

## Written Evidence Submitted by GroundsWell (PHS0250)

The GroundsWell Consortium is a multidisciplinary team of researchers who, in collaboration with local communities and policymakers, are understanding and documenting the role urban green and blue spaces (UGBS) play in the social, economic, environmental, cultural and health systems that make up urban environments. Specifically, Groundswell is identifying how we can use UGBS to prevent ill health and reduce the health inequalities that have emerged in these settings.

Studies have documented the direct and indirect preventative health effects of UGBS on non-communicable diseases (NCDs) and associated risk factors. Investment in high-quality, equitable UGBS can reduce the burden of mortality associated with cardiovascular disease (1, 2), respiratory disease (3), obesity (4) and risk for type 2 diabetes (5, 6). UGBS can also reduce the risk from exposure to harmful pollutants such as carbon dioxide and particulate matter (7, 8), leading to improved health outcomes and reduced burden on healthcare services. The presence of UGBS also contributes to preventative health through wider environmental co-benefits (9-14).

In 2017, UGBS removed 27,900 tonnes of five key air pollutants, with the avoided health costs estimated at £162.6million (15, 16). It has been estimated that the NHS could save £2.1billion every year in treatment costs, if everyone in England had access to good quality green space (17). There are further cost-savings for the NHS through increased physical activity that comes with UGBS use and improved health (18, 19). UGBS are free to access, available for community groups and social prescribing activities and as part of the UK environmental improvement plan, every house will be within 15minutes walk of a green or blue space. Given the ongoing cost of living crisis, utilising and maximising UGBS for preventative health has the potential to be transformative.

However, disparities exist in the provision and quality of UGBS across the socioeconomic gradient (20, 21), and work is needed to understand how disadvantaged urban communities can benefit from equitable access to high-quality UGBS (22). Through working with communities (with a range of NCDs, diverse backgrounds and from low-income areas), policy-makers and practice stakeholders, we identified the importance of connecting people with UGBS in ways that are relevant to their lives, communities and identities, and of understanding those who do not use/benefit from UGBS and why (23). These conversations pointed to the desirability of UGBS change that supports its co-benefits, such as improved biodiversity, food security and safer communities. Such changes can act as upstream interventions with large reach and are easily modifiable parts of environments that can represent quick wins for UGBS quality and preventative health of the local community. Given these factors, as well as the increased interest in social prescribing and the benefits of UGBS on mental health since COVID-19 (24, 25), it is important for the Health and Social Care Committee to consider the role of UGBS in prevention of NCDs, particularly for areas of high deprivation.

In the planning process, UGBS are often viewed as discrete physical 'assets'. There is inadequate appreciation of how health and the associated co-benefits rely on the integration of these spaces into the surrounding community. Integrating UGBS with management and resourcing regimes, and the social environment is often overlooked (26). UGBS are usually developed with a focus on infrastructure and maintenance rather than community use and health needs. This reinforces health and social inequalities through: inappropriate models of provision; degraded and devalued spaces; tension between diverse users of the space; and issues such as gentrification.

If the Health and Social Care Committee will consider the wider picture of how the separate systems of health and environment and planning could work together more efficiently to reduce NCDs then the ill health prevention potential by 2030 is huge. In the short-term, increasing use of UGBS can impact many of the suggested health prevention topics listed for this call to evidence (obesity, physical activity, mental health, healthy environments) but long-term design and process change is needed. Directives and appropriate resources to allow multiple agencies within health and social care, across NHS, Councils, Regional Authorities, and Charitable Organisations, to tackle this issue collectively as part of a whole system approach is sought. The potential to slow or reverse the rise of NCDs needs a strategy sustainable beyond political cycles. This will ensure that evidence of the benefits of local actions, which often add up to bigger and wider system change, can be generated and understood over the longer term. We must move away from a reactive 'sick' service to a national health strategy that includes keeping people healthy and well. Recognising the importance of the wider determinants of health, including the influence on health of our parks, city coastlines, and canal paths is paramount.

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