities. As Participant 6 describes, this includes a clear 'interface' between GPs and Link Workers.

> *We do have two social prescribers at the practice and I'm not getting very much back from what they're actually doing, and I do want to engage with them…*

[17] https://www.bma.org.uk/media/1496/bma-social-prescribing-guidance-2019.pdf

> *You're encouraging us to prescribe which is fine, but we need something back from you about what's happening, what people would prescribe, we're referring on to you and what are you actually doing... I feel like I am aware of the social prescription, social prescribing, but there are plenty of doctors who aren't and so I think if we're going to encourage it, we need to have a lot more discussion and interface between social prescribers and patients and general practise.* (Participant 6, GP)

There is potentially a lot of onus on Link Workers to promote their services to GPs:

> *That was a priority when I could be out and about was getting to know all the GPs down at the surgeries. I think in terms of social prescribing more widely, I'm quite a sociable person so that's the bit of the job that I'm quite good at, but if you're not up for meeting lots of GPs and being a little bit pushy with getting yourself known, then social prescribing could easily go by the wayside really because it's about you pushing your service a bit.* (Participant 3, Link Worker)

To fully embed and scale up green social prescribing, engaging community organisations who are likely to be key in delivering activities and services is important. Indeed, social prescribing may rest on linking formal social prescribing services and wider community engagement:

> *…but I think to get a community to start using a green space more, you maybe need to reach out to the community more and community leaders and people already doing community engagement, either in an official role or not. Maybe speaking to community groups and community centres, all these things which already exist and trying to get their buy in is perhaps helpful alongside all of the co-design stuff.* (Participant 3, Link worker)

5.3.2 Service users

No service users were interviewed as part of this evaluation. However, some of the interviewees who worked closely with service users offered some insight into how service users might experience green social prescribing, noting that they are likely to have different concerns and experience different barriers to participation in green social prescribing, compared to healthcare professionals. As described in Section 5.1.3, green social prescribing involves working with vulnerable people, who can be harder to engage. Key to engaging service users is considering a wide range of access needs.

> *…we need to understand more about why people who don't use parks, don't use the parks so, is it about accessibility… this is quite an extreme example but if someone has a wheelchair and they can't go out in the park is that a problem? Or is it security I know some people won't go into the parks for fear of being harassed especially some women, there's limited support available in parks…my local park there's an issue with alcohol, drugs, so you know it's just trying to understand why people aren't using their parks…* (Participant 7, CCG)

Related to this, in one of the co-design groups, it was noted that the timings of activities in parks, during the day, would be difficult for people with childcare needs or other time commitments during the day. Additional barriers identified included language barriers, potential service users not wanting to discuss their mental health or other concerns that could be addressed with social prescribing, physical health issues, working with service users who are isolated who might be harder to engage, engaging people without internet access (such as older people), park facilities, and poor weather.

The association between green social prescribing and physical activity was also viewed as potentially affecting the likelihood of service users engaging with green social prescribing:

> *I know that everyone needs to exercise, but I think if you always sold things as exercise people put it up as a barrier for whatever reason, whether they're embarrassed or don't feel they can do it or are anxious about it.* (Participant 4, Link Worker)

Activities on offer should aim to suit a range of different needs and interests, and should ideally be developed in consultation with the relevant communities:

> *We have a programme that we produce quarterly, so we try and put a mix of … physical activity things, nature based sessions as well, we try to balance it so that there's a mix of everything and at least two or three sessions of each a month, so that people can engage with them as much as they like, and then it's an opportunity for people to a) either continue doing something that they know that they've done before and have enjoyed or people can try new things. So, yeah, it's just by offering a variety, we kind of hope that people do opt in and try new things as well.* (Participant 1, VCSE)

> *Somehow, you need to make that person who's looking at that feel like that's them, that's them that's going to go and take part in it. I think communities, especially around those areas, they're tighter knit than we give them credit for and also, if you do get buy in of somebody on a local estate or somebody nearby that's going to talk about it, you'll get lots more people involved. There's just quite a big gap, it often feels, between local government and those people.* (Participant 3, Link Worker)

Potential service-users might struggle to independently identify opportunities available to them locally and join established groups or activities, and therefore clear communication is essential. Approaches to signposting need to suit everyone so should be technological and non-technological. For example, it was noted that while websites can be useful, older service users are less likely to be online and more likely to be vulnerable and therefore to potentially benefit from social prescribing. As such, signposting also necessitates the provision of physical signposts and signage.

> *Creating the communication plan in terms of posters, maps, I mentioned at the time about the existence of a social prescribing database, if you like or an encyclopaedia or a yellow pages of different things that Link Workers can actually tap into. If anything like that does exist, I know different organisations*

will have their own database of different things that they would look to offer or provide as way of signposting or even referrals. (Participant 2, VCSE)

5.4 Involvement in co-design work

The co-design meetings were well attended by a wide range of stakeholders from across the green social prescribing systems in Camden and Islington, working in a variety of roles and for a variety of organisations. As well as running three co-design meetings, the project manager engaged with a broader range of people through discussion groups and links with GP practices and community organisations, and was able to feed this into the discussions at the co-design meetings. Those involved in the co-design work were extremely positive about the meetings and how they were run.

5.4.1 Benefits of participating in co-design work

Participation in the co-design process was beneficial to the participants as well as to the project – attendees were shared contact details with each other with the intention of meeting at a later date, for example. Participation was perceived as a good opportunity to meet and network with other people also working on green social prescribing:

> *I mean, for Link Workers, for someone doing my role, its been really great to meet all of those people and to stay in touch with what's going on and to get live updates on activities that are running. It just makes it much easier to signpost people to it and talk it up to patients, clients, whatever.* (Participant 3, Link Worker)

> *I think it was just about knowing that facilities were available, and the groups were around, and they were very willing to engage with the practice. I think people who didn't know how or what, how this could be done and also meeting like the social prescribers already who were there…I think it's about linking people in and talking. Simple things like just getting people's email addresses…or putting a face to a name…so it was a lot of ideas generating as well I hadn't really even thought about… You've got people who are interested in it, not people who're just, they have to be there.* (Participant 6, GP)

Some felt that more input from service-users would have been beneficial in thinking about approaches to green social prescribing:

> *…something I've been very mindful of, is that there hasn't been any service user involvement in it, and I think it's all well and good … using professionals in inverted commas, to talk and develop a programme and develop a scheme that can be scaled up, but I think if you haven't got service users at the base of that, then I'm not sure how useful that will be going forward, because it's easy to develop with somebody and then make changes rather than develop*

something, offer it to somebody and then them say actually this doesn't work, this doesn't work, this doesn't work. (Participant 1, VCSE)

…probably what I alluded to earlier in the call, the thing that I really struggle with is that the co-designing amongst service providers or key groups that don't have people in those meetings. (Participant 7, CCG)

Nonetheless, the team had engaged with service users prior to the meetings, for example in the discussion groups outlined in Section 4. Further, when involving patients/service users it's also important to get the timing right:

It wouldn't necessarily have worked to have service users involved in something that was quite so strategic. It worked because we were talking about quite high-level things. I don't know, as a service user, those kinds of things might bore you a bit. I think they might have bored me if I was invited along to those kinds of meetings. I've been to some networking events when things are just too high level and you just don't get out what you want. I think the right people were there. (Participant 8, Council)

5.4.2 Experience of co-design meetings

Experiences of participation in the co-design meetings were positive, presenting an opportunity to meet with others interested in or working on green social prescribing, discuss views, and make suggestions for its development. One attendee had been involved in multiple social prescribing initiatives across the country and said that this group was the most engaged.

No, again, I think that was very well handled. I think everyone was given an opportunity to put their views across. There was nothing that came across that was frowned upon or laughed at or anything like that. Everyone's comments, everyone's thoughts were listened to and taken on board and if anything, it just prompted further discussions around a particular subject that someone might have actually put forward. I think it was really well handled, actually. I really do. (Participant 2, VCSE)

I think it was really good. A lot of really lovely people in that room and there was a lot of positive energy, and it's always good to have professionals in one room talking about it and getting a bit of enthusiasm behind something because that's what everyone in Camden is trying to do now, encourage people into the green spaces. (Participant 3, Link Worker)

Two interviewees did suggest that longer meetings or smaller group discussions might have been beneficial in ensuring everyone's voices were heard:

I think it's quite difficult in a space like that … and I appreciate it's shortness of time and the organisers trying to get everything in and talk to everybody, and get everybody's views on the table, which can be quite difficult with such a large group, so I think all views are welcomed, it's just a case of, sometimes thinking that you said something and then it's gone over somebody's head

because they're concentrating on keeping to time or hearing from everybody… (Participant 1, VCSE)

…there was limited time… people had a lot to say in the room, there was a lot of experience there and I think having more….people standing up talking about their findings…could've given people longer opportunity to have a zoom in to some really good work that's already being done… also what you found was the workshop tables you'd find one or two people who were clearly social prescribing experts, and they would then dominate the table, and their conversation would then skew the findings of that table, you know, and it's their opportunity of course to shine in an area they work… each of the tables needs a chair I think the second time we did… and it was better actually…(Participant 5, VCSE)

5.4.3 Development of action plans

Interviewees were asked for their views on next steps and measures of success, including the two action plans that were developed as a result of the co-design work (see Appendices 2 and 3 for the action plans). All the interviewees had been sent the action plans in draft format, and half had been sent the final versions (because of the timing of their interviews) though not all the participants had looked at these or provided feedback. The final co-design meeting was designed to discuss and provide feedback on the action plans but had fewer attendees due to COVID-19.

At the final co-design meeting, the action plans were discussed in smaller break-out groups. They were described as 'comprehensive', and viewed positively by participants, capitalising on some of the benefits of participation in the co-design work in general:

Do I plan to use it? Yes, definitely. I mean, for Link Workers, for someone doing my role, it's been really great to meet all of those people and to stay in touch with what's going on and to get live updates on activities that are running. It just makes it much easier to signpost people to it and talk it up to patients, clients, whatever. (Participant 3, Link Worker)

I've read through it a few times, actually, the action plan. I think it really, really works. I don't necessarily think it's too ambitious because sometimes I get a little bit concerned when action plans can become too ambitious to the point where they can then become unachievable and therefore you go backwards rather than going forwards. I think what …the team have actually put together is quite relevant and quite achievable. (Participant 2, VCSE)

I don't know whether I'll stick to the plan, but my intention is to definitely try and yes, be involved and support it and - yes, it excites me, I think it's a great, great idea. (Participant 4, Link Worker)

In terms of sustainability and delivery of the plans, it was suggested that they could be improved with more information on timescales, funding, and ownership of activities:

> *…it's been useful having the follow up notes and things like that but … I was kind of hoping that there'd be some more practical elements to it, so something that we could start the discussion in terms of what we can actually offer, and then start piloting that, so I'm not sure if it's because it's working on a bigger scale, that's why it's moving a little bit slower … so yeah I think hearing the conclusions from the meetings has been really useful, but I was maybe hoping for some more concrete practical steps that we can take going forward.* (Participant 1, VCSE)

In addition, Participant 3 (Link Worker) stated:

> *…my main concerns with the plan, some bits are actually really great, some bits feel like maybe they're catering for a specific demographic, having yoga and bird watching and things like that. I think it's not something everybody in those communities is instantly going to feel inspired by and like they want to come and use their green space.*

This is in keeping with the suggestion in Section 5.4.2 that the co-design work may have benefited from more involvement with service users, to ensure that they are catered for.

5.5 Scaling up

5.5.1 Meaning of scaling up

A key aim of the co-design work was to 'scale up' green social prescribing in Camden and Islington, and to feed into scaling up more widely. Interviewees were asked what they thought the meaning of scaling up was. Some participants saw it in more practical terms, relating it to replicability, 'next steps', and rolling out broadly:

> *I mean, if I was to hazard a guess, for me, it's how you can develop a project and then implement it, and expand it across either boroughs or across organisations, services and teams, so establishing a foundation of something, a foundation or a blueprint, and then working from that to replicate it … to grow it in a way that most people are able to benefit from it.* (Participant 1, VCSE)

> *Well, scaling-up in terms of what is it we're now doing. How do we actually take this forwards? Do we actually get more and more people on board, do we create a kind of firm pool of stakeholders? What are the next steps, to be honest with you? That's how I would look at scaling things up. What are we doing with it now? We've done the pilot, we understand, and we've listened to all the issues and partners, so how can we actually now roll this out for it to be something really meaningful?* (Participant 2, VCSE)

Some felt that it was important the work stayed at a grassroots/community level:

> *… I just hope it stays at a grassroots level and that's nationally as well, throughout the UK, I don't mean just to keep it in Camden and Islington. What I mean is, it's the community that needs to support this just so it doesn't get bogged down in too much red tape really. That's what I hope.* (Participant 4, Link Worker)

One participant suggested it would be useful to just start piloting, but also noted the need to continually review and change:

> *… there's a framework that already exists that works, either on a small scale, then just start piloting it. So I think sometimes we can get caught in a trap, and I know I'm guilty of it as well, of discussing a development so much that we forget to actually just do it and see what happens. So, yeah, just getting the ball rolling with a pilot, once you've established some kind of framework, and then working from that, so rather than keeping it as sort of a rigid, these are the guidelines and this is how it works and this is what you have to stick to … let's try it, see what works and then come to review it in six months or a year, see what has been working, what hasn't been working, how we can change it and grow it further.* (Participant 1, VCSE)

5.5.2 Resources for scaling up

A key concern about scaling up green social prescribing was the resources required. As well as potentially requiring infrastructural change (such as ensuring parks have the right facilities), participants in the co-design meetings were concerned that scaling up would mean additional referrals to under-resourced community groups, placing additional burden on them. Evaluation was also viewed as key to scaling up, which again entails additional resource – much of the discussion about resource focussed on human, rather than financial, resource.

> *I think it's also identifying what people need. Often these things could be done without a lot of money, but it's also... So I think resources are… interested people, probably would be the most important thing but also support from, with regards to guidelines and health and safety and all that kind of thing, where would they... Those are the kind of toolkits that people need, yes.* (Participant 6, GP)

In addition to resources in terms of people and staff, some people commented on the need for funding as a resource necessary for scaling up green social prescribing; but those who did on probing had strong views. In the co-design meetings, a lack of funding and support, particularly for community organisations, was noted. It was described as 'unreasonable' for the health sector to identify needs without also providing funding to VCSE organisations running activities that fit those needs.

> *With the ever-shrinking budget that we have, how do we now ensure that we do all these things in our parks? Some of the things that came out of that, maybe a few more closed spaces within the park so that it would allow for things to…take place, even if the weather is horrible and it's chucking it down with rain ... Finance, funding is always going to be an issue. That could obviously come from central governments by way of specific funding or even ringfence funding*

for local authorities to actually do a bit more with their green spaces… it's a question of how much the local CCGs, Clinical Commissioning Groups are wanting to invest, not only in the green space initiative, but in social prescribing link work in particular… (Participant 2, VCSE)

Also funding to get more people on board to do those sort of roles, because I'd love to be more involved but it's just a time thing. So therefore to employ people to do that promotion, or research, or whatever it takes to get the infrastructure there, but also not turning it into a corporate project thing. It still needs to be - there still needs to be humanity in it. People talking, not big - what do they call them, they really get up my - I can't bear them, big banners. They spend all this money on marketing all these big banner things, you don't need that. (Participant 4, Link Worker)

Feedback on the action plans also reflected a need for funding in relation to sustainability – it's not good practice to offer a service and then discontinue it, so there needs to be funding available for continued activities. In the co-design meetings, intermittent funding for VCSE organisations was viewed as a key issue, with current funding mechanisms making it difficult to deliver 'sustained, reliable, quality provision'. Community support can become overburdened where there is reliance on goodwill – this is particularly important given the identified need for human resources as identified in the previous section. A reliance on grant funding makes it difficult to establish continuation of core work. Activities, facilities, and administration and data collection are all reliant on funding.

5.5.3 Park facilities and safety

In urban areas, parks play a central role in the scaling up of green social prescribing, offering access to green spaces and green activities. Indeed, parks offer a lot in terms of facilities that could be capitalised on for green social prescribing: '*I think that there's so much that goes into the parks that people aren't aware of*' (Participant 7, CCG). There are 74 council-managed parks in Camden and 118 in Islington (as well as some parks that are not managed by the council, for example Regent's Park and Hampstead Heath). For green social prescribing to be effectively scaled up, supply and demand are key issues:

Then, you've got all of the other side of things. Looking at parks, whether or not parks are set up for it, whether or not the service providers are set up for delivering activity in parks rather than in community places. (Participant 8, Council)

Timing of activities might not be convenient for everyone, dependent on licensing. Caledonian Park, for example, is only able to run activities until 5:00pm on weekdays, making them inaccessible to a lot of potential service users. Furthermore, the activities themselves need to appeal to a broad range of people:

I think some of the plans for the green spaces is maybe encouraging a certain type of person into that space, but perhaps that's not reflective of communities who are currently there. (Participant 3, Link Worker)

Training and support for volunteers and people running activities in parks is also necessary – this was mentioned at one of the co-design meetings by a GP. Support for key individuals and social networks makes initiatives less vulnerable to people leaving – one Link Worker at a co-design meeting said they had two Link Workers for 140,000 patients and are therefore heavily reliant on the voluntary sector.

Quality assurance of people delivering activities, as well as work to match appropriate activities to target groups, would also be helpful:

> *… just kind of supply and demand I guess, talking to people, seeing what people actually want, and what's going to be beneficial for us to put on for people, and then sort of going from there.* (Participant 1, VCSE)

Co-design attendees also highlighted the need to equip frontline parks staff and volunteers to provide good welcome and signposting services to visitors referred through social prescribing. Supply and demand is also dependent on the size and location of specific parks. In this instance the picture was different for Caledonian Park and Talacre Gardens, which were central to the green social prescribing work in Camden and Islington. Talacre Gardens has a sports centre on the park boundary and is well equipped for sports activities and games, whilst Caledonian Park has a large park ranger team and is well equipped for green activities led by park rangers and an active friends group.

To appeal to the range of people targeted by green social prescribing, parks need to be safe, comfortable and accessible. Having toilets, benches, and indoor space such as a café or sheltered area was viewed as important – particularly to attract older people and children to make more use of parks. Infrastructure such as toilets and shelter would enable people to stay in a space for longer even in wet weather:

> *…some of the parks near where I work there's actually no shelter so if you were having a walking meeting and it started raining you're stuck in the rain…for quite a while . . . even the local shops don't have shelter and that's like another ten minute walk away, so little things like that.* (Participant 7, CCG)

Although activities in parks aren't limited to exercise, many parks have exercise facilities available which are beneficial for green social prescribing. In Discussion Group 2 participants discussed outdoor gyms as something they could use while at the park with their children, providing there were people around to help. Outdoor gyms were seen as having fewer barriers to use than an indoor gym.

> *I think it depends what's available in each park obviously. I think most parks have some sort of exercise facility whether it's tennis courts, netball courts, or gyms…the outdoor gym equipment…you could prescribe to that if that's what somebody wanted.* (Participant 7, CCG)

Feeling safe in parks was also viewed as central to scaling up green social prescribing. In Discussion Group 2, one participant said that she felt unsafe in her local park in the evening as there were drug users and no benches to sit on. Safety was also discussed in the first co-design meeting, in terms of both perceived and actual safety, and potential improvements were suggested: improving sightlines and

considering how parks look from certain roads/entrances; zero-tolerance of drug use, sex work, and litter; and perhaps a park patrol.

When encouraging more people to utilise green space, and especially parks, it is also important to consider possible conflicts of use. This was raised in one of the co-design meetings – there is a danger that runners, birdwatchers, gardeners and football players are competing for space and seeking to use it in different ways. The idea of more funding to scale up green social prescribing was supported by one of the Link Workers interviewed:

> …*certain groups monopolise a space and other groups don't feel welcome, and it's just a bad use of space full stop. Yes, so the idea that there's more funding going into this sounds really good.* (Participant 3, Link Worker)

5.6 Covid-19

Shortly after this project began a global pandemic was declared and this inevitably had an impact on the co-design work in Camden and Islington. Not only were people's activities restricted meaning it wasn't possible to run pilots during this evaluation period, but a lot of people involved worked in sectors where they either had more urgent priorities or were placed on furlough. When interviewing we asked all interviewees about the impact of COVD-19 on the co-design work itself and its perceived impact on green social prescribing in general. Interviews ran from May to August 2020, during periods of restriction on people's movements.

5.6.1 Impact on co-design work

The ongoing co-design work was complicated by the uncertainty of the pandemic:

> *… I think a lot of people are hesitant to start working on bigger development things…if we put in all of that work and then there's a drastic change in how we are able to access parks… it could be the next month, or six months, or a year, without knowing, it's hard to judge how much development you should be investing into something, without knowing what sort of timescale that we're working to…I think … us and everybody that we've been working with, is still keen to keep things moving and keep the conversation there, but obviously the engagement with it is going to be a little bit reduced just until we get a sense of how we're going to be working going forwards.* (Participant 1, VCSE)

It also had an impact on momentum and people's ability to be involved, despite the enthusiasm initially observed in the co-design meetings:

> *It's just been very unfortunate that it was so intense and then COVID hit and because of my position here I couldn't get involved in the two sessions, so I only actually went to the first one which was back in January I think.* (Participant 4, Link Worker)

If you look at the groups that were disproportionately affected by lockdown, they are the groups that probably access social prescribing more. That meant that some of our partners and the people that would be coming to the co-design meetings were otherwise engaged trying to pool the people that needed their additional support and the people that they were there to provide a service to. Obviously, they had to prioritise them. (Participant 8, Council)

5.6.2 Potential negative impact on green social prescribing

As well as its impact on this piece of work, interviewees were asked for their thoughts on the potential impact of COVID-19 on sentiment towards green social prescribing in general. It was suggested in the co-design meetings that any messaging to do with green social prescribing should reflect that COVID-19 is ongoing. On a practical level, the initial lockdown period meant that parks hadn't been maintained for a few weeks and work would need to be done on that. Additionally the guidance limited the types of activities people could do, particularly when working with service users who need to bring another household member with them. Some people may struggle to access green spaces if they need to use public transport, which also needs to be socially distanced.

Post-COVID-19, people may have lingering concerns about doing activities in large groups:

Yes, only because … I think it will be an initial thing that people are now likely to be more hesitant of being in big groups. I think that will be an initial reaction, response to it, but going forward, I think it … it could be something that people do have to readjust to, that it's fine to be in big spaces, and it's fine to be in big groups, and utilise space in that sense … but yeah, it's difficult to tell how people will respond to something until it actually happens. (Participant 1, VCSE)

…those that are already isolated or depressed or anxious and the ones that live alone particularly, are too scared to go out and therefore are not accessing it. … with the practice walks that I was just about to set up before it hit. I found it exciting that people who weren't doing anything were suddenly engaged and wanting to be walk leaders and do this thing. Then there was the people who didn't want to be walk leaders, but they'd like to come on a walk because they don't talk to anyone all week, and that's all stopped. I don't know what will happen when we get back, but I do worry it's going to be hard to get people - people are very anxious still. (Participant 4, Link Worker)

It's notable here that during the pandemic, urban parks have taken on an important role and been heavily used for exercise and other recreational activities[18] – this is potentially a positive outcome but could also exacerbate anxieties about being in crowded spaces.

[18] *Sanctuary in the city: how urban parks saved our summer | Parks and green spaces | The Guardian*

5.6.3 Opportunities and potential positive impact on green social prescribing

Despite the difficulties, people also reflected that the pandemic could bring opportunities and have a potential positive impact on green social prescribing, both in terms of people's sentiment towards it, and its role in recovery post-pandemic. At the co-design meeting in May, immediately after restrictions were introduced, it was suggested that as parks aren't closed there was room for trying some things out within the restrictions, and that there was now a much bigger audience for the mental health benefits of parks. Further, it was suggested that communities had become more connected during the pandemic, which might be beneficial for promoting green social prescribing.

> *What this has done is…highlighted the fact that we could use this particular scenario where people have been confined to their houses…as a huge potential for us to be able to do a lot more with green spaces now. People have, especially in built-up areas like this where there's people living in flats that don't necessarily have green space or an open space. This is a great opportunity, I think for us now, to really bring home the message that a lot more things can be done in green spaces. You've got this on your doorstep, why not use it?* (Participant 2, VCSE)

> *Yes, I think this is a really golden opportunity actually. People have been home, have been confined to their local spaces, and trying to engage with that. There's been a lot of discussion about going for walks, doing the things that you can do that's cheap and easy, and engaging with your local environment, so I actually think this is a really good time to get the ball rolling in that sense. People are already versed into being local and exploring that.* (Participant 6, GP)

The pandemic and related research may also have highlighted groups who could be targeted for green social prescribing interventions – for example it was suggested that people from ethnic minority groups have seen a disproportionate impact on their mental health during the pandemic. In addition, there are many groups of people who have not been able to go outside who will benefit greatly from doing so when it's safe.

6 Discussion

Having explored the key findings from this evaluation in Section 5, this discussion now returns to the research questions introduced in Section 4 to consider what can be learned from the evaluation and the broader implications of these lessons.

6.1 What does the green social prescribing process look like in Camden and Islington?

Reflecting research carried out by the University of Exeter on routes into (green) social prescribing (see Appendix 1 and Section 3.2), the social prescribing process in Camden and Islington is complex and varied, with multiple people involved. It also differs between the two boroughs. In Camden, social prescribing referrals are initiated by healthcare professionals or service users, to a central referral point, and then on to a care navigator, social prescribing Link Worker, or Community Links; or via Community Outreach and self-referral to a delivery organisation. These processes broadly map on to pathways A, B, and C as described by the University of Exeter and outlined in Section 3.2. In Islington, different organisations provide social prescribing Link Workers for different primary care networks, aligning with pathways A and C in centralising the role of the Link Worker. Self-referrals, and those that bypass formal services, as in pathway D, are likely to be harder to count and measure, but some interviewees described mechanisms of self-referral either through an electronic system (such as an online form) or via existing relationships with community organisations. There was also mention of pro-actively identifying patients/service users by going door-to-door to try to encourage more isolated people to take part in outdoor activities.

Existing routes seemed to work well, but views on how they could be improved differed between interviewees, who offered a range of suggestions for improving and streamlining the processes. For example, initiating the process with a GP was potentially beneficial in terms of buy-in from some service users, but simultaneously a less formal approach was perceived as removing some gatekeeping and bureaucracy from the process.

A key observation here is that it can be difficult to capture the extent of some of this activity. Even where the GP initiates the process, they are not always aware of service user journeys beyond the referral, but it's also evident that a lot happens in the community, informally, that is not recorded anyway, making the task of (green) social prescribing evaluations complex. Future evaluations of green social prescribing could further explore this complexity, the multiple systems involved in the process and the relationships between them.

6.2 What are service users' experiences of the green social prescribing journey?

The focus of this evaluation was primarily on the co-design process and its contribution to scaling up green social prescribing in Camden and Islington, therefore the focus was on those working in the green social prescribing system. While it would have been beneficial to speak to some service users as part of this evaluation, COVID-19 restrictions meant that activities were not piloted during the evaluation period, meaning there was less engagement with service users than anticipated. Instead, activities took place in Autumn 2020 and were evaluated by Camden and Islington Public Health.

Nonetheless, an understanding of green social prescribing processes and provision in Camden and Islington, as well as discussions with a range of stakeholders, does offer some insight into how service users might experience green social prescribing, particularly in terms of potential routes in to green social prescribing activities. This is anticipated to vary according to their route into social prescribing as outlined in Section 6.1 – accessing social prescribing through a GP might be appropriate for some service users, possibly providing credibility to non-medical approaches to health and wellbeing. Other service users may favour a less formal route, particularly if they already have links with community organisations. Further research should explore service users' green social prescribing journeys in more depth.

Irrespective of routes into green social prescribing, communication, coordination, and information sharing between services, as well as clear signposting, were all deemed essential for engagement. Service users need to know what is available to them, and those working in a social prescribing capacity need to be able to effectively sign-post. Parks and other green spaces need to be equipped to support the full range of potential service users in a range of activities that are not limited to exercise, for example through the provision of accessible toilets, benches, and sheltered areas. To further develop these tools and activities, consulting potential service users is essential, as discussed in Section 5.4.2.

6.3 What are providers' experiences of green social prescribing?

For the purposes of this evaluation, 'providers' refers to healthcare professionals and Link Workers who have a key role in green social prescribing. The providers we spoke to were positive about green social prescribing (noting that, since we recruited from the co-design meetings, they may have already had an interest in it), and recognised the importance of a holistic, non-medicalised approach to health and wellbeing that places service users at the forefront. Additionally, participants recognised the benefits of spending time in green space and incorporating this into social prescribing more generally.

In Camden and Islington, it was evident that there were numerous effective social prescribing systems in place (as discussed in Section 6.1). However, there were some suggestions for improvement. Discussions of the co-design work and of communication suggested there could be more join up and interface between the different systems (for example between primary care and VCSE organisations). For example, Participant 6 (GP) wanted more feedback from the Link Workers at her surgery on what happened once servicers users were referred to them. Conversely, other participants were aware that although GP buy-in is crucial, GPs have limited time in appointments and limited capacity for new information.

Further research could explore how different providers experience the different processes and consider how they are interconnected to work as a social prescribing system.

6.4 Do stakeholders have a clear idea and definition of green social prescribing?

Most of the stakeholders – noting that this did not include service users, but people involved in the provision of green social prescribing - had a clear idea of what was meant by green social prescribing, based on the idea of social prescribing as a holistic, person-centred, non-medicalised approach to health and wellbeing, which can involve 'prescribing' green activities. However, there was less consensus on the language used, and one participant did suggest that green social prescribing lacks a clear definition. In addition, the findings in Section 5.1 demonstrate differences in language and terminology across different parts of the system. Once more, this supports the need for clear communication between different providers.

6.5 How did co-design contribute to the development of a program of scaling up green social prescribing in Camden and Islington?

The team in Camden and Islington engaged with a wide range of stakeholders involved in green social prescribing, and this was central to the development of a program of scaling up green social prescribing in Camden and Islington. Bringing stakeholders together at co-design meetings brought to light the extent of local provision and created clear links between different providers. As well as demonstrating the scope of green activities and initiatives in Camden and Islington, the co-design meetings were useful in generating new ideas and in considering what is and is not feasible from a provider's perspective. In addition, this work generated suggestions for how parks can adapt to suit the scaling up of green social prescribing.

Future work might benefit from more engagement with service users or utilising them more in the planning process. The team did speak to service users, but they could have played more of a role in the co-design meetings and in shaping different iterations of the plans. Nonetheless, the stakeholders involved in the co-design work will have been well versed in the needs of their service users.

6.6 Has co-design resulted in a clear plan for scaling up nature based social prescribing?

A key outcome of the co-design work in Camden and Islington was the production of two action plans (see Appendices 3 and 4). These plans were reviewed at the last of the co-design meetings and redrafted in response to feedback. In terms of what was included in the plans, interviewees were positive that they effectively captured the range of activity happening across Camden and Islington. In this respect partnership working was valuable in highlighting the range of initiatives taking place locally and enabling stakeholders to build new connections.

The plans effectively captured the range of activity across Camden and Islington, but it was suggested that they could be improved with more detail on ownership of actions and clarity on how they would be funded, which were viewed as central to sustainability.

This evaluation took place over a short period of time, and was interrupted by a global pandemic. As such it wasn't possible to see how these plans were used and

developed, nor whether any of the suggestions were successfully implemented. Future evaluations of similar projects would benefit from running over a longer period.

7 Policy suggestions and conclusion

This evaluation has demonstrated that there is a lot of positive sentiment towards green social prescribing, and this could be capitalised on in the recovery from COVID-19. Co-design work is invaluable not just in thinking about scaling up green social prescribing, but in providing a space for people across the system to meet, share ideas, and find out about other work being done.

There are various routes into green social prescribing (see Appendix 1), and future evaluations should consider the complexity of these routes as well as the fact that some informal activity will inevitably be harder to capture. Key to ensuring these systems work smoothly and cooperatively is good communication between providers, ensuring that they can provide clear information to service users.

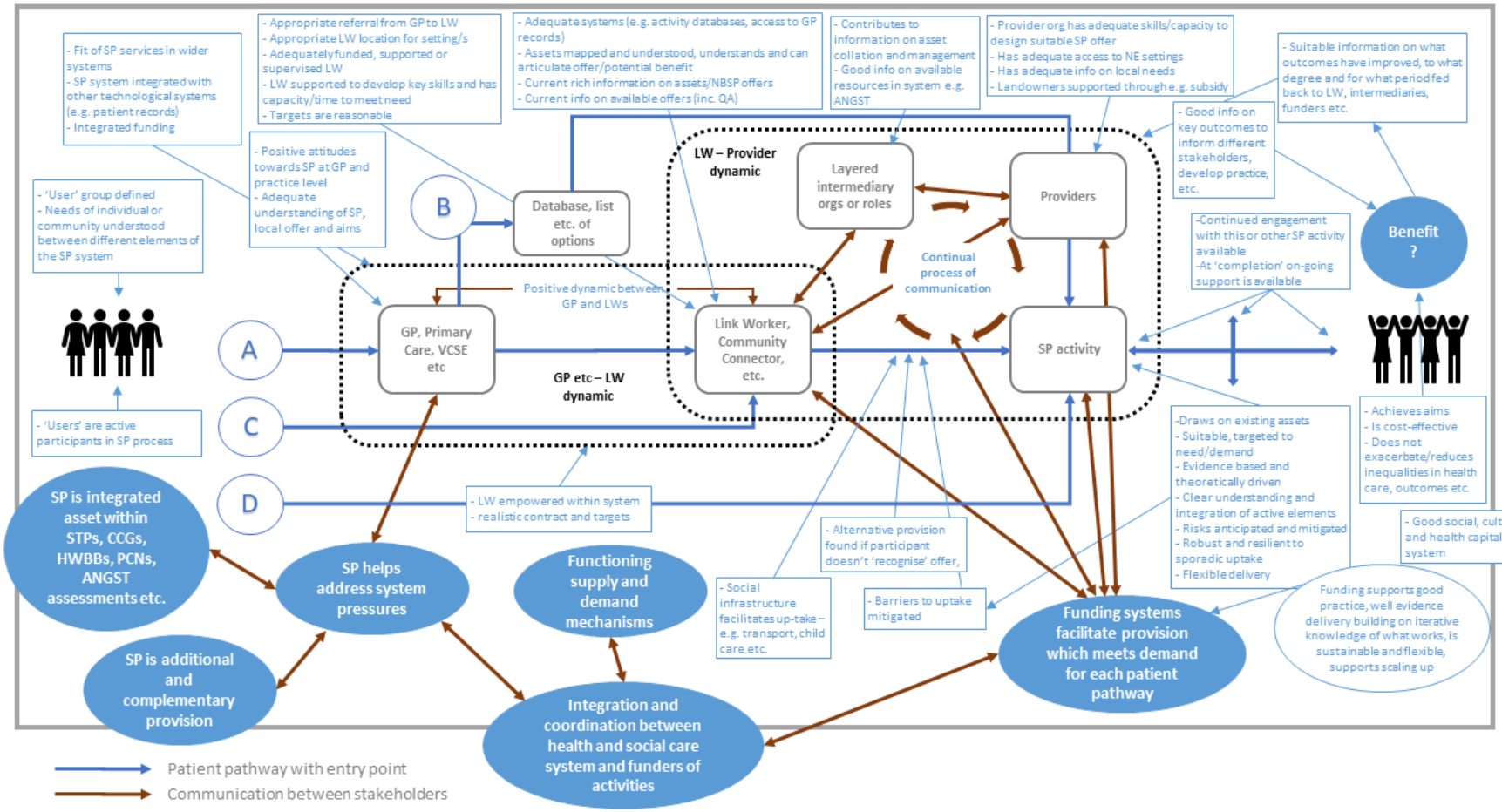
Scaling up social prescribing necessitates different types of resource. Parks and other green spaces need to be equipped for a range of activities that consider the full array of access needs. Enthusiastic people who are motivated to take ideas forward are also essential. This needs to be underpinned by funding, which should be invested in these resources.

The use of qualitative methods was appropriate for this evaluation, which was intended to be light touch and focused on processes. Participants were selected to provide a full range of insights from different types of stakeholder. This evaluation focused on the co-design process that fed into a green social prescribing pilot, whilst Camden and Islington Public Health's evaluation explored the piloted activities. Although the COVID-19 pandemic added complexity to this evaluation, is will be complemented by upcoming larger scale work, for example Defra's evaluation of a national-level green social prescribing programme. [19]

[19] *https://www.gov.uk/government/news/new-sites-to-test-how-connecting-people-with-nature-can-improve-mental-health*

Appendix 1: Logic model of nature based social prescribing

The logic model of (success factors in) nature based social prescribing for mental health system



Source: *Garside, R., Orr, N., Short, R., Lovell, R., Husk, K., McEachan, R., Rashid, R., Dickie, I., 2020. 'Therapeutic Nature: Nature-based social prescribing for diagnosed mental health conditions in the UK', Defra*

Appendix 2: Green Social Prescribing Pilot Local Action Plan: Caledonian Park and Talacre Gardens

Workpackage 3.2 Green Social Prescribing Pilot
Local Action Plan: Caledonian Park and Talacre Gardens

Introduction

The Green Social Prescribing Pilot took place between November 2019 and May 2020. This was as part of the Parks for Health project, 2019-21, which is supported by the Future Parks Accelerator programme (National Lottery Heritage Fund and the National Trust). The project seeks to transform the role of green spaces, recommissioning them as public health assets for the 21st century, with a focus on people with the greatest needs.

The Green Social Prescribing element of the Parks for Health project has been scaled up and fast-tracked by additional funding from DEFRA and the support of other government departments as part of the Sustainability Pillar of Cabinet Office's Strategic Framework.

This is one of two action plans to arise from the pilot. The other is the borough action plan for Camden and Islington.

The action plans have been created following extensive work with local GP practices, Camden and Islington Clinical Commissioning Groups, six community organisations across Camden and Islington (Age UK Camden, Age UK Islington, Camden Mind, TCV, The Garden Classroom, Voluntary Action Camden), and partners in the Parks for Health project.

Both action plans will help shape the future work of the Parks for Health project.

Deliverable

Activities

Bring together the current activities on offer in Talacre Gardens, Camden, and Caledonian Park, Islington and create new activities in the two parks -

<u>Talacre Gardens</u>

Current:

- monthly Green Gym (had been due to start in March 2020)
- weekly runs starting from sports centre (Mornington Chasers)

Proposed:

- Bring sports centre activities out into the park: warm-ups; table tennis
- Sports development sessions in the Multi-Use Games Area (MUGA)
- Walking for health programme: start/finish at Prince of Wales Health Centre; walk through the park and other parks, use outdoor gyms
- Yoga +55
- Group exercise (return to exercise)
- Learn to cycle (MUGA)
- Tai Chi
- Rounders or other field games
- Board games
- Bring Crafternoon sessions at the health centre into the park in summer
- Bring third party organisations into the park to deliver activities: Green Gym/Our Parks/Rabble
- Walking football (currently at Samuel Lithgow Youth Club, King's Cross)
- Community gardening sessions - Friends group
- Visibly support the community-led activities that already take place
- Offer targeted activities, e.g. to Muslim women
- List the park on Sprytar app, which has information about parks such as trails, activities and play
- Set up self-guided walks
- Explore links with City Farm
- Could the park be Wi-Fi-enabled?
- Festivals and other public events to bring people in
- Mark out a running/walking route, as has been done in Caledonian Park
- Funding for Couch to 5k (partnership with Mornington Chasers)

<u>Caledonian Park</u>

Current:

- Age UK Islington activities: gentle exercise; dementia-friendly walk; knitting and embroidery group; book club
- Weekly junior parkrun
- Ad hoc ranger-led activities
- Guided clock tower tours
- Clock winding
- Historical tours of park
- Petanque / Boules / Boccia
- Green Gym
- The Garden Classroom – Forest School
- Friends group volunteering
- 600-metre running and walking route around the park
- Basketball area

- Combine activities to get people to use the park for longer
- Activities that link to national health days/events and festivals, e.g. national tree week

Potential:

- Health walk delivered for free by Manor Gardens Welfare Trust
- Explore local history walks – can they include the park and other green spaces
- Age UK Islington: art club, photography club
- Nature sessions
- Birdwatching sessions
- Monthly café
- Free Yoga sessions
- Free Boot Camp sessions
- Monthly community gardening; Octopus Community Network can potentially deliver
- Community food-growing and wellness programme
- The Garden Classroom – Green Steps
- Mindfulness sessions
- Amphitheatre activities
- Book club
- Evening talks
- Visibly support the community-led activities that already take place
- Use the park building:
    - as a neutral space for young people. Offer free incentives to come to the building (free films, to listen to new music)
    - for a health clinic (as done already for mobile health checks / breast screening / sexual health clinic in libraries)
    - Information sessions for patients recently diagnosed with chronic conditions e.g. diabetes
    - Use these sessions to promote appropriate activities in the park, eg. a health walk for someone with diabetes
- Offer targeted activities, e.g. to Muslim women
- Set up self-guided walks (themed to ability and specific interest)
- Festivals and other public events to bring people in
- Combine activities to get people to use the park for longer
- Have more activities that link to national health days/events and festivals, e.g. mental health awareness week, national tree week, festival of nature
- Bring tennis out of the tennis centre into the park

For all activities:

- Confirm that current activities are still taking place
- New programmes to be co-designed or at least informed through consultation with local communities
- Create schedule that includes weekends and evenings to ensure working people with families / health conditions / mental ill health / feelings of isolation are able to participate
- New programmes to not overlap but complement existing ones
- Consider a canopy or a pavilion in parks to allow activities to take place during bad weather and the winter

- A participant is more likely to keep attending an activity if s/he enjoys it, notices improvements in her performance and where relevant improvements in her/his health condition/symptoms

Collating the learning from all meetings and experiences into a reference for best practice, for e.g. Support to people to attend activities.

- Meet at a well-known point to accompany people to an activity, e.g. tube/train station, leisure centre, Caledonian Park clock tower
- Friendly welcome by deliverer
- Buddy system
- Support given by volunteers
- Go for coffee afterwards
- Ask for and respond to feedback from participants

Engagement with health sector

- Work with local GPs/Link Workers/PCNs/physiotherapists and others who work with local residents in a health capacity
- Use existing links to engage with health sector, eg. via Sport and Physical Activity team, Camden Council
- State the health benefits of parks: 2hrs+/week in parks improves wellbeing; can help to reduce obesity, diabetes, heart disease and the impact of dementia; can increase physical activity levels and the associated health benefits of this
- State how parks link to the 5 Ways to Wellbeing: Connect, Be Active, Keep Learning, Give, and Take Notice
- Present ideas for improving communication with the sector, for e.g. a single source of information and a single point of contact for each park
- Offer opportunities for clinicians and Link Workers to familiarise themselves with the GSP offer, for example: attend meetings to present offer, a park visit, open day, taster sessions, opportunity to speak to people who work in the park or deliver activities, video case studies
- As described in Activities, above, use the park building in Caledonian Park for a health clinic (as done already for mobile health checks / breast screening / sexual health clinic in libraries)
- Seek to deliver health programmes in park, e.g. Diabetes prevention programme, pulmonary rehab, adult weight management, exercise on referral
- Link Workers to meet in parks
- Twin GP practices with parks – create Parks Practices, Park Run Practices
- Attend local health forums, Patient Participation Group meetings and other health meetings that involve GPs and the public. Offer to host these meetings at Caledonian Park Clock Tower Centre and Talacre Sports Centre (?)
- Promote to the health sector the health benefits of parks, e.g. the wellbeing benefits of being in a park 2+ hours/week
- Link parks into the physical activity clinical champion training and get staff at local surgeries trained up (it's a voluntary initiative)
- Create healthy parks signs in parks, as has been done in Royal Parks and Burgess Park
- Do not call it "training" for Link Workers but "facilitation"

- Link with existing directories for social prescribing
- Consider the creation of an activity matrix? Support level (H,M,L), social v physical activity, intensity level (H,M,L) – helps the social prescriber to identify the right activity for their patient quickly and also helps identify gaps in offer
- Deliverers should collect data on outcomes of people referred to the activity (including pre- and post- intervention health and wellbeing outcomes using standardised outcome measures) to demonstrate both the effectiveness and financial impact of their services on patients and on the NHS
- Islington CCG has asked if Caledonian Park could link into the redevelopment of the Goodinge GP practice

Engagement with residents

- Promote principle that it is the residents park so they can take ownership and develop activities
- Directly through focus groups, GP visits, meeting attendance and indirectly through VCS partners, particularly those reaching the hard the reach like Health watch and Help On Your Doorstep (HOYD)
- Collate feedback from above to feed into model to scale
- Work with local Friends of Parks groups
- Engage identified community stakeholder groups, e.g. Bangladeshi community and attend targeted events
- Work with and promote through housing associations

Engagement with voluntary sector

The voluntary sector is well placed to:

- Identify activities to take place in parks
- Deliver activities
- Engage with the health sector
- Refer residents to activities
- Promote activities

Evaluation

- Evaluation aims to show whether a participant's health has improved by engagement in an activity. The information collected needs to be relevant for health purposes and realistic for the activity deliverer. Public Health, GPs, Link Workers and potential deliverers (which could be drawn from the six community organisation involved in the pilot, see introduction) are best placed to decide this information. Established tools PAR-Q (Physical Activity Referral Questionnaire) and MYCaW (Measure Yourself Concerns and Wellbeing) may assist
- Work with Public Health to evaluate overall programme and ongoing relevance of the plan
- Engage with Defra evaluation

Staff (including all volunteers / community group members as together they are 'intertwined and complementary, due to interactions and mutual benefits)

- Ensure all staff and volunteers are fully engaged in development of the programme
- Ensure parks staff understand social prescribing and build links with local Link Workers and GPs
- Consider staff wearing readable badges with their first name in addition to their ID badge
- Offer training to parks staff, Walking for Health, Sport England, MH awareness and support
- Recruit liaison officers who can build links with local community and providers (fo e.g. at community centres)
- Recruit Activity Co-Ordinator's to work across parks and other outdoor venues to design and develop diverse inclusive programmes through co-design with the local community
- Recruit parks volunteers who are reflective of the local population
- Engage with non-parks staff for them to inform local residents of the parks / MECC training, e.g. reception staff at Talacre Sports Centre, Islington Tennis Centre

Communications

Create a Communications plan

- Posters created for both parks to show what is in the park (using a map), the activities on offer, and promote Friends and other parks user groups
- Posters to have a vanity URL for further and up-to-date information (see below)
- If appropriate personalise communications, eg. use names of parks staff
- Webpages created on Camden and Islington councils' websites with the information above, with a vanity URL created (e.g. www.islington.gov.uk/caledonianpark)
- Links from above to One You etc.
- For activities state what year they started, the experience and qualifications of the person or people who lead them, if there is an end date for the programme, and any testimonials
- Promotion via social media
- Signage put up in the parks that indicates the park's facilities, e.g. toilets in Caledonian Park, should parks be zoned? Clarity about acceptable / encouraged uses (quiet / BBQ / balls games)
- Consult other stakeholders such as Highways / Transport for London about promoting parks with signage put up near the parks e.g. at local train/tube station, bus stops
- Information targeted at local GPs, chemists, community centres, schools, libraries, children's centres, local shops, local charities, Friends of Parks groups, managers of nearby social housing (council, housing association), shared spaces on estates and other places where people congregate
- Include transport information
- State that an activity is free (if this is the case)
- Include what support an activity will include (if this is the case)
- Include that activities have been shaped by residents or users (if this is the case)
- Use appropriate language in promotion. Don't say sport; do say social
- Promote the health benefits of parks in everyday language

- Investigate creation of a touchscreen or QR codes in each park to get information about the park
- Have a demonstration video of what's on in each park that includes activities and local residents' stories
- Link to existing promotion, e.g. We Can Move in Camden
- Link with local community centres (Park Liaison Officers)
- Encourage local community organisations to promote what is on offer, especially to people not online
- Ensure activity deliverers promote their own and other activities in the park
-

Sustainability

- Collection of data about the outcomes of people referred to the activity (including pre- and post- intervention health and wellbeing outcomes using standardised outcome measures) should demonstrate both the effectiveness and financial impact of their services on patients and on the NHS
- Work with leisure providers like GLL – build provision of activities in parks into new contracts
- Find out relevant funding opportunities for VCSE sector, e.g. Islington has a local initiatives fund that offers funding in individual wards, Sport Islington offers £1500 grants for new physical activity in parks
- London Sport has a grant finder for physical activity
- Feed in learning to create a grant application toolkit
- Explore corporate social responsibility options in local large businesses including leisure
- Create a Parks Charter for residents, Friends groups and any organisation that may have an interest in parks
- Support and grow local grass roots providers like The Garden Classroom
    - In-kind support
    - Direct funding pots (Community Interest Levy (CIL) / corporate responsibility)
- Engage with Education sector – outdoor classrooms supported and encouraged
- Engage with local hospitals
- Wi-Fi hot spots in parks – PUSH notifications for activities programme, automatic download when you join network
- Real time directory of what activities are running where in the boroughs that can be used by service users and social prescribing teams
- Booking process with reminders and easy cancellation options to ensure maximum attendance and limit no-shows

Appendix 3: Green Social Prescribing Pilot Borough Action Plan: Camden and Islington

Workpackage 3.2 Green Social Prescribing Pilot
Borough Action Plan: Camden and Islington

Introduction

The Green Social Prescribing Pilot took place between November 2019 and May 2020. This was as part of the Parks for Health project, 2019-21, which is supported by the Future Parks Accelerator programme (National Lottery Heritage Fund and the National Trust). The project seeks to transform the role of green spaces, recommissioning them as public health assets for the 21st century, with a focus on people with the greatest needs.

The Green Social Prescribing element of the Parks for Health project has been scaled up and fast-tracked by additional funding from DEFRA and the support of other government departments as part of the Sustainability Pillar of Cabinet Office's Strategic Framework.

This is one of two action plans to arise from the pilot. The other is the local action plan for Caledonian Park, Islington, and Talacre Gardens, Camden. The action plans have been created following extensive work with local GP practices, Camden and Islington Clinical Commissioning Groups, six community organisations across Camden and Islington (Age UK Camden, Age UK Islington, Camden Mind, TCV, The Garden Classroom, Voluntary Action Camden), and partners in the Parks for Health project.

Both action plans will help shape the future work of the Parks for Health project.

Deliverable

How to create the action plan

The purpose of this section is to state how an action plan or action plans relating to green social prescribing can be developed in Camden and Islington

- Identify key stakeholders across the health, parks and social prescribing sectors to explore opportunities to work together on the project
- Seek to understand the predominant social prescribing routes in the borough and who plays a role in each section of the referral route
- Build relationships with third sector organisations that deliver social prescribing activities and explore with them the opportunities for delivery in a park setting
- Identify organisations already delivering activities in the borough's parks and find out whether these providers do or could take social prescribing referrals
- To progress green social prescribing and help identify links and opportunities, build relationships with:
    - Greenspace and Leisure staff

- GPs and their surgery staff
- Other health bodies such as Primary Care Networks, the Clinical Commissioning Group and Camden & Islington NHS Mental Health Foundation Trust
- Social Prescribing Link Workers (both practice- and VCS-based)
- Park Friends groups
- Tenants and residents' associations
- Schools
- Other voluntary organisations

- Where there is capacity, look to create a green social prescribing action plan for each area
- Promote co-design as an efficient methodology and organise meetings with the above contacts to work on action plans
- Action plans could be park-specific but might be better based on a larger area e.g. a Primary Care Network area to include several parks and GP practices (good practice, shared learning etc.)
- Identify new stakeholders and explore opportunities to work together borough-wide
- A borough-wide group could be convened to explore the more strategic subjects such as long-term sustainability, funding, evaluation and most effective methods of communication both within the borough's social prescribing sector and to current and potential participants
- Draw on existing work in the parks and the pilot
- Read current, relevant literature
- Research the current practice in green social prescribing and incorporate into the project

Activities

Workstream 3 Networks and Partnerships leads on activities.

Bring together the current activities on offer in Camden and Islington parks and create new activities in the boroughs' parks.

New activities to consider, as relevant. Many of these activities may already take place in Camden and Islington parks, so we can draw on this experience.

For all activities:

- Visibly support the community-led activities that already take place
- New programmes to complement existing ones
- New activities to be co-designed or at least informed through consultation with local communities
- Offer targeted activities, e.g. gender specific to accommodate religious or cultural beliefs
- Seek activities to cross over into weekends and evenings to ensure working people with families / health conditions / mental ill health / feelings of isolation to participate
- Combine activities to get people to use the park for longer
- Consider a canopy or a pavilion in parks to allow activities to take place during bad weather and the winter
- Could the park be Wi-Fi-enabled to easily upload park activity programme?

- List the park on Sprytar app, which has information about parks such as trails, activities and play
-

Where appropriate offer additional support to enable people to attend activities, such as:

- Meet at a well-known point to accompany people to an activity, e.g. tube/train station, leisure centre, Caledonian Park clock tower
- Friendly welcome by deliverer
- Buddy system
- Support given by volunteers
- Go for coffee afterwards
- Ask for and respond to feedback from participants
- Collate the learning from all meetings and experiences into a reference for best practice
- A participant is more likely to keep attending an activity if s/he enjoys it, notices improvements in her performance and where relevant improvements in her/his health condition/symptoms

Potential activities

The activities were assessed for level of benefit against the four categories below using a traffic light system.

Green is high benefit, amber is some benefit and red is low benefit.

Activity	Improve physical health	Improve mental health	Tackle social isolation	Improve social cohesion
Create a running and walking session; link to Couch to 5k initiative?				
Weekly (junior) parkrun				
Historical tours of park				
Ad hoc ranger-led activities				
Petanque				
Walking for health scheme delivered for free in Islington by Manor Gardens Welfare Trust				
Walking football				

Rounders or other field games				
Green Gym				
Monthly community gardening: Octopus Community Network can potentially deliver in Islington				
The Garden Classroom in Islington – Green Steps				
Set up self-guided walks, themed to ability and specific interest				
Free sessions in yoga, tai chi, and similar				
Free Boot Camp sessions				
Learn to cycle				
Active travel that encourages people to go through a park as part of a journey they are taking when walking, cycling or running				
Community gardening sessions - Friends group				
General Friends group volunteering				
Nature education sessions				
Birdwatching sessions				
Board games, e.g. chess				
Create a running and walking route around the park				
Bring neighbouring sports centre activities out into the park: warm-ups; table tennis				
Have sports development sessions in the Multi-Use Games Area				

Bring third party organisations into parks to deliver activities: Green Gym/Our Parks/Rabble				
Mindfulness sessions				
Link parks to the local youth club				
Link to the local city farm				
Festivals and other public events to bring people in				
Host screenings of live events				
Have activities that link to national health days/events and festivals, e.g. mental health awareness week, national tree week				
Monthly café meet-ups				
Use park buildings to expand offer to include:				
Book club				
Evening talks				
Create a neutral space for young people. Offer free incentives to come to the building (free films, to listen to new music)				
Relocate health clinics (as done already for mobile health checks / breast screening / sexual health clinic in libraries)				
Information sessions for patients recently diagnosed with chronic conditions e.g. diabetes				
Use these sessions to promote appropriate activities in the park, e.g. a health walk for someone with diabetes				

Engagement with health sector

Workstream 2 Communications and Marketing will develop an engagement strategy, which will include engagement with the health sector such as creating a stakeholder map for the health sector to include local hospitals/chemists/patient participation groups/Camden & Islington NHS Mental Health Foundation Trust (CIFT). Workstream 1 Strategy will engage directly with the health sector

- Work with local GPs/Link Workers/PCNs/physiotherapists and others who work with local residents in a health capacity
- Use existing links to engage with health sector, e.g. via Sport and Physical Activity team, Camden Council
- State the health benefits of parks: 2hrs+/week in parks improves wellbeing; can help to reduce obesity, diabetes, heart disease and the impact of dementia; can increase physical activity levels and the associated health benefits of this
- State how parks link to the 5 Ways to Wellbeing: Connect, Be Active, Keep Learning, Give, and Take Notice
- Present ideas for improving communication with the sector, for e.g. a single source of information and a single point of contact for each park
- Offer opportunities for clinicians and Link Workers to familiarise themselves with the GSP offer, for example: attend meetings to present offer, a park visit, open day, taster sessions, opportunity to speak to people who work in the park or deliver activities, video case studies
- As described in Activities, above, use the park building in Caledonian Park for a health clinic (as done already for mobile health checks / breast screening / sexual health clinic in libraries)
- Seek to deliver health programmes in park, e.g. Diabetes prevention programme, pulmonary rehab, adult weight management, exercise on referral
- Link Workers to meet in parks
- Twin GP practices with parks – create Parks Practices, Park Run Practices
- Attend local health forums, patient participation group meetings and other health meetings that involve GPs and the public. Offer to host these meetings at Caledonian Park clock tower centre and Talacre Sports Centre (?)
- Promote to the health sector the health benefits of parks, e.g. the wellbeing benefits of being in a park 2+ hours/week
- Link parks into the physical activity clinical champion training and get staff at local surgeries trained up (it's a voluntary initiative)
- Create healthy parks signs in parks, as has been done in Royal Parks and Burgess Park
- Do not call it "training" for Link Workers but "facilitation"
- Link with existing directories for social prescribing
- Consider the creation of an activity matrix? Support level (H,M,L), social v physical activity, intensity level (H,M,L) – helps the social prescriber to identify the right activity for their patient quickly and also helps identify gaps in offer
- Link to Active 10 / One You app
- Consider the creation of a health charter
- Deliverers should collect data on outcomes of people referred to the activity (including pre- and post- intervention health and wellbeing outcomes using standardised outcome

measures) to demonstrate both the effectiveness and financial impact of their services on patients and on the NHS

Engagement with residents

Workstream 2 Communications and Marketing will develop an engagement strategy

- Promote principle that it is the residents park so they can take ownership and develop activities
- Directly through focus groups, GP visits, meeting attendance and indirectly through VCS partners, particularly those reaching the hard the reach like Health watch and Help On Your Doorstep (HOYD)
- Collate feedback from above to feed into model to scale
- Work with local Friends of Parks groups
- Engage identified community stakeholder groups, e.g. Bangladeshi community and targeted events
- Work with and promote through housing associations

Engagement with voluntary sector

The voluntary sector is well placed to:

- Identify activities to take place in parks
- Deliver activities
- Engage with the health sector
- Refer residents to activities
- Promote activities

Evaluation

Workstream 4 Insight and Innovation leads on evaluation

- Evaluation aims to show whether a participant's health has improved by engagement in an activity. The information collected needs to be relevant for health purposes and realistic for the activity deliverer. Public Health, GPs, Link Workers and potential deliverers (which could be drawn from the six community organisation involved in the pilot, see introduction) are best placed to decide this information. Established tools PAR-Q (Physical Activity Referral Questionnaire) and MYCaW (Measure Yourself Concerns and Wellbeing) may assist
- Work with Public Health to evaluate programme overall
- Engage with Defra evaluation

Staff

Workstream 5 Workforce Transformation is leading on staff.

- Ensure parks and GM staff are fully engaged in development of the programme
- Ensure parks staff understand social prescribing and build links with local Link Workers and GPs

- Consider staff wearing readable badges with their first name in addition to their ID badge
- Offer training to parks staff e.g. Walking for Health, Sport England, MH awareness and support
- Recruit liaison officers who can build links with local community and providers (community centres)
- Recruit Activity Co-Ordinators to work across parks and other outdoor venues to design and develop diverse inclusive programmes through co-design with the local community
- Recruit parks volunteers who are reflective of the local population
- Engage with non-parks staff for them to inform local residents of the parks / MECC training, e.g. reception staff at Talacre Sports Centre, Islington Tennis Centre

Communications

Workstream 2 Communications and Marketing leads on developing a communications strategy

Create a Communications plan

- Posters created for parks to show what is in the park (using a map), the activities on offer, whether it is Wi-Fi enabled, and promote Friends and other parks user groups
- Consider the creation of a map and other communications that cover the parks in a neighbourhood
- Posters to have a vanity URL for further and up-to-date information (see below)
- If appropriate personalise communications, eg. use names of parks staff
- Webpages created on Camden and Islington councils' websites with the information above, with a vanity URL created (e.g. www.islington.gov.uk/caledonianpark)
- Links from above to One You etc.
- For activities state what year they started, the experience and qualifications of the person or people who lead them, if there is an end date for the programme, and any testimonials
- Promotion via social media
- Signage put up in the parks that indicates the park's facilities, e.g. toilets in Caledonian Park, should parks be zoned? Clarity about acceptable / encouraged uses (quiet / BBQ / balls games)
- Consult other Highways / Transport for London about promoting parks with signage put up near the parks e.g. at local train/tube station, bus stops
- Information targeted at local GPs, chemists, community centres, schools, libraries, children's centres, local shops, local charities, Friends of Parks groups, managers of nearby social housing (council, housing association), shared spaces on estates and other places where people congregate
- Include transport information
- State that an activity is free (if this is the case)
- Include that support at an activity will be given (if this is the case)
- Include that activities have been shaped by residents or users (if this is the case)
- Use appropriate language in promotion. Don't say sport; do say social
- Promote the health benefits of parks in everyday language

- Investigate creation of a touchscreen or QR code in each park to get information about the park
- Have a demonstration video of what's on in each park that includes activities and local residents' stories
- Link to existing promotion, e.g. We Can Move in Camden
- Link with local community centres (Park Liaison Officers)
- Shift the culture from medical / pharmaceutical response to active prevention – national comms
- Promote activities on suitable platforms:
    - Walking activities on Meet-Ups (walks for good mental health are very popular)
    - Contact organisers of the walks advertised on Meet-Ups to include C & I parks
    - List the parks on Sprytar app, which has information about parks such as trails, activities and play
    - Ensure that all Camden and Islington parks on the GoParks website; www.goparks.london
- Encourage local community organisations to promote what is on offer, especially to people not online
- Ensure activity deliverers promote their own and other activities in the park

Funding

Workstream 1 Strategy leads on funding

- Work with leisure providers like GLL – build provision in parks into new contracts
- Find out relevant funding opportunities for VCSE sector, e.g. Islington has a local initiatives fund that offers funding in individual wards, Sport Islington offers £1500 grants for new physical activity in parks
- London Sport has a grant finder for physical activity
- Feed in learning to create a grant application toolkit
- Explore corporate social responsibility options in local large businesses including leisure
- Create a Parks Charter for residents, Friends groups and any organisation that may have an interest in parks
- Support and grow local grass roots providers like The Garden Classroom
    - In-kind support
    - Direct funding pots (CIL / corporate responsibility)
- Engage with Education sector – outdoor classrooms supported and encouraged
- Engage with local hospitals
- Wi-Fi hot spots in parks – PUSH notifications for activities programme, automatic download when you join
- Up to date directory of what activities are running where in the boroughs that can be used for service users and social prescribing teams
- Parks for Health has an Innovation Fund
- Future Parks Accelerator has a funding stream called PICNIC (currently on hold)
- Collection of data about the outcomes of people referred to the activity (including pre- and post- intervention health and wellbeing outcomes using standardised outcome measures) should demonstrate both the effectiveness and financial impact of their services on patients and on the NHS