

Highland Social Prescribing Roadshow Report



Authors	Date
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Background

Two social prescribing events were held in 2023 and there was an agreement around the need for a coordinated approach to the development of shared knowledge, skills, practice, and pathways for social prescribing in Highland.

<https://www.nhshighland.scot.nhs.uk/media/kdspcfpb/developing-social-prescribing-in-highland.pdf>

A social prescribing co-ordinating group was established in April 2023. Membership of this group has grown and expanded since it was established but currently includes:

NHS Departments:

Public Health/Health Improvement
Community Mental Health Team
Community Pharmacy
MacMillan Cancer Link Worker

Occupational Health
Physiotherapy
Unpaid Carers Service

External Departments:

My Self-Management
Custody Link Worker Project
Change Mental Health

New Start Highland
Highland Senior Citizens Network
Highland Hospice

The group identified 6 priority areas to progress: standards, creating change, training, types of social prescribing, messaging and the Highland Directory of Services. The group has focused on 3 specific areas relating to these: a competency framework, a training matrix and a generic job role outline. These have formed the core of developing the Highland Social Prescribing Framework, Part 1.

A series of roadshow events were planned and scheduled for May and June 2026 to allow a wider audience to review and shape the development of the framework.

Roadshow Events

Four roadshows were held in the following locations: Wick, Skye, Inverness and Fort William.

Event	Registered numbers (after cancellations)	Attendees on the day
Wick	20	12
Skye	24	12
Inverness	40	34
Fort William	13	23
TOTAL	107	71

The events were a combination of presentations, activities and workshops.

The presentations were on examples of social prescribing approaches and across the 4 sessions there were inputs on and from:

- Development of the Highland Social Prescribing Framework – NHS Highland
- Community Link Worker Service – Change Mental Health
- Custody Link Worker Project - Highland Third Sector Interface

A range of case study were displayed at the events from:

- Waiting Well Link Worker Project – My Self-Management & NHS Highland
- Nature Prescriptions and Green Health Link Worker - Cairngorms National Park Authority and NHS Highland
- MacMillian Support Worker – MacMillian Cancer Support

Activity 1 – Your social prescribing role

Participants were asked to think about where their role or service currently sat within the different approaches to social prescribing: broad, medium and specific.

Broad	12
Medium	10
Specific	25
It varies	22

Participants were also asked where they would like their work to sit on the spectrum. There was a preference to work at a medium-to-specific level, with increasing emphasis on person-centred, tailored support.

When asked what made it difficult for this to happen, the following reasons were given:

Time	28
Capacity	24
Referral pathways	33
Role boundaries	25
Confidence	12
Knowledge	23
Service pressures	23
Other	Capacity and sustainability challenges, systems and infrastructure, barriers to access and engagement, coordination and communication issues, resource

	and financial constraints and awareness and prioritisation gaps.
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The final question in this activity asked for ideas for change. The key opportunities for social prescribing were felt to be around:

- Strengthening awareness,
- Simplifying access
- Improving collaboration
- Securing sustainable funding
- Maintaining a flexible, person-centred approach to meet diverse community needs.

Workshop 1 - Training matrix review

Overall, throughout all sessions the matrix was thought to be helpful but might not be achievable to undertake all of the training listed. There was a recognition that different organisations would have different mandatory and personal development training requirements, with this more fully formed in some and less so in others.

There were a range of training which was suggested as missing from the matrix. These will be reviewed and considered by the social prescribing co-ordinating group and agreed changes made.

From other feedback on the matrix, it was felt that the framework should acknowledge that organisations and services should review what was included as mandatory training against their own criteria and decide which they felt their staff could consider undertaking.

Workshop 2 - Competency framework

There were differing views on the competency framework with some comments saying it was easy to understand and useful while others were unsure of how it could be used.

Positive aspect:

- Mapping where specific roles could sit within the framework was seen as helpful.
- Most of the group felt they were most comfortable/ confident with the first set of competencies – competencies to engage and connect with people.
- Emphasises that everyone could be taking a social prescribing approach in some way

Areas missing:

- Support and supervision – professional support
- Keeping workers safe – missing competency around this.
- Managing expectations of what can be provided.
- Partnerships – establishing relationships.
- Boundaries – controlling focus of conversation, within the confines of the role. Following up to what has been discussed/referred to.
- Missing – peer group support/ lived experience
- Provide 1-2-1 support
- Accurate records
- Community support
 - engage and connect with most; core to roles overall
 - safe and effective practice – would need potential training
- Safe and effective practice – demonstrating impact – include examples.

The social prescribing co-ordinating will review the feedback and make any agreed changes. Nationally, work is currently being undertaken to develop a knowledge and skills framework for social prescribing link workers, and this could then supersede what has been developed locally, if agreed.

Generic role description

Overall, the job description key responsibilities were familiar and already part of the role of most of the individuals who attend, to a greater or lesser extent. For those already doing a link worker type role, the role descriptor did capture what they did. In the main it was seen to be useful for describing a link worker type role.

Positive aspect:

- Flexibility – remote & rural working included.
- Helps to identify training needs for networks of activity providers/services.
- Like the challenge section, hadn't seen before in a JD.

Areas missing:

- Early intervention focus – skills.
- Facilitation of peer groups.
- Skills in being able to support someone prioritise.

A range of comments were noted, and the co-ordinating group will review and agree any changes. A need was highlighted to frame how the generic role descriptions could be used by services and organisations and this will be included in the updates to the framework.

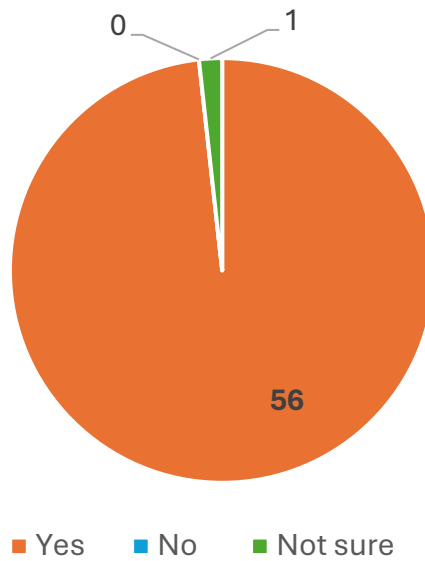
Feedback on the event

The final activity in the sessions was to gather feedback on what next and whether knowledge of social prescribing had increased and if those attending would utilise the framework.

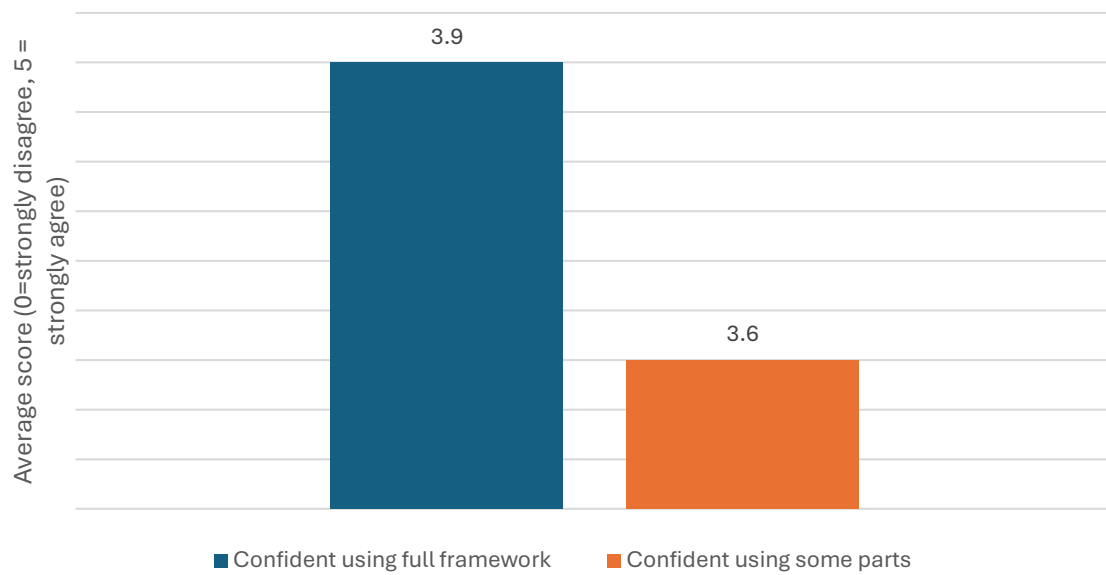
What next

Key themes	Main points
Training, Knowledge & Confidence	People want to use social prescribing but need clearer knowledge, skills, and evidence to do so confidently.
Awareness & Communication	Awareness needs to improve across all levels. Social prescribing is still not well understood or embedded in everyday practice.
Systems, Pathways & Access	Challenges with navigating and using the system. Even when services exist, systems are often fragmented or hard to navigate.
Partnerships & Collaboration	Strong emphasis on cross-sector working. Social prescribing depends on collaboration, but partnerships are not yet balanced or consistent.
Roles, Responsibilities & Governance	Lack of clarity around roles and structure.
Funding, Capacity & Sustainability	A critical barrier throughout.
Data, Evidence & Impact	Strong demand for measurable outcomes. Legitimising and sustaining social prescribing.
Community Resources & Infrastructure	Focus on strengthening what exists locally
Culture Change & Prevention Focus	System culture still prioritises treatment over prevention.

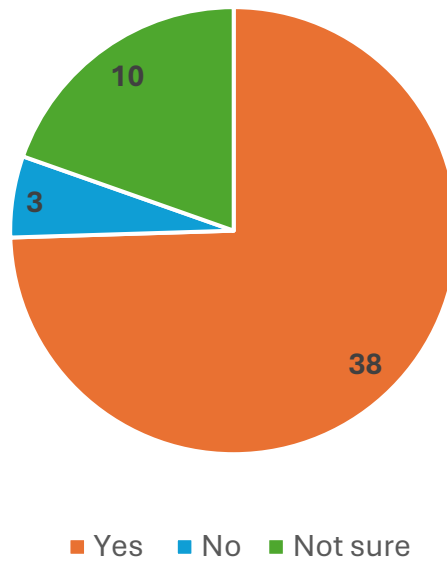
Has your overall knowledge of social prescribing increased?



Confidence in using the framework



Do you think you will use the framework?



Learning and reflections

There was a definite desire from attendees to do more around medium and specific approaches to social prescribing but a range of reasons why this might be challenging. Some of these might not be easy to address like role boundaries, capacity, service pressure and time, but there may be a role for the social prescribing co-ordinating group to support knowledge and confidence for social prescribing. This could be through promoting the newly launched social prescribing e-learning module.

It was evident at most of the sessions that not all attendees had reviewed the framework prior to attending. The area that this was most apparent for was the competency framework. The training matrix and the generic role outline were easier to review in isolation but without the context of the rest of the framework, the competency framework proved to be more difficult for people to understand and comment on.

Some of the areas identified in as part of 'what next' may be easier to address than others. The social prescribing e-learning module is an opportunity for individuals to increase their knowledge, understanding and confidence around social prescribing approaches. While the co-ordinating group is a collaborative partnership, this might need to be expanded to increase partnership working.

Changing systems and pathways for referring into existing social prescribing may be a significant challenge due to the way these are targeted, governed and funded. However, the evidence that has been gathered from these locally and emerging national and international evidence could be used to argue the case for more social prescribing approaches to be developed in partnership. This could also help to access funding to support partnerships approaches to social prescribing if the evidence base can be used as a means to show impact.

There is a range of work already being undertaken in Highland that encompasses social prescribing as the roadshows have evidenced but there is work to be done to try and align the work better and the framework is the first step to try and start this process.

A commitment to developing a Scottish social prescribing framework has now been progressed by the publication of [Scotland's Population Health Framework 2025-2035](#) in June 2025. The overall vision for the framework focuses on 4 key areas of work, which align to the social prescribing approaches: prevention, access, quality and person-led. This work should help to raise the national profile of social prescribing over the coming years.

The roadshows did increase the majority of attendees (56 out of 71) overall knowledge of social prescribing. On average, attendees indicated they were relatively confident to use all of the framework (3.9 out of 5, with 5 being very confident) or part of the framework (3.6 out of 5, with 5 being very confident). Only 3 attendees indicated they would not use the framework, with 10 being unsure and just over half indicating they would use the framework (38 out of 71).

Next steps

- Organise an online event for those who were unable to attend one of the roadshows.
- Finalise the amendment to the Highland Social Prescribing Framework, Part 1.
- Share the updated framework with attendees at all events and promote widely.
- Review the overall feedback for next steps with the co-ordinating group and develop achievable and appropriate actions.