

the potential of

GREEN, BLUE & WILD SPACES

in tackling health inequalities



Background

The effect of moderate physical activity on physical and mental health is well established¹. The benefits of physical activity and eco-therapy in enhancing recovery from, and in managing, long term conditions is also increasingly well understood².

The enhanced benefits of participating in physical activity in natural spaces has been shown to include improved mental focus,

emotional power, and connection to the environment³. It should be noted that this is not a recent realisation. In 1984, Ulrich found that even simply having a view of the natural environment was proven to enhance recovery and reduce the length of stay in hospital for people recovering from gall bladder surgery, compared with others whose view from their hospital ward was urban in nature⁴.

Introduction

The maximisation of health benefits from making use of green, blue and wild spaces, especially for people living in Scotland's most socioeconomically deprived neighbourhoods and those living with long term conditions, is important in addressing health inequalities. This is of relevance to the overarching aims of the Health and Social Care Alliance Scotland (the ALLIANCE) and much of its membership⁵.

The purpose of this paper is to share this understanding and position with other relevant organisations and individuals.

The ALLIANCE is interested in exploring opportunities for working together to develop a strategy and build towards an operational plan. This plan will help to coordinate efforts to meet an overarching aim of optimising the holistic health promoting potential of green, blue, and wild spaces, with a focus on mitigating the negative impacts of inequalities.



Relevant organisations may include but are not limited to:

- Glasgow City Council
- Scottish Canals
- Scottish Waterways Trust
- The Outward Bound Trust
- Scottish Wildlife Trust
- Scottish Natural Heritage
- Glasgow Centre for Population Health
- The Scottish Government
- Forestry Commission Scotland
- Glasgow and Clyde Valley Green Network Partnership
- Greenspace Scotland

An inequalities focus

Given Glasgow's particularly stark health inequalities, along with its many open spaces, developing opportunities to more fully harness the health improving potential of the city's green, blue and wild spaces is an ongoing challenge which is well worth rising to. Joined up partnership working in devising and planning programmes which can engage communities and lead to development of community-led innovations is crucial in this.

“While open space is abundant in most areas of the city, greater barriers exist to utilisation of such spaces in deprived neighbourhoods.”

In total, one third of the city is within the most deprived 10 percent of areas as per the SIMD,

more than half of the city's population live in the most deprived 20 percent of Scotland⁶.

Glasgow Open Space Strategy (OSS) sits within the local authority's Development Plan for the city, the latest iteration of which is titled City Plan 2⁷.

It recognises that while open space is abundant in most areas of the city, greater barriers exist to making use of such spaces in deprived neighbourhoods, and that often, open space in these areas is of poorer quality than in some of the more affluent or high profile areas of the city⁶.

As well as outlining the economic and environmental benefits to be brought by optimising the city's open space assets, the OSS sets out strategic objectives for open space to help improve the health of Glasgow's residents as follows in Box 1.

BOX 1:

Strategic Objectives for Improving Health through Open Space in Glasgow

- Improving the access and quality of recreational open space, including parks and gardens, sports facilities and amenity space, particularly focusing action towards the more deprived areas of the city;
- Providing high quality natural play equipment in areas of deficiency;
- Integrating opportunities to exercise into the outdoor environment;
- Maintaining support for the Equally Well project and promoting 'Healthy Urban Planning' by delivering more walkable places through attractive public realm, an appropriate mix of services and improved connectivity for pedestrians and cyclists.

Policy responses and examples of good practice

Glasgow's Equally Well test sites, mentioned in Box 1, form part of the Scottish Government's attempts to tackle health inequalities. Eight of these test sites were established in 2008 and the approach involves integrating health and wellbeing into the town planning system through the collective efforts of town planners and public health practitioners⁸.

One particular Glasgow open space which has, through the efforts of various stakeholders, benefitted from regeneration and ongoing place making efforts in recent years is the Forth and Clyde canal. Of particular interest is the stretch that runs from where the main Bowling-Edinburgh course crosses the river Kelvin along to

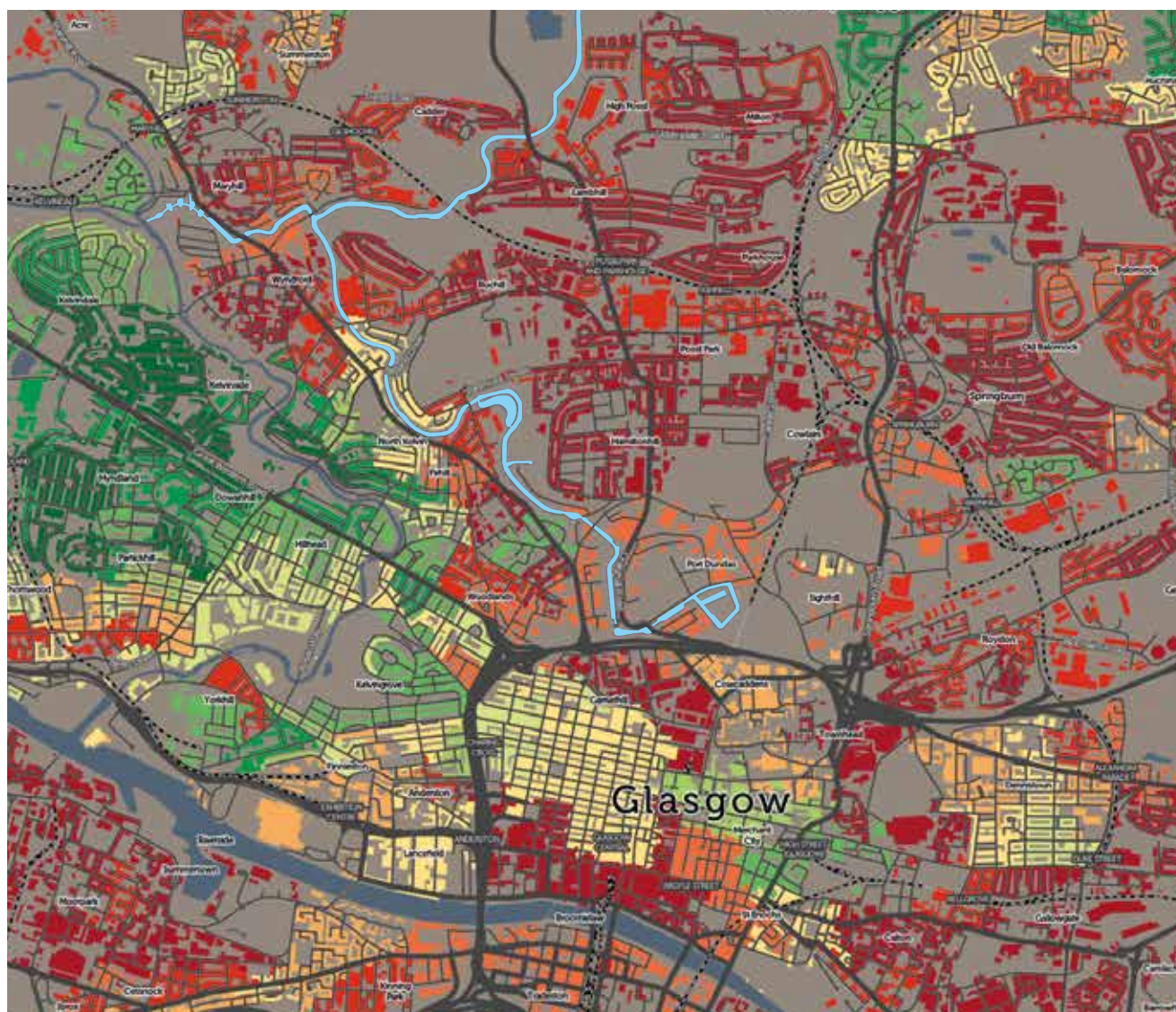
where it reaches Glasgow City boundary at Possil Marshes/Milton, and the arm that branches off from the canal's main course at Maryhill and runs down into the Pinkston basin on the northern edge of Glasgow City Centre.

This section of the canal intersects and runs close to many neighbourhoods with high SIMD rankings, such as Sighthill, Possil, Queens Cross, Ruchill, Maryhill, Lambhill, Milton and the Wyndford, as depicted in Map 1. Developments along this six mile section to date provide an example of 'Healthy Urban Planning' and in terms of the physical built environment represents the beginning of overcoming of barriers to realising the full salutogenic potential of such spaces⁹.



MAP 1:

North-West Glasgow deprivation map with canal section of interest



Key: Most Deprived Decile 2ND 3RD 4TH 5TH 6TH 7TH 8TH 9TH Least Deprived Decile Canal

Glasgow City Council has also recently published a more detailed development and regeneration plan for the wider area around the eastern most point of the arm that branches out from the main canal route, and runs to Pinkston/Sighthill/Port Dundas. This vision is outlined in the document Port Dundas Creative Canal Quarter Draft Supplementary Guidance¹⁰. A desire for accommodating increasing leisure and cultural activities form part of this vision, as does creating new uses for the canal side.

Developments such as this provide an opportunity for development of complementary engagement with local communities, especially 'deprived' communities, to develop community-led innovations that optimise the use of these spaces. The following section provides some examples of good practice in this field to date.

Examples of good practice

A recent policy response, representing further efforts to begin to find solutions to these persistent health inequalities, has been delivered as a partnership between the ALLIANCE and GPs at the Deep End, in the form of the National Links Worker Programme (NLWP)¹¹. This has seen the development of a general practice based model called the 'links approach' which aims to engender a more community connected primary care team that is more adequately equipped to support individuals to utilise community assets in taking greater control over their wellbeing and mitigating negative impacts from social determinants of health¹².

A new general practice based role, the Community Links Practitioner (CLP) is key in catalysing and delivering this approach. CLPs also work one-to-one with individuals from their practice's population to help identify and address issues that compromise their health and support them to access relevant community resources that can support them in doing so¹³.

The programme has prompted various community development and general practice led initiatives. Some of these seek to improve health through maximising use of open space. Some also cross over with the aim of promoting team wellbeing in general practice, as this is a crucial area for enhancing adequate provision of services for people in deprived neighbourhoods and currently a major challenge nationally¹⁴.

Some of these initiatives include:

- Nature based winter workshop activities with National Trust Scotland
- A practice allotment growing space with Concrete Garden

- Several practice walking groups taking place weekly
- One GP practice now undertake their home visits by electric bicycle
- Adult Cycling Proficiency Courses with Glasgow Bike Station (GBS). People referred by CLPs initially receive one-to-one support then engage in group cycling activity. A CLP was integral in marshalling partners to instigate this programme, named Wheelbeing, which has seen the steady stream of referrals now being received from general practice lead to GBS attaining new funding and increasing their complement of staff in order to meet demand

And a few of many wider examples of this type of community led model include:

The GoWell Panel

The GoWell panel, community engagement project delivered by Glasgow Centre for Population Health, examines what the Equally Well work means to individuals and gathers insight from people with the intention of this helping shape future planning decisions. The NLWP has fed into GoWell through linking people from Equally Well neighbourhoods in which NLWP participating practices are based¹⁵.

Live it, Breathe it, Walk it

The Live it, Breathe it, Walk it project in Castlemilk undertook a variety of participatory exercises with the local community to examine uses of, and barriers to use of, the local woodland and outdoor environment, then worked with a locally recruited volunteer base to develop community-led activities to increase engagement with such¹⁶.



Promising Links

Promising Links is a self-organised group of people from an NLWP participating practice. They have come together to develop a programme of activities to address their chosen theme of 'social isolation'. The CLP and practice were involved in helping to set up the group and continue to offer support and advice as well as linking to wider resources. The group however is essentially self-sustaining¹⁷.

Nature Walks for Wellbeing

Nature Walks for Wellbeing, created by Scottish Waterways Trust, delivers weekly wellbeing activities to people living with mental health problems in Inverness. Many of the project's participants come from a local psychiatric hospital and report an improvement in wellbeing as a result of the project's nature-based therapy activities. A robust study into the effectiveness of the project is underway.

Love Your Canal

Love Your Canal is a canal adoption project in North Glasgow. A group of local volunteers

care for a stretch of the Forth & Clyde Canal on a weekly basis. Volunteers are supported by Scottish Waterways Trust so they can learn new skills and improve their wellbeing and confidence in an outdoor setting. The project is designed to boost community engagement and enhance the prospects of local people in the area, many of whom have experienced setbacks in life including social isolation.

Canal College

canal college®, created by Scottish Waterways Trust, is a unique employability programme designed to help young people get into work while learning practical heritage skills outdoors on Scotland's canal network (in West Dunbartonshire, Falkirk and Inverness). The project works with disadvantaged young people who have experienced significant barriers to work including mental health problems, low self-esteem and chaotic home lives. The project fosters community engagement through the recruitment of volunteer mentors who contribute their own lifelong skills and learning to help young people achieve skills and discover newfound confidence.

Social determinants of health

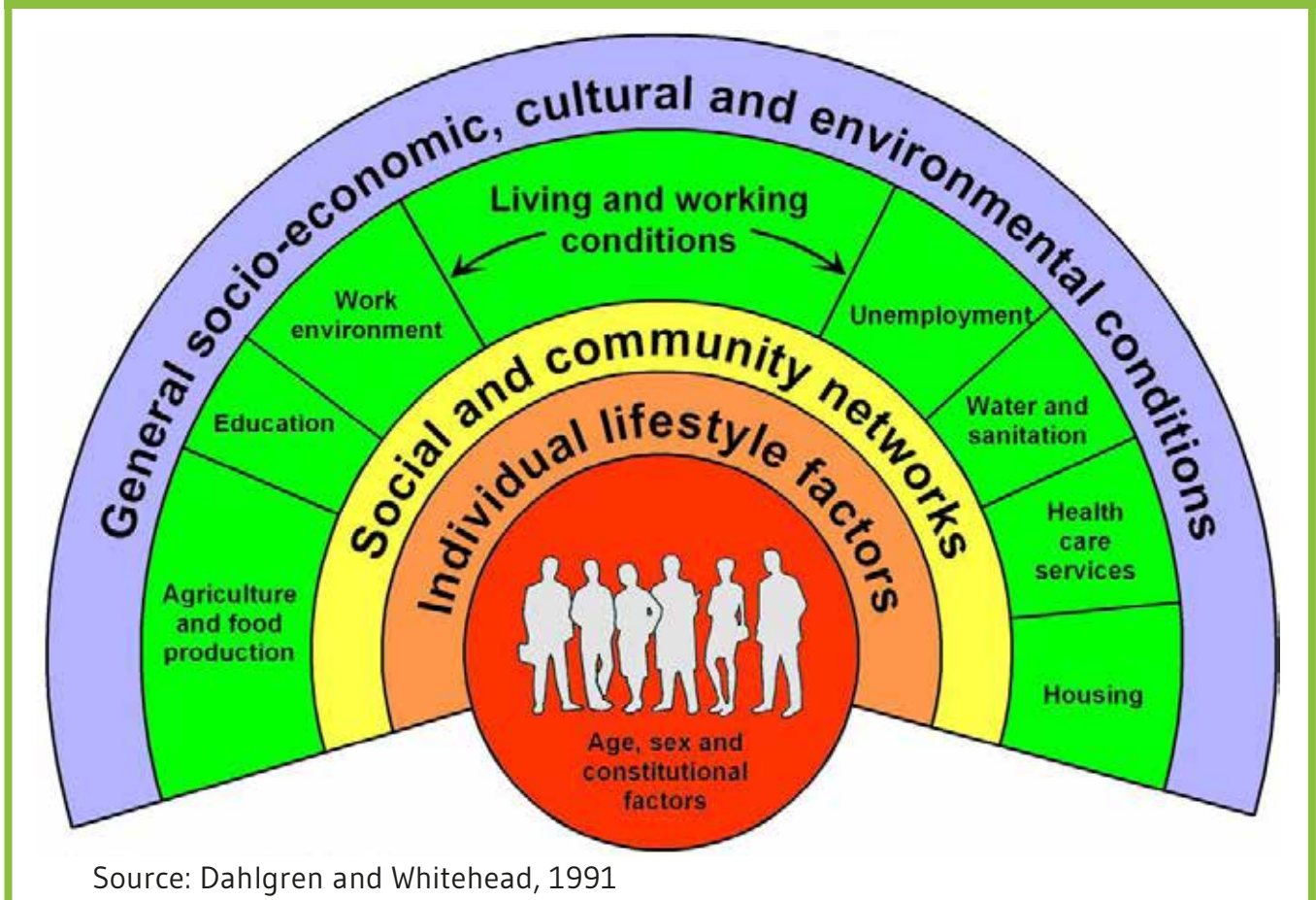
An important part of any work which seeks to support local communities to take greater control over their wellbeing, is to facilitate an increased understanding on the social determinants of health.

Social determinants of health (SDH) refer to the societal factors that contribute to the overall health of the population. SDH highlights that the unequal distribution of these factors will impact on population health. For example, where people have less access to employment, they are more likely to experience ill health. Appendix A¹⁸ includes a model of SDH proposed by Raphael (2011). The model considers a 'hierarchy of discourses' which Raphael suggests are important in understanding how public health interventions are directed.

Figure 1 provides a basic depiction of SDH.



FIGURE 1: Social Determinants of Health¹⁹.



Source: Dahlgren and Whitehead, 1991

Next steps

The ALLIANCE is keen to identify organisational partners and communities who are interested in realising the potential of green, blue, and wild spaces in tackling health inequalities.

Maintaining a focus on health inequalities and co-production will be important throughout the process of establishing and delivering new responses. These new responses should build on the strengths within the current landscape, as in those examples provided in this paper, as

well as in the recent publication *Developing a Culture of Health*²⁰.

Of importance within such efforts will be the incorporation of appropriate recording methods which produce data that can inform useful learning and contribute to the evidence base in this field. If you'd like to be a part of this conversation, please contact the ALLIANCE and ask to speak with Mark Kelvin or Chris Gourley.

Further reading

- 1 Exercise and well-being: a review of mental and physical health benefits associated with physical activity. Frank Penedo; Jason R Dahn. *Current Opinion in Psychiatry* - Volume 18 - Issue 2 - p 189–193. March 2005.
- 2 Exercise is an effective treatment modality for reducing cancer-related fatigue and improving physical capacity in cancer patients and survivors: a meta-analysis. Elliott M. McMillan; Ian J. Newhouse. *Applied Physiology, Nutrition, and Metabolism*: 36(6): - p 892-903. 2011.
- 3 A systematic review of evidence for the added benefits to health of exposure to natural environments. D. E. Bowler, L. M. Buyung-Ali, T. M. Knight & A. S. Pullin. *BMC Public Health*: 10, 456. 2010.
- 4 View through a window may influence recovery from surgery. R. S. Ulrich. *Science*: 224(4647), 420-421. 1984.
- 5 <http://www.alliance-scotland.org.uk/what-we-do>
- 6 Glasgow Open Space Strategy: Consultative Draft. URS AECOM for Glasgow City Council. see <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=9478&p=0>
- 7 Glasgow City Plan 2. Glasgow City Council. see <https://www.glasgow.gov.uk/index.aspx?articleid=16185>
- 8 Equally Well, Glasgow City Test Sites Summary and Key Evaluation Findings. The Glasgow Equally Well Test Site Monitoring and Evaluation Team: 2011. see http://www.gcph.co.uk/publications/267_equally_well_glasgow_test_site_summary_and_key_evaluation_findings
- 9 <http://www.glasgowcanal.co.uk/regeneration-projects>
- 10 Port Dundas Creative Canal Quarter Draft Supplementary Guidance. Glasgow City Council Regeneration and the Economy Policy Development Committee: 2016
- 11 Links Worker Programme Record of Learning Series 1 Module: context and creation of the programme. The Health and Social Care Alliance Scotland: 2015. see http://links.alliance-scotland.org.uk/wp-content/uploads/Context_and_Creation_Module.pdf
- 12 Links Worker Programme Record of Learning Series 2 Module: defining the links approach. The Health and Social Care Alliance Scotland: 2016. see <http://links.alliance-scotland.org.uk/wp-content/uploads/Defining-the-Links-Approach-Module-Final.pdf>
- 13 Links Worker Programme Record of Learning Series 2 Module: Links Worker roles. The Health and Social Care Alliance Scotland: 2016. see <http://links.alliance-scotland.org.uk/wp-content/uploads/Links-Worker-Roles-Module-Final.pdf>
- 14 Links Worker Programme Record of Learning Series 2 Module: team wellbeing in general practice. The Health and Social Care Alliance Scotland: 2016. see <http://links.alliance-scotland.org.uk/wp-content/uploads/Team-Wellbeing-in-General-Practice-Module-Final.pdf>
- 15 <http://www.gowellonline.com>
- 16 <http://scotland.forestry.gov.uk/images/corporate/pdf/castlemilkwiatcasestudy.pdf>
- 17 <http://links.alliance-scotland.org.uk/2016/03/promising-links>
- 18 A Discourse Analysis of the Social Determinants of Health. Dennis Raphael. *Critical Public Health* 21(2):221-236. June 2011
- 19 Policies and Strategies to Promote Social Equity in Health. G. Dahlgreen & M. Whitehead: Stockholm, Sweden: Institute for Futures Studies. 1991
- 20 *Developing a Culture of Health: the role of signposting and social prescribing in improving health and wellbeing*. The Health and Social Care Alliance Scotland: 2016
- 21 Working-class discourse of politics, policy and health: 'I don't smoke; I don't drink. The only thing wrong with me is my health. M. MacKenzie, C. Collins, J. Connolly, M. Doyle, and G. McCartney. *Policy & Politics*, online January 2016. see <http://dx.doi.org/10.1332/030557316X14534640177927>

Appendix A – Discourses of Social Determinants of Health - from A Discourse Analysis of the Social Determinants of Health. Dennis Raphael. Critical Public Health²¹.

SDH discourse	Key concept	Dominant research and practice paradigms	Practical implications of the discourse
1. SDH is identifying those in need of health and social services	Health and social services should be responsive to peoples' material living circumstances	Develop and evaluate services for those experiencing adverse living conditions	Focus limited to service provision with assumption that this will improve health
2. SDH as identifying those with modifiable medical and behavioural risk factors	Health behaviours (e.g. alcohol and tobacco use, physical activity and diet) are shaped by living circumstances	Develop and evaluate lifestyle programming that targets individuals experiencing adverse living conditions	Focus limited to health behaviours with assumption that targeting for behaviour change will improve health
3. SDH as indicating the material living conditions that shape health	Material living conditions operating through various pathways - including biological - shape health	Identify the processes by which adverse living conditions come to determine health	Identifying SDH pathways and processes reinforce concept and strengthen evidence base
4. SDH as indicating material living circumstances that differ as a function of group membership	Material living conditions systematically differ among those in various social locations such as class, disability status, gender and race	Carry out class, race, and gender-based analysis of differing living conditions and their health-related effects	Providing evidence of systematic differences in life experiences among citizen groups form the basis for further anti-discrimination efforts
5. SDH and their distribution as results of public policy decisions made by governments and other societal institutions	Public policy analysis and examination of the role of politics should form the basis of SDH analysis and advocacy efforts	Carry out analyses of how public policy decisions are made and how these decisions impact health (i.e. health impact analysis)	Attention is directed towards governmental policymaking as the source of social and health inequalities and the role of politics
6. SDH and their distribution result from economic and political structures and justifying ideologies	Public policy that shapes the SDH reflects the operation of jurisdictional economic and political systems	Identify how the political economy of a nation fosters particular approaches to addressing the SDH	Political and economic structures that need to be modified in support of the SDH are identified
7. SDH and their distribution result from the power and influence of those who create and benefit from health and social inequalities	Specific classes and interests both create and benefit from the existence of social and health inequalities	Research and advocacy efforts should identify how imbalances in power and influence can be confronted and defeated	Identifying the classes and interests who benefit from social and health inequalities mobilizes efforts towards change

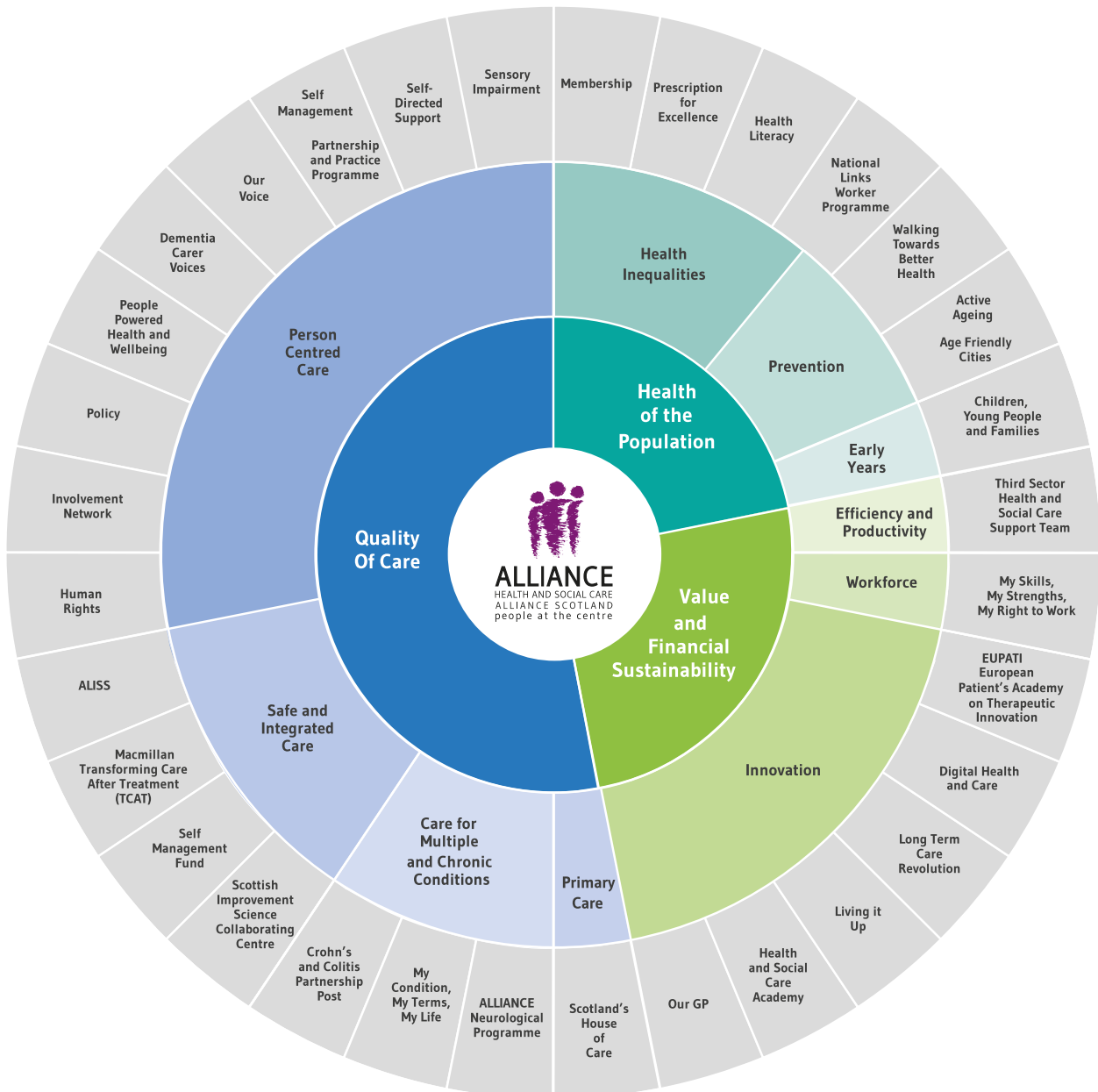
About the ALLIANCE

The Health and Social Care Alliance Scotland (*the ALLIANCE*) is the national third sector intermediary for a range of health and social care organisations. It brings together over 1,900 members, including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals.

The ALLIANCE's vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.



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The ALLIANCE is supported by a grant from the Scottish Government.
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