

Green Infrastructure Masterclass - HEALTH

11am - 3:30pm, 19th July, RISC, Reading

Conference Report

Green infrastructure provides significant health benefits for local populations. The health service in the UK is changing with an emphasis, through the new Public Health England body, on preventative interventions. The changes will mean that local authorities are more involved with health decisions for their local communities; unitary and upper-tier authorities will have budgets to improve local health targets. The aim of this masterclass was to look at the evidence in detail, understand how local authorities can engage and feed into the Strategic Health Board and understand the evidence needed to deliver health outcomes.

Green Space and Health

Hazel Ainsworth, Delivery Lead Health and Environment, Natural England

Health problems in the UK cost a lot to the economy, both directly at the point of treatment, and indirectly through lower productivity in the workforce. Estimates of the direct NHS costs of treating overweight and obesity, and related morbidity in England have ranged from £479.3m in 1998 to £4.2bn in 2007. Estimates of the indirect costs from these studies ranged between £2.6bn and £15.8bn. There is substantial momentum from Government to reduce these costs through changing the way healthcare is provided. The 2009 report, Be Active Be Healthy, estimated the cost of inactivity to each Primary Care Trust (PCT) to be £5m.

Commissioning transition timetable

Now – March 2011	PCTs to involve GP practices and emerging consortia, with other clinicians, in the 2011/12 contracting round and the broader commissioning cycle from 2011/12 onwards
December 2010	Initial GP consortia pathfinders identified
January – March 2011	Delegated responsibilities of pathfinder consortia confirmed with PCTs
January 2011 – March 2012	Further pathfinders identified and emerging consortia encouraged to become increasingly involved in commissioning and take on increasing delegated responsibilities
In 2011/12	NHS Commissioning Board set up in shadow form as special health authority
June 2011	PCT clustering arrangements in place
April 2012	All GP practices in GP consortia and start of NHS Commissioning Board authorisation of consortia
April 2012	NHS Commissioning Board established, takes over relevant responsibilities
April 2012	SHAs abolished and responsibilities allocated to bodies in the 2012/13 architecture
April 2012 – March 2013	NHS Commissioning Board to work with GP consortia that need further support to be ready to take on full statutory responsibilities
April 2013	Authorised GP consortia take on full statutory responsibilities
April 2013	PCTs abolished

The Government white paper in July set out this major new role for NHS commissioning, health improvement, scrutiny and joint working. PCT responsibilities for local health improvement will transfer to local authorities, which will employ a Director of Public Health jointly with a new Public Health Service. The Department of Health (DoH) via Public Health Service “will set local authorities national objectives for improving population health outcomes”. Unitary and upper-tier authorities are therefore coordinating delivery of health outcomes through the Strategic Health and Well-Being Boards (SHWB), headed by the Director of Public Health. The SHWB will be responsible for delivering interventions to improve the

local populations’ health. The government wants interventions to be at the lowest possible level for achieving the targets, according to the scale of interventions possible; from the lowest – do nothing and let people get on as usual – through to local incentives or at the highest end legislation.



Fig. 1 (left): How commissioning strategies form from the Joint Strategic Needs Assessment

In the first instance, and currently underway in many areas, the unitary and upper-tier authorities will be carrying out a Joint Strategic Needs Assessment

(JNSA). This report will look at population, **environmental indicators**, lifestyle indicators, epidemiology, service access and use, evidence of effectiveness and the community perspective. The quality of the environment is understood as a factor in determining communities' health and it is this area into which parks and countryside services can feed into; particularly concentrating on the quality and accessibility of green infrastructure. From the JSNA the SHWB will agree local targets and allocate budgets to robust, proven interventions to improve the health indicators. Government is particularly interested in what influences health behaviours and what affects non-communicable diseases, ie. how do we make a difference to population health?

There is growing evidence and recognition that the quality of the local environment, including access to green space, affects health. In one study from Chicago, 28 identical high-rise homes along a 3-mile corridor, some with nearby vegetation, others without, were assessed to see the effects of the local environment on the health of residents, whom were randomly assigned to apartments. In areas where the green space had planting and trees there were higher levels of social integration and opportunities for the informal supervision of children. Residents knew more neighbours and were more interested in helping each other. Green space encouraged stronger neighbourhood ties and a sense of community.

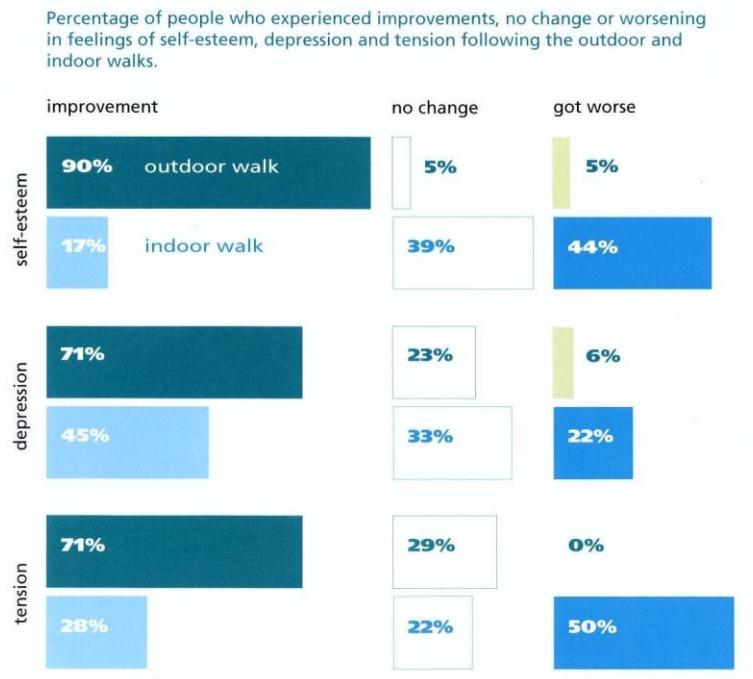
Tackling obesity is also a high priority. Recent research has shown that people living near green spaces were more likely to exercise and less likely to be overweight, irrespective of income or social groupings. However, the evidence to prove that it is the green space which makes the difference is hard to confirm, as there are many different influences on people's lives.

The sector needs to work with health professionals, to understand their language and research requirements, in order to gather evidence relating to quality and accessibility of green space and the effects on health. It is useful to focus on a multi-agency approach, tapping into existing GP referral programmes, widening their use of green space. By using existing groups, and seeing if they are prepared to monitor the health of their participants, data and evidence can be gathered.

Green space adds value to health projects. MIND commissioned some research to find the added value of undertaking an activity in a green space compared to an indoor environment. There were significant self-reported improvements in the mood of people doing the outside activities.

Fig 2 (right): The role the environment plays on the effectiveness of exercise for mental wellbeing

With new research into ecosystem services we are only just learning how to measure the indirect benefits of green space (as shown in table 1 on the next page). There are opportunities to influence the SHWB to release funding for environment improvement projects that can be proven to improve health. Where possible it is suggested to work closely with existing groups, from any sector, in order to gather greater evidence for health improvements.



Indirect benefits	Direct benefits
Reducing health inequalities	Moderating impact from extreme weather
Improving mental health	Shelter from UV, noise, wind
Improving physical activity	Carbon sequestration
Reducing obesity	Improved water and air quality
Enhancing social cohesion	Food

Table 1 (above): The natural environment can help with the major health problems facing society

CASE STUDY: Mansfield District Council - Using green space to deliver health benefits

Hazel presented a project that she was involved with when working at Mansfield District Council. Based around a 12-week GP referral programme Mansfield DC developed a programme of activity that included the normal gym and leisure activities but also a programme of walking, community allotment work and other exercise opportunities in their green space. They found there was longer participation with the range of activities offered and a greater continuation of exercise by participants after the 12 weeks.

< The presentation accompanying Hazel’s talk can be downloaded from: <http://www.green-space.org.uk/southeast/resources/reports.php> >

CASE STUDY: Naturally Active

Simon Platt, Senior Partnership Officer, North West Kent Countryside Partnership, Kent County Council

This was a three-year programme designed to target areas of deprivation, initially postcode driven but later widened, in order to improve health indicators for participants. Initially starting from nothing the project worked to build relationships with community organisations and health professionals delivering activity projects, in particular to increase GP and health professional referrals to the project.



In the beginning there was little information from the funders as to how the monitoring of the programme would be delivered. Simon worked with the PCT to develop a health questionnaire that was applicable to the variety of activities carried out throughout the project. The questions asked about participants' general health, before and after activities, and over the length of their involvement. The results were very positive with significant numbers of participants recording improvements in their energy levels and lower stress. Furthermore, participants were very enthusiastic about the activities they enjoyed in the countryside.

Naturally Active provided taster sessions for people to try out activities before deciding upon which they would like to continue. The programme worked to improve health but to achieve this many barriers had to be removed to make the project accessible and easy for people. Travel was an issue and the project funded a land rover to transport clients into the countryside; in hindsight a mini-bus would have been preferable, particularly for those with mobility issues. Some users were fair-weather participants but again, this was overcome by tailoring activities to suit the weather; walking in the rain through woodland can protect the majority of users from the worst of the weather. They also had great success with a Christmas Pudding walk. The project also provided waterproofs and walking sticks.

Safety was often an issue for women, with concerns over walking alone in open spaces, but the group activities provided a safe environment for them to enjoy green spaces. One part of the project successfully engaged the local Asian community, through working with an enthusiastic community worker, and patiently developing links. Eventually, a group of women, some of whom rarely leave the small area of town between their homes and the mosque, as is normal in their culture, began to use the walks. The enjoyment of this group in particular, one of whom was reminded of the countryside in her native India, was an added value in addition to the health benefits.



Simon found that it was difficult to engage with GP surgeries often, they often want payment to provide assistance. However, Hazel did suggest that surgery or nurse managers are often more approachable. Where they worked with health professionals, such as linking through to the diabetic clinic in the nearby hospital, they were able to more closely monitor the health results. The local health centre was also happy to monitor their clients over the six-week referred activity programme.

The project has also provided opportunities for health professionals to target specific community groups or people. They had good results around diabetes and mobility.



Other research which came out of the programme included the development of a health questionnaire targeted at children and young adults. The work was by Adam Lockwood, who is a PhD student looking into children's health monitoring, and how accessible this is for children aged 5-9 years old. In all groups, adults and children, results needed to be carefully assessed. Many people feel obliged to provide answers they think you wish to hear, or don't fully understand the questions. In the case of children some can feel peer pressure when answering.

The Naturally Active programme has delivered on all its objectives and in many cases exceeded the targets for numbers of participants. Unfortunately, the funding for the project is due to complete at the end of July 2011. Some of the groups are able to continue their activities, with or without support from other organisations, whilst a few groups are likely to end.

Key recommendations from the Naturally Active programme were:

- Plan in monitoring and evaluation from the start – funders will require this information at some point.
- Partnership needs to be real – often in building partnerships this involves attending events and helping partners even when there is no direct benefit to your project immediately. It builds trust and is more likely to achieve good working relationships.
- Think creatively to overcome barriers to participation – many clients had excuses at the start of activity programmes through feelings of fear. By listening and adapting activities to suit people, their clients felt able to complete small steps that led to bigger achievements.
- Hard to reach groups will need time and energy in order to build trust and develop confidence – these however, can often be the most rewarding people to work with.
- Health Observatory's can help – they work to collect and publish data about population health across the UK and can help with developing monitoring questions.

< The presentation accompanying Simon's talk can be downloaded from: <http://www.green-space.org.uk/southeast/resources/reports.php> >

Ideas Workshop

This was a loosely structured discussion to see what current activities were taking place and how local authorities were already approaching the topic of health. Below are general notes from the discussion and ideas about how we can effectively engage with this subject.

- Need to feed into the Joint Strategic Needs Assessment and/or make contact with either the Director of Public Health in the local area or their staff.
- Look at current activities that are being undertaken in our parks and green spaces; assess the activities already in place.
- Work with other departments, such as leisure, sports development and community engagement – there is a need to see where outcomes are aligned and how projects can deliver for both areas.

- Some discussion around capacity for health monitoring within parks and countryside teams – there is potential to engage community organisations to assist with this.
- There is a need for the health benefits of green spaces to be more effectively championed by elected members – some discussion around an event to promote this to this group, or potentially wide stakeholders, such as health professionals.
- In each unitary and upper-tier authority there will be a steering group in formation discussing the health priorities – minutes will be available from these discussions.
- Some authorities are already planning funding for projects and inviting parks and countryside departments to be involved. Early Implementers of the new set-up are listed below with links.

Further information and links

South East Health Public Health Observatory - <http://www.sepho.org.uk>

The Association of Public Health Observatories - <http://www.apho.org.uk>

With the publication of the Government's white paper, 'Healthy Lives, Healthy People' 2010, laid out radical reform of the NHS and the introduction of a new body, Public Health England. The Association of Public Health Observatories is currently under transition but continuing to collaborate and work together.

Local authority early implementers of health and wellbeing boards

Press release - <http://healthandcare.dh.gov.uk/early-implementers-of-health-and-wellbeing-boards-announced>

Map of early implementers - <http://healthandcare.dh.gov.uk/maphwb>

Early implementers network - <http://healthandcare.dh.gov.uk/category/early-implementers>

Local authorities in the South East region who are part of this network are:

- Kent County Council
- East Sussex County Council
- West Sussex County Council
- Portsmouth City Council
- Isle of Wight Council
- Southampton City Council
- Hampshire County Council
- West Berkshire Council
- Oxfordshire County Council
- Buckinghamshire County Council
- Windsor and Maidenhead Council
- Bracknell Forest Council

Green infrastructure research portal by Forestry Commission Research - <http://www.eforestry.gov.uk/forestdss/webpages/bgi/search.jsp>