

GreenLINK Response to:

Department of Health White Paper:

Healthy lives, healthy people: our strategy for public health in England

GreenLINK is a forum, which brings together, at a national level, organisations that are active in the parks and green space sector. Organisations from the widest range of green spaces are present at GreenLINK– from parks and gardens to city farms, country parks, woodlands and wildlife sites to play areas, allotments to urban plazas –whether provided and managed by statutory agencies, non-governmental organisations, local authorities or by community led and managed groups such as community gardens or “Friends Of” groups.

Q1. ROLE OF GP’S AND GP PRACTICES IN PUBLIC HEALTH: Are there additional ways in which we can ensure that GP’s and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

The proposed structure puts in place links between GPs and the NHSCB and therefore PHE via the GP Consortia. This will allow the national bodies to influence GPs and retain a clear focus on preventative public health measures; this is an important relationship as the majority of GPs are perhaps currently more focused on treatment based interventions than on prevention and lifestyle interventions. We welcome the move to encourage GPs to be effective providers of public health advice and to look specifically at equitable access to services and outcomes.

However we are concerned about how the local government based DsPH will link to their local GPs and GP Consortia. It is perhaps these local relationships that hold the key to effective and joined up public health approaches. Many areas of public services can impact on quality of life and healthy lifestyle issues and we would expect the DsPH to identify these contributory areas and work within the local authority to monitor and develop these services to ensure they make the maximum health impact. This needs to be carried across to link to the work of GPs so that their efforts around preventative health are closely aligned with those of other public service areas within local authorities and beyond.

Parks and green space services are amongst those that already make a significant contribution to public health and have the potential to make an even greater contribution. We will make approaches to the CMO, PHE and down to individual DsPH to raise awareness of the contribution of quality green environments on public health, highlighting the close correlation between health inequalities and the inequalities around access to quality environments. It is our aspiration that the QOL will include some measure of this relationship leading to an effective mechanism to link health performance with green space access, quality and use.

In recent years there has been a growing relationship between GPs and local parks and green space services with increasing use of GP referral schemes and BTCV Green Gym™ and Walking for Health initiatives. These have led to great success at an individual and very local level around areas such as obesity, cardiovascular related illness and the mental health and independence of older people. Although these schemes have demonstrated their effectiveness in improving health outcomes, organisations are still struggling to find funding to scale up outdoor health interventions. There is nowhere near universal coverage, despite many patients asking their GP about being prescribed to these programmes. There is huge potential for an expansion of these types of initiatives. The Health

and Social Care Bill sets out the role of the local authorities to improve the health of people in their area: to provide services and facilities for the prevention of illness as well as promoting healthy living. The Green Space sector is ready to collaborate extensively with health colleagues but to work effectively across local authority structures green space teams need support from well informed DsPH who will also then need to create and maintain strong locally based links between local authorities and GPs to gain the maximum potential health benefit from this relationship.

Q2. PUBLIC HEALTH EVIDENCE: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?

The Department of Health will have a key role in collating the large amount of data and research regarding public health initiatives and programmes. Such varied and different data sets in one place will ease the flow of information available to both professionals and the public. A web-based searchable database has the potential to provide a great resource for researchers, health professionals and the public to understand accurate and up-to-date information.

Government can also help by compiling and making available national data sets that are beyond the capacity of individual organisations. An issue with such national data sets is the requirement to continuously update them to reflect inevitable change. Many of the contributing data sets will have been derived from one-off projects, where there is no resource available to periodically review and update. If similar national data sets are to be provided, thought needs to be given to the most efficient way of collecting and periodically updating the data; should this be a role of government or should it be devolved to the relevant organisations who may be able to collect the data more efficiently and could benefit from the increased revenue and capacity that comes with the role?

Consideration should be given to how this idea could be used to support smaller organisations, those with a neighbourhood or town wide remit for example, where the capacity to create an online presence doesn't exist. For these, creating and managing a website may be more of a burden than an asset. Supporting high numbers of small organisations, operating across many different thematic areas and in very small geographic areas is potentially a considerable challenge. Devolving this role to other organisations, allowing them to make use of a shared web infrastructure and content management system supplied by Government, may be a suitable approach.

Q3. PUBLIC HEALTH EVIDENCE: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?

Much evidence already exists to confirm that high-quality green space and public realm influence a community's quality of life, and therefore the health of the population. For example, BTCV's Green Gym is recognised by the Department of Health as successfully increasing people's physical activity.¹ Although evidence is available there is little analysis which meets stringent medical research criteria – like the Randomised Control Trial. GreenLINK suggest that this is one of the reasons that hampers the roll-out of green space interventions?

Through the collation of the database, gaps will be evident during the process. Where gaps have already been identified, such as those described, engagement with organisations already working within such fields will be key in filling these. For example, in understanding the wider determinants of health, and looking at the public green infrastructure sector. Recent research of the City of Philadelphia showed that residents receive almost \$70m annual health cost reductions through

¹ Department of Health (2009) Be Active, Be Healthy; a plan for getting the nation moving. London

access to their parks, not including any calculations towards mental health improvements.² By engaging with a range of sectors, all of which impact upon people's lives, Public Health England will provide the best evidence to tackle health inequalities, achieve cost-effectiveness and provide wide benefits.

No similar whole city / area based studies exist within England at present although smaller scale more isolated evidence exists. GreenLINK believes that a cost effective methodology for collecting the fundamental components of the necessary evidence base can be established and routinely monitored. We believe that addressing environmental quality issues and improving access and use of local green spaces can directly and substantially contribute to addressing health inequalities. The Marmot Review calls on the health sector to broaden its perspectives on public health and the role of preventative interventions and cites access to quality green space as an example of where a more inclusive and open approach would bring dividends and excellent Return on Investment. We seek to build on good the partnership working between the health sector and green space sector that has taken place at the local level.

In our experience very little additional encouragement is needed in order to change lifestyle patterns in areas where good parks and green spaces exist. People living in areas with high levels of green space are 3 times more likely to be physically active and 40% less likely to be overweight or obese than those with low levels.³

Provided a green space is well maintained, clean, welcoming and safe and provides a stimulating range of environments and facilities, local people will use them and use them intensively. The Heritage Lottery Fund has financed the restoration and improvement of large numbers of important parks invariably resulting in an immediate massive increase in use and activity levels amongst the local residential population. Perhaps more importantly it is the effect of these changes on the very young and older residents that make these restorations so valuable in health terms. Parents are more likely to regularly take their children to the park and later to allow them to visit unaccompanied and this early exposure to physical activity in a pleasant outdoor environment establishes healthy lifestyle patterns likely to remain throughout adult life. Older people are the first to stop using neglected spaces that feel unsafe or unwelcoming but return quickly and in numbers once improvements have been implemented. The impact of regular exercise and social interactions on elderly residents is dramatic, slowing the effects of dementia, reducing drug dependency, holding back debilitating illnesses and diseases and helping them to retain their independence for longer.

In some areas and for some sectors of the population, providing great spaces alone may not be enough to break down the established social and cultural barriers which prevent use of green space and the associated health benefits that come with such use. In these instances more encouragement is needed. Programmed events and community led initiatives may provide the key to unlocking these barriers as can provision of more specialist green space typologies such as community managed gardens or growing spaces where active involvement and inclusion strategies can be implemented.

Q4. PUBLIC HEALTH EVIDENCE: What can wider partners national and locally contribute to improving the use of evidence in public health?

² The Trust for Public Land (2008) How much does the City of Philadelphia receive from its parks and recreation system?

³ Ellaway A, Macintyre S, Xavier B (2005) Graffiti, greenery and obesity in adults: secondary analysis of European cross sectional survey. *British Medical Journal*, 331, 611-612.

Health evidence needs to be promoted transparently, consistently and effectively. When relaying information to the public about how to improve their lifestyle choices clear, simple and positive messages and programmes need to be developed. Again, through engagement of a wide number of organisations positive lifestyle choices can be delivered. Programmes, such as BTCV's 'Green Gyms' or Natural England's 'Walking for Health', engage communities and bring both measurable and evidenced health benefits, whilst also delivering wider benefits such as habitat improvements or community cohesion.

Partners can gather evidence from wider sources reflecting the diversity of different forms of potential health interventions. Regular use of high quality parks and green spaces can positively impact on the health of individuals and communities in a variety of ways. Thoughtful planning of open space networks can also have long-term positive effects on public health. Developing methods to measure and monitor how effective spaces are in terms of their contribution to health requires detailed knowledge of green space quality criteria, the ability to coordinate local data collection and the ability to compare against national and local benchmarks. This is best done through partnerships with the green space sector. The green space sector's ability to then link this data to health inequalities and demonstrate that the improvement of local green spaces represents a cost effective public health intervention requires the support and commitment of colleagues in the health professions. GreenLINK would welcome opportunities to work with DsPH and PHE to develop and implement a suitable approach.

There are concerns that the Government may become too reliant on and responsive to partners with vested commercial interests, such as the food and drink industries. The influence they enjoy may be disproportionate to the benefits that their involvement may bring; ultimately their priority will be to protect their income and market position. For example, when looking at strategies for increasing physical activity it would be easy to succumb to the persuasive influence of the indoor leisure industries - gyms, spas, pools and leisure centres. In truth, whilst these facilities meet the exercise needs of a comparatively small number of relatively well-off people, the participation statistics simply do not compare to the use green spaces as venues for grass roots sports or for informal fitness activities. Parks and green spaces are freely accessible and many of the sports opportunities they provide are also free or relatively low cost. They therefore have a greater value to a greater number and diversity of people, especially the disadvantaged, but don't have an obvious commercial and economic stature, even though they probably generate more local employment and provide a greater stimulus to local economies.

Health authorities and local planning authorities need to work together more closely in the future. Doing so will provide the strategic oversight required to deliver high quality healthcare developments. More collaborative working could help to ensure that maximum health, wellbeing and sustainability benefits accrue from every development.

Q5. REGULATION OF PUBLIC HEALTH PROFESSIONALS: We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

GreenLINK does not feel qualified to respond to this issue.

Q6. CROSS-CUTTING ISSUES: Please use this section if you want to comment on any cross-cutting issues.

GreenLINK brings together, at a national level, organisations that are active in the parks and green space sector; those working in the broadest sense to improve the quality of our green spaces

throughout the UK. From parks and gardens to city farms, country parks, woodlands and wildlife sites to play areas, allotments to urban plazas – and the range of benefits they bring, whether provided and managed by statutory agencies, local authorities or by community led and managed groups such as community gardens or “Friends Of” groups. We use the shorthand phrase “parks and green spaces” to represent the full spectrum of different and diverse green spaces that are available for communities to use and enjoy.

Evidence for the health benefits of publically accessible green space within urban and rural places is growing rapidly but is not new. Even in Victorian times the health and well-being benefits of public parks and green spaces were recognised. A Select Committee on Public Walks (1833) and subsequent legislation, in particular the Public Health Act 1875, empowered local authorities to acquire and maintain land for recreation. Today it is still recognised that individuals and communities who have access to good quality green space receive benefits towards a healthier life.

The evidence for the preventative health value of high quality green space is growing. Apart from the ability of urban green space to provide a space for recreation, reduce pollution, and the build-up of the particulates that can aggravate respiratory diseases such as asthma and bronchitis, green space contributes significantly to stress reduction, the alleviation of depression and dementia.

Over the last decade there has been a shift in the health agenda towards promoting healthy lifestyle behaviour and choices. There has also been recognition of the role the environment can play in enhancing health. Less active lifestyles have led to an increase in preventable diseases which are placing increasing pressures on the National Health Service and cost the NHS £8.2 Billion annually.⁴ Parks and green spaces contribute to all aspects of health and well-being including increasing levels of physical activity which could alleviate pressures on the NHS. Simply being outside in a green space can promote mental well-being, relieve stress, overcome isolation, improve social cohesion and alleviate physical problems.⁵

Parks and green space facilities provide easily accessible recreational opportunities, which are usually free. They have the potential to positively impact on preventable illnesses, including; diabetes, depression, cardiovascular diseases, cancers, obesity and elderly illnesses. A brisk walk every day, in a local park, can reduce the risk of heart attacks by 50%, strokes by 50%, diabetes by 50%, fracture of the femur by 30%, colon cancer by 30%, breast cancer by 30% and Alzheimer’s by 25%.⁶

Parks provide spaces where people can get some fresh air, go for a walk, play football, exercise or just enjoy the surroundings. Regardless of social class living near parks, woodland or other open spaces helps to reduce health inequalities.⁷ In urban areas people are more likely to rate their health as good if there is a safe and pleasant green space in their neighbourhood.⁸ Unfortunately those living in more deprived communities, who tend to have poorer health and suffer from the kind of illnesses that can be alleviated by regular exposure to green spaces, are also less likely to have good access to high quality parks and green spaces.^{9 10}

⁴ Department of Health. (2004). At least five a week: Evidence on the impact of physical activity and its relationship to health

⁵ CABE. (2009). Future Health: Sustainable places for health and well-being

⁶ Bird, W. (2002). Green Space and our Health; paper to London Greenspace conference

⁷ Mitchell, R & Popham, F. (2008). Effect of exposure to natural environment on health inequalities: an observational population study. *The Lancet*. 372(9650), pp.1655-1660

⁸ The Scottish Government. (2009). Scotland’s People, Annual Report: results from 2007-2008, Scottish Household Survey

⁹ CABE Space. (2010). Urban Green Nation: building the evidence base

¹⁰ CABE Space. (2010) Community Green: using local spaces to tackle inequality and improve health

Many community managed green spaces exist primarily to create therapeutic opportunities for disadvantaged or excluded groups such as adults with learning difficulties, the elderly and ethnic minority communities. An increasing number of groups are also being set up for community food growing, creating opportunities for exercise through gardening activities, as well as increasing knowledge of better diet and nutrition through the growing of fresh vegetables, fruits and herbs.

Obesity:

Over the last twenty years the number of obese adults in England has tripled and is still rising. 62% of men and 53% of women are either overweight or obese, and 17% of men and 20% of women suffer from clinical obesity. The rising rate of obesity amongst children is just as alarming; the number of obese six-year-olds doubled in the last ten years, and the number of obese fifteen-year-olds more than trebled. A major cause of obesity, and other health problems, is inactivity.

Obesity reduces life expectancy by an average of three years, or eight to ten years in the case of severe obesity (BMI over 40). Around 8% of annual deaths in Europe (at least one in 13) have been attributed to overweight and obesity. The cost to the UK economy of overweight and obesity was estimated at £15.8 billion per year in 2007, including £4.2 billion in costs to the NHS.¹¹ The cost to the NHS is estimated to rise to £6.3 billion by 2015.¹²

Accessible, good quality green space directly influences the numbers of people involved in exercise or activity. Where cycle paths or pedestrian routes travel through green space they provide safe routes with reduced pollution, in turn encouraging greater use and health benefits. Many groups, from Sunday footballers to Nordic skiers, joggers or dog-walkers, are regular users in our parks; all able to lead fit and active lifestyles through their access. Reductions in obesity, cardio-vascular diseases and many other health improvement targets will be achieved by promoting activity within our parks and open spaces. Natural England's survey of 2009/10 showed that 52% of those who visit parks regularly undertake 30 minutes of exercise during these visits.¹³

Green exercise has important implications for public and environmental health. Evidence suggests that participants in exercise programmes based in outdoor green environments are more likely to continue with their programme than if it is based within a gym or leisure centre.¹⁴ Recent work has shown that where people have good perceived and/or actual access to green space they are 24% more likely to be physically active. Therefore, improving the quality of spaces will encourage more active use and exercise.¹⁵

Many parks authorities are now supporting GP referral schemes which involve doctors treating patients through regular exercise programmes based within local parks. As a result of green exercise, studies in the East of England have reported that there was a significant overall improvement in self-esteem, a significant reduction in the subscale mood factors of anger, confusion, depression and tension. Although participants felt significantly more fatigued (due to the intensity of the exercise) after the activities, they still felt more vigorous and alive.¹⁶

¹¹ Government Office for Science. (2007). Foresight: Tackling Obesities: Future Choices – Project Report. 2nd Edition

¹² Department of Health. (2008). Healthy Weight, Healthy Lives: A toolkit for developing local strategies

¹³ Natural England. (2010). Monitor of Engagement with the Natural Environment: The national survey on people and the environment

¹⁴ British Military Fitness. (2001). Paper to UPF conference; Parks What's the use?

¹⁵ CABE Space. (2010). Community Green: using local spaces to tackle inequality and improve health

¹⁶ University of Essex, Commissioned by the National Trust. (2008). Green Spaces – Measuring the Benefits: Drawing on case studies from the East of England

Recovery from Surgery:

Patients recovering from surgery, recover faster, need fewer strong drugs for pain, and have fewer minor complications if they have a room with a window that overlooks green environments such as trees, grass and water.¹⁷ Studies for post-operative recovery rates show that simply by viewing green spaces patients recover more rapidly, in turn reducing the cost of healthcare received.¹⁸ Previous studies by Ulrich also prove reductions in stress through viewing green spaces or natural environments.¹⁹ In our busy urban environments the addition of green space has positive calming effects for local people. By increasing the balance towards natural elements further improvements can be gained.

Stress:

As technology, traffic, artificial light and noise increasingly dominate our towns and cities, a park or green space can be an oasis of tranquillity and calm that has a genuine effect on stress. Clinical evidence suggests that exposure to an outdoor green environment reduces stress faster than anything else. Simply viewing nature can produce significant recovery or restoration from stress within three to five minutes.²⁰

For people experiencing anxiety or stress, studies indicate that certain types of nature scenes quickly foster more positive feelings and promote beneficial changes in physiological systems for instance, blood pressure.²¹ The more often a person visits urban open green spaces, the less often he or she will report stress-related illnesses.²²

Horticultural therapy:

Contact with plants and participation in horticultural activities can bring a wide range of benefits to a diverse demographic. It can enhance self-esteem, self-confidence, social and communication skills whilst also improving stamina, coordination and balance. Studies show that green environments improve both self-esteem and mood. In a study into the benefits of activities in green places, the mentally-ill had one of the greatest self-esteem improvements.²³

For some patients, usually those suffering from mild intellectual disability, involvement in horticultural projects can produce positive benefits. Many projects take place in public parks and open spaces and many park managers work in partnership with horticultural therapy units. A large number of community-managed farms and gardens run horticulture therapy projects for a wide variety of clients – from those recovering from addiction to those from excluded groups such as minority ethnic communities or those with disabilities.

Children and young people:

Green spaces serve to provide exciting, well managed opportunities for children and their families to play and develop. For many children, public parks are the only spaces where they can play safely or have contact with nature in city environments. An increase in car ownership has changed the streetscape; with greater levels of traffic children no longer play in the street outside their homes.

¹⁷ Ulrich, R. S. (1984). View from a window may influence recovery from surgery. *Science*, 224, pp.420-421.

¹⁸ Ulrich, R.S. (2002). Health benefits of gardens in hospitals

¹⁹ Ulrich, R.S. 1999. *Effects of Gardens on Health Outcomes* in *Healing Gardens: Therapeutic Benefits and Design Recommendations*

²⁰ Ulrich, R. S. (1999). Effects of gardens on health outcomes: Theory and research. In C. Cooper-Marcus & M. Barnes (Eds.), *Healing Gardens: Therapeutic Benefits and Design Recommendations*. New York: John Wiley, pp.27-86.

²¹ Ulrich, R. S., Simons, R. F., Losito, B. D., Fiorito, E. (1991). Stress recovery during exposure to natural and urban environments. *Journal of Environmental Psychology*, 11, pp.201-230

²² Grahn, P. and Stigsdotter U.A. (2003). Landscape planning and stress. *Urban Forestry and Urban Greening* 2 (1): 1-18

²³ Pretty J., Hine R. and Peacock J. (2006). Green Exercise: The benefits of activities in green places. *The Biologist* 53(3), pp.143-148

Furthermore, the internet and technology have led to greater levels of sedentary behaviour and increases in childhood obesity. However, contact with natural settings, with the opportunity to explore and experience risk, all improves children's learning and outlook. Additionally, after taking part in activities in green settings, such as walking through or playing in a park children with ADHD can concentrate on schoolwork and similar tasks better than usual.²⁴

Older People:

Physical activity does not end with later life. Scientific evidence increasingly indicates that in addition to health benefits, for example the prevention of cardiovascular disease, type 2 diabetes and obesity, physical activity also can extend years of independent living, reduce disability and overall has the significant potential to impact upon the quality of life of all older people. It enables the continued enjoyment of activities of daily living and helps to maintain an individual's social networks. Studies have found that elderly people who remain active are less likely to fall and cause injury and are more likely to continue being independent at home.²⁵ This means they are less likely to need health care and other publicly funded services.

Within the field of care for the elderly, studies show that patients exposed to outdoor green environments became happier, slept better, were less restless, more talkative, and needed less medication.²⁶

Environmental Health

Urban green space will play a crucial role in maintaining a stable city or town environments as the climate changes in the future; directly impacting on the health and well-being of local populations. Urban tree cover reduces pollutants and maintains air quality, lowering the burden of respiratory afflictions or diseases.²⁷ Extreme flooding events, which are predicted to become more frequent in future, are mitigated by parks and green spaces.²⁸ Furthermore, urban green space maintains stable city temperatures, and can therefore improve heat related illness or mortality.²⁹

By ensuring our parks and green spaces are protected and enhanced across towns and cities the government will be providing a cost-effective and proven solution to many health issues today. Access to good quality green space affords local communities reductions in stress and mental health problems, the ability to be active and exercise and make healthy lifestyle choices, such as choosing sustainable transport.

Commissioning physical activities in our parks and green spaces, for example GP's organising fitness classes, will provide health benefits and increase income to maintain and improve park quality standards. By involving a range of organisations, many of whom already undertake community engagement and delivery of healthy activities, cross-cutting targets across government departments can be achieved. The health of local communities is directly and positively affected by the quality and accessibility of urban green space. GreenLINK will support and encourage delivery of health targets through the use and enjoyment of the UK's parks and green spaces.

²⁴ The Trust for Public Land. (2006). The Health Benefits of Parks

²⁵ WHI. (1999). Business Plan

²⁶ Grahn P: Att Uppleva Parken (1989)

²⁷ Broadmeadow, M,S,J & Freer-Smith, P,H. (1996). Urban Woodlands and Benefits for Local Air Quality Research for Amenity Trees No 5

²⁸ Department for Transport, Local Government and the Regions. (2002). Green Spaces, Better Places: Final report of the Urban Green Space Task Force

²⁹ Barton, S. (2008). Adapted from the lecture 'the healing garden: social research' PLSC100: Plants and Human Culture. November 18

Q7. SUMMARY: What do you think the top five issues are in implementing the White Paper vision and related strategy and proposals?

1. Acknowledge that healthy communities need to have good access to high quality green spaces, as the Marmot Review does. The White Paper acknowledges the importance of green space: “we will protect and promote community ownership of green spaces and improve access to land so that people can grow their own food”. However, there is no strategy for better linking green spaces as a health investment. How will health practitioners ensure that their local spaces are managed in such a way as to optimise the health benefits?

It is the quality of local green spaces that is the critical issue; low quality spaces lack the facilities people need, lack the diversity of environments to appeal broadly across the local population and fail to inspire and provoke an emotional response. In this state, their contribution to improving public health is sadly diminished. The Marmot Review calls for brave and bold approaches and a national programme to engage young people in the improvement of local spaces would be an appropriate response. This would tackle causes of poor health and mental wellbeing, inactivity, unemployment, poverty and social isolation, whilst improving the local area and quality of life opportunities for all residents.

2. Support the creation and improvement of accessible urban green spaces, including parks, community managed gardens, and growing spaces, in those urban areas with the worst health record
3. Create programmes that reduce unemployment especially amongst young people, through their learning and using the crafts to create more attractive local environments.
4. Evidence collation and reporting
5. Cross-cutting solutions

Read again what the Conservatives said in their excellent pre-election report in the Childhood Review; a better public realm, more accessible to children, is the key. We urge a more intelligent focus on this and on the many other gains that could result from a closer examination of our priorities for local neighbourhood environmental quality. We cannot continue to allow people to live in economic hardship within depressing low quality urban environments and then feign surprise that they are unhealthy, unhappy and a growing burden on overstretched and escalating health budgets.