

Highland Green Health Partnership

Sustainability Action Plan 2023-2030

Introduction

The Highland Green Health Partnership was established in 2018. It is one of four regional partnerships in Scotland established to promote the use of the natural environment for the improved health and wellbeing of the population. The partnership is chaired by the Head of Health Improvement at NHS Highland, and funded through the 'Our Natural Health Service' a programme led by NatureScot.

Since the establishment of the Highland Green Health Partnership, there has been a long-term aim to produce a Sustainability Plan, to ensure the continuation of the work beyond the termination of the national funding support.

Background

Funding provided through Our Natural Health Service, allowed for the employment of a Senior Development Officer to support the partnerships work as well as development funds to establish and implement projects that meet the partnership aims. These costs amounted to approximately £100,000 per year. As of the end of September 2023, the national funding came to an end.

As it currently stands, there will be a Senior Development Officer in place to support the work 3 days a week until September 2024. There is also a Communications Officer in place until, at least, March 2024. There are no further available development funds and no secured funding beyond 2024.

At the meeting of the Highland Green Health Partnership in February 2023, all members of the partnership confirmed their commitment to continue the Highland Green Health Partnership beyond the funding end, acknowledging the challenges faced when working with fewer resources.

Workshops were carried out during a showcase event held in May 2023, to identify actions that embed and sustain the work. A sub-group of the Highland Green Health Partnership met in early August 2023 to refine and discuss the actions to take forward and these actions were agreed at a meeting of the Highland Green Health Partnership in September 2023.

Aims of the Sustainability Plan

The purpose of the Sustainability Plan is to:

- Build on the momentum and progress to date
- Align the work of the Highland Green Health Partnership with regional policy drivers
- Ensure continued commitment and buy-in from all stakeholder involved
- Seek new ways to mainstream, integrate and embed the various work streams
- Establish sustainable funding models to support nature-based health improvement programmes

We will achieve this while aligning with the overall vision of the Highland Green Health Partnership which states that:

'By 2030, the natural environment is valued as essential for the health & wellbeing of the people of Highland. We will work together to support individuals and communities to connect with and enjoy nature, while safeguarding our natural spaces and promoting inclusion and biodiversity'

The Stakeholders

Current members of the partnership are listed in **Appendix A**. Other key stakeholders essential to making the initiative a success include.

- Highland Communities
- Highland Community Planning Partnerships
- Third Sector Groups & Support Agencies
- Green Health Activity Providers
- Healthcare Staff
- Link Workers
- Patients

Policy Drivers

The policy landscape surrounding nature-based health and wellbeing initiatives has expanded and changed since the project began. There are increased linkages with policy areas beyond health & wellbeing which will underpin the value of the work and are integral to its continuation.

National Policies:

Our Natural Health Service Aims to show how greater use of the outdoors can help to tackle physical inactivity, mental health issues and health inequalities. The project supports the health sector to embrace green health as part of policy and practice. This will see nature-based health programmes used as part of health promotion and improvement, and encourage healthier lifestyle behaviours.

Public Health Priorities for Scotland: The six priorities reflect the issues that are most important to focus on to improve the health of the nation. The priorities are inter-related and interdependent, reflecting the complexity of Scotland's health challenges and the effort needed nationally, regionally and locally to make a difference. They include:

Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities

Priority 2: A Scotland where we flourish in our early years

Priority 3: A Scotland where we have good mental wellbeing

Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

Priority 5: A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

Priority 6: A Scotland where we eat well, have a healthy weight and are physically active

NHS Scotland Climate Emergency and Sustainability Strategy: 2022-2026: A health service that improves the environment, opportunities, life chances, health and wellbeing of every citizen in our country. One that fully contributes to a more cohesive, resilient and net-zero society, and contributes to the Care & Wellbeing Portfolio's mission to improve population health, population wellbeing and reduce health inequalities

Scotland's Sustainable Development Goals The 2030 Agenda for Sustainable Development provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. As part of this, the Sustainable Development Goals (SDGs) are a

universal call to action. Scotland signed up to the SDGs in 2015. The following goals can be met through delivery of the Highland Green Health Partnership objectives:

Goal 3 - Good Health & Wellbeing
Goal 10: Reduced Inequalities
Goal 11: Sustainable Cities & Communities

Goal 13: Climate Action
Goal 15: Life on Land

Scotland's Biodiversity Strategy: By 2045, Scotland will have restored and regenerated biodiversity across our land, freshwater and seas. Our natural environment, our habitats, ecosystems and species, will be diverse, thriving, resilient and adapting to climate change.

Realistic Medicine: One of the main aims of Realistic Medicine is for people using healthcare services and their families to feel empowered to discuss their treatment fully with healthcare professionals, including the possibility that a suggested treatment might come with side effects – or even negative outcomes.

Regional Policies:

Active Travel Policies: Walking and cycling are often the most accessible forms of green health activity and as such contribute towards active travel outcomes. Activities to improve overall health can be viewed as transitional and equip people with the ability and confidence to choose active travel options.

Highland Outcome Improvement Plan: With a strong focus on tackling inequalities and improving mental health there are clear links to be made with this work which is delivered through nine local community partnerships.

Highland Adapts: The Highland Adapts initiative brings organisations from across the region together to facilitate transformational action towards a climate-ready Highland. Deep rooted in an understanding of the needs and priorities of communities, the initiative is building a strong place-centered evidence base that sets out the climate risks and opportunities that are affecting the Highlands.

Active Highland Strategy: The aim is to have in place a framework that encompasses getting people active through, movement, play, physical activity and sport in Highland with the full commitment from all key partners and reporting to the Highland Community Planning Partnership Board

Mental Health Delivery Group: The aims of this cross-sectoral group, is to ensure that all people in Highland benefit from good health & wellbeing through actions to improve mental health. It reports to the Highland Community Planning Partnership Board.

Cairngorms 2030: This project has been developed as a partnership between Cairngorms National Park Authority, NHS Highland and local community networks, and is supported by Heritage Lottery Fund. Patients are referred by health and social care professionals to a Green Health Link Worker to receive support around connecting to nature for health & wellbeing.

NHS Estate & Greenspaces: NHS Highland are the custodians of a green estate which includes areas surrounding 25 hospitals, 126 GP practices, 25 care homes and other locations and facilities. This resource offers great potential for improving patients, staff and community health and wellbeing across this under-utilised public land asset. Integrating

the NHS Hospital Greenspace work stream will enable reporting through the NHS Sustainability Board; both raising the profile of the HGHP and facilitating connection to this asset with the wider green health community.

Action Plan

The Action Plan is shown in **Appendix B**. These actions have been refined by a sub-group of the Highland Green Health Partnership and are taken from the outputs of the showcase event together with those actions in the existing work plan that contribute towards mainstreaming and embedding the work. Actions have been divided into two categories:

Short Term - these actions will be carried out with the continued support of the dedicated Senior Development Officer and Communications Officer.

Longer Term - These actions will focus on embedding and integrating with each partner taking their share of responsibility.

Timescales

To align with regional and national policy, it is proposed that the Sustainability Plan run from 2023- 2030.

Risks

Across the Sustainability Plan there will be risks which include:

- Lack of staff capacity to deliver
- Competing priorities
- Failure to establish funding to support the ongoing work
- Failure to embed and report on progress
- Lack-of buy-in from key stakeholders

Risks associated with individual actions have been highlighted in **Appendix B**.

Costs

There will be costs associated with the delivery of this work, as yet unquantified. At present money is secured to enable the employment of a Senior Development Officer until the end of September 2024 and a Communications Officer until at least March 24. There are no available development funds currently.

The Framework

The Sustainability Action Plan aligns with the overall framework of the work of the Highland Green Health Partnership which is shown in **Appendix C**.

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NHS Highland
Sept 2023

Members of the Highland Green Health Partnership

Appendix A

Organisation	Name	Job Title
NHS Highland	Cathy Steer (Chair)	Head of Health Improvement
	Dan Jenkins	Health Improvement Specialist
	Ailsa Villegas	Health Improvement Specialist
	Chrissie Lane	MacMillan Consultant Nurse
	Kate Thomson	Health Improvement Specialist - NHS Greenspace
	Helen Perkins	Senior Development Officer - Green Health
NatureScot	Alan MacPherson	Health & Participation Manager
	Cattie Anderson	Area Officer
High Life Highland (HLH)	Lynn Bauremeister	Health & Wellbeing Manager
	Imogen Furlong	Outdoor Activities Manager
University of the Highlands and Islands (UHI)	Trish Gorely	Senior Lecturer, Department of Nursing
Highland Third Sector Inter-face (HTSI)	Mhairi Wylie	Chief Officer
	Isabel McLeish	Think Nature Health Walk Coordinator
	Charlotte Mackenzie	Arts in Nature Manager
The Highland Environment Forum	Caroline Vawdrey	Coordinator
Paths for All	Gill McShea	Walking for Health Development Officer
GP	Dr Katie Walters	General Practitioner
Cairngorms National Park Authority (CNPA)	Adam Streeter Smith	
The Highland Council	Matthew Hilton	Planning
	Lizbeth Collie	Active Travel
	Katie Patesron	Greenspace and Nature Networks Project Officer

Highland Community Planning Partnership	Gail Prince	
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Highland Green Health Partnership Sustainability Action Plan

APPENDIX B

The me 1	Building Capacity, Skills & Understanding						
Action	Description	Lead Organisation	Lead Name	Time scale	Measure	RISK	How might this be achieved?
1.1	Build on the guidance and support available to community groups, link workers and health practitioners in our toolkit and promote these further	NHS	Helen Perkins/ Sophie Isaacson	Sept 24	Number of promotion events/ activities	People won't use the resources without support.	Through provision of online toolkits, videos and printed guidance.
1.2	Provide person-centred training tools to those referring in to nature-based health improvement programmes and interventions	NHS	Helen Perkins/ Sophie Isaacson	Sep 24	Number attending relevant courses	Sign-up to TURAs may put people off	Promote NHS training prospectus to staff Invite people to sign up to TURAS
1.3	Apply Behaviour Change and Quality Improvement Methodologies to our Communications Work. Extend engagement work to include NHS Greenspace initiatives	NHS	Kate Thomson/ Sophie Isaacson	Sep 24	Continue with current measures web-hits/ downloads/ social media	Risk of not reaching the right audiences	Through Communications Sub-Group. Use nationally recognised tools around behaviour and engagement.
1.4	Review our definitions and language and work with stakeholders to ensure consistency of approach	ALL	Helen Perkins/ Sophie Isaacson	Sep 24	Published Definitions	Risk of confusion between different initiatives. Public not on board. Terminology may be offputting to some.	Review current guidance on definitions and share with aptrnership and wider

The me 2	Adding Value Through Collaborative Working						
Action	Description	Lead Organisation	Lead Name	Time scale	Measure	RISK	How might this be achieved?
2.1	Ask Highland stakeholders to commit to a Green Health Charter and report progress against this.	NHS/ ALL	Helen Perkins/ Ailsa Villegas	Sep 24	Number organisations signed up.	Signing up will be easy. Getting them to report will be harder.	1. Invite Signatories to present their progress to HGHP on a rotating basis. 2. Have signatories demonstrate their commitment on their websites and public facing media. 3. Start with HGHP members then expand to Community Planning Partners. 4. Ask HGHP to feedback what they think would be valuable to know in reporting and find common ground where progress can be fed back through existing monitoring systems. 5. Include a prevention focus not just intervention. 6. Commit to raise awareness within internal orgs.
2.2	Establish thematic sub-groups of community partnerships that address nature, climate and health and a network of shared practice among these.	CP Chairs/ HC Community Planning Officers/NHS/ HEF	Ailsa Villegas/ Caroline Vawdrey	Sep 24	1. Community Action Plans developed 2. Who is represented in each locality 3. Emerging Priorities	Getting the right people represented on the groups. Some CP's not very active. Rotating chairs. Competing priorities. Lack of funding to support.	Link to Statutory local place plans. 2. Create online seminars and have network events, seek funding for HEF to lead on the delivery of this work. 3. Field trips to see green health in action. 4. Include the Countryside rangers in these groups. 5. NHS/ HLH have reps on each CP and can report back progress. 6. Invite CP officers to join HGHP. 7. Use and creation of tools.

2.3	Make links with all relevant strategic groups and committees in Highland. Seek new opportunities to embed Green Health Principals into new regional plan development plans.	All partners	Helen Perkins	Sep 24	Number Strategy groups presented to/linked in with. 2. Continue to monitor the number of PPS that mention Green HEalth	Risk of becoming Inverness focused. 2. Risk of paying lip service and no action 3. Delayed action. 4. Missing key groups 5. Changing landscape of committees and keeping on top of this.	1. HC Climate Change Committee - link to Net Zero Strategy.2. HC H&SC Committee. 3. Learning for Sustainability - Education. 4. Communities and Place. 5. Env & Economic Development - link to NP4 (include this in logic model) 6. Highland Biodiversity Action Plan 7. make links with community resilience teams. 8 make links with the outdoor volunteering group.9. CNPA Board 10. HLH Board 11. NHS Board 12. Local Outdoor Access Forums 13. Ask HGHP members where we are currently represented - make this a priority for next HGHP. 14. Find our high level champions
2.4	Continue to gather and build on the shared evidence base, including qualitative case studies that demonstrate the impact. Link with new areas such as use of pharmaceuticals, climate change and blue health	All partners	Helen Perkins/ Sophie Isaacson			Know who the audience is for. Risk they aren't read.	1. Are we asking the right people for case studies? Work with our adult learning centres. 2. Evaluate the process as well as the outcomes 3. Learn from best practice including social enterprise. 4. Short term outcome who has examples? 5. Speak with Highland Adapts for climate stories and add a public health spin. 6. Ask HTSI Forums.7. Link this to the shared learning networks.

Action	Description	Lead Organisation	Lead Name	Timescale	Measure	RISK	How might this be achieved?
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3.1	HGHP Members to continue to promote workplace wellbeing initiatives around Green Health	All partners		ongoing	Key messages of HGHP integrated into partners internal communications to staff; Partner organisations continue to support and build on green health initiatives on offer to staff; Green Health valued as key to achieving climate/sustainability strategies and targets; Partnership leadership teams actively promote and engage with green health in the workplace, e.g. health walks, daily moments in nature, outside meetings, Staff of partner organisations report positive culture and permission around incorporating green health into the workplace.	Communication doesn't necessarily lead to behaviour change and measuring impact of comms is hard; Without someone coordinating could lose momentum.	1. Outline key messages in communications plan, messages relating to individuals and organisations e.g. nature connection is good for your mental health and wellbeing, and people who are connected to nature are more likely to engage in pro-environmental behaviours; 2. Embed key messages within partners internal communications via heads of HR/comms team; 3. Identify and share with partners communications teams key yearly initiatives (green health week, climate week, May walking month, Paths for All Step Count Challenge); 4. Include workplace wellbeing in the Highland Green Health Charter; 4. Link in with healthy working lives award, does Green Health feature? - encourage all partner organisations to pay staff for a volunteer day a year, NatureScot staff programme as example. Paths for All workplace walking tools/awards promoted to all partner HR teams. 5. Link with Active Highland Strategy Group and their messaging.
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3.2	Continue to work with our higher education institutes through student placements, graduate and post graduate research and job placement opportunities.	ALL	Dan Jenkins/ Imogen Furlong	Ongoing	Number of Green Health related placements/ course uptake	Capacity to co-ordinate; Communications lead needed; Not getting buy-in from stakeholders	1.HLH Green Leadership Award. 2.Abn Sustainable Medicine students.3. Work with Andrew Dallas Realistic Medicine course; 5.Share case studies and success stories of routes to employment and positive experiences; 6.Promote Green Health opportunities through the Modern Apprenticeship scheme with HC. 7.Work with High Schools, partners and green health providers to promote green health opportunities for work experience pupils/student placements?
3.3	Ensure Green-space & Green Infrastructure projects in Highland work to tackle health inequalities through the promotion of connection to nature	HC & NHS	Katy Paterson & Matthew Hilton; and Kate Thomson		Green-space infrastructure project placement consider impact on health inequalities e.g. target areas of socio-economic disadvantage, greening these areas first.	Funding. For example limits of annual funding for community projects-need to be ready to go, lack of funding for maintenance and funding opportunities for biodiversity/ climate action not always well related to reducing health inequalities; Readiness of community groups to make use of short-term funding.	Communicating importance of biodiversity for health and wellbeing to public, stakeholders & funders; Support to community planning partnerships to coordinate networks and community groups; Community engagement events attached to greenspace improvement sites e.g. HC 10 sites for biodiversity as per meadow mosaic project model; Share learning around tools such as the tree equity tool; and NHS hospital greenspace projects to be co-developed with local communities with access a key priority.

3.4	Partners integrate and embed key messaging throughout the delivery of their work -replacing a dedicated green health work stream.	All partners; HEF	All partners comms teams and Caroline Vawdrey	Ongoing	Partners internal and external comms regularly include messaging around benefits of green health and relevant opportunities.	Lack of coordination if no funding to continue communications and engagement of-ficer post; HEF funding year to year.	Outline key messages in communications plan; Share communications plan with partners communications teams and partners to encourage incorporating messages into relevant organisation comms plans; Encourage green health to be incorporated into partners external communications/newsletters; Include in Highland Green Health Charter; and HEF to continue to promote HGHP key messages and opportunities to members via newsletter and events.
The me 4	Sustainable Funding						
Action	Description	Lead Organisation	Lead Name	Timescale	Measure	RISK	How might this be achieved?
4.1	Work to develop a funding package to support communities in green health initiatives in 2023-2024 with continued focus on Sustainability (Green Health Small Grant Fund)	All	Matthew Hilton for some initial scoping/contact making; liaise with Alison Grant. Katie Paterson key link for Nature Restoration Fund	Jan 2024	Use existing feedback and evaluation process.	Funding pots not available. This may mean delivery partners in the community drift off; valuable evidence gathering around local approaches may be lost	Ward/locality based funds; Coastal Communities Fund (could be multi-year?); Nature Restoration Fund (this needs to be spent by the end of the financial year).HC to check locality funds that might be available to apply for

4.2	Work collaboratively to secure ongoing funding to support nature-based health improvement initiatives and enhance our greenspaces, including unlocking Capital funding.	HC	Matthew H check lead for funds; Alison Grant manages ward managers. Katie Paterson key link for Nature Restoration Fund	April 2024 onwards	long term funding established; match funding sources identified;	Momentum of work built up so far may be lost; capacity within communities to deliver sustainable Nature-based Social Prescribing destinations may be lost	Ward/locality based funds; Coastal Communities Fund (could be multi-year)?; Nature Restoration Fund - could this be utilised as time-bound match funding for larger projects
4.3	Co-design funding programmes with the third sector through delivery of a funders forum.	HTSI	Mhairi Wylie		Engagement levels from funders; resultant funding framework	Increasing competition for diminishing pots of funding	Development of the structure supported by input from HGHP members. Invitations to funders forum go through well-considered targetting.
4.4	Work to promote and encourage social enterprise around Green Health service delivery in Highland.	NHS/HIE	Keith Masson		Examples of social enterprise identified and learning shared; new SE organisations come into existence	Potential for widening inequalities if provision of services becomes skewed towards recipients with greater resources	Green Health Development Fund could help?; climate mitigation funding might be an option for some organisations

Highland Green Health Framework
APPENDIX C

