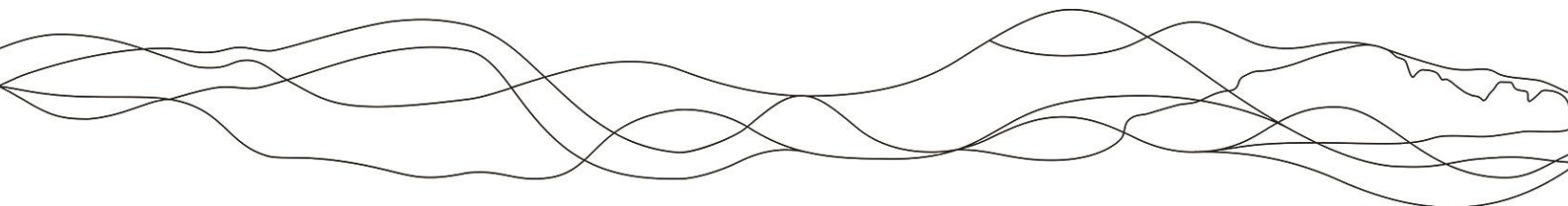


Sussex Local Nature Partnership

Health and Well-being Working Group – Statement of Purpose

NOVEMBER 2020



Contents

1.	Statement of Purpose	3
2.	Background	4
3.	Appendix 1	6
	Place-based approaches to addressing health inequalities	6
	We also reference in our approaches:	8
4.	Appendix 2	9
	Asset-based approaches to promote access	9
5.	Appendix 3	10
	Addressing the barriers to access	10
6.	Appendix 4	13
	Enhancing opportunity for individual behaviour changes.	13
7.	Appendix 5	16
	Action plan 2021-2022.	16

1. Statement of Purpose

- 1.1. Local Nature Partnership (LNP) Working Groups bring together experts in specific topics, in this case **Health and Well-being**, to take forward positive action within the LNP's overarching priorities, objectives and themes specifically **Theme 3: Natural Health and wellbeing: Connecting people and nature.**
- 1.2. Members of the wider LNP network are encouraged to engage and influence the strategic direction of the Sussex LNP and pursue their particular interests through these groups.
- 1.3. The Sussex LNP Health and Well-being Working Group Statement of Purpose is:

Sussex LNP Health and Well-being Working Group – Statement of Purpose:

Our focus is on extending access to green, open and blue spaces to support health and well-being:

- To connect people to nature in areas of health inequality and where communities and individuals are experiencing health challenges
- We need to draw on public health and community development expertise to create sustainable actions, as well as having access to the green places and spaces in which health and well-being activities can happen.

2. Background

- 2.1. To connect people to nature in areas of health inequality and for communities and individuals experiencing health challenges, we need to draw on public health and community development expertise to create sustainable actions as well as have the green places and spaces in which activities can happen.
- 2.2. Evidence is well rehearsed and validated that access to Green, Open and Blue spaces is beneficial to health and well-being: the preventative effects for sustaining good health and mental well-being and the therapeutic effects for people with physical and mental health conditions.
- 2.3. Connection to nature is fundamental to human beings and our well-being.
- 2.4. The coronavirus pandemic highlights the critical significance of access to nature for community and individual health and well-being.
- 2.5. Access can range from gazing at the view, to taking exercise, going for a stroll, cultivating a vegetable plot, studying flora and fauna or cultural benefits through poetry, art or photography.
- 2.6. Evidence is that those who experience the greatest barriers gain the greatest benefit. Specific interventions are required to address those barriers, pro-actively promoting access and behaviour changes for health.
- 2.7. The LNP role is to add value to existing services and activities including through coordinating cross-sector specialisms and working collaboratively to realise the synergies of that range of perspectives and help develop new approaches through which people will value their local natural resources.
- 2.8. The Sussex LNP Health and Well-being Working Group brings together health, environment and community sector expertise to realise the health and well-being potential of connecting people to nature. That collaboration will focus on:
 - **Access** – addressing the barriers to access and promoting behaviour change
 - **Activities** – multiple opportunities to engage with our natural environmentThrough linking people to the natural capital and green infrastructure of Sussex, place-making and design.
- 2.9. Cross-sector and collaborative working requires a shared understanding of 'language' to realise the health and well-being potential of green and open spaces for health through developing community engagement. The current language itself could be a barrier to shared understanding, for example: natural capital; green space infrastructure; behaviour change; stewardship; multifunctional green spaces; place-based approaches; asset based community development, social prescribing, place-making. We will work to develop shared understanding to support deeper collaboration.

2.10. Sussex LNP Health and Well-being Working Group have identified our challenges in the focus to extending access:

- Place-based approaches to addressing health inequalities
- Asset-based approaches to promote access
- Addressing the barriers to access
- Enhancing opportunity for individual behaviour changes

Place	Assets	Barriers	Opportunities
<ul style="list-style-type: none"> • Connect people to nature in areas of health inequality • Create useable greenspace • Creating and supporting new spaces for access • Support knowledge of available options in local areas 	<ul style="list-style-type: none"> • Identify community needs & interests • Understand and build community level activity • Build community capacity • Support development of service providers • Support access to open spaces • Enable new groups 	<ul style="list-style-type: none"> • Co-create services with communities and service users • Develop initiatives that support individuals to access open spaces • Identify and address barriers to access • Model and celebrate new approaches 	<ul style="list-style-type: none"> • Use the capability, opportunity, motivation model to design approaches and services • Pilot different types of intervention • Draw on public health and community development expertise to create sustainable actions

Sussex Local Nature Partnership Health and Well-being Working Group October 2020

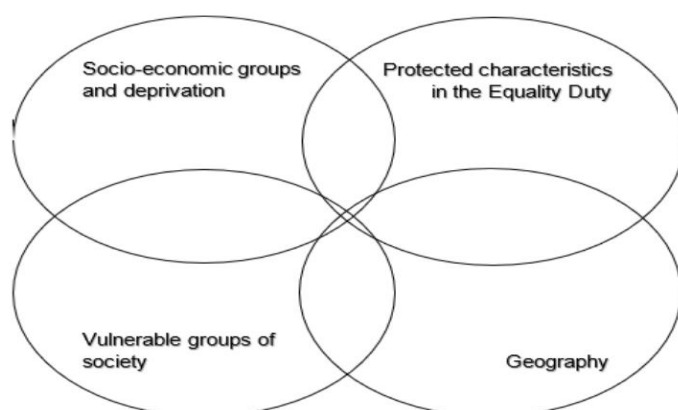
3. Appendix 1

Place-based approaches to addressing health inequalities

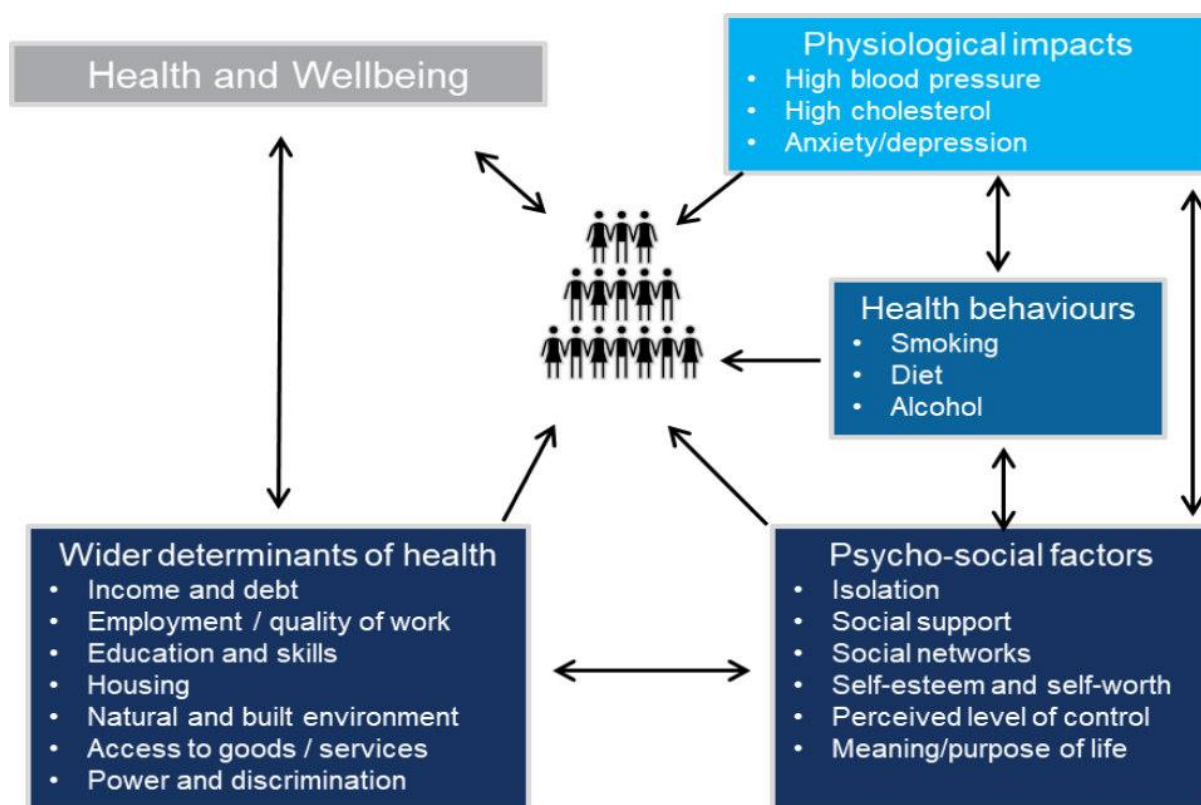
3.1. Public Health England (PHE) support place-based approaches to addressing health inequalities through:

- Community centred interventions
- Civic-level interventions
- Service-based interventions

3.2. Health inequalities have been documented between population groups across at least 4 overlapping dimensions, with people often falling into various combinations of these categories:



3.3. We recognise this PHE system map of the causes of health inequalities and the wider determinants of health and well-being.



- 3.4. The seven main components of the Population Intervention Triangle (PIT) below, form the main elements of effective place-based working.
- 3.5. It was developed to achieve measurable population level change in health and well-being outcomes, including addressing health inequalities between and within local geographies.

Components of the Population Intervention Triangle



- 3.6. We acknowledge our role in supporting interventions at the ‘seams’ between this Population Intervention Triangle, strengthening community action, supporting services engagement with communities to enable communities to interact more effectively with civic level interventions.

We also reference in our approaches:

- **Place-based approaches for reducing health inequalities in work of PHE 2019:**
<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report> Public Health England 29 July 2019
- **Links to the LNP People and Nature Network where this Working Group is focussing on the ‘People’**
<https://www.southdowns.gov.uk/wp-content/uploads/2020/07/PANN-GI-in-the-SDNP-and-wider-SE-FINAL.pdf>
- **The need for good quality evidence of impact:**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904439/Improving_access_to_greenpace_2020_review.pdf
- **The links to equity of access to arts and culture (work which also acknowledges the weak evidence of benefits):**
<https://www.gov.uk/government/publications/evidence-summary-for-policy-the-role-of-arts-in-improving-health-and-well-being>
- **The importance of evidencing social return on investment work:**
https://www.theheritagealliance.org.uk/wp-content/uploads/2020/09/Heritage-Alliance-AnnualReport_2020_Online.pdf

4. Appendix 2

Asset-based approaches to promote access

- 4.1. Asset-based community development builds on individual and community strengths to create greater individual and community resilience to current and future issues.

ABCD

ABCD is 'a methodology for the sustainable development of communities based on their strengths and potentials. It involves assessing the resources, skills and experience available in a community; organising the community around issues that move its members into action; and then determining and taking appropriate action'.

(John McKnight and John Kretzmann, ABCD Institute, DePaul University, Chicago)



What is asset-based community development?

"Asset-based community development begins with the gifts of people and their capacity to organize to create the world they want to see" (ABCD Institute)."

The Glass Half Full



Communities have deficiencies and needs

Communities and its citizens Have capacities and assets

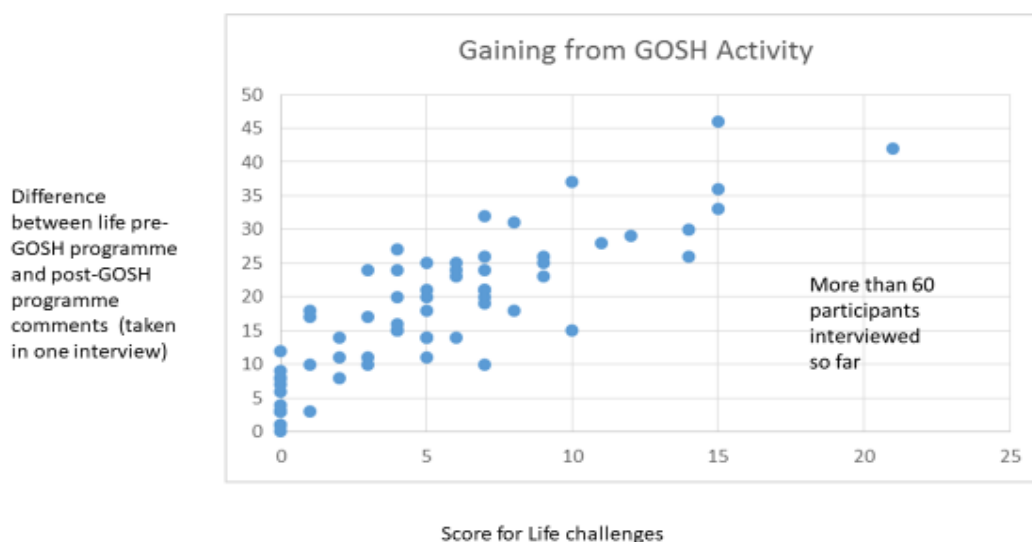


- 4.2. We understand the potential of building community-level activity: community gardens and orchards, local open space activity groups, groups building on shared interests and capabilities for example photography, shared mobility issues; groups focussing on community stewardship and local pride.

5. Appendix 3

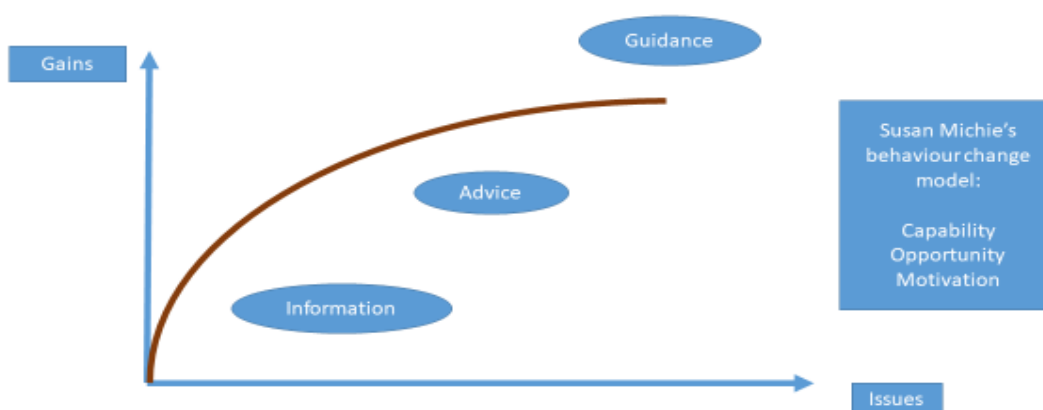
Addressing the barriers to access

5.1. We appreciate the value of access to our National Park, local woodland, the sea and local open spaces, paths and bridleways. Our research identifies the perceived and actual barriers to access and the enhanced impact for those who experience those barriers.



5.2. We understand that people may be supported to access the range of mainstream activities available (ramblers groups, adult education class, leisure centre provision) but for those experiencing the more complex health challenges or well-being changes, support is necessary and this can include support to develop new groups specific to those challenges.

How to use the data.....



- 5.3. Shimmin, P., Watters, C. and Osborn D. (2018) Open Spaces for Health: Concluding Report. 44p; SCDA, Newhaven
- 5.4. Social prescribing and green prescriptions need community development support and the availability of appropriate groups and activities to 'prescribe' to.
- 5.5. The Behavioural Insights Team commenced work which was interrupted by the impact of Covid19 which gives interim examples of barriers:



Example barriers for referrers

Barriers	National Park specific barriers
CAPABILITY BARRIERS <ul style="list-style-type: none"> - May have developed skills to focus on patients' deficits - Lack of up to date knowledge about activities on offer - Lack of knowledge about effectiveness of activities - Lack of knowledge regarding role in referral process - Does not know how to access more information - Difficulties matching service user to activity 	<ul style="list-style-type: none"> - Lack of knowledge about park terrain, walking routes - Lack of knowledge about trained / specialist staff who can work with vulnerable individuals
OPPORTUNITY BARRIERS <ul style="list-style-type: none"> - Lack of training for referrers (e.g. link workers) - Time constraints - Do not see the appropriate service users - Not part of practice culture (e.g. GP surgeries with a focus on medical model) - No central place to find information about activities - Lack of sustainable services to refer people to 	<ul style="list-style-type: none"> - Do not see service users who have the practical or psychological means to access park
MOTIVATION BARRIERS <ul style="list-style-type: none"> - Does not believe that activities are helpful - Does not believe that service user will attend - Concerns around risk and safeguarding and own responsibility for this 	<ul style="list-style-type: none"> - Not seeing park as safe place - Assumptions about service user not being relevant demographic for National Park - Wanting to signpost to a stepping stone first (e.g. community garden)



Example barriers for service users

Barriers	National Park specific barriers
CAPABILITY BARRIERS <ul style="list-style-type: none"> - May not have the cognitive ability to plan the visit - Lack physical capacity to attend 	<ul style="list-style-type: none"> - Lack physical capacity for activities e.g. walking
OPPORTUNITY BARRIERS <ul style="list-style-type: none"> - Lack time - Lack money - Lack support from social network - Service users with complex needs may require more intensive support than social prescribers are able to offer them. 	<ul style="list-style-type: none"> - Limited or no transport options - Cannot afford the travel and parking - Cannot afford clothing e.g. waterproofs, walking boots - Lack social opportunity (people like me don't visit park)
MOTIVATION BARRIERS <ul style="list-style-type: none"> - Lack social confidence e.g. meeting new people - Not believing it will help - Not wanting to attend something which identifies them as having a problem 	<ul style="list-style-type: none"> - Not wanting to go when weather is bad - Worrying about not having the right attire for park - Lack of confidence in physical ability - Concerns about facilities e.g. toilets - Worries about other park users e.g. tourists, too busy



NATIONAL
LEADERSHIP
CENTRE

Example barriers for providers of services

Barriers	National Park specific barriers
CAPABILITY BARRIERS <ul style="list-style-type: none"> - Do not have the knowledge or skills to consistently collect the right outcome data - Do not have the knowledge or skills to accommodate patients with complex needs 	<ul style="list-style-type: none"> - Lack knowledge regarding range of activities it is possible to host in National Park and how to set these up
OPPORTUNITY BARRIERS <ul style="list-style-type: none"> - Lack of consistent funding - Lack of time and resource to advertise and to consistently engage with community 	<ul style="list-style-type: none"> - Cost of running an activity in the park e.g. parking - Lack of communication channels to inform National Park about activities
MOTIVATION BARRIERS <ul style="list-style-type: none"> - Concerns about accepting complex cases from social prescribers and being responsible for safeguarding and risk 	<ul style="list-style-type: none"> - Perception that it is easier to host green events in places like community gardens. Park is daunting. - Concern that activities in the park will exclude certain service users e.g. those with physical or psychological difficulties

6. Appendix 4

Enhancing opportunity for individual behaviour changes.

6.1. The basis of behaviour changes is:

- Capability
- Opportunity
- Motivation

Capability, Opportunity, Motivation - Behaviour model (COM-B)

Behaviour change occurs as a result of interaction between three necessary determinants: capability, opportunities and motivation

How does this relate to individual action on access to nature?

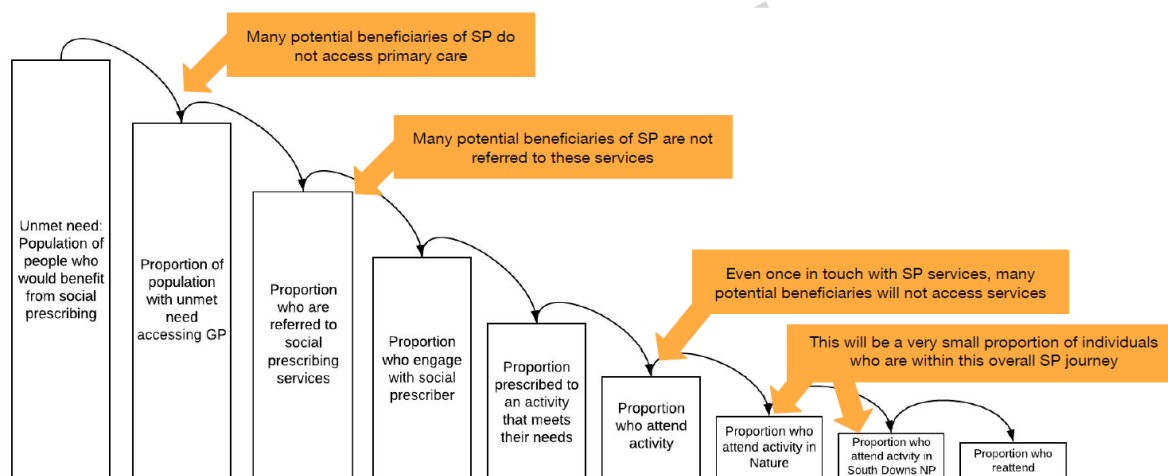
Physical capability to engage in an activity	e.g. affordable, accessible transport; provision of toilets; appropriate clothing and footwear
Psychological capability to engage in an activity, including knowledge and skills	e.g. knowledge of places you can go to; skills to assess length of walk or access and places to stop or turn back; address fears
Physical opportunity	e.g. plan to 'get outdoors'; belief that getting into nature will make a difference to your health and wellbeing
Social opportunity	e.g. habitual view that access is for others; association of being outdoors as being for a certain type of person
Automatic motivation i.e. unconscious decision making their emotions, habits and impulses	e.g. having the options readily available; knowledge of the local area; prompts about health impacts of getting into nature
Reflective motivation i.e. conscious decision making their plans, intentions, beliefs, identity	e.g. creating the social norms to access green spaces; address social isolation through new friendship groups; support to join groups; case studies.



6.2. Cabinet Office analysis of behaviour change concludes:



The social prescribing journey: There are multiple stages where service users may 'drop out'



- 6.3. The challenge is therefore to address these barriers at different levels. See Appendix 3 for suggested approaches to each of these barriers. (NB these are interim findings from the Behavioural Insights team).
- 6.4. We acknowledge the additional support required to realise sustained behaviour changes for those people challenged by capability and lacking motivation where appropriate opportunities are not provided locally.

7. Appendix 5

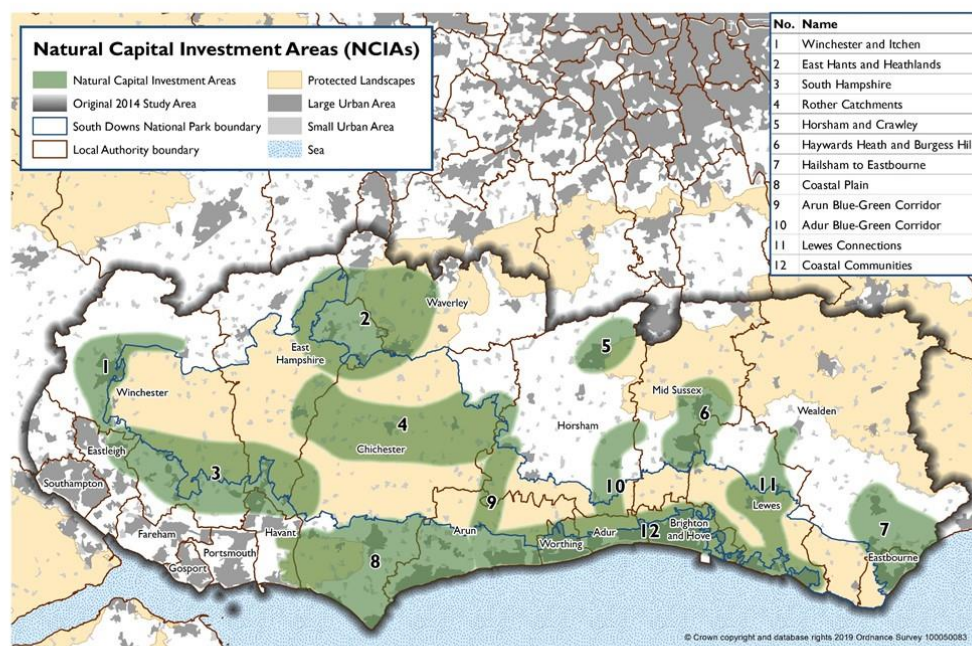
Action Plan 2021 -2022

The Sussex Local Nature Partnership Health and Well-being Working Group will focus on identified actions where the LNP adds value to partner activities by working collaboratively:

7.1. Short Term Priorities 2020-2021

Theme	Priority actions	Timeframe
1. Access	<ul style="list-style-type: none"> Identifying community needs and interests <p>Focus as areas of initial focus on Natural Capital investment Areas 4 to 12 (see map) and collate available information on:</p> <ul style="list-style-type: none"> What communities need Areas of housing development and population growth Interconnection of issues Shared learning Distillation of areas of focus 	March to August 2021
	<ul style="list-style-type: none"> Identification of community needs and assets 	On going through year
	<ul style="list-style-type: none"> Identification of areas of gaps in access to activities 	On going through year
	<ul style="list-style-type: none"> Presentation of available data at June 2021 Working group meeting and preparation for September workshop 	June 2021
	<ul style="list-style-type: none"> Workshop October 2021 'Nature for Health' to: <ul style="list-style-type: none"> Draw together additional information Distil challenges and barriers to access Coordinate partners around theme of Nature for Health 	October 2021

	<ul style="list-style-type: none"> • Reflection on results at December 2021 Working group meeting 	December 2021
<p>2. Activities</p>	<ul style="list-style-type: none"> • From the data in the Access theme support the co-production of activities (inc facilitated services) with partners and local communities • Coordination of 3 thematic task and finish groups distilling health, green and community development priorities and shared interests to facilitate shared understanding and potential for collaboration on delivery and fundraising • Development of a shared learning ‘toolbox’ of activities, needs and assets • Shared understanding and mapping of range of current activities, gaps and effective practice 	<p>Post August 2021</p> <p>March to May 2021</p> <p>May 2021 and on going through the year</p> <p>On going through year</p>



Planned meetings:

- Thursday 15th April 10 to 12 noon
- Thursday 3rd June 10 to 12 noon
- Thursday 9th September 10 to 12 noon
- October 2021 Workshop 'Nature for Health'
- Thursday 9th December 10 to 12 noon