

The Programme thus provides benefits to individuals and to communities across a range of cross-cutting policy areas, including: health improvement; volunteer development; long term conditions and self care strategies; access to high quality environments; and community development and engagement, particularly in rural areas. The evaluation also highlighted a number of key messages for the project and its development:

- The project is a proven intervention with demonstrated benefits at both an individual and community level within the CNP;
- It provides a deliverable intervention with a coherent structure and strategy;
- There is great benefit in consolidating the existing geographical and health specific walks available to the CNP area and there is value in developing new locations and health specific walks;
- By supporting the project, the public sector can better deliver on its own health and community related objectives and priorities;
- The current staffing levels severely restrict the ability of the project to effectively sustain the current walks and to develop new opportunities within the CNP for both walkers and volunteers;
- The parallel work of COAT to upgrade and develop new community path networks can deliver the basic infrastructure to provide the public with reasonable access throughout their area. By linking key amenities and recreational opportunities, these paths provide an opportunity to reduce dependency on vehicular travel and enable easier access to the environment.

Policy Implications of the Cairngorms Walking to Health Project and Evaluation findings

The Briefing concludes by building on the findings of the evaluation of Cairngorms Walking to Health to provide a set of key policy messages:

- **Evaluation over time:** It is critical that evaluations of Programmes such as Cairngorms Walking to Health take a long-term approach in recognition that not all of the benefits will be immediately apparent and that their impact may increase over time. Longitudinal and holistic approaches are critical in generating data on the long-term benefits, and as such are invaluable in enhancing understanding of sustained behavioural change.
- **Evaluation of wider benefits:** Evaluations need to recognise the broad-ranging benefits delivered by these Programmes. These might be ‘tangible’ benefits in terms of numbers of walkers and volunteers or the number of people who achieve the recommended amount of physical activity. However, they may also be ‘less tangible’, such as improved confidence, self-esteem, ability to self manage particular conditions, and more general wellbeing. The latter may be more difficult to measure, particularly for small projects with limited resources, but as health care costs escalate, these Programmes provide a relatively low cost but effective means of improving health and wellbeing. A consistent ‘toolkit’ could be developed (perhaps with the support of an organisation like Evaluation Support Scotland¹⁸) to guide both organisers and funders of projects (and the health sector in general¹⁹) in ensuring that the full range of benefits of projects are recognised. More broadly, there is a need for improved analytical capacity and a pooling of research skills to support larger scale multidisciplinary evaluations of health intervention projects and establish their wider value²⁰.
- **Personalisation and self directed support:** Take-up of Cairngorms Walking to Health by service users and/or their carers is entirely voluntary and it therefore represents a wholly personalised approach to meeting health and support needs. Cairngorms Walking to Health

¹⁸ For more information see: <http://www.evaluationsupportscotland.org.uk/>.

¹⁹ See also Natural England’s position statement on health and wellbeing, available online at: http://www.naturalengland.org.uk/Images/health-ps_tcm6-14809.pdf.

²⁰ For more information please contact Lucy Johnston/Centre for Rural Health, UHI; <http://www.uhi.ac.uk/home/research/research-centres/centre-for-rural-health>.



also represents exactly the type of support that users with SDS could choose to adopt as an alternative to or to supplement a more traditional service. The mix of health, social, community and inter-generational benefits highlighted in this paper reinforce the potential of this type of scheme to address the complex, overlapping policy objectives that are fundamental to improving healthy years in old age and for those with long-term conditions.

- **Mainstreaming informal approaches:** Relatively informal, elective programmes such as Cairngorms Walking to Health - which are based on prescribing activity rather than medication - must be integrated into the health system if they are to deliver maximum benefits. This would facilitate, for example, allowing direct referrals from GPs and developing further walks in partnership with GP surgeries based on identified local needs. Such linkages are important in the context of broader shifts towards supporting people to remain independent in their own home or a homely setting for longer, and community-led health²¹ in which the role of health practitioners is to build capacity within the community to identify needs and to support actions. This approach is supported by the Scottish Government in 2008-2010 through the “Healthy Communities: Meeting the Shared Challenge” programme which brings together the NHS, local authorities and the community and voluntary sector at the local level²².
- **Integration and partnership working to deliver effective outcomes:** Programmes such as Cairngorms Walking to Health are tried and tested examples of local-level, cross-sectoral, joined up practice in which multiple policy outcomes are delivered. Such approaches will increase in importance as their success in delivering better outcomes for users becomes better evidenced and at a time of efficiency budgeting within the public sector²³. It is likely that such Programmes will continue to need public sector support, either financially or otherwise, and their cross-sectoral outcomes will allow for greater efficiency of targeted spend. For the rapidly increasing older population, the Reshaping Care for Older People programme²⁴ represents another important strengthening of support for joined up approaches to help people live healthy lives in their local community.
- **Building on success:** Effective, coordinated delivery of local level initiatives is critical to enhance their impacts on national and regional level strategies through communication of information and best practice. Reduced risk and cost effectiveness in supporting local initiatives is an increasing priority for the public sector. Therefore, working with existing activities based on trained and supported volunteers with a proven track record in delivering multiple policy outcomes is likely to be more attractive option. It is vital that such initiatives communicate their achievements effectively.
- **Investment rather than only short-term spend:** Building relationships between local government and local initiatives with the aim of shifting from a short term approach to funding to long-term, bigger-scale planning offers the prospect of sustaining improved outcomes and greater cost efficiencies over the long term. This will enhance relationships with volunteers and communities and increase capacity for engaging in the co-production of solutions.

This Briefing has been produced by SAC’s Rural Policy Centre in collaboration with:

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²¹ For more information see: <http://www.scdc.org.uk/shared-challenge/community-led-approach/>.

²² NHS Scotland (2010) Long Term Conditions Collaborative, Making the Connections: Food for Thought. Available online at: <http://www.scotland.gov.uk/Resource/Doc/320532/0102576.pdf>, accessed 22nd November 2010.

²³ See the paper by Sibley, M. (2009) Environmental Volunteering in the UK; The Policy Context and Practical Implications. Available online at: <http://www.vds.org.uk/Portals/0/Documents/Sibley%202009%20Environmental%20volunteering%20in%20the%20UK.pdf>, accessed 11th November 2010.

²⁴ For more information see <http://www.scotland.gov.uk/Topics/Health/care/reshaping>.

Walking to a Healthier Scotland

Jane Atterton and Sarah Skerratt¹

Key Issues

1. Scotland has a poor health record in relation to other UK and European countries. In response, the Scottish Government and other organisations have launched a range of national, regional and local policies and initiatives. These target the general population or specific groups within the population (e.g. older people or people with specific health conditions such as diabetes, obesity or mental health issues).
2. One such local initiative is the Cairngorms Walking to Health Programme run by Cairngorms Outdoor Access Trust (COAT). The Programme has recently been the subject of an holistic, long-term evaluation, which found that it has made important contributions in terms of:
 - numbers of participants and volunteer walk leaders involved;
 - reported levels of health improvement - including enhanced feelings of mental wellbeing and confidence - and increased physical activity;
 - social impact, by reducing the social isolation and loneliness of individuals and helping to build social capital at the community level; and
 - promoting increased access to, and interest in, the local area.
3. Evidence shows that programmes such as Cairngorms Walking to Health bring individual and community level benefits and make an important contribution to improving Scotland’s poor health and physical activity records. Key policy messages from the evaluation include:
 - the full range of benefits that such Programmes provide need to be recognised, including those that are difficult to measure using traditional evaluation techniques;
 - such Programmes should also be fully integrated into the health system, for example to allow direct referrals from GPs;
 - coordinated delivery of such local initiatives is important to share information and to understand and enhance their impact on national and regional strategies;
 - they can deliver multiple policy outcomes, and therefore, in the current context of pressure on public sector budgets, they are critically important in allowing for greater efficiency of targeted public sector spend.



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Introduction

Scotland often makes the headlines for the wrong reasons due to its poor health record compared to other UK and European countries. Indeed, it is often referred to as 'the sick man of Europe'². Although life expectancy is increasing, the nation still has the highest rates of coronary heart disease in the UK and higher rates than most countries in Western Europe³. Issues such as alcohol abuse, smoking, obesity, physical inactivity and poor diet also regularly make the headlines.

In response to these challenges, the Scottish Government and others have launched a wide range of national strategies, policies and task forces. Some of these are targeted at directly improving health, whilst others may bring about indirect health improvements (such as the Scottish Executive's Volunteering Strategy 2004-2009⁴). Some policies and initiatives are targeted at specific groups (such as older people or individuals with long-term health conditions including diabetes or Alzheimer's), while others are targeted at improving the health of the population as a whole (such as Active Scotland, launched in January 2011 to support primary and community care staff to increase levels of activity amongst patients⁵).

Other initiatives operate at a more local level, such as the Cairngorms Walking to Health Programme run by the Cairngorms Outdoor Access Trust (COAT)⁶. This is a health improvement and community development project, originally set up in Deeside and Donside areas in 2004. Health walks are short, safe, local walks targeted at people who would benefit from increasing their physical activity. The weekly walks last 30-60 minutes and are led by trained volunteers from local communities. The walks aim to promote and encourage physical activity in a safe, social way. COAT's Programme of walks was expanded in 2009 to cover the entire Cairngorms National Park (CNP) and surrounding area, and to include a suite of health walks targeted to specific health conditions such as Alzheimer's, mental health, cancer, diabetes, new parents and smoking cessation.

This Briefing sets out the national policy context and drivers for Programmes such as Cairngorms Walking to Health, before reporting the main findings and policy implications from the recent evaluation of the Programme. It concludes by discussing the key implications arising for the design of future policies and strategies in this area.

National Policy Context and Drivers

As a result of Scotland's poor health record, the issue features strongly in the Scottish Government's National Performance Framework⁷. One high level target acts as the main driver of health policy in Scotland:

"To match average European (EU15) population growth over the period from 2007 to 2017, supported by increased healthy life expectancy in Scotland over this period."

This target is supported by strategic objectives, including "Healthier" Scotland ("Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care") and "Greener" Scotland ("Improving Scotland's natural and built environment and the sustainable use and enjoyment of it"). Cairngorms Walking to Health delivers against both of these national objectives, which are in turn supported by 15 National Outcomes. In particular, Cairngorms Walking to Health delivers against the Outcomes "We live longer, healthier lives", "We have strong, resilient and supportive communities..." and "We value and enjoy our built and natural

² SPICE (2002) Public Health in Scotland, Research Briefing 02-09 (January). Available online at: http://www.scottish.parliament.uk/business/research/pdf_res_brief/sb02-09.pdf, accessed 17th November 2010.

³ Gray, L., G.D. Batty, P. Craig, C. Stewart, C. Whyte, A. Finlayson and A. Leyland (2010) Cohort Profile: The Scottish Health Surveys Cohort: linkage of study participants to routinely collected records for mortality, hospital discharge, cancer and offspring birth characteristics in three nationwide studies, International Journal of Epidemiology 39: 345-250.

⁴ Scottish Executive (2004) Volunteering Strategy. Available online at: <http://www.scotland.gov.uk/Resource/Doc/320532/0102576.pdf>, accessed 22nd November 2010.

⁵ For more information see <http://www.activescotland.org.uk/>, which provides information for people to access support networks and opportunities to engage in physical activity in their neighbourhood.

⁶ For more information see: <http://www.cairngormsoutdooraccess.org.uk/>.

⁷ For more information see: <http://www.scotland.gov.uk/About/scotPerforms>.



environment..." The 2008 "Good Places Better Health Implementation Plan"⁸ recognises that delivering these Outcomes requires a better understanding of the complex relationships between the physical environment and health and wellbeing. To show progress against the National Outcomes, the Scottish Government has identified 45 indicators, and the outcomes for participants of Programmes such as Cairngorms Walking to Health are relevant for a number of these, including: increasing healthy life expectancy and mental wellbeing; increasing the proportion of adults making outdoor visits per week; and increasing the percentage of adults who rate their neighbourhood as a good place to live.

In addition to these links with the National Performance Framework, the Cairngorms Walking to Health Programme contributes to the targets of a number of specific policies and programmes, including: policies for mental health improvement (e.g. 'Towards a Mentally Flourishing Scotland' 2009); strategies to improve Scotland's poor diet (e.g. 'Eating for health: meeting the challenge' 2004); and strategies to reduce health inequalities (e.g. the 2008 Ministerial Taskforce report entitled "Equally Well"). These policies have all helped contribute to a positive downward trend on some health indicators, including smoking rates and excess alcohol consumption. However, on other indicators Scotland's health is still poor, particularly in relation to diet and obesity, and significant health inequalities remain.

The primary aim of the Cairngorms Walking to Health Programme is to promote and encourage physical activity, and walking is recognised by Scottish Government as being an ideal way to achieve at least the minimum level of activity required for physical health and wellbeing. Scotland has low - and declining - levels of physical activity (as is the case in Europe as a whole), and this is the most common risk factor for coronary heart disease. The 2003 publication "Let's Make Scotland More Active: A strategy for physical activity" set ambitious targets that 50% of adults and 80% of children should be meeting the recommended levels of activity (at least 30 minutes of moderate activity on at least five days of the week) by 2022. A five-year review of the Strategy in 2008 recommended a continuation of the approach. Data from the 2009 Scottish Health Survey reported that 37% of adults met current physical activity recommendations (43% of men and 32% of women)⁹ so considerable progress is required for Scotland to reach its target by 2022. Launched at the same time as the Strategy, the then Scottish Executive's "Improving Health in Scotland – The Challenge"¹⁰, identified health improvement as a cross-cutting policy across the whole of Government with a range of individuals and organisations (including voluntary groups) recognised as contributing to this objective. "Paths for All"¹¹ is a leading delivery agent for the physical activity strategy and is made up of over 20 partners whose aim is to develop local walking schemes and promote walking for health and the development of multi-use path networks in Scotland.

In 2007, the Scottish Government launched its 'Better Health: Better Care Action Plan'¹² which outlined how funding would be allocated to help address obesity through dietary and physical activity programmes. The Action Plan outlines ways to develop places that provide practical, safe and pleasant opportunities to significantly increase walking and cycling trips for leisure and transport purposes. The Action Plan also introduced the HEAT performance management system through which NHS Boards are publicly monitored and evaluated. NHS Boards must also set out clearly how they are helping to deliver the Scottish Government's national outcomes and purpose, not only through the delivery of HEAT targets, but also through the local commitments they make via the Community Planning Partnerships in support of Single Outcome Agreements (SOAs). The limited direct reference to social care outcomes within the set of National Outcomes that provide the basis for SOAs led to the introduction of a Community Care Outcomes Framework which is used by many local statutory partnerships as a 'below the waterline' suite of indicators that provides a more robust framework for monitoring performance.

⁸ Scottish Government (2008) Good Places, Better Health: A New Approach to the Environment and Health in Scotland, The Scottish Government: Edinburgh. Available online at: <http://www.scotland.gov.uk/Publications/2008/12/11090318/13>, accessed 8th December 2010.

⁹ Scottish Government (2010) The Scottish Health Survey 2009, Volume 1 Main Report, The Scottish Government: Edinburgh. Available online at: <http://www.scotland.gov.uk/Resource/Doc/325403/0104975.pdf>, accessed 22nd November 2010.

¹⁰ Scottish Executive (2003) Improving Health in Scotland – The Challenge, Scottish Executive: Edinburgh. Available online at: <http://www.scotland.gov.uk/Resource/Doc/47034/0013854.pdf>, accessed 17th November 2010.

¹¹ For more information see: <http://www.pathsforall.org.uk/>.

¹² Scottish Government (2005) Better Health: Better Care Action Plan, The Scottish Government: Edinburgh. Available online at: <http://www.scotland.gov.uk/Resource/Doc/206458/0054871.pdf>, accessed 17th November 2010.

All health and social care policy areas are underpinned by a focus upon personalised approaches that offer services and interventions which are tailored to the needs of individual users. Self Directed Support (SDS), which offers the means for users to purchase and/or arrange their own support, offers further encouragement for individuals to self manage their care and to access local solutions.

The Scottish Government's "Healthy Eating, Active Living: Action plan to improve diet, increase physical activity and tackle obesity (2008-2011)" increased the amount of funding allocated to promoting physical activity, including through schemes such as "Paths to Health" which encourages participation in volunteer-led walks on a weekly basis. The Plan includes a series of actions aimed at all levels: individuals, schools, care and community settings, workplaces, industry and food producers.

In terms of outdoor access, the Land Reform (Scotland) Act 2003 gives everyone statutory right to access Scotland's land and inland waters (with some exceptions) for outdoor recreation. The 'outdooraccess-scotland.com' website encourages people to take up these rights in a responsible manner, providing advice on where and how people can enjoy outdoor access in Scotland's countryside. More locally, organisations such as the Cairngorms National Park have Outdoor Access Strategies to provide a framework for the creation, promotion and management of outdoor access opportunities¹³.

The evaluation of the Cairngorms Walking to Health Programme

The original Walking to Health Programme in Deeside and Donside (set up in 2004) was expanded in 2009 to cover all of the CNP and surrounding area and to include a suite of health walks targeted to specific health conditions. The six-year Programme has recently been independently evaluated to provide recommendations for future development and demonstrate how the Programme delivers against strategic priorities. COAT recognised in 2007/08 that a more holistic, multi-faceted approach to evaluation was necessary, firstly to capture the full range of benefits of the Programme and secondly to capture a longer-term view of the benefits¹⁴. A full evaluation report is available¹⁵ with the findings concluding that the Programme has:

- contributed to reported levels of health improvement, including enhanced feelings of mental wellbeing and confidence;
- increased the regular and sustained levels of physical activity amongst participants;
- helped to reduce social isolation and loneliness through providing many opportunities for people to come together, socialise and meet new people (with the same conditions in the case of the tailored walking groups), thus benefiting individuals and communities;
- provided part-time employment for two people, trained 60 volunteer walk leaders with 70% levels of retention and resulted in excess of 2,400 volunteer hours since March 2009;
- volunteering also brings additional benefits, including the development of communication and team-building skills, the integration of isolated individuals into society, an improvement in physical and mental wellbeing and improved levels of social capital¹⁶;
- combined local health improvement with path infrastructure development and the promotion of increased local access and interest the local area and natural environment¹⁷.

¹³ See for example, Cairngorms National Park (2007) 'Enjoying the Cairngorms - Outdoor Access Strategy 2007-2012. Available online at: <http://www.cairngorms.co.uk/outdooraccess/developingoutdooraccess/>, accessed 22nd November 2010.

¹⁴ As argued for example by the Outdoors Health Network. For more information see: <http://www.outdoorshealthnetwork.co.uk/>.

¹⁵ The full report, written by Lucy Johnston Research, can be accessed at: <http://www.cairngormsoutdooraccess.org.uk/>.

¹⁶ See, Scottish Executive (2004) Volunteering Strategy. Available online at: <http://www.scotland.gov.uk/Resource/Doc/320532/0102576.pdf>, accessed 22nd November 2010.

¹⁷ There is growing evidence that closeness to nature increases wellbeing and that contact with the natural world can benefit mental and physical health. In addition, there is evidence to support the idea that physical activity has a positive effect on self-esteem and depression. For more information see CES Occasional Paper 2003-1 (University of Essex) on 'green exercise', available online at: <http://www.essex.ac.uk/ces/esu/occasionalpapers/GreenExercise.pdf>, accessed 22nd November 2010.

