

# A Dose of Nature in Cornwall: Summary Consultation Document for a Nature-on-Referral Service

## Introduction: a call for action

We want your views on our proposal to set up a nature-on-referral service in Cornwall where patients will be encouraged to join groups that involve walking in natural places, and other nature-based activities to improve their health and wellbeing.

We want to find the best way of providing cost-effective 'nature-on-referral' services to people in need, across as much of Cornwall as we can. There is a whole sector, made up of environmental organisations, volunteer groups and professional practitioners, that already delivers these kinds of services. We want to make it as easy as possible for patients, other service users and health professionals to access those services, and we want those services to expand and to thrive on a sustainable footing.

This consultation document is the first step of our plan to achieve this. It summarises a longer and more detailed document, which is available at <http://bit.ly/2qge9Ko>

by asking for your views we aim to understand in detail both the capacity to deliver and the willingness to refer. We want to understand and address the needs and expectations of all those involved. We would be very grateful if, after reading through this summary, you answer the questions laid out in our online survey at:

<http://bit.ly/2qiU3iX>

Please provide your responses by **17:00 on July the 10th 2017**

## Who are we?

This plan comes from Cornwall Council, having been put together by staff within the Environment Service and Public Health. It has been written in close collaboration with the Cornwall & Isles of Scilly Local Nature Partnership & the Cornwall and Isles of Scilly Health and Wellbeing Board.

The work has been funded by an Innovation Internship Award from the Natural Environment Research Council, awarded to its principal author, Dr Dan Bloomfield (University of Exeter).

## **A nature-based intervention for health and wellbeing:**

...is a therapeutic or treatment-based intervention, specifically designed for individuals with defined needs

...is aimed at realising the health benefits of being in an outdoor natural environment

...can include a wide range of activities, from care farming to wilderness therapy, but for the purposes of this plan the intervention is based on '**Nature Walking, and Nature+**'

...is a form of '**social prescribing**', where non-clinical interventions are recommended by doctors and others, and where those interventions are usually designed, developed and delivered alongside the users of that service.

## **Why?**

### **Where has this idea come from, and why is it happening now?**

You can read much more detail in the full consultation document, but in summary:

- **Because many organisations, projects and initiatives in Cornwall are already delivering some nature-on-referral services, but not in an extensive, sustainable or coordinated way.** The high quality of the natural environment in Cornwall supports a strong and varied range of work, often led by committed volunteers and experts from different backgrounds. The strength of the sector, and the vast potential of Cornwall's natural environment, led to the '**A Dose of Nature**' project ([www.adoseofnature.net](http://www.adoseofnature.net)), which ran eight nature-on-referral pilot projects between 2014 and 2016.
- **Because despite all of the potential afforded by Cornwall's environment, and despite this past and current activity, Cornwall is in danger of slipping behind** when it comes to nature-on-referral services for adult patients and care system users. Projects elsewhere have been fully funded and become established within the mainstream of social prescribing activities, providing tailored care for thousands of patients. The opportunity exists for us not just to catch up with work elsewhere, but to take a lead.
- **Because work in this area is based upon a growing and substantial body of evidence** that demonstrates that health inequalities are in turn heavily influenced by how much people have access to, and engage with, nature.
- **Because the health system demands it;** it is one solution that can contribute to many of the current strategic concerns within the health, wellbeing and care system including the pressure on primary care and the challenges of mental health and circulatory health.
- **Because general practitioners in Cornwall want to see these kinds of services,** and to see greater choice within social prescribing in general.
- **Because it addresses many of the interlinked goals of other key policies and strategies in Cornwall,** including those addressing the environment, the economy, physical inactivity and the Devolution Deal.
- **Because it is specifically mentioned as part of the implementation strategy for the Cornwall and Isles of Scilly Sustainability and Transformation Plan,** as a means for linking new models of care to the wider determinants of individual health.

## The context for a nature-on-referral service



### What?

#### What would a nature-on-referral service involve?

We want to make the most of the variety of knowledge and experience that is already present in Cornwall, and design and deliver a service that:

- is **ambitious**, so that eventually patients and clients can be referred from across the whole of Cornwall and the Isles of Scilly;
- remains **flexible** enough to be delivered in different types of environment;
- is **measurable** in terms of health, wellbeing, social, economic and environmental impacts;
- is **cost-effective**;
- can **become self-funding**, by charging some client groups (e.g. self-referrers, employees), or by attracting funds from additional sources.

We therefore propose a service based around “**Nature Walking and Nature+**”:

### **Nature Walking**

- the basic intervention is not merely walking. It is neither ‘just’ a social activity, nor is it nature engagement alone. It is the synergy of these things combined.
- the intervention will run for 12 weeks duration, and involve a minimum of 2.5 hours activity per week.
- the intervention will be delivered in group settings.

### **Nature+**

- following further liaison with service users and referrers, practitioners / group leaders can include additional activities such as: the study or appreciation of natural sciences such as ecology or botany; suitable conservation or horticultural activities; meditative or therapeutic elements; creative / artistic activity; or physical activity based in ‘green’ or ‘blue’ environments.

### **Who will it be for?**

*Patients / service users (free at the point of service)*

- adults with long-term conditions and/or with mental health concerns

*Other participants (charges apply)*

- We want to allow employers to encourage employees to join nature-on-referral groups.
- Groups could also be open to self-referral clients.

### **What will be the referral process?**

- A referral could be made from a general practitioner, practice nurse, community mental health team member or Any Qualified Provider via the IAPT provision.
- This could readily be extended to include social workers, care managers, housing officers and others.
- A referral could be made either directly via a surgery’s online referral system, or by using a form provided by post, email or online.
- Participants will be provided with an explanatory leaflet and a link to a referral hub website.
- All then receive follow-up contact from **referral hub link worker** who will explain the process.
- All will have an initial meeting or phone conversation with the local **practitioner / group leader** who will discuss the intervention in detail, joining arrangements, and who will complete survey questionnaires.

### **Who will run the Nature Walking / Nature+ Groups?**

Practitioners / group leaders who will:

- be able to demonstrate a track record of engagement with local communities;
- be able to impart knowledge of, and insight into, the natural environment;
- carry professional indemnity insurance;
- be able to carry out confidential questionnaires and administer the data.

### **Where will Nature Walking / Nature+ Groups run?**

At sites that:

- managed wholly or in part for nature;
- contain sufficient flat and/or gradually inclining paths (a minimum guideline of 100m);
- have sufficiently accessible safe parking provision;
- are located in an area readily accessible to one of the target areas.

## **A Proposal: A Dose of Nature in Cornwall**

### **Features**

- co-designed and co-delivered with patients
- a limited funded project for two years, with the ambition of diversifying income to become sustainable after that time
- to target services in priority areas, with the aim of phased implementation to all of Cornwall in the future
- including an integrated training element to build and maintain sector capacity

### **Scale**

Based on existing capacity and (over-)subscription in and around our target areas we think that the following per annum targets are achievable:

- an average of 30 people completing a Nature Walking / Nature+ course being referred from each GP surgery in the target areas
- 20 people completing a course referred via other routes within each of the target areas
- 530 people completing a course in total
- 12 Nature Walking / Nature+ Groups newly established
- 10 existing groups receiving additional referrals

### **Location**

We will focus delivery in:

- St Austell and the Clay Country
- Redruth
- Bodmin
- Falmouth
- West Penwith

### **Costs**

These are simply outline, indicative costs for a two year project, suggested at this stage to aid discussion about the scale of the service and to produce an indicative return in investment.

- |   |          |
|---|----------|
| • To run the referral hub                                 | £84,000  |
| • Intervention cost based on standard prescription charge | £53,000  |
| • Private income from fee-paying participants             | £10,000  |
| • Funding gap   | £127,000 |

### **Return on investment**

If a funding investment of £127,000 was made, with an average ROI of £3.12 over three full years per £1 invested, this yields a dividend of £396,240.

### **Forecast impacts against cost-effectiveness measures**

- Up to 320 fewer GP visits
- Up to 110 fewer hospital visits and/or referrals to other secondary care services
- Up to 33 long-term courses of repeat prescriptions ceasing completely
- Up to 140 fewer prescriptions overall
- c. 345 patients / service users reporting improvements in wellbeing scores
- Up to 40 individuals either coming back into employment or improving their employability through completing of training modules (a potential reduction in the benefits bill of around £140,000)
- A number of sites improved for wildlife

### **Delivery**

- Employing a dedicated link worker to co-ordinate the service and run the hub
- Training led by suitably qualified and experienced Cornwall-based practitioners, based on existing modules
- Hub service to be delivered through existing provider (for example, via **Kernow Health CIC** and the **Community Education Provider Network**)
- service provision by existing practitioners and partners, e.g. via the already-registered Changing Lives CIC partnership.

### **Management**

- Management could be jointly led by: **NHS Kernow Clinical Commissioning Group** and/or the Sustainability and Transformation Plan Board on the one hand; and Cornwall Public Health / Cornwall Council on the other.
- Steering group with representation from Cornwall and Isles of Scilly Health and Wellbeing Board, Cornwall and Isles of Scilly Local Nature Partnership, researchers (e.g. **European Centre for the Environment and Human Health**) and patient representatives (e.g. **Cornwall Healthwatch**)

### **Funding and sustainability**

- Initial funding would need to come from management partners.
- Increased funding for intervention providers to be explored in first year (for example via Social Impact Bond, Health and Wellbeing Challenge Fund South West, NESTA, Social Enterprise Investment Fund, National Lottery, Crowdfunder, charitable trusts), as well as increases in charge-paying participants, so that the service becomes self-sufficient after two years.

### **Next steps.**

To find out more about the proposal and the thinking behind it, please read the full plan at <http://bit.ly/2qge9Ko> or email [d.bloomfield@exeter.ac.uk](mailto:d.bloomfield@exeter.ac.uk) for a copy.

We want to hear from you. Is what we are proposing achievable? Is the basic intervention the right direction to take? Are we focusing on the right patients and service users? You can give your answers to these and other questions at:

<http://bit.ly/2qiU3iX>

Please provide your responses by **17:00 on June the 9th 2017**