

# HYBRID PARKS



Home of England's Finest Gardens



# HYBRID PARKS

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## **Natural Health Service**

**Hybridparks, Wednesday 15th May 2013**

**Jude Stansfield FFPH**

**Mental Health & Wellbeing Programme Manager**

working together to improve health and wellbeing in Cheshire & Merseyside

*“a healthy, natural and economic combination  
of town and country life”*

Ebenezer Howard's Garden City movement  
1902

# Health benefits of green space

- Improved mental health and wellbeing for children, young people and adults
- Increased likelihood of physical activity across all age groups.
- Reduced violence and aggression: a reduction in antisocial behaviour and incidence of crime in urban areas with green spaces
- Reduced health inequalities: significant reductions in mortality and morbidity from all causes and circulatory disease associated with areas of greater green space. This result takes into account effects of income deprivation.
- Improvement in air and noise quality
- Economic benefits

(Faculty of Public Health, 2010, Great outdoors: how our natural health service uses green space to improve wellbeing, Briefing Statement)



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# Health challenges

23% of adults are obese; a further 38% are overweight;

23% of 4-5 year olds and 33% of 10-11 year olds are overweight or obese;

Excess weight costs the NHS more than £5bn each year;

At least 1 in 4 people will experience a mental health problem at some point in their life;

Mental ill-health represents the largest burden of all disease (23%);

The costs of mental ill-health are £102bn;



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# Reducing health inequalities

*“Reducing differences in life expectancy and healthy life expectancy between communities”*

- The most deprived communities in England are 10 times less likely to live in the greenest areas;
- Those who live near green space live longer, healthier lives, with less disease; (Mitchell R, Popham F, 2008)
- 80% of accessible green infrastructure is in 22% of areas; (Liverpool GI Strategy)

QuickTime™ and a  
decompressor  
are needed to see this picture.



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# Strategic Review into Health Inequalities, *Marmot, Fair Society Healthy Lives, 2010*

*“This link between social conditions and health is not a footnote to the ‘real’ concerns of health (health care and unhealthy behaviours) it should become the main focus.”*



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# The Marmot Review

- A Give every child the best start in life
- B Enable all children, young people and adults to maximise their capabilities and have control over their lives
- C Create fair employment and good work for all
- D Ensure healthy standard of living for all
- E Create and develop **healthy and sustainable places** and communities
- F Strengthen the role and impact of ill health prevention

# The Marmot Review

Priority E: To create and develop **healthy and sustainable places** and communities:

- *Improve the availability of good quality open and green spaces across the social gradient*
- *Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health*
- *Support community regeneration: increase community participation, reduce isolation*
- *Improve active travel, the food environment, housing..*



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# The BMA Report, Social Determinants of Health: What doctors can do, 2011

*Prevention requires interventions that are essentially non-medical if the differences in health and wellbeing are to be reduced*

## Tackling health inequalities:

X from increasing access to health care → ✓ to tackling social determinants

## Role of doctors:

- With patients - Social prescribing, Brief interventions, holistic medicine
- With communities - health promotion, ill-health prevention
- To advocate for change - using evidence, expertise and influence



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# Social Prescribing

Non-medical sources of support within the community

Arts, physical activity, green space, learning, volunteering, befriending, advice on debt, housing, employment

Potential health benefits:

Increased mental wellbeing and or physical activity

Addressed the causal factors of ill-health

Increased social inclusion

Increased social networks, sense of belonging

Improved self-esteem, confidence, cognitive function

Reduced medication and GP visits

Increased range, choice and access to provision



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# Public Health Policy: DH, 2011, *Healthy Lives Healthy People*

“To improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest”

- *Access to green spaces is associated with better mental and physical health across socioeconomic groups*
- *Unattractive environments make everyday physical activity and contact with nature difficult*
- *Climate change represents a challenge for long-term health services planning and emergency preparedness*
- *Empowering communities to design communities for active ageing and sustainability*



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# North West Living Well



# Local health systems

## Public Health:

Local Authority Public Health services

Joint Strategic Needs Assessment

Health & Wellbeing Boards &  
Strategies

## Health services:

Primary care (commissioned by NHS  
England)

Secondary care (commissioned by  
Clinical Commissioning Groups)

Care services (commissioned by  
individual budgets/ local authority)

## Outcome Domains:

Health improvement

Health protection

Prevention of premature mortality and  
care needs

Quality of life of patients/ users

Recovery from ill-health

Positive experience of care



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# Public Health Outcomes Framework, DH 2012

1. Wider determinants: **utilisation of green space  
exercise/ health reasons**
2. Health improvement: **excess weight, children's  
wellbeing, proportion of physically active adults, self-  
reported wellbeing, accidents and falls**
3. Health protection: **air pollution, sustainable development  
management plan, comprehensive inter-agency plans for  
responding to ph incidents**
4. Healthcare: **mortality from all cardiovascular disease, respiratory  
diseases, serious mental illness, older people's quality of life,  
winter deaths, dementia**



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# Utilisation of green space indicator

% of people aged 16+ using green space for exercise/ health reasons:

England	14.0
Cheshire West and Chester	19.4
Cheshire East	14.3
Sefton	14.0
Wirral	10.7
Liverpool	8.8
Halton	7.4
St Helens	7.2
Warrington	5.8
Knowsley	4.5



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# Natural Health Services

- Increasing availability and use of natural environments for wellbeing for all: accessible, safe, cycling, walking, sport, growing, gardening, playing, relaxing, enjoying, participating
- Health professionals signposting and referring patients at risk to facilities and programmes - *green prescription/ social prescribing*

*Natural England, 2009, Our Natural Health Service: the role of the natural environment in maintaining healthy lives*



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# Current partnership work examples

**Intelligence:** Audit of access to green space (Liverpool) and physical activity Insight work (Wirral);

**Strategy:** Green infrastructure strategies (Liverpool, Knowsley);

**Services:** Commissioning green gyms and outdoors gyms in parks and coastal sites (Sefton), Get Active (Warrington), Great Outdoors Nature (Knowsley);

**Market development:** Natural Health Service - developing consortia of providers with business model and commissioning offer - ChaMPs & Mersey Forest;

**Community development:** Community green space grants - Natural Choices programme (Liverpool);

**Organisational development:** Health Promoting Hospitals

**Estate:** Chester Hospital Health Park - developing hospital estate natural environment;

**Public messages:** Five Ways to Wellbeing: Connect, Be Active, Take notice, Keep learning, Give; 5 x 30 mins physical activity



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# Natural Health Service consortia

- Led by Mersey Forest [www.merseyforest.org.uk](http://www.merseyforest.org.uk)
- 21 providers developing a joint business model: quality, outcomes, governance, viability, efficiency
- Pilot sites:
  - Weaver Valley walking, cycling, horticultural therapy, forest schools
  - Halton Wellbeing Community GP Practices
  - Liverpool Natural Choices community projects



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# Local Public Health Collaborative Service

Ambition: To increase access to wellbeing services.

Target: For 10% of population with low wellbeing to be prescribed to psychosocial programmes.

For 50% of population with low wellbeing to be signposted to community facilities/ programmes.

*Business case to scale-up services:*

*models of best practice, standard outcome measures, economic evaluation - SROI, modelling impact - system dynamics, new commissioning partnerships*



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# Summary of opportunities for health partnerships

- Strong evidence of the benefits
- Backed by health policy and professional bodies
- Specific and related performance outcomes/ indicators
- Green space meets multiple outcomes - mental health, obesity, CVD, sustainability
- Growing focus on wellness/ wellbeing, prevention, co-production, healthy places, assets for health
- Good examples of best practice to build on
- Shared agendas with wider partners - economy, environment



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Thank you

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