



## URBAN GREEN CARE

The views and opinions expressed in this report are those of the authors and do not necessarily reflect the official policy or position of the organisations they belong to, nor that of the European Commission. The European Commission cannot be held responsible for any use which may be made of the information contained therein.

### case study



# NHS GREENSPACE & GEP

Established in 2007, The 'Green Exercise Partnership' (GEP) comprises representatives of two key public sector environmental bodies – the Scottish Forestry (SF) and NatureScot (NS) – and the health improvement board of the National Health Service – Public Health Scotland. The partnership came together as a result of the growing evidence of public health benefits from engaging with the natural environment, and recognition of the need to improve links between the health and environment sectors to deliver sustainable health outcomes from our natural assets.

*"We want to mainstream nature in health, integrate it as business-as-usual, at the moment it is considered as a 'nice-to-have', we want it to be seen as 'must-have' to embed and mainstream it in healthcare policy and practice"*

Kevin Lafferty, Access,  
Health & Recreation Advisor

## MODEL IN A NUTSHELL

- **Website**  
<https://forestry.gov.scot/publications/316-green-exercise-partnership-briefing/viewdocument>
- **Country**  
Scotland (UK)
- **Main sector**  
Public
- **Specific sector**  
Health and Forestry
- **Stage of development**  
Project
- **Our work in SDGs**
  -  **3** GOOD HEALTH AND WELL-BEING
  -  **11** SUSTAINABLE CITIES AND COMMUNITIES



## FROM FEW TO MANY

Our Health & Recreation Advisor, Kevin Lafferty, was employed as a health professional in Scottish Forestry with the aim to **create connections between the environment and health sectors**. This work has led to larger partnership composed of Scottish Forestry, Public Health Scotland, NHS National Services Scotland and NatureScot. This formed the **National Strategic partnership**.

The beneficiaries actively using our services are usually the **staff that work for health care service in Scotland** (up to 156,000). In addition, all the patients and visitors that visit the hospitals and their facilities, can be informed and become beneficiaries of the project. There are also locals that indirectly benefit from green spaces.

## FROM IDEA TO ACTION

Originally coming from a health background, Kevin's job was to work at community level, focusing on physical activity, mental health and cardiovascular diseases. Then, 14 years ago, he was asked to join the Forestry Commission to make a strategic connection between environmental and health sectors. Kevin was a health professional employed by the environmental sector. The job was to develop a woods for health strategy on how to use green spaces and forests for health and wellbeing and also for recovery and treatment. The first project to grow out of this was a strategic partnership called the **Green Exercise Partnership** - based on growing evidence that public health can be improved through use of nature. This was to show the opportunity but also the potential of green spaces for stress reduction, and relaxing. This project expanded to cover all areas in Scotland. If it wasn't for enlightened senior health care managers taking the topic seriously and creating space for serious talks and activities on the topic, it may not have happened. Now we have **national demonstration sites** and are working to mainstream and embed green care and high-quality green spaces as part of health care provision in national policy.

Our business model is based on a "cocktail" of funding and there is significant contribution from charitable funds- endowments in health service. Most of the funding comes from **public bodies and government**; Scottish Forestry and National Health Service for this reason there is no cost on patients. In Scotland we have access legislation and we do not charge for the access to the green spaces outdoors.

Our key activities include:

- Health promotion through analysing and organization of physical activities and events; health walks, social/green prescription programs to use the outdoor as part of their rehabilitation program for, for example, dementia patients, healthcare professionals themselves, clinical groups- those with chronic diseases, and cancer patients.
- Landscape design and planning and access facilitation (through Green Care for Health officers, that engage with staff, patients and community to facilitate the access). So, it is not enough just to design,
- Create new contact and access opportunities with Green spaces through allotments and community gardens we involve communities through hands on experiences.

Monitoring and evaluation has been part of the project from the beginning. And there are mixed methods in terms of evaluation- qualitative to quantitative- observations, before and after. However, these are all still at quite an early stage. Some preliminary observations however are quite clear:

- Areas are used more after the design improved
- Increase in terms of representation who uses the green spaces: children, elderly, etc.
- Awareness among health professionals- also visiting the areas, encouraged visits, some of them for the first time in 10 years- the project. encouraged them to explore green spaces on a daily basis.
- Statistics for each hospital- the Proportion of staff visiting on a weekly basis 44% in 2014- 65% in 2018.
- Reported improved mental health and well-being, stress levels.
- Increased physical infrastructure- having places to sit, visit and use.
- Increased promotional activities- explaining the availability and use.

The monitoring activities they carry out include:

- In depth staff interview- also with senior managers and asked them their attitudes.
- Evaluation of individual outdoor projects.
- Visitor Surveys.
- Contact with nature programs.
- Not randomized control studies, not practical – developed a research framework taking evidence from previous studies, with combinations of observations, survey, etc.
- Evidence on mental health, growing evidence on physical health, and social benefits.

## FROM OLD TO NEW

Our main focus to date has been on co-ordinating the **NHS Greenspace demonstration project** as part of the **Greening the NHS estate programme**, and this is very much seen as a positive step towards mainstreaming use of the outdoors in health interventions and social care by building partnerships within the NHS and raising awareness of the broader opportunities. Our target for the NHS Greenspace demonstration project is to establish at least one project in each of the eleven mainland **Area Health Boards** to show the health benefits that flow from positive investment in, and management of the NHS estate – literally the greenspace around hospitals and healthcare centres that can be used by patients, staff, visitors and the local community.

NHS Greenspace is more about the **physical environment or built-in environment**. The innovation lies in bringing the public departments together - Scottish Forestry working closely with Healthcare service to promote Green Care - use of green spaces for health and well-being, treatment and recovery. Eco-therapy and therapeutic benefits of contact with nature.

- Developing evidence on the impact of nature to health and well-being
- Access to nature for community
- Providing green space for stress relief and relaxation for hospital staff
- Regenerative space for recovery for patients

## FROM NOW TO THEN

The **challenges** that we will face in the next few years are many but our team's ideas are clear. Here there are some topics that we will address shortly:

- how to mainstream this integration as business as normal - so it's not seen as nice to have, but must have and part of NHS sustainability strategy. Becomes more embedded. Some health professionals still view this as something nice to do, but not as core element. Currently you can visit one hospital with nicely designed and connected green space, the other with neglected outdoor space.
- Look at the lessons learned from research and embed it at policy at national level.
- Small number of professionals as pioneers.
- Further investments needed to make it national scale.

The **evaluation of our needs** and success factors necessary for implementing our vision are also fundamental for growth. At the moment our main needs for the business are:

- Identify dedicated champions at the national and regional level.
- Dedicated jobs to mainstream it, NHS needs to be a legitimate area for professionally qualified staff to drive it forward
- Funding to carry it out- professional landscape architects, to build the spaces, involve the staff for for example, therapeutic gardens and green prescriptions, health walks.

**Success factors** necessary for the business:

- Integration of health system and land planning
  - Master plan approach- long term vision on how we want to have healthcare facilities, not a random way of adding trees.
- But long-term vision of how we can integrate. When refurbishing existing hospitals, we bring in these ideas
- Pilots for taking patients outdoors and demonstrating the evidence that encourages.

