Transforming Mental Health and Dementia Provision with the Natural Environment

Conference Report and Update

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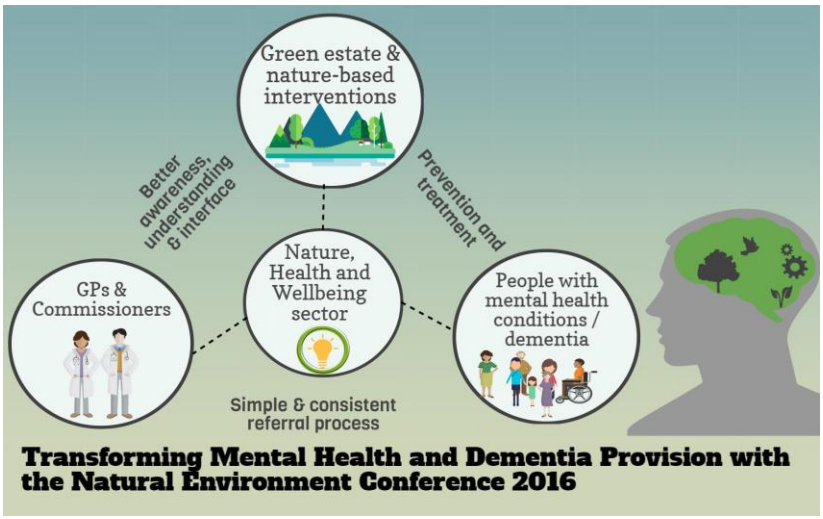
Executive Summary

1. Background

In November 2016 the conference: ***Transforming Mental Health and Dementia Provision with the Natural Environment*** brought together key policy makers, researchers, service providers and decision makers from the Health, Social Care and Natural Environment Sectors to:

- Build a shared understanding of the scale, scope and diversity of the natural environment and its potential to make a significant contribution to both preventative and therapeutic mental health and dementia interventions.
- Begin to identify practical ways to enable the commissioning and delivery of nature-based solutions.
- Develop dialogue between the Natural Environment Sector and the Health and Social Care Sectors, to ensure that nature-based health and wellbeing services can be shaped to meet potential demand.



More details, including speaker presentations from the day can all be accessed here.

2. Three key themes to emerge from the Conference

Three themes emerged from the conference, which centred around: the scale of the mental health challenge and the subsequent opportunities for the Nature, Health and Wellbeing Sector; the barriers to scaling-up nature-based services; and developing solutions to these barriers.

a) The scale of the opportunity

The scale of the challenge to support prevention and treatment of mental ill health is huge. This presents an immediate opportunity for the Nature, Health and Wellbeing Sector to scale up and mainstream delivery of its services. This opportunity is particularly strong as this Sector offers services across the full range of public health and therapeutic needs, and has an evidence base that is strong compared to other intervention types. (For more information on this see the Review of nature based interventions for mental health care

b) The barriers

Barriers preventing commissioning of services from the Nature, Health and Wellbeing Sector at scale include:

- lack of consistent or standardised referral mechanisms
- lack of quality assurance or appropriate impact measurement frameworks being used for nature-based services
- lack of funding for the delivery of services offered through social prescribing, despite these often being provided in the community by third sector organisations.

c) The solutions

Solutions revolve around the need to build better partnerships between the Nature, Health and Wellbeing Sector and the Health and Social Care Sectors. Partnerships would help to:

Build awareness of the evidence on the scale and scope of benefits delivered by nature based interventions and services.

There is a strong evidence base to support progression of this agenda, especially in relation to supporting public health through preventative nature-based interventions. There is a need for better evidence in relation to specific therapeutic interventions and in relation to reducing pressure on existing health and social care services (including GP practices) as well as cost savings.

Develop better links between the Nature, Health and Wellbeing Sector and health service referral systems and social prescribing services.

The workshop case studies raised the need to offer a single point of contact to represent local partnerships and organisations within the local Nature, Health and Wellbeing Sector, so that referral and prescribing systems can connect more easily with and understand the potential impact of the full scale and scope of quality assured local services available. The National Outdoors for All Working Group and Outdoors for All Strategic Research Group are well placed to continue to provide leadership and coordination at the national level. However, coordination of the Nature, Health and Wellbeing Sector at the local level needs to be addressed.

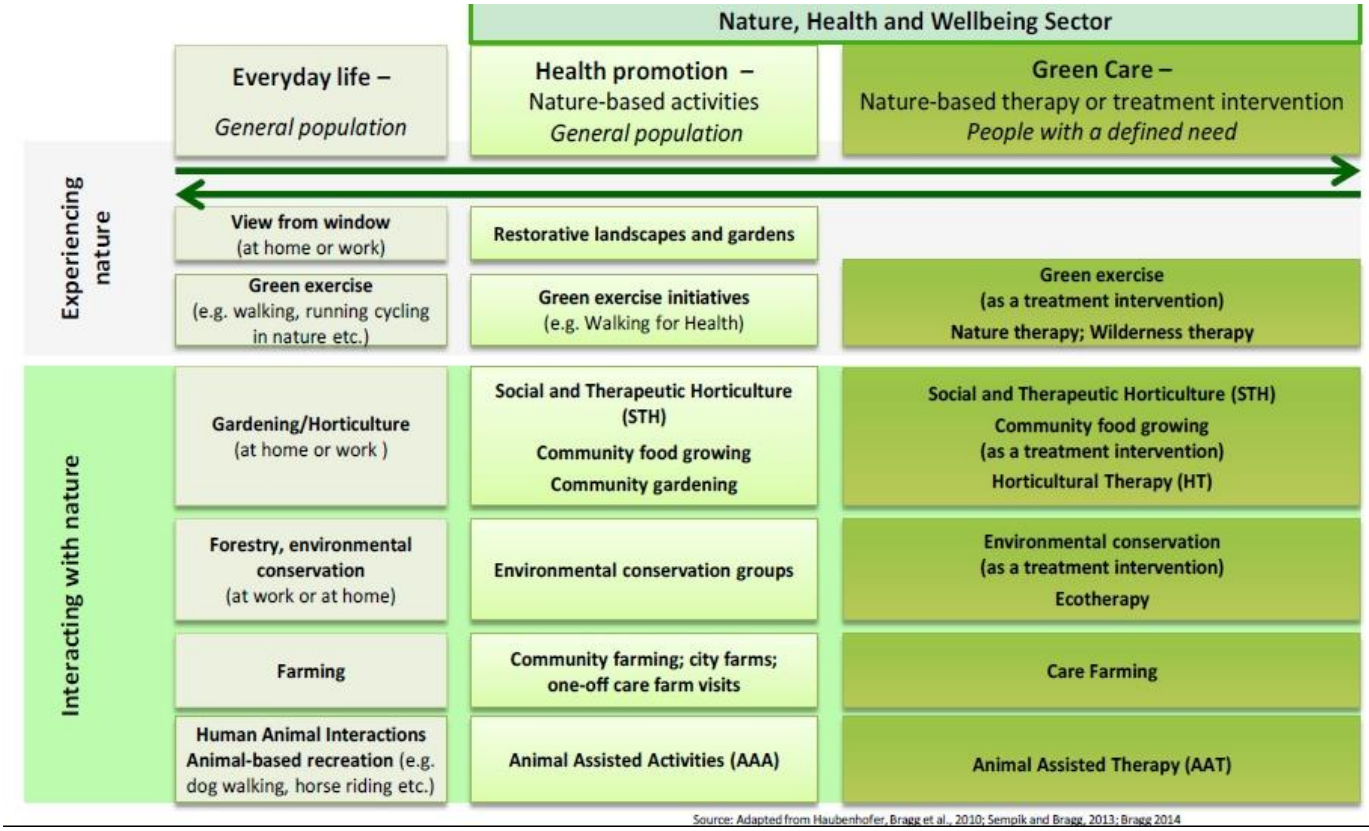
Bring researchers, practitioners and relevant agencies together so that they can identify, develop and adopt:

- **Quality assurance frameworks** (for advocating, delivering and assessing nature, health and wellbeing services) and**,**
- **Evaluation frameworks** (that include economic impact, including reduction in pressure on existing health and social care services and cost savings, as well as standard measures of clinical health and wellbeing.)

Test models for enabling sustainable growth of service provision to meet potential demand.

The themes that emerged from the conference strongly reflect and support those set out in the recent paper on Good practice in social prescribing for mental health: the role of nature-based interventions. This suggests that the challenges and solutions for transforming provision of nature-based services to meet mental health needs closely mirror those for wider health and social care.

3. The way forward



In considering these possible solutions, the Nature, Health and Wellbeing Sector were challenged to:

a. Develop a more consistent approach

The adjacent framework diagram was suggested to help represent the wide range of offers available from the Nature, Health and Wellbeing Sector and how these can be applied across every day, health prevention and green care contexts.

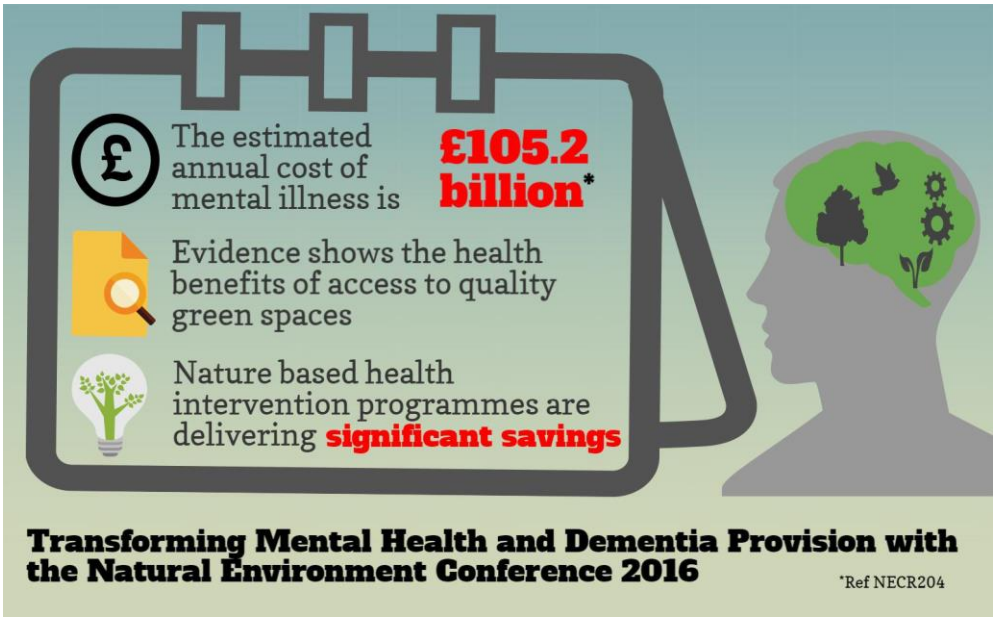
More detail on this diagram can be found in the Appendix and Good practice in social prescribing for mental health: the role of nature-based interventions)

b. Know who to influence and how

The National Outdoors for All Working Group will continue championing and facilitating change at the national level, supported by the Outdoors for All Strategic Research Group. At area and local levels, advice for the Nature, Health and Wellbeing Sector was to:

- develop more consistent messages based on existing evidence and case studies
- develop more consistent approaches for supporting GPs and commissioning groups with clear service offers and points of contact
- increase the pace at which this is happening
- engage with the wider planning architecture in which health and social care commissioners sit
- focus on investing limited resources where they could best meet commissioners' priorities.

c. Promote the Nature, Health and Wellbeing Sector's role in maintaining the sustainability of natural environments



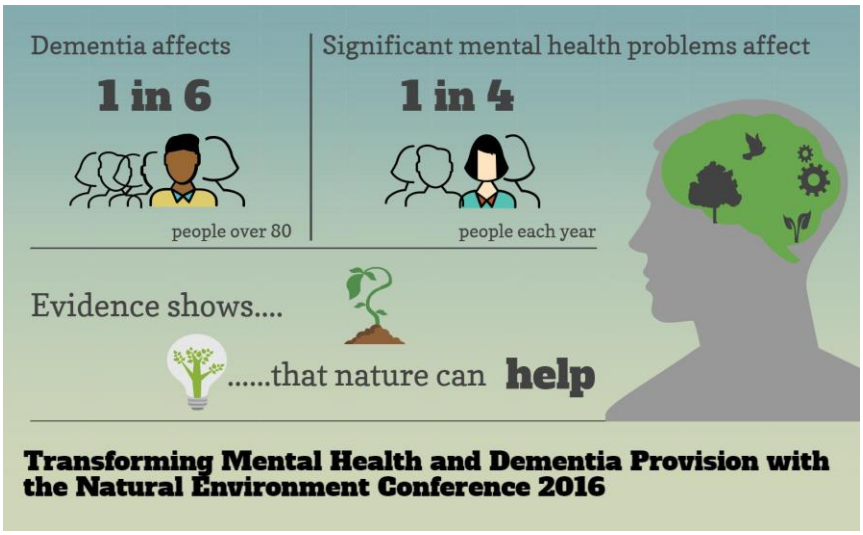
Nature-based service providers rely on high quality natural environments and landscapes to deliver their services, so they have a vested interest in operating in ways that support the ongoing sustainable use and development of these spaces. Whilst nature, health and wellbeing services are often very cost effective, these interventions and the management of spaces are not cost free and these costs need to be covered, for example to support delivery models based on well-managed volunteering.

d. Promote the Nature, Health and Wellbeing Sector's role in advancing mental health literacy:

Drawing on experience in Canada, the Nature, Health and Wellbeing Sector was encouraged to consider its potential role in supporting development of society's awareness and understanding of good mental health, of ways to prevent mental ill health and of where to seek support.

4. Update

The Outdoors for All Working Group, supported by Natural England and the Outdoors for All Strategic Research Group, remain committed to providing ongoing leadership for progressing the themes and recommendations that have emerged from their conference on Transforming Mental Health and Dementia with Natural Environments. They will continue to work with NHS England and Defra on practical ways to mainstream the Nature, Health and Wellbeing Sector offer.



Continued momentum is offering a real opportunity for the Nature, Health and Wellbeing Sector to ensure their services are considered. For example, The National Outdoors for All Working Group are working closely with colleagues across the NHS, Department of Health, Defra and the Kings' Fund to explore opportunities for strengthening the offer of the Nature, Health and Wellbeing Sector and have been working actively with others to scope the potential for sector-wide codes of practice and competency frameworks and to identify ways to demonstrate the effectiveness of nature-based interventions in specific therapeutic contexts.

1. Background

There is a strong body of evidence to support the positive health and wellbeing outcomes that can arise from experiences in natural environments (Natural England Access to Evidence - Outdoors for All.) As a result, the need and opportunity to 'reconnect' people with the natural environment is at the heart of policies and strategies currently being developed to support delivery of positive outcomes for both people and the environment[1].

The National Outdoors for All Working Group and the Outdoors for All Strategic Research Group (both facilitated by Natural England) bring together practitioners and researchers who aim to increase in the number and diversity of people who can benefit from experiences in natural environments. In 2014, these groups delivered their first conference *Natural Solutions to Tackling Health Inequalities*. The Natural Solutions to Tackling Health Inequalities conference report highlighted a priority for the Health, Social Care and Natural Environment Sectors to work better together to upscale the commissioning and delivery of 'natural solutions' for addressing physical and mental ill health, thus reflecting the important contribution that nature-based services can play in supporting the health sector.

To address this priority, the National Outdoors for All Working Group led the delivery of the conference *Transforming Mental Health and Dementia Provision with the Natural Environment*, held in November 2016 at St Bartholomew's Hospital London. The conference brought together key policy makers, researchers, service providers and decision makers from across the Health, Social Care and Natural Environment Sectors to:

- Build a shared understanding of the scale, scope and diversity of the natural environment and its potential to make a significant contribution to both preventative and therapeutic mental health and dementia interventions.
- Begin to identify practical ways to enable the commissioning and delivery of nature-based solutions.
- Develop dialogue between the Natural Environment Sector and the Health and Social Care Sectors, to ensure that nature-based health and wellbeing services can be shaped to meet potential demand.

Speaker presentations from the day can all be accessed at this link: TMHD conference presentations. The infographics can be found in section 5 of this report. The conference report complements related reports arising from the wider programme of work from the National Outdoors for All Working Group and the Outdoors for All Strategic Research Group. These include:

- Natural Solutions for Tackling Health Inequalities
- Links between natural environments and mental health: evidence briefing
- A review of nature based interventions for mental health care
- Good practice in social prescribing for mental health: the role of nature-based interventions
- Care Farming: Defining the offer in England
- Expanding delivery of care farming services to health and social care commissioners
- Greening Dementia - a literature review of the benefits and barriers facing individuals living with dementia in accessing the natural environment and local greenspace
- Is it nice outside? - Consulting people living with dementia and their carers about engaging with the natural environment
- A guide for evaluating health and wellbeing outcomes for community growing programmes

Together, these reports provide excellent summaries of the evidence on the benefits of nature-based services on mental health outcomes and on the challenges of linking nature, health and wellbeing services to commissioning and referral systems (links given below.) Therefore, this conference report focuses on capturing the key themes that emerged from the conference itself, on Transforming Mental Health and Dementia Provision with the Natural Environment.

[1] for instance Conservation 21 Natural England's Conservation Strategy for the 21st Century, and the Government's proposed 25 Year Environment Plan.

One of the recommendations in the recent *Good Practice in Social Prescribing for Mental Health* report was that the Natural Environment Sector should present a more coherent health and wellbeing offer to health and social care commissioners, and that this would be assisted by adopting the term *Nature, Health and Wellbeing Sector* when promoting their collective services. So, this term is used in the report to reflect all those organisations who support delivery of nature-based health interventions. Similarly, the term *nature-based services* is used to reflect the full range of services that can be delivered by this Sector, including those that take place in the natural environment and those where an active engagement with the natural environment is a core part of the service.

2. Identifying the issues and barriers (keynote speeches)

Gina Radford, Deputy Chief Medical Officer, chaired this session and welcomed the keynote speakers: Gregor Henderson, National Lead, Wellbeing and Mental Health, Public Health England; Alistair Burns, National Clinical Director for Dementia; James Cross, Chief Executive, Natural England.
The speakers were unanimous in their support and encouragement for transforming how nature-based services could be better positioned to support delivery of health and wellbeing outcomes. The speakers are continuing to work with the conference partners to help take this agenda forward and to enable transformation. There were four key messages from the keynote session:

2.1 The scale of the need and the opportunity

Speakers confirmed that the scale of addressing mental ill health in the UK is enormous; citing that the economic impact of mental ill health is in the region of £105 billion per year and that it is responsible for the largest burden of diseases in the UK and for driving health inequalities. Furthermore, that addressing the challenges around mental health would also underpin the achievement of several wider social goals, such as those related to social cohesion and reducing isolation. This wider view of mental health is now being reflected in the USA's approach to measuring 'wellness.'

Data from Natural England's Monitor of Engagement with the Natural Environment Survey shows clear inequalities among different social groups (in England) who are visiting natural environments on a frequent basis, with the groups who visit least frequently also being those who are most likely to be experiencing health inequalities and hence are the most likely to benefit from these experiences. (For example, see: Visits to the Natural Environment: variations in characteristics and behaviours of social groups within the adult English population.)

With the NHS putting greater priority on enabling community delivery to support the health system (for instance through their 5 Year Forward View) and with health and exercise being an important motivation for people visiting the natural environment, **there is clearly a significant opportunity for the Nature, Health and Wellbeing Sector to position itself at the heart of these discussions.**

2.2 There is a real need to use existing evidence better to build awareness and enable action.

There is now a considerable body of evidence on the role that experiences in natural environments can play in delivering mental health benefits, especially in preventative contexts. Evidence on mental health and several other health outcomes has been well captured in the recent Natural England evidence briefings (Natural England Access to Evidence - Outdoors for all, including A review of nature based interventions for mental health care). By comparison, this strength of evidence is often unavailable for non-nature based interventions in social prescribing portfolios.

The keynote speakers challenged the Nature, Health and Wellbeing Sector to use existing evidence better to justify immediate action and amplify services rather than consider lack of evidence as a barrier. **There is a clear opportunity to build awareness of the existing evidence across both public and clinical health systems, developing a common language around outcomes** (including health outcomes as well as functional and social outcomes, such as returning to work and reducing isolation), **using evidence to justify testing of new and innovative delivery models, and using this to identify effective practice**.

This would also complement evidence gathered by PHE's Mental Health Intelligence Network, which gathers data and provides insight on mental health at national and local levels.

It was recognised that **there are evidence needs around informing specific therapeutic interventions and to demonstrate cost-effectiveness/return on investment.** Since the conference, a systematic review of social prescribing has highlighted that this is a general issue and that a lack of evidence currently fails to enable judgement of either success or value for money, so if social prescribing is to realise its potential, future evaluations must be comparative by design and consider when, by whom, for whom, how well and at what cost.

2.3 Urgent need to mainstream the use of nature-based services by building links between the Nature, Health and Wellbeing Sector and clinical health and social prescribing systems.

Social prescribing is a mechanism for enabling GPs to refer patients to non-medical support within the community. Evidence supports the role of nature based interventions as an important element of social prescribing services for both health promotion (for example through conservation volunteering) and for supporting people with defined health needs (through green care interventions such as horticultural therapy etc.)

This is already being reflected in other countries, with speakers citing that in New Zealand around 80% of GPs report giving green prescriptions. The relationship between nature-based services and social prescribing is fully described by Bragg and Leck (2017.) Good practice in social prescribing for mental health: the role of nature-based interventions

The speakers highlighted that **social prescribing staff and systems, as well as GPs, are a key target audience for the Nature, Health and Wellbeing Sector to engage.** Other related referral systems may also be important, such as exercise referrals and district health nursing.

The Nature, Health and Wellbeing Sector was encouraged to begin to articulate how its services support delivery of functional outcomes (such as helping people return to work or reducing people's isolation) as well as their support for traditional therapeutic regimes or as treatments for particular health conditions; to consider the full range of services they could offer to prevent mental ill health and to support those living with or recovering from mental ill health; and to link outcome delivery to the wider description and evaluation of a Natural Capital approach. (Natural Capital)

It was noted that **the Nature, Health and Wellbeing Sector is well positioned to help improve public perceptions about mental ill health, including dementia,** and thereby support a greater demand for these sorts of service in local communities.

2.4 Commissioning services is hindered by complexity and lack of funding for delivery of local services

Speakers confirmed that **scaling up delivery is hindered by complexity** arising from: mental health issues often being very case-specific or individual, a lack of consistent or standardised system of referrals across the clinical and social care systems, and the Nature, Health and Wellbeing Sector still operating services in a very fragmented way at a local level.
Another critical issue cited was the **lack of funding currently being directed to support the actual delivery of services through social prescribing**, which are often being delivered by charities and local voluntary and community organisations across civil society.
To help address these, future action should **ensure more effective, integrated dialogue at a local level, for example through engaging with Health and Wellbeing Boards and with Sustainability and Transformation Planning.** (Public Health Landscape in England) and (NHS STPs)

3. Identifying possible solutions (workshop sessions)

3.1 Workshop 1: Approaches to commissioning nature-based interventions

Presentations within the "Approaches to commissioning nature-based interventions" workshop session aimed to share experiences and lessons from working with health commissioners at a local level to deliver outcomes through nature-based interventions. Three separate presentations were led by:

- The Natural Health Service Consortium, The Mersey Forest Natural Health Service
- Growing Support, Bristol - horticulture activities in care home gardens Growing Support
- The Idle Valley Ecominds Project - Mind and The Wildlife Trusts Idle Valley

The Natural Health Service Consortium, The Mersey Forest

The Mersey Forest is working with partner organisations to develop the Natural Health Service in response to growing health inequalities. By using the assets of the local natural environment coupled with high quality, evidence-based health and wellbeing activities, the Natural Health Service offered an approach to address the local Joint Strategic Needs Assessment's (JSNA) priority areas.

The delivery element was piloted through Nature4Health - a three-year project funded by The Big Lottery's Reaching Communities Programme. The outcomes were collated by academics at the University of Liverpool and Liverpool John Moores University to provide a robust evidence base. The aim was to sustain and increase the current level of activity through partnership with CCGs and local authority public health.

Growing Support, Bristol - horticulture activities in care home gardens

Growing Support transformed under-used care home gardens into thriving growing spaces and lively hubs of community activity. They delivered social and therapeutic horticulture activities for people living with dementia. This involved weekly community gardening activities in places accessible for people living with dementia. These mostly took place in care home gardens where older people living in care were enabled to participate in activities designed to exercise muscle groups vital to maintain independence and help reduce falls, provide opportunities for sensory stimulation, socialising and participating in meaningful activity. All gardening groups were supported by trained volunteers. The initiative has had a positive effect across a range of wellbeing domains such as distress, agitation, confusion, engagement, sadness, pride and pleasure.

The Idle Valley Ecominds Project - Mind and The Wildlife Trusts

The Idle Valley Ecominds project ran until July 2016 as a partnership initiative between Mind and the local Wildlife Trust, and provided therapeutic conservation and horticulture activities for people in and around Bassetlaw who were experiencing mental health issues ranging from mild depression to severe and enduring conditions.

Over the project's eight-year lifespan, it explored a range of funding instruments including grant funding, self-funding, and direct commissioning via the local CCG. This initiative captured lessons on moving towards financial sustainability.

Recommendations on commissioning nature-based interventions:

3.1.1. The Nature, Health and Wellbeing Sector should look to better understand and address commissioners' needs by:

- Building working links with local commissioning networks and groups to increase mutual understanding of the opportunities.
- Working with commissioners to understand their priorities (for both prevention and therapeutic interventions, across social, functional outcomes and health outcomes) and then express the Nature, Health and Wellbeing Sector service offers in these terms, not least as the funding streams for preventative and therapeutic interventions will be very different. Align delivery to current funding priorities now, for example with NHS' focus on talking therapies, and consider how these might be delivered by the Nature, Health and Wellbeing sector as say walking and talking therapies in natural environments.

UK Active's guide to the health sector for the activity, sport and recreation sector was cited as a useful summary for understanding the commissioning infrastructure. (Public Health Landscape in England)

3.1.2. The Nature, Health and Wellbeing Sector should create delivery networks and provide well-informed single points of contact to engage with commissioners

- Developing local partnerships and consortia from across the Nature, Health and Wellbeing Sector will build and diversify the scale and scope of local services.
- Developing networks and partnerships will support creation of common points of contact who can act locally to represent the local Nature, Health and Wellbeing Sector and provide a linking or brokerage service to commissioners. These common points of contact must be able to 'talk the same language' as commissioners (making the offer 'health sector appropriate'), and to show that they understand the frameworks that commissioners are operating within, and are able to represent and champion delivery across the supply chain (for example, the managers of natural environment sites, experienced community leaders, service deliverers and researchers.) Familiarity with referral systems will also ensure this role can identify the target beneficiaries who, for example, may be socially isolated and hence harder to reach and engage with the nature-based services that they could benefit from. The Mersey Forest project modelled coordinated local delivery, with around 20 delivery organisations forming a consortium to coordinate their offer to commissioners. This improved both the accessibility and scale and scope of the offer that could be made to commissioners, and delivery organisations were able to benefit from ability to bid for larger contracts and skills sharing. A challenge to amplifying this model is the variation in local commissioning structures.

3.1.3. The Nature, Health and Wellbeing Sector must be able to demonstrate its scale of impact and value for money

As above, the workshop session confirmed the importance of informing delivery with an understanding of what commissioners need, including what evidence commissioners require - for example, the Mersey Forest consortium collated a body of existing evidence, and where possible demonstrated how this met NICE requirements. In addition, The Mersey Forest group carried out a monitoring and evaluation programme to demonstrate impact from baseline on wellbeing and physical activity. The Growing Support project secured modest £3000 start-up funding to enable a pilot project to be run and evaluated. This scheme has since expanded and now has a turnover of 100k, taking commissions from a wide variety of commissioning partners.

The session also highlighted the opportunity to use existing recognised health and wellbeing impact assessment tools (rather than diagnostic tools) for example New Economics Foundation's Five Ways to Wellbeing, the Which Tool To Use? guide and Public Health England's Physical Activity Evaluation Framework (getting every adult active every day). However, the session also raised the concern that these tools are not always best suited to the needs of the clients or to the need to monitor impact in the longer term, and that monitoring and evaluation aims needed to be balanced with what participants will be able to and willing to complete. Research partners, including local university departments, could be engaged far

more widely to help support use of standard monitoring and evaluation tools, and to provide independent research and evidence gathering where that is required. Patient voice and providing evidence of co-production of services were also highlighted.

3.1.4. The Nature, Health and Wellbeing Sector must be able to provide quality assurance

It was clear that both commissioners and participants require consistency and assurance about standards of service delivery.

Quality assurance becomes a more significant issue when service delivery is expanded and is delivered by multiple partners. The Growing Support project developed resources that were shared between partners to help support consistency in delivery standards. This underpins ability to replicate services.

It was felt that it was unlikely that any one set of national standards could be developed for the full range of the services offered by the Natural Health and Wellbeing sector, rather that sets of existing standards could be tailored as appropriate as there are already several national quality standard schemes that could be more widely used, for example those for Care Farming[2].

3.1.5 Working together, the Nature, Health and Wellbeing Sector and the health sector need to develop and test sustainable funding models

Funding in most cases was not coming through the referral systems or commissioners, but from other sources such as Lottery funding. This puts considerable additional demand on service provider organisations as they need to invest a considerable amount of their own resource to try and secure the funding to allow delivery. This was not felt to be a sustainable approach to meeting commissioning needs.

The Idle Valley Ecominds project successfully used Lottery funding to start up a large-scale pilot project, however despite securing CCG funding for two years this did not then lead to longer term commissioning of services. Lessons drawn from this project included the need for wider reach across more local GPs; greater consistency in language, delivery and evidence - particularly the need for evidence of impact on reducing pressure on existing services as well as long term cost savings to justify ongoing investment; and to recognise that the design of delivery models should consider commissioning models, which currently tends to support delivery of relatively short term intervention programmes over a few weeks, rather than those which continue to provide support for several months or years.

The session confirmed that as demand for services is likely to be local, that funding for local service delivery should ultimately come through the associated local referral mechanisms. Using patient voice, via patient groups and community champions, was suggested as a route to influence CCGs.

[2] Care Farming UK have developed a care farming Code of Practice see: https://www.carefarminguk.org/about-us/care-farming-code-practice for more details

3.2. Workshop 2: Delivering nature-based interventions at scale

Presentations in this workshop session aimed to share experiences and lessons on scaling up delivery of commissioned nature-based interventions. Three separate presentations were led by:

- Health for Life at the Countess of Chester Country Park -The Land Trust
- Stepping into Nature and Natural Choices - RSPB, Livewell Dorset AONB and Natural Health Service Weymouth and Portland, providing dementia friendly and sensory rich nature reserves. Health and Wellbeing - Dorset AONB Partnership
- Woodland Therapy for dementia patients - Forestry Commission Woodland Therapy

Health for Life at the Countess of Chester Country Park - The Land Trust

The Land Trust manages long term 2000Ha of land across 5 sites across England. The 'Health for Life' programme was delivered at the Land Trust's Countess of Chester Country Park, aiming to get local people, hospital staff and clinicians, patients and visitors active and experience improved physical and/or mental health.

The programme offered a diverse range of regular and manageable activities, such as lunchtime walks and assesses participants' health and wellbeing at the beginning and at the end of each course or 12-week period. Innovation partnerships included the Occupational Health teams at the hospital and with local organisations. Importantly, this project was supported by academic institutions who base-lined and assessed change in health of the participants over the period they spent in the program.

Stepping into Nature and Natural Choices - RSPB, Livewell Dorset AONB and Natural Health Service Weymouth and Portland, providing dementia friendly and sensory rich nature reserves.

Stepping into Nature helps to deliver health and wellbeing benefits for Dorset's older people, including those living with dementia, pre- and post-diagnosis and their carers. Dorset's natural and cultural landscapes, including some of RSPB's nature reserves, were used to create and provide dementia friendly and sensory rich visits to places in Dorset.

Natural Choices is part of the Livewell Dorset initiative, which is a free service to support people to make healthy lifestyle changes. Natural Choices offered a suite of activities that take place in the natural environment, including RSPB's nature reserves, to support people with their mental health and/or to support weight loss and improve their exercise regime. This worked as part of a social prescribing GP programme.

RSPB is currently working with Bournemouth University to create bird/nature watching packs for people living with early stage dementia. These initiatives currently operate across Dorset but plans are in development to expand across RSPB's reserves in partnership with the Alzheimer's Society.

Woodland Therapy for dementia patients - Forestry Commission

The Forestry Commission is the largest provider of public recreational land in the country, with 99% of England's population have a Forestry Commission managed forest within one hour's driving time. The Forestry Commission in England and Scotland are actively pursuing ways in which forests can become places of mental wellbeing, especially for people in the early stages of dementia. This initial work carried out by Forestry Commission Scotland is now informing planning in England.

The project built on findings from a research study at the University of Dundee to develop woodland activity programmes for people with early stage dementia, involving three hours of woodland based activities once a week for 12 weeks. Small group of no more than 12 people had the opportunity to try many different activities. Referrals were made by community mental health teams, Alzheimer dementia cafes, and community and voluntary mental health service providers.

Recommendations for scaling up delivery:

3.2.1 The Nature, Health and Wellbeing sector needs to align its services to commissioners' priorities by:

- **Identifying and addressing gaps in provision** – work with commissioners to show how nature- based interventions will address their needs, using common or health sector appropriate language and terminology. Consider both health and social outcome needs, for example it was highlighted that social support and involvement of carers is particularly important in the early stages of dementia when people are supported to live at home. Branching Out (a green prescription mental health service) linked to the John Muir award was also cited as a useful case study (Branching Out)

- **Enabling community support** - this was cited as an important outcome, for example the Forestry Commission's Woodland programme was designed to meet local commissioners' priorities around enabling community support and Alzheimer Scotland's Pillars of Model Community Support. The Stepping into Nature and Natural Choices projects demonstrated the benefits of partnership working around use of existing community assets and in enabling people using the services to have greater choice and ability to make decisions about their own care.

- **Being prepared to be flexible and respond to changing priorities and structural and staff changes.**

- **Reducing costs where possible** – for example by looking to provide interventions in home gardens or local gardens, to both minimise transport costs and to enable widespread availability.

3.2.2 The Nature, Health and Wellbeing Sector needs to build alliances and partnerships to create networks with local commissioning organisations – recognising that this takes time.

- **Creating an extensive Nature, Health and Wellbeing Sector service delivery offer (in both scale and scope)**

- **Supporting start-up phases and pilots for self-sustaining delivery models,** enabling impact from pilot phases to be used to justify and build a business case for expanding delivery.

- **Building capacity for delivery** - for example by enabling suitably skilled, well managed and sustainable volunteering programmes and by offering training and accreditation for delivery, such as the Dementia Awareness Training offered for Rangers via Stirling University and Alzheimer's Scotland.

- **Building the evidence base where needed by commissioners** -adopting recognised evaluation and monitoring tools where possible and working with research partners to demonstrate impact and effectiveness, for example, the Forestry Commission partnered with Stirling University, supported by the Economic and Social Research Council.

- **Creating a programme that will be more resilient to changes** **-** including those related to changes in staff and priorities

- **Diversifying the client base for services** - for example the Land Trust model worked with local employers and businesses around natural environment sites to provide benefits for staff using sites to travel to and from work or for recreation at lunchtimes.

4. The way forward and next steps (the panel discussion)

This session was chaired by Rachel Stancliffe, Director, Centre for Sustainable Healthcare. Panel members were Gregor Henderson, National Lead for Wellbeing and Mental Health, Public Health England; Craig Lister, Managing Director, Green Gyms (The Conservation Volunteers) and Dr Rachel Bragg, Care Farming UK.

4.1 Key themes

The panel summed up three key themes to emerge from the conference:

4.1.1 The scale of the opportunity

The scale of the challenge to support prevention and treatment of mental ill health is very large. This presents a need and opportunity to scale up and mainstream delivery of services from the Nature, Health and Wellbeing Sector. The opportunity for the Nature, Health and Wellbeing Sector is particularly strong as it offers services across the full range of public health and therapeutic needs, and has an evidence base that is strong compared to other intervention types.

4.1.2 The Barriers

The barriers preventing commissioning of services from the Nature, Health and Wellbeing Sector at scale include:

- lack of consistent or standardised referral mechanisms
- lack of quality assurance or appropriate impact measurement frameworks being used for nature-based services
- lack of funding for the delivery of services offered through social prescribing, despite these often being provided in the community by third sector organisations.

4.1.3 Solutions

The solutions identified for addressing these barriers revolve around the need to build better partnerships between the Nature, Health and Wellbeing Sector and the Health and Social Care Sectors. Building a partnership approach would help to:

- **Build awareness of the evidence on the scale and scope of benefits delivered by nature based interventions and services.** A lack of evidence was not seen as a barrier to progressing this agenda, especially in relation to supporting public health through preventative nature, health and wellbeing interventions. However, it was acknowledged that there is a need for better evidence in relation to specific therapeutic interventions and in relation to reducing pressure on existing health and social care services (including GP practices) as well as cost savings.

- **Develop better links between the Nature, Health and Wellbeing Sector and health service referral systems and social prescribing services.** The workshop case studies raised the need to offer a single point of contact to represent local partnerships and organisations within the local Nature, Health and Wellbeing Sector, so that referral and prescribing systems can connect more easily with and understand the potential impact of the full scale and scope of quality assured local services available, from health promotion to therapeutic interventions. The National Outdoors for All Working Group and Outdoors for All Strategic Research Group are well placed to continue to provide leadership and coordination at the national level, however coordination of the Nature, Health and Wellbeing Sector at the local level needs to be addressed.

- **Bring researchers, practitioners and relevant agencies together so that they can identify, develop and adopt quality assurance frameworks** (for advocating, delivering and assessing nature, health and wellbeing services) **and evaluation frameworks (that include economic impact,** including

reduction in pressure on existing health and social care services and cost savings, as well as standard measures of clinical health and wellbeing.)

- **Test models for enabling sustainable growth of service provision to meet potential demand.**

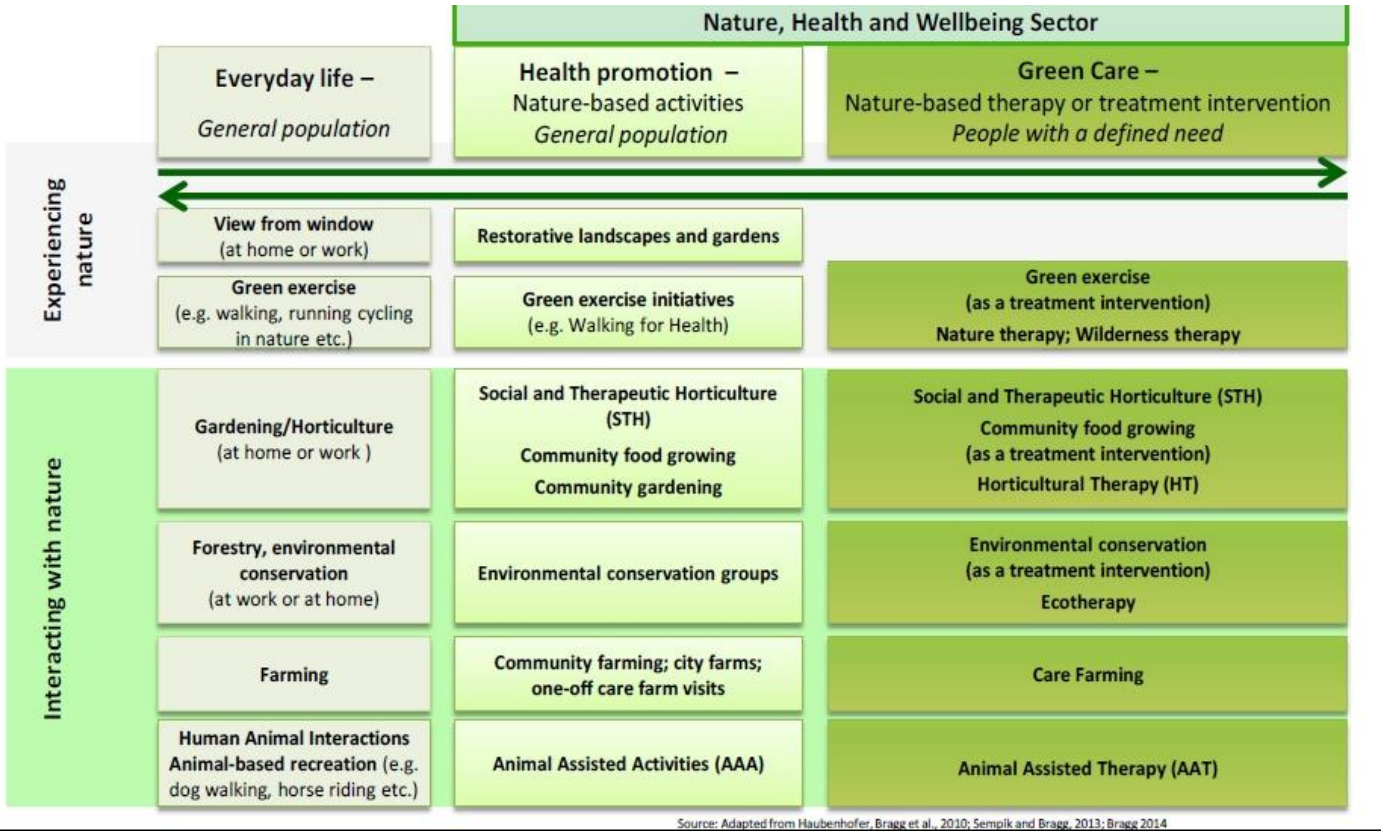
These themes strongly reflect and support those set out in the recent paper on Good practice in social prescribing for mental health: the role of nature-based interventions. This suggests that the challenges for transforming provision of nature-based services to meet mental health needs closely mirror those for wider health and social care.

4.2 Recommendations /The way forward

In response to the three themes, the panel then challenged the Nature, Health and Wellbeing Sector to:

4.2.1. Develop a more consistent approach:

The table below is suggested as a way to start to frame and target the wide range of offers available from the Nature, Health and Wellbeing Sector, as it sets out a framework for demonstrating the diversity of possible interventions, based on experiencing or interacting with natural environments and how these can be applied across every day, health prevention and green care contexts. The framework also serves to prevent overgeneralising across different types of nature-based interventions, to facilitate mapping where services are most needed and where these needs can (or cannot yet) be met by the Nature, Health and Wellbeing Sector, and to support development of common language, codes of practice and standards. (More detail on this can be found in the Appendix and Good practice in social prescribing for mental health: the role of nature-based interventions)



More detail on this diagram can be found in the Appendix and Good practice in social prescribing for mental health: the role of nature-based interventions).

4.2.2. Know who to influence and how:

The conference endorsed the role of the National Outdoors for All Working Group in championing and facilitating change at the national level, supported by the Outdoors for All Strategic Research Group. This Group was encouraged to continue to provide leadership and advocacy for the Nature, Health and Wellbeing sector across Government departments.

At area and local levels the discussion reinforced key challenges for the Nature, Health and Wellbeing Sector were to:

- develop more consistent messages based on existing evidence and case studies
- develop more consistent approaches for supporting GPs and commissioning groups with clear service offers and points of contact
- increase the pace at which this is happening
- engage with the wider planning architecture in which CCGs sit; for example, to seek representation for the Nature, Health and Wellbeing Sector on Sustainability and Transformation Planning groups, alongside representatives from Health and Wellbeing Boards and Public Health Departments.
- focus on investing limited resources where they could have most strategic benefit: for example, as commissioning for dementia in the short term is likely to be restricted to address acute treatment, that Nature, Health and Wellbeing offers aligned to support preventative therapies for dementia may not be a priority for commissioning groups at the current time.
- develop strategic project approaches and submissions, for example to research councils and grant awarding bodies with an interest in mental health.

4.2.3. Promote the Nature, Health and Wellbeing Sector's role in maintaining the sustainability of natural environments:

Nature, Health and Wellbeing Sector service providers rely on high quality natural environments and landscapes to deliver their services, so they have a vested interest in operating in ways that support the ongoing sustainable use and development of these spaces. Whilst nature, health and wellbeing services are often very cost effective, these interventions and the management of spaces are not cost free and these costs need to be covered, for example to support delivery models based on well-managed volunteering.

4.2.4. Promote the Nature, Health and Wellbeing Sector's role in advancing mental health literacy:

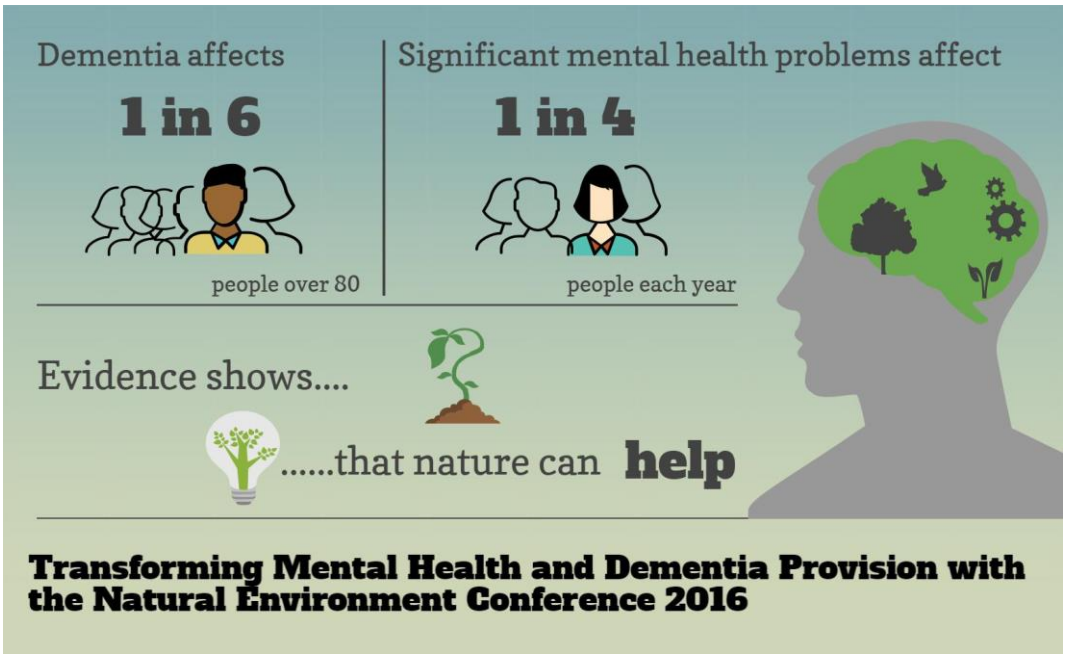
Drawing on experience in Canada, the Nature, Health and Wellbeing Sector was encouraged to consider its potential role in supporting development of society's awareness and understanding of good mental health, of ways to prevent mental ill health and of where to seek support.

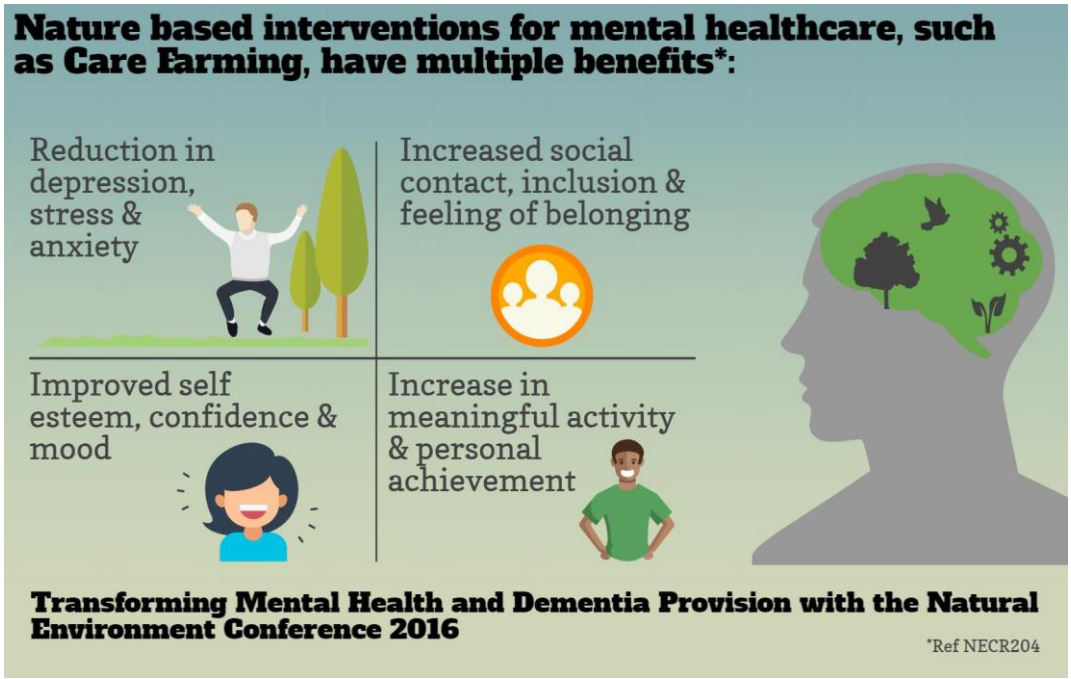
4.3. Update since the conference

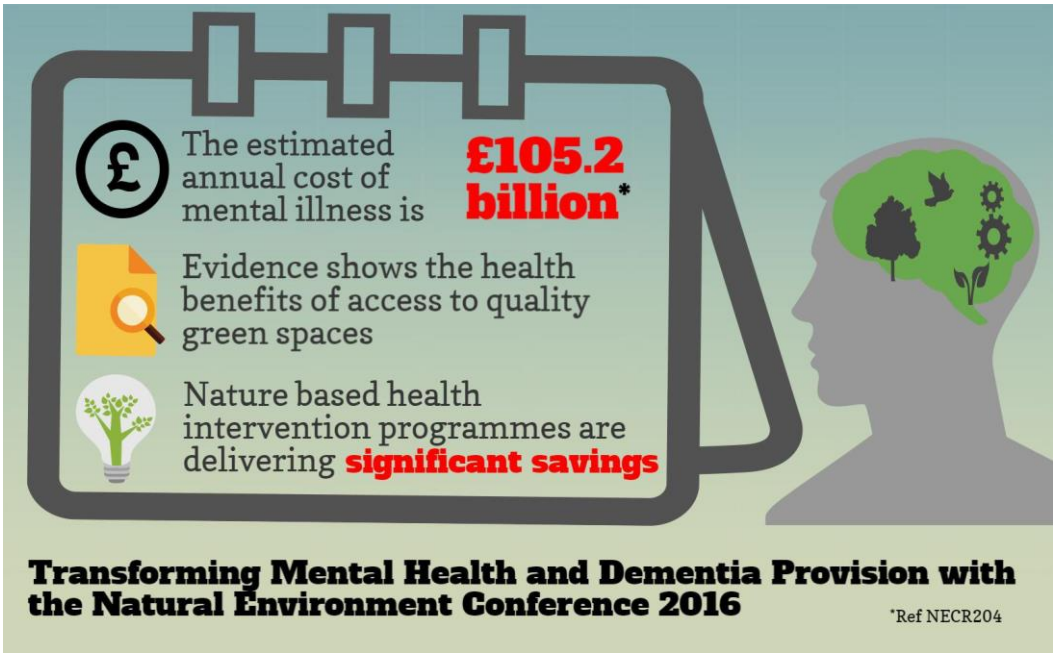
The Outdoors for All Working Group, supported by Natural England and the Outdoors for All Strategic Research Group, remain committed to providing ongoing leadership for progressing the themes and recommendations that have emerged from their conference on Transforming Mental Health and Dementia with Natural Environments. They will continue to work with NHS England and Defra on practical ways to mainstream the Nature, Health and Wellbeing Sector offer.

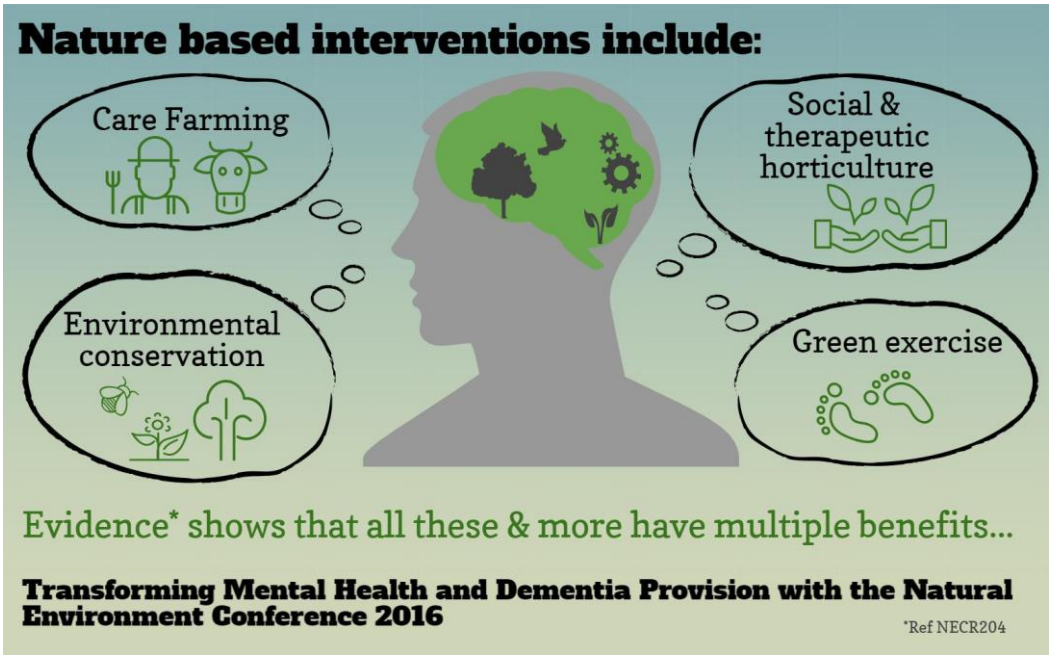
Continued momentum is offering a real opportunity for the Nature, Health and Wellbeing Sector to ensure their services are considered. For example, The National Outdoors for All Working Group are working closely with colleagues across the NHS, Department of Health, Defra and the Kings' Fund to explore opportunities for strengthening the offer of the Nature, Health and Wellbeing Sector and have been working actively with others to scope the potential for sector-wide codes of practice and competency frameworks and to identify ways to demonstrate the effectiveness of nature-based interventions in specific therapeutic contexts.

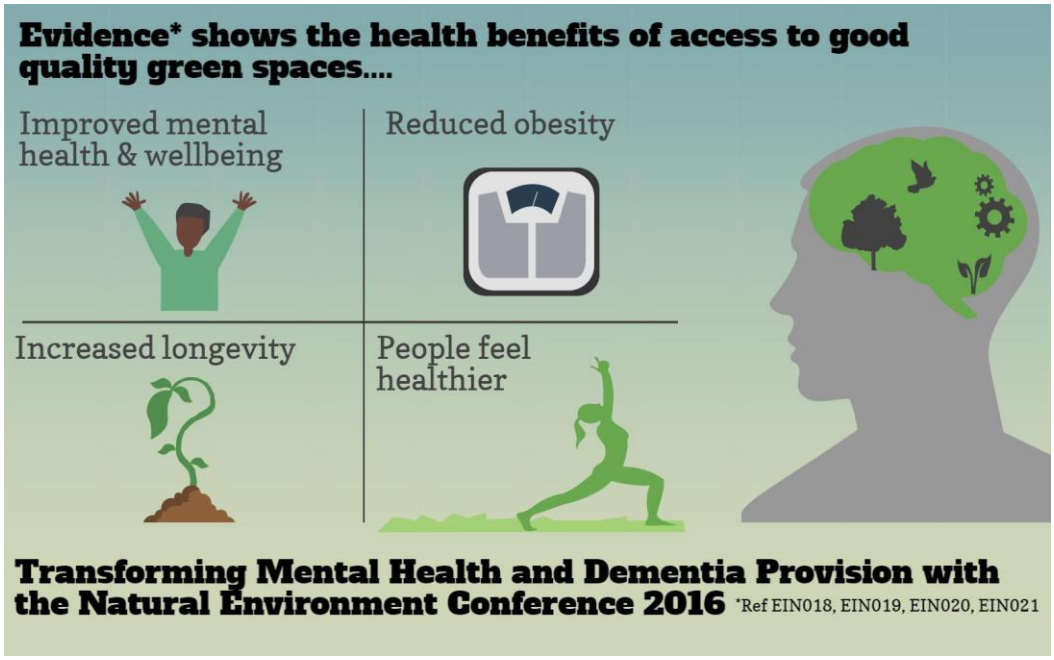
5. Infographics

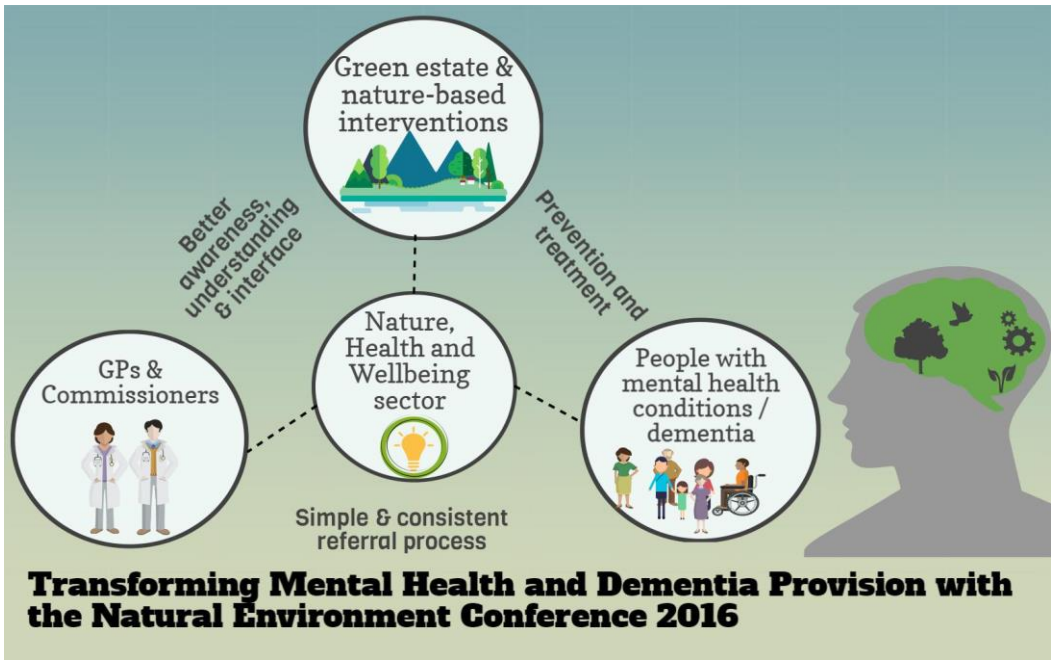





The estimated annual cost of mental illness is
£105.2 billion*
Evidence shows the health benefits of access to quality green spaces
Nature based health intervention programmes are delivering significant savings
Transforming Mental Health and Dementia Provision with the Natural Environment Conference 2016
*Ref NECR204


Nature based interventions include:
Care Farming
Social & therapeutic horticulture
Environmental conservation
Green exercise
Evidence* shows that all these & more have multiple benefits...
Transforming Mental Health and Dementia Provision with the Natural Environment Conference 2016
*Ref NECR204


Evidence* shows the health benefits of access to good quality green spaces....
Improved mental health & wellbeing
Reduced obesity
Increased longevity
People feel healthier
Transforming Mental Health and Dementia Provision with the Natural Environment Conference 2016
*Ref EIN018, EIN019, EIN020, EIN021


Green estate & nature-based interventions
Better awareness, understanding & interface
Prevention and treatment
Nature, Health and Wellbeing sector
GPs & Commissioners
People with mental health conditions / dementia
Simple & consistent referral process
Transforming Mental Health and Dementia Provision with the Natural Environment Conference 2016

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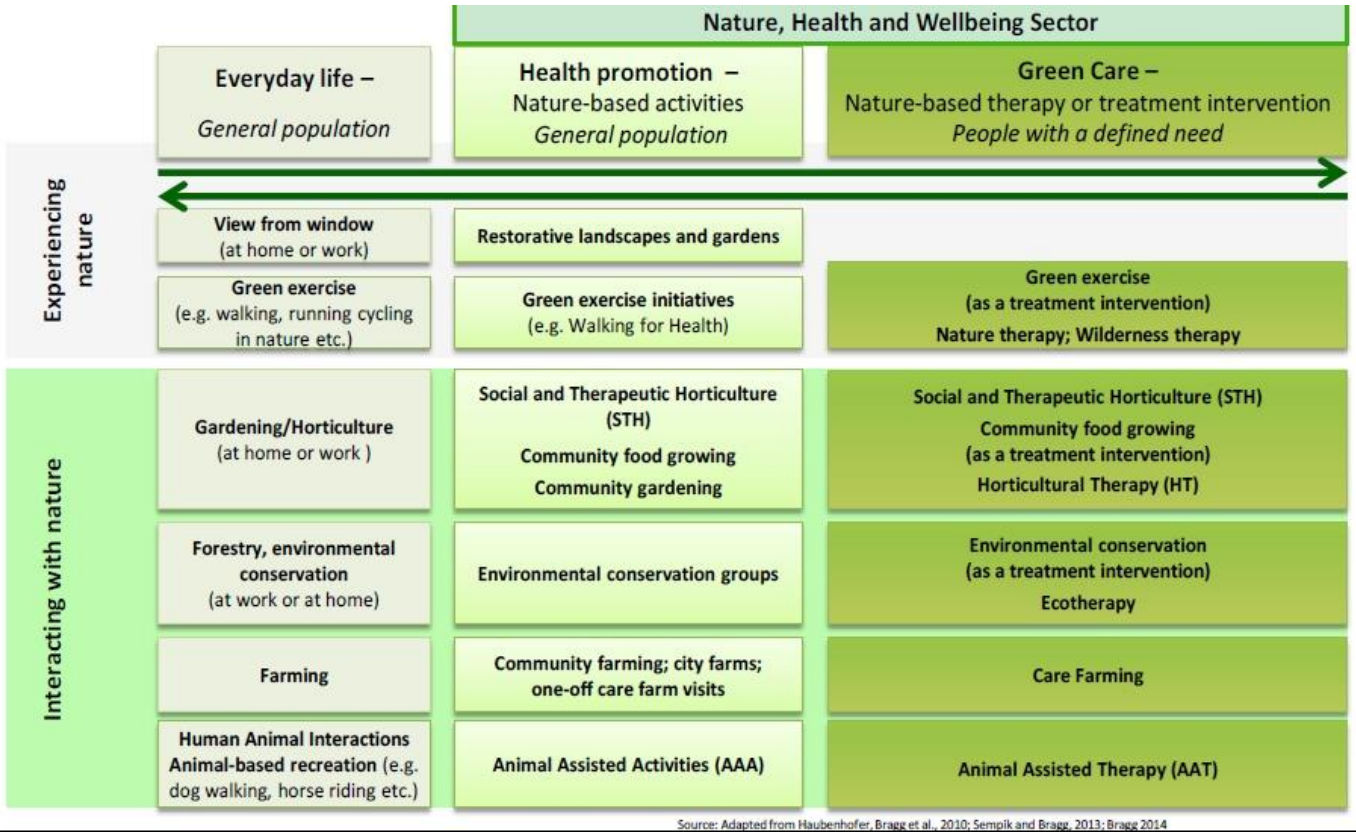
7. Appendix

Explanatory notes for **The different contexts in which an individual may engage with nature:**
Taken from Bragg and Leck (2017) [Good practice in social prescribing for mental health: the role of nature-based interventions]



The three columns represent the different contexts in which an individual may engage with nature. On the left, the *'Everyday life'* column highlights various situations in which an individual engages with nature as part of their normal lifestyle, including everyday leisure or work activities. People usually make a conscious choice to incorporate these nature-based activities into their lifestyle and have the ability and opportunity to do so.

The middle column *'Health promotion'* outlines a variety of existing group projects and initiatives which aim specifically to encourage individuals, communities and disadvantaged groups to benefit from nature-based activities in order to become more active, to have more social contact, to increase wellbeing or in the case of community food growing, to eat more healthily. People who attend these initiatives may not have the opportunity or ability to engage with nature as part of their 'usual' lifestyle and can attend these health promotion projects on either a regular or ad hoc basis. They may or may not be 'vulnerable' and will have joined the project on their own volition, or have been advised or suggested to join by a health, social or community worker, by a family member or friend. Funding is usually for the project as a whole and may come from public health, local authority grants or from the voluntary or private sector.

On the right, the *'Green care'* column represents the various nature-based interventions that have been specifically commissioned for an individual with a defined health or social need as part of their care or treatment package. People attending these interventions will follow a facilitated and structured programme, on a regular basis; will have defined needs and outcomes; and the service is usually commissioned by health or social care (although service users in receipt of a personal budget may commission their own services).

Funding is paid per individual for the care/ treatment service provided by the intervention. The green arrows show that these three columns are points along a continuum. In moving from left to right from everyday life

to green care (the top arrow), the needs of the individual are more acute, the support/care required is more intensive and the cost of the service increases. However, what makes nature-based interventions so powerful is the ability to reverse this trend and move from right to left (as shown by the bottom arrow) as the individual's wellbeing improves, reducing costs and embedding practices within self-regulated and maintained healthy lifestyles.

Different levels of support within projects can (where appropriate) help an individual move on from needing the services of a green care intervention, to maintaining their improved wellbeing state by attending a health promotion initiative, and then to progress further by choosing to incorporate nature-based activities and healthier behaviours into their everyday lives, thus creating a habit for life.