



VALUING NATURE

Developing indicators of success for nature-based public health interventions

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Background

- **Social Prescribing**

“a mechanism enabling healthcare professionals to refer patients to a link worker, to co-design a non-clinical social prescription to improve their health and wellbeing” (Natural England, 2017).

- **Nature-based interventions**

- There are also a wide variety of projects and community groups offering nature-based activities on a more informal basis for the general population as part of health promotion, healthy lifestyles or ill health prevention (such as community gardens and food growing projects, community farms, environmental volunteering).

- **Intervention**

“The act of intervening, interfering or interceding with the intent of modifying the outcome. In medicine, an intervention is usually undertaken to help treat or cure a condition”

Aims of placement

- Focus on mapping out the network of those involved in public health commissioning, coordination and delivery of nature-based interventions in Tower Hamlets
- Explore where the barriers to delivery of nature-based interventions are and what is the nature of these barriers
- Better understanding of how the use of evidence can vary according to who within the public health network is utilising it
- Explore the extent to which public health bodies are collecting and evaluating evidence in Tower Hamlets concerning the evaluation of nature-based interventions
- Aim to identify ways to improve the coordination and production of evidence that can be used by key national health organisations

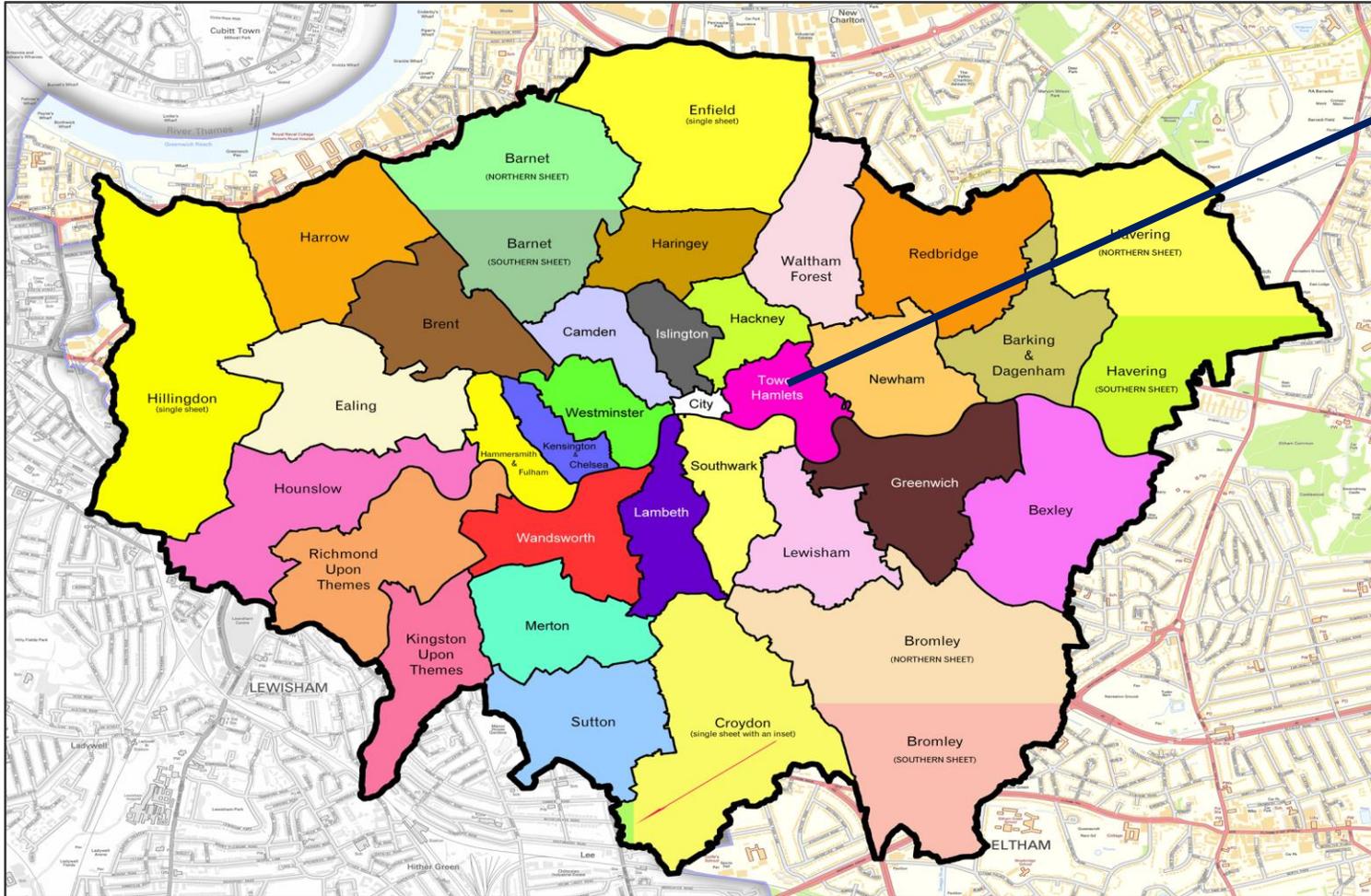
Changes to placement

- Initially intention was to work in borough of Newham with activeNewham
- Natural England couldn't get replies from them so had to devise Plan B!
- Switched to Tower Hamlets through my own contacts

Approach to placement

- Interviews/conversations (11 so far – telephone, face to face and groups)
- Meetings with Natural England (4 so far)
- Field visits – WEN, city farms, BBBC and gardening groups
- Participant observation – Gardening group at Bromley-by-Bow
- Attending specific groups (WEN meetings, Green Peers and Healthy Island Alliance breakfast meetings)
- Collecting of local reports and evaluations

Tower hamlets



- Tower Hamlets is the 3rd most deprived borough in London
- National benchmark for open space provision is 2.4 hectares per 1,000 population.
- In Tower Hamlets there is an average provision of 0.98ha per 1,000.
- If there is no additional open space provision by 2025 this will have dropped to 0.72ha per 1,000 residents

Public Health Outcomes Framework

Public Health Outcomes Framework

OUTCOMES

Vision: To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest

Outcome 1: Increased healthy life expectancy

Taking account of the health quality as well as the length of life

(Note: This measure uses a self-reported health assessment, applied to life expectancy.)

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities

Through greater improvements in more disadvantaged communities

(Note: These two measures would work as a package covering both morbidity and mortality, addressing within-area differences and between area differences)

DOMAINS

DOMAIN 1:

Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

Indicators } Across the life course

DOMAIN 2:

Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators } Across the life course

DOMAIN 3:

Health protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators } Across the life course

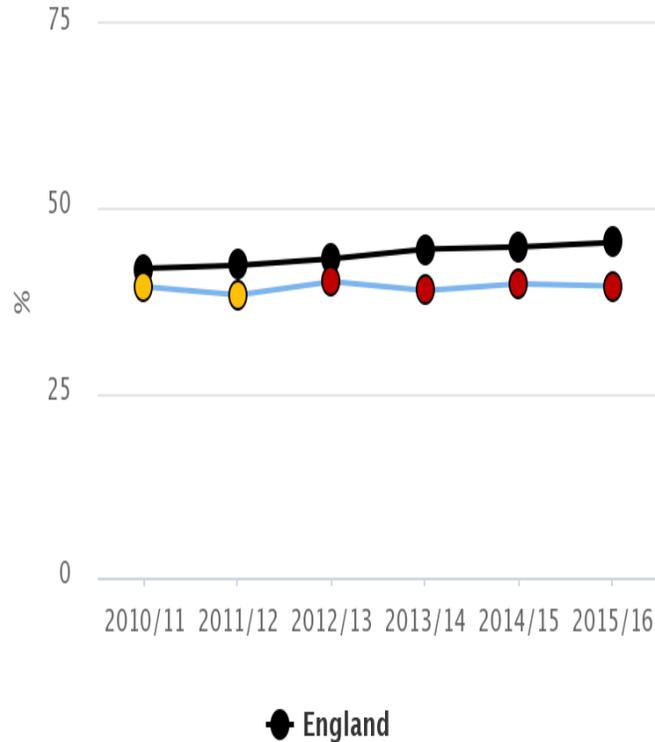
DOMAIN 4:

Healthcare public health and preventing premature mortality

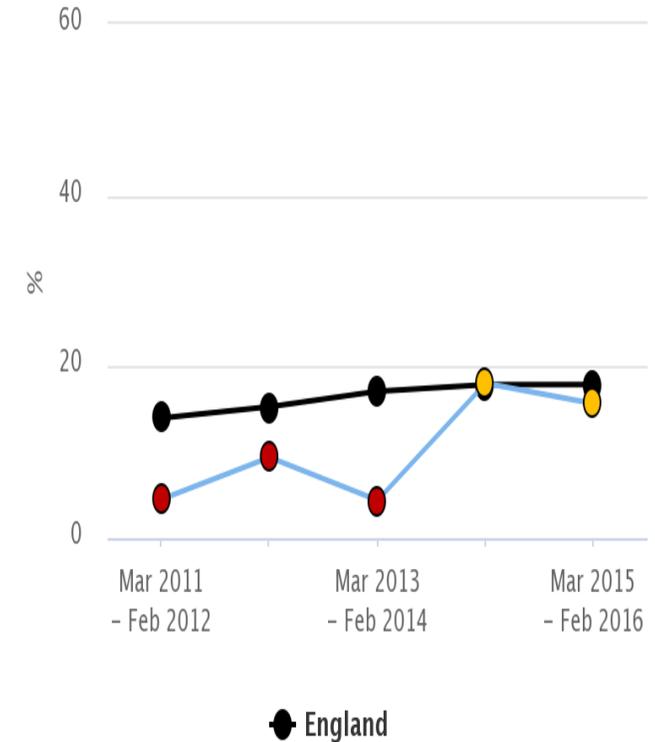
Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators } Across the life course

1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like - Tower Hamlets

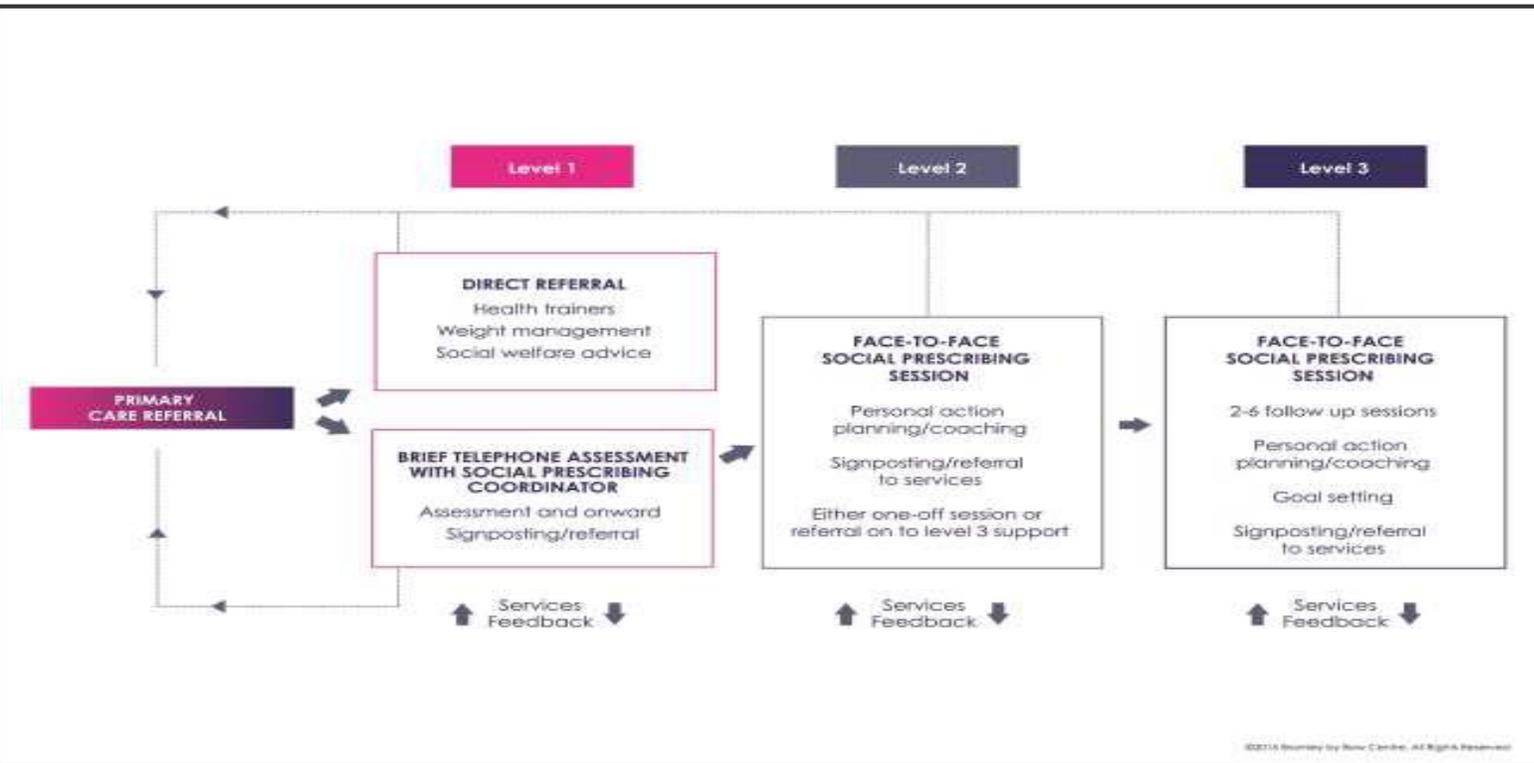


1.16 - Utilisation of outdoor space for exercise/health reasons - Tower Hamlets



Tower Hamlets social prescribing context

- TH's has 8 commissioning networks and is currently trialling 6 different social prescription models
- Trials over next 2 years
- Network 6 below (Bromley-by-Bow)



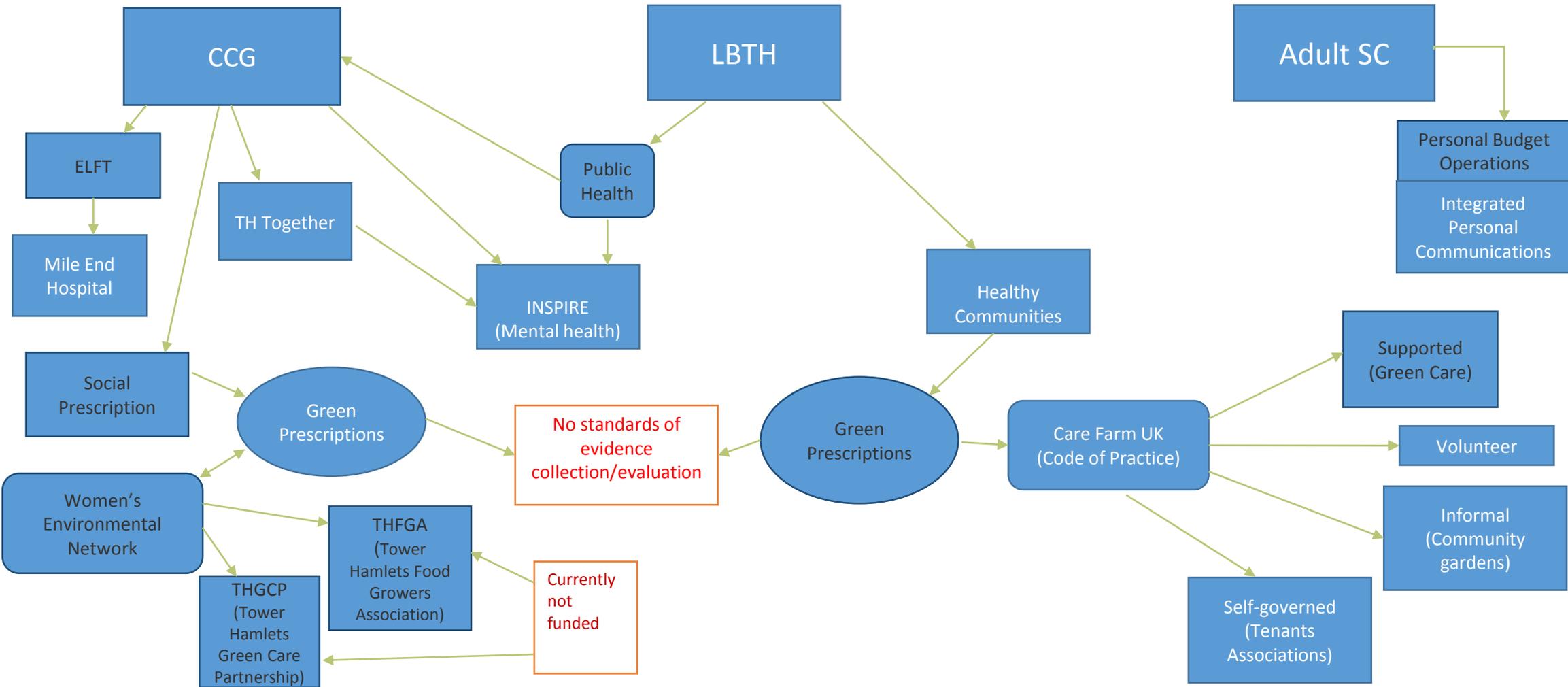
Nature based interventions in Tower Hamlets

- Small-scale
- Mainly gardening, horticulture, food growing and animal-based
- WEN seem central hub of activities
- City farms also important
- NBI very small part of wider social prescribing
- Relies on 'champions'?

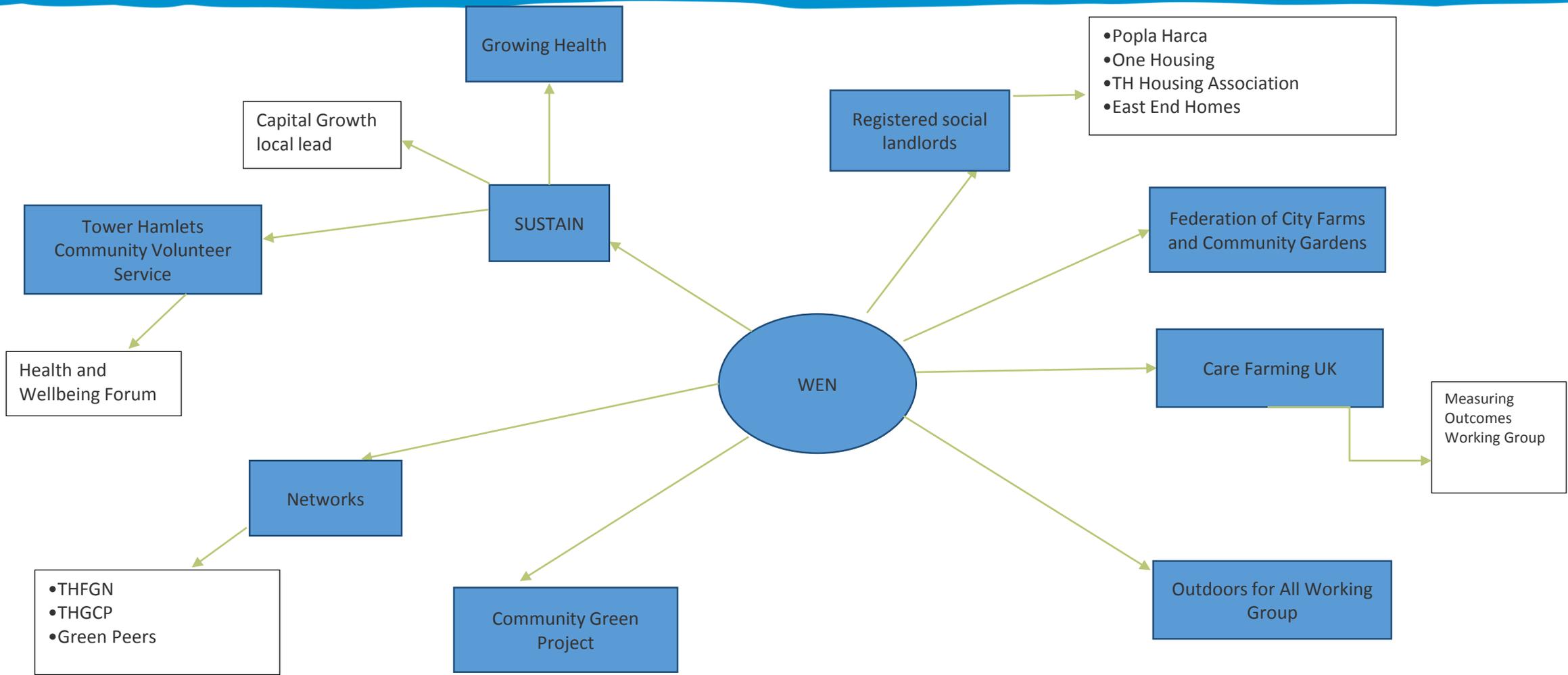


“... we meet, we chat, we plan the day...we’ve created a new little vegetable allotment, we do planting around the centre, we maintain the centre’s ornamental garden, we do seed planting...the Tuesday group is very much social and therapeutic horticulture they have a greenhouse they do planting on the balcony, they do seed sowing”

The network?



The local community network...



Barriers to delivery of nature-based interventions

- **Time, money and resources**

“...really short on staff, everyone covers two or three posts, money’s really short for human posts...With us we haven’t got the time. If I had a worker in place to do that then that worker could spend all the time negotiating with the health authority around funding etc.”

“...It’s a lack of communication, its having someone to do the leg-work to go and speak to the doctors and say ‘look this is what’s going on’”.

- **Evaluations**

“...unless it’s a funded piece of work i don’t ever really write up a case study, which we should do...We know it is a weakness here, its one of the weaknesses and it probably does hinder us getting funding”

Barriers to delivery of nature-based interventions

- **Continuity**

“Ideally what I’d love to see is set up a project like that but I have someone in post who can carry it on. So they can say ok you’re workers have gone but you can still come here and it will be carried on. But its like a lot of pieces of work- you get the funding but once the funding’s gone the work ceases. What happens to the people who have come here and benefited?”

- **Evidence**

“I suppose there is an evidence issue in there...yeah for public health its very important to have the evidence that it has an impact and that it ties in with public health outcome framework and strategic priorities as well now we are in the local authority. Whereas we would like to invest in a lot of things there’s not always the money to do that. I’m not saying that nature-based programs are not important it’s just that there are priorities”

- **Other priorities**

“Yeah I think time and resources but also both local authorities and NHS have to just keep their heads down and get through the day with the main things they need to do. So the first thing that goes out of the window is networking with other organisations and communication about what they are doing. That’s just a feeling I have but it could also be that I haven’t reached out to say talk to so and so because I just think let me do my job”.

Targets for nature-based interventions

- **Some are simply unrealistic...**

“...so we would look at the impact it had on people’s lives...the high level interventions like admissions...it’s not going to save money on admissions so its mainly quality of life benefits. The key area would be reduction in excess psychiatric morbidity below 75 I think the figure is which is notoriously difficult to measure the moment you get near it”

- **Others defy medical models...**

“That’s the million-dollar question. So I try not to have an agenda myself so with the patient I often talk about health being more than the NHS can offer or to keep you healthy and to live a good life you need more than pills and seeing doctors...what are things in your life that are barriers to you living a good life then they often come up with things like the stresses around finances are often the biggest thing and also mental health issues. And then we try to prioritise as to what is the most important thing to work on for them to live a better life”

Targets for nature-based interventions

- How do we do this?...

“I would say...we have all been obsessed with evaluations but nobody knows how to evaluate so from the ground level its like how are you demonstrating that you have reached any targets when there’s no systematic form of measuring what’s happening. And I think that’s standard as often nature-based interventions do different things for different people so employability or social isolation or mental health”

- Not clear what targets are...

“...for example when we delivered the ‘gardens for life’ program or the public health funding we’ve had for all these years I don’t think anyone can say we didn’t deliver on any of the targets but there was no targets set. So we had KPI’s which we achieved over and above and we have reported on attendance or whatever...but overall we have done evaluation reports but no one seems to be reading. You could look at it and say ‘well they are not meeting their targets’ but we don’t have specified targets”

Targets

- **Reducing costs...**

“...its very difficult in the current contractual climate to convince all partners that we are not creating additional financial risk and this is going to be the challenge of the future the whole of the accountable care concept is that you can link up your data in intelligent ways that mean you can identify upstream opportunities that will help reduce downstream costs ...then that’s where the opportunity to manage the Tower Hamlet’s pound more effectively comes from”

- **Reducing GP/hospital visits...**

“The next stage is that we will build a predictive model so we will build into that model some assumptions about how we could modify demand through more preventative, more integrated mental and physical based treatments drawing on national and international evidence around effective integrated care pathways which should give us a picture over five years of how we can improve and also unlock some of the money which is locked into hospital beds”

Evaluations...no consistent approach

“We don’t collect data on these plans- people make their own plans and sign it but nobody goes through and says right we’ve had 40% have an exercise component, 50% have a nature-based component...we don’t do that...Its too onerous to collect that data fundamentally. Its more important that people have the conversations with, face to face conversations with...GPs, nurses, peer-support workers etc.”

“...in terms of the evaluation we did a photo-voice evaluation where people were asked to take photos of their lived experience of participation”

“ I suppose what happens is that it becomes a soft intervention if you like...we can’t say this equals that...but I think when people hear the stories about how significant these things are for people they get involved...people saying they had lived in a block of flats for many years but hadn’t spoken to a next door neighbour and now they know them and they share food with them so that kind of social capital if you like...its just the range of people who got involved...for me it’s the stories”.

Evaluations...no consistent approach

“We are working on that right now. There is a questionnaire that we are trying to introduce which a very short questionnaire and the patient come up with their two main concerns around their wellbeing and then they rate themselves on these two concerns. And then around six weeks, we haven’t decided exactly when, after we send it out again and ask them to rate themselves again”

“Well Mycaw is a new thing and Mycaw is for social prescribing...its really interesting as I’m doing a BBBC social prescribing green project and we have put Mycaw questions into the referral forms and they don’t work because you need to have a conversation around them. So we are trying it out but its not the full Mycaw version it’s the shortened version, which is technically not how you are supposed to do it but we thought we would just try it and see”.

Conclusions?

- A general acceptance that 'nature' can be good for health and wellbeing
 - Nature not always benign- can be threatening to those with both mental and physical health issues
- NBI's are a small part of broader social prescription landscape
 - Require 'champions'
- Multiple barriers
 - Resources, continuity, time, knowledge, MEDICAL MODEL etc
- Evaluations
 - No consistency or targets
 - Possible change with MYCAW but also problematic?
- Language – a problem?
 - Definitions (i.e. 'Interventions')

Next steps?

- More visits to city farms, talks with GP's
- Organising a focus group session with Natural England to bring together key representatives from organisations within Tower Hamlets and National level to discuss:
 - Findings
 - Targets
 - Evaluations
 - Next steps
- Aim is for early September