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Open Letter to Gloucestershire County Councillors regarding our concerns about the NHS 'Sustainability and Transformation Plan' for Gloucestershire

TUESDAY, 06 DECEMBER 2016 14:57



Dear Gloucestershire County Councillors,

We are extremely concerned by the disparity between the level of information, including financial information, contained in the Gloucestershire NHS plan (known as the 'Sustainability and Transformation Plan' or STP) as published by Gloucestershire Clinical Commissioning Group (CCG), including the appendices, and the details contained in STP submissions in other "footprints" using the same financial template.

Information that has not been published in Gloucestershire, though it has been published in other areas, includes:

- the estates strategy for the county's hospitals
- projected county-wide bed figures
- projected county-side staffing/workforce figures
- figures for the future projected deficits of each of the four main NHS Trusts providing healthcare to Gloucestershire, and the impact on them of these plans
- a proper Risk Register of planned productivity improvements

We note with deep concern that the plan contains no guarantee that current levels of hospital provision will be protected.

We further note with deep concern that assumptions are made throughout the plan that may well undermine still further, the provision of hospital and other NHS care in Gloucestershire in future. Notably, the plan makes many assertions about the potential for arrangements for self-care, active communities, and the benefits of digital investment, without citing one single piece of evidence to justify any of those assertions. It claims that Gloucestershire can become above average (compared to similar counties) in simply everything, without explaining why or how this is possible, let alone how it will save £72.2m, on top of another £70m of 'provider efficiencies'.

Perhaps most worryingly of all, the plan is riven with holes in the capital budget. It makes clear that the savings are 'capital dependent' but where the approximately £150m investment is to come from, is left largely unspecified. In both the financial segment of the main plan, and the appendices (notably the digital appendix) we are told that this investment is to come partially from small central government pots, but also from '3rd party developer capital' (private finance initiative?) and from 'unknown' sources. Given the lack of guarantees about estates and workforce, the suspicion must be that these holes will be filled with further cuts and sell offs of our much loved and vital hospitals, and greater reliance on private patients.

Our concerns about this process are shared by NHS insiders up and down the country – for example Julia Simon, former head of NHS England Commissioning, recently denounced the process as 'shameful' and 'mad'. (1)

We are certain that Gloucestershire CCG will hold more detailed information on the financial, operational, estates and workforce plans, more in line with that information provided in other areas, which they have not disclosed. For you to even consider allowing your paid officers to approve a plan whose details you have not been allowed to see, while contracts are due to be signed by 23 December, would be a dereliction of duty. We call on you to reject the plan, pending its full disclosure followed by a full, statutory 3 month consultation with the public and all interested parties, including NHS staff and their unions

We will be working with others to ensure that county councillors attention to the future of our local health services is highlighted in the forthcoming county council elections, and to this end have copied the local press in to this email. We thank you for your urgent attention to this matter.

Yours sincerely,

James Beecher
Chair, Stroud Against the Cuts

Caroline Molloy
Co-ordinator, Stroud Against the Cuts, and Editor, OurNHS openDemocracy

(1) 'Shameful' pace of STP rollout risks financial meltdown, warns former NHS commissioning chief, GP Online, 28th September 2016

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Response to One Gloucestershire
Developing your sustainability and transformation plan

The Sustainability and transportation Plan for Gloucestershire reads like a very positive shopping list. We understand that it is a national initiative and that the STP is aimed at local changes in health and social care services in Gloucestershire. Some of the press have seen the process as changing the balance between NHS beds and community services. But at the same time, the STPs seem to be expected to "save" money by containing the cost of the growing demand and services alongside the demographic changes – i.e. numbers of older people with long-term conditions. This particular cohort is a concern around increasing costs. How to contain these costs within the existing envelope of money will be very challenging.

Locally, we have seen community beds close at Moreton District Hospital and the Cottage Hospital in Bourton. We are of course, pleased to have a new unit at Moreton that we did lose 40 beds in the process. These beds were used for convalescence (releasing beds in Gloucester and Cheltenham), respite care (much discussed at the moment with the growth in the number of carers) and simple acute cases looked after by experienced nurses and local GPs. We thought this was a good model – keeping people near to their homes – one of your key objectives.

We acknowledge that there will always be a need for specialist centres like those for head injuries/strokes/cancer etc. but we do applaud that more diagnostics, minor surgery and out-patients be delivered locally. In this way, our George Moore clinic does offer a range of outpatients clinics which mean patients avoid having to travel to Cheltenham or Gloucester. However, there is capacity here which could be used more extensively.

You mention Social Prescribing in your document. This is a valuable addition for our GPs at Moore Health Centre and we hope this will be continued indefinitely. The pilot which has run in the North Cotswolds has proved that Social Prescribing allows local patients to be directed to creative and physical activity groups, health walks, citizens advice and other socially inclusive groups in order to reduce isolation and loneliness. The benefit of Social Prescribing is often seen in fewer visits to the doctor as well as reduced medical prescribing (depression).

As a Council, we want to support the promotion of local health programmes. We can do this by using our website and noticeboards. Our Council works closely with the Primary and Secondary schools in Bourton. We are also fortunate to have the Leisure Centre on hand and therefore, believe that self-care and prevention is key to your stated policy in the STP. Prevention does require longer-term investment and this isn't clear that whatever savings you may achieve by the STP, would be diverted to the Prevention Agenda.

We have concerns about recruiting and retaining staff with the right skills and expertise to achieve the objectives of the STP. We hear that nursing recruitment both to the Hospital and GP practice can be problematic and nationally, there is a need for more General Practitioners. There will be a considerable cohort of doctors retiring in the next 5 years, and we can only hope that training schemes will attract young medics into general practice in addition to their colleagues in the hospitals. We read that there is a dearth of A&E consultants and registrars. Also, we are told that the entrants to nurse training have reduced since the implementation of charging for training. In addition, the cost of housing does not help recruitment in the expensive Cotswolds. In the past, a house was purchased in the Village and was used as accommodation for 3 nurses working locally. It would be good to see an element of key worker housing in our new housing programme. But how this would work, we could not say at the moment.

Finally, we believe our Village has a strong network of community support. You can see the list of groups, classes and societies of the back page of the Bourton Browser. The trick will be to get the message of self-support and prevention over to our residents so that this can have a positive effect on the pressure on current services, such as social care. It is quite a tall order but we believe it has to start locally and be part of a longer-term plan.

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Woodland Trust Submission Gloucestershire Sustainability and Transformation Plan Consultation Response

As the UK's leading woodland conservation charity, the Woodland Trust's vision is for a UK rich in native woods and trees, for people and wildlife. We work to protect, restore and create native woods, trees and their wildlife for the future. We manage over 1,250 sites, including over 200 sites in the South West, and have 500,000 members and supporters.

We welcome the opportunity to comment on the Gloucestershire Sustainability and Transformation Plan. The Woodland Trust believes that trees and woodland are an essential element of place making as they can deliver such a wide range of benefits. These include for recreation and amenity, health and wellbeing, water quality and flooding, air quality as well as for wildlife and landscape - see our publication *Residential Development and Trees*.

Public health is one of the biggest challenges facing modern society. Easily accessible woods close to residential areas provide measurable benefits: they encourage people to exercise; help reduce the mental stresses of modern society; improve air quality and reduce respiratory diseases. Research by the Woodland Trust shows that less than 17% of the population of England has access to local woodland within 500m of their home. In Gloucestershire this figure is lower than the national average at just under 13% (Woodland Indicators by Local Authority 2016). We need to remedy this and bring the quality of life benefits trees and woods can offer to our communities.

Woods make particularly outstanding green spaces for public access because of the experience of nature they provide, their visual prominence alongside buildings which offers balance between the built and natural worlds, their low maintenance costs and their ability to accommodate large numbers of visitors.

Woodland and related activities can also be valuable in promoting social inclusion. Woodland activities, such as tree planting, walking and woodland crafts, can provide a forum for people of all ages and cultural backgrounds to come together to learn about and improve their local environment.

On this basis we are concerned that the Sustainability and Transformation Plan, whilst focusing on 'Enabling active communities', 'prevention' and 'social prescribing', does not adequately recognise the importance of the natural environment.

This linkage between woodland and health is now firmly embedded in national Government policy for health, planning and forestry –

- Health: "Access to green spaces is associated with better mental and physical health across socioeconomic groups....Defra will lead a national campaign to increase tree planting throughout England, particularly in areas where tree cover would help to improve residents' quality of life and reduce the negative effects of deprivation, including health inequalities." Healthy Lives, Healthy People (Government White Paper, November 2010, paras 3.36-37).

- **Planning:** “Access to high quality open spaces and opportunities for sport and recreation can make an important contribution to the health and well-being of communities. Planning policies should be based on robust and up-to-date assessments of the needs for open space, sports and recreation facilities and opportunities for new provision.” National Planning Policy Framework (DCLG, March 2012, para 73).

- **Forestry:** “Our trees, hedgerows, woods and forests contribute significantly to the quality of life in both rural and urban areas. Amongst other things, they enhance the local environment and biodiversity, support economic growth through regeneration, help mitigate the impact of climate change, assist in reducing air pollution and provide important health and educational benefits....The Natural Environment White Paper recognised the value and potential for green spaces to support and contribute to everyone’s health and well-being. This is being reflected in the Public Health Outcomes Framework, which underpins the new public health duty of local authorities’. Government Forestry Policy Statement (Defra, January 2013, p.16).

A recent report from Natural England highlights recent good practise in social prescribing for mental health, in particular the role of nature-based interventions (Natural England, 2017). It demonstrates the benefits of green prescriptions for mental health, wellbeing and the NHS budget. The report cites a study of social prescriptions for woodland health promotion activities for those with mental health problems in Scotland, which ranked as a ‘highly cost effective’ intervention for health by NICE benchmarks (Willis et al., 2016; Buck, 2016).

Woodland Trust Recommendations:

We would therefore make the following recommendations that the Sustainability and Transformation Plan should:

- **Make an ambitious commitment to providing, and protecting green infrastructure, in particular trees and woods, for the overall health and wellbeing of the local population**
- **Commit to increasing public access and involvement in the planning and management of green space**
- **Recognise the savings to the public purse that can be achieved by using wooded green space as a preventative health care tool**
- **Adopt the Woodland Trust’s Woodland Access Standard to ensure everyone has reasonable access to woodland – as encapsulated in our Space for People publication.**
The Woodland Trust’s Woodland Access Standard aspires that:
 - No person should live more than 500m from at least one area of accessible woodland of no less than 2ha in size; and
 - There should also be at least one area of accessible woodland of no less than 20ha within 4km (8km round trip) of people’s homes

Including these recommendations in Gloucestershire’s Sustainability and Transformation Plan could make a significant impact on the health and wellbeing of the local population. Our Healthy Woods, Healthy Lives publication contains more detail on these recommendations.

Good examples of other health and social care related planning policies are:

Case Study: Planning for Health in Worcestershire Technical Research Paper, March 2015

4.13 Cardiovascular disease can be exacerbated by high and low temperatures. With respiratory disease, there can be a high number of admissions during cold and very warm weather. Urban heat islands are known to be associated with higher heat-related mortality. London and Birmingham have both implemented change through increased planting of greenery to reduce urban temperature. A tree transpires 450 litres of water a day, using lots of heat energy, meaning that urban trees are an effective way of reducing temperatures. Parks with greater numbers of trees and shrubs are therefore more effective at reducing heat than hard paved surfaces with little greenery⁵⁵. Other measures to help people living in an urban environment to cope with higher and lower temperature include, but are not limited to, types of materials used; design/orientation of buildings; and sustainable drainage systems.

Case Study: London Clean Air Fund

4.14 Excessive levels of air-borne particulate matter linked to cardiovascular disorders and respiratory tract infections were tackled through a £1m investment in 600 large trees, smaller trees and shrubs at hotspots along the Transport for London network. The ability to reduce particulate matter depends on species and leaf characteristics of the plant. It was concluded by the research group at Imperial College London that green infrastructure is best used as a supplementary measure to support emissions reduction, reduce the urban heat island effect, and maximise biodiversity gains and aesthetic values⁵⁶.

Case Study: Birmingham Natural Health Improvement Zones

4.15 The societal cost of death as a result of poor air quality in Birmingham is around £182m per year. A programme to tackle extreme air pollution has just been launched through introducing extensive greenery. Providing street trees, green walls, green roofs, and hedges in harsh urban environments helps to absorb particulates, improve levels of shade, and reduce the impact of flooding risk through slowing and storing surface run-off water⁵⁷. This is, of course, complementary to encouraging changes in behaviour towards using more sustainable transport, plus technology improvements to reduce vehicle emissions.

Pendle Borough Council Core Strategy 2011-2030 (adopted December 2015)

Health

12.20 The Framework recognises that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities (paragraph 69). It also indicates that access to high quality open spaces (including trees and woodland) and opportunities for sport and recreation can make an important contribution to the health and well-being of communities (paragraph 73).

12.30 Trees and woodland offer multiple benefits for health and well-being as they provide areas for exercise; help to remove pollutants from the air and offer shading and evaporative cooling.

12.38 Provision of quality open spaces (including trees and woodland) and recreation facilities can play an important role in encouraging healthy lifestyles and improving quality of health.

We hope you will take these comments into consideration as part of the consultation process and that the examples and document references contained herewith are useful for policy development.

If you have any queries, please do not hesitate to get in touch via this email address governmentaffairs@woodlandtrust.org.uk

Yours sincerely,

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Gloucestershire

GWT response to the

Gloucestershire Sustainability and Transformation Plan

1. Introducing Gloucestershire Wildlife Trust

Gloucestershire Wildlife Trust is the largest organisation in the county dedicated to local wildlife. We protect and improve wild places in Gloucestershire which benefit wildlife and people. We inspire people to appreciate and enjoy nature both in towns and the countryside.

We are one of the largest membership organisations in the county, with over 28,000 people regularly supporting our work, representing almost 5% of all households in Gloucestershire. We have a network of 60 nature reserves across the county – wild places that are vital to the health of wildlife and people. Over 1,000 hectares of land are owned or managed by GWT.

We want to inspire more people to use and love the natural environment that makes our county so special. And we want to prove that nature is part of the solution – solving many of the challenges that face us in Gloucestershire. Near the top of that list is our commitment to creating an environment in which individuals can take better care of their health.

We think that our *natural* health service can contribute to keeping people happy, healthy and well, whilst at the same time creating places for wildlife. We have a number of initiatives written into our delivery plans that explicitly tackle the health and wellbeing of the people we engage. This ranges from our pioneering 'place-making' work and the development of a benchmark for green infrastructure in the built environment, which includes standards for health and wellbeing; to programmes that support self-care and disease prevention, address isolation and enhance employability.

GWT has played a proactive role in supporting a better understanding of the link between nature and health. As well as the projects mentioned above, we have been actively involved in the social prescribing pilots in the county, holding the kite-mark for its local implementation. We also helped to organise the recent South Region Sustainability and Health Network conference on integrating natural capital in STP implementation, run in conjunction with the South West Local Nature Partnerships.

As a result of this coming together of health and environment professionals, we are working with colleagues in Public Health England and the NHS South Region team to create a joint 'statement of intent'. The aim is for this to be adopted both nationally, regionally and locally so that tackling health and environmental priorities together can be normalised. This work is likely to continue over the next few months, with an ambition for the South West to become an exemplar in terms for proactive solutions which tackle both health and environmental priorities.

For more information, please see the video: <https://www.youtube.com/watch?v=LWpo-EHctDI> and the full papers: <http://www.sduhealth.org.uk/delivery/engage/regional-and-local-networks/south-region-sustainability-and-health-network.aspx>

2. Outlining our response

Our response to the STP falls into three main sections: first some general thoughts on the document and how it might better reflect how the natural environment supports positive health; second, a suggestion of two lead projects which at low cost could have a significant impact on health outcomes; and third, some more detailed feedback on the current STP draft, providing some suggestions as to how utilising the environment, green spaces, and natural health solutions might be written more explicitly through the document.

We believe that access to nature is a critical driver of wellbeing and there is a broad peer-reviewed evidence base to support this. While much of this is implicit in the initial draft of the STP for Gloucestershire, we would like a clearer and more explicit commitment to the value of natural assets in the document.

Echoing the feedback from Adrian Phillips, Chair of the Gloucestershire Nature Partnership of which GWT is an active partner, our principle feedback on that current document is that we would like to see a more coherent 'green thread' through the document, recognising the role the natural environment plays in supporting wellbeing.

More specifically:

- We would like to see more focus on addressing travel challenges. While we have some high value natural spaces in the county, few of them are fully accessible. We know that perceived and actual barriers are a major challenge to being active in green space. We think the concentration should be on celebrating local assets that do not require travel and where access issues can be more easily overcome. We want to see the maintenance and the development of green spaces close to where people live and work.
- We would like to see more explicit mention of active travel in the document, keeping people active by normalising walking and cycling in the county. Infrastructure in this area has been under-invested in across the county and the STP is the right place to stress its importance in keeping people active and well through active travel.
- There is no mention of sustainability in procurement – this can be cost saving, healthy, more ethical and support the local economy. Continuing leadership in the procurement of food and other natural 'assets' is critical. The NHS can play an important role in this through the provision of healthy and sustainable meals for staff and patients.
- The NHS workforce is a valuable tool to changing attitudes to the link between nature and health. However, many staff perceive this link as not 'core business'. We think the NHS workforce needs sustainability training as part of the mandatory package mentioned in the current STP.
- The NHS is a large landowner, but there is currently no mention of how the estate could be managed in a more sustainable way. Current practice is rarely reviewed and we believe there are new ways to manage the estate which better promote health, reduce waste, manage water and energy use and reduce running costs.
- We applaud the target of 30,000 model and community pilots but there needs to be a recognition that community opportunities are low cost, not no cost. Our experience of the

social prescribing pilots is that investment to date has been focused on 'hubs' which signpost people, and agencies like GWT which deliver quality opportunities are not funded. In some cases, it is entirely possible for us to provide free opportunities, but people with higher levels of need or a specific prevention pathway require investment to avoid patchy provision and inequalities in access. It is still cost effective, but requires some investment and should be seen as lower cost if it is to be normalised at the ambitious scale you indicate.

3. Gloucestershire transformation projects for health and nature

In addition to the ideas and concepts already addressed in the current STP, we wanted to suggest two initiatives that might lead the fusion of the nature and health agendas in the county. We recognise that implementation of this strategy will focus necessarily on reducing costs in health and social care, so we are suggesting two low cost, large scale projects which we believe could have a significant impact on health outcomes and future expenditure.

Building with Nature

Our work on place-making and green infrastructure has already engaged colleagues from Public Health England and the Gloucestershire Public Health team in the county council. The project, called Building with Nature, has been developed in partnership with the University of the West of England (Bristol), including their WHO collaborating centre for planning and health.

Building with Nature consists of a benchmark which promotes standards for the built environment in three areas: wildlife, water and wellbeing. The wellbeing standards have been co-authored with public health colleagues and represent a major improvement in provision compared to the baseline of new developments in the county. We already have the LEP and all local authorities in the county supporting the project, and the benchmark is currently being tested in Stroud DC and Tewkesbury BC. Our focus is on the major housing allocations in the county, creating new places where individuals, communities and nature can flourish.

Our proposal is for the STP to explicitly support the roll out of Building with Nature across the county.

A dose of nature

We want to develop an evidence-based model so that commissioners can confidently support nature-based interventions. This could include: support and training for commissioners and GPs; potentially a kite-mark around accredited delivery; supporting even spread of access to opportunities around the county; and engaging key audiences who tend to be under-represented in existing self-care and prevention pathways (for example, men aged 55+ who have strong engagement with the environment sector).

Our proposal is for the STP to explicitly recognise the value of nature-based interventions within its community pilots and to suggest a framework for its delivery.

4. Specific comments on the current document

Finally, we wanted to make some specific comments on the current document. We have suggested some amendments in red below, to support our view described above for the need for a more consistent recognition of the importance of the link between the natural environment and health.

On key objectives

What do we want to achieve and how can it be done?

Living in healthy, active communities and benefitting from strong networks of community services and support

We would like to see this amended to 'benefitting from strong networks of community services, assets and support'. We believe this should reflect that assets such as green spaces that are currently underutilised.

Moving forward we will need to: Develop new roles and ways of working across our system to make best use of the workforce we have, and bring new people and skills into our delivery system to deliver patient care

We think the document needs to consider new ways of working that are outside of the current system. For example, cross-sectoral working can achieve better outcomes at lower cost where there are joint solutions to shared priorities.

Vision

This should implicitly seek to use strengths of the county i.e. natural assets. While we understand that many of the drivers are internal, the document reflects a very service-provision based approach. We think it could be more engaging if the document were more explicit in thinking more broadly outside the box regarding enablers of self-care and prevention outside of the current system.

Enabling Active Communities

As mentioned briefly above, only funding the hub for social prescribing reduces opportunities for those with higher support needs and drives variation in provision according to the availability of VCS activities. To prevent this there must be some funding for provision of community opportunities as well.

Estates strategy

Again, as mentioned above, we think there should more mention of increasing the sustainability of estates for the benefit for the workforce and patients

Self-care implementation

We feel the current document is missing an opportunity to highlight existing physical assets. We suggest the Local Nature Partnership is consulted by the Enabling Active Communities Commissioning Group to help achieve this. We welcome the whole systems approach to obesity, but this currently does not mention the importance of the physical environment and the impact this can have on obesity rates.

Priority Area 9.1

Mental health commissioners should look at all outdoor opportunities not just those linked to the arts and culture, as the evidence demonstrates this can deliver significant improvements in mental health. We recognise the leadership role that Gloucestershire has played in arts and culture commissioning in this area, but there is an increasingly powerful evidence base to support outdoor intervention in supporting mental health and a broader approach will reach a larger audience.

Priority Area 9.3

Supporting communities to become healthy and sustainable – again we feel the STP should recognise the importance of the physical environment of new and existing communities and promote how design can be influenced to create healthier communities. The Building with Nature benchmark described above could support this process

3.17 Develop a systematic approach to healthy and sustainable communities through influencing the planning process and working with district council partners

Our suggestion is that the LNP and GWT could support this process through the roll out of the Building with Nature benchmark, which already has the support of local planning authorities.

5. For more information

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Comments on the Gloucestershire STP

Adrian Phillips, Chair of Gloucestershire Local Nature Partnership

A few weeks ago health professionals and environmentalists from across the South West met in Bristol to explore the contribution that nature and the natural environment can make to the nation's health. We heard of dozens of case studies, including some from our own county, showing how access to the natural world can reduce the burden on the health service by supporting healthier, happier communities. Indeed, we know from masses of evidence that exposure to nature and greenery is good for physical and mental health

It also saves money. And when this is in short supply, and we are trying to emphasise healthy living as a key to reducing the costs of the NHS, why is this not in the plan?

It's not just a sensible preventative approach but also a remedial one. So it is not only about how we treat mental and physical illness, and aid recovery. It's also about how we plan and manage our towns and cities (e.g. through Green Infrastructure- or GI); even how we design our hospitals. It affects our health every stage in our lives, from childhood to end of life caring. Many of these issues are outside the direct responsibility of the health sector, of course, but that sector needs to make its voice heard on such matters.

So it is disappointing that the issue goes completely unrecognised in the STP. There is no mention of the environment, green policies or nature in the entire text. It is appreciated that the more pressing issues are about improving the delivery of health care and getting better performance out of the clinical and caring sectors within an ever tighter budgetary straightjacket. But as the plan also stresses prevention, it would appear to point the way towards recognising the role that healthy environments can play in shaping healthy communities. Instead it is a somewhat inward looking document which overlooks: the broader environmental issues that lead to demands upon both the health and caring sectors; the opportunities to reduce this burden by giving people better access to nature; and the partnerships that could be developed or exploited to make those connections.

However, the hooks are everywhere. For example, the plan refers to:

- The need to "Create and develop healthy and sustainable places and communities" – but sustainable places must surely have healthy environments
- "Most people want to be more involved in their own care" – what better way to do that than to exercise and enjoy nature our doors?
- "We need to build on existing partnerships" – so why is there no reference to the Glos Nature Partnership (of which the HWB is partner)?
- "Enabling active communities" – this should include the opportunity for such communities to have access to nature on their doorsteps
- 80% of primary schools to do the "daily mile" - but where, along polluted streets or through green places?
- The joint estates strategy – hospitals etc. need to be made nature rich, with gardens, green space etc. to aid recovery and soften the experience of being there.

Hooks, yes but the potential links between them are not joined up.

It should be possible to do this if the ***STP is developed with a green thread running through it*** – about how nature, and access to it, can enhance physical and mental health and well-being, aid recovery and reduce costs of dealing with the symptoms caused in part by a poor quality environment. It should specifically include messages about greener cities and the use of GI in planning the settlements of the future. But while the contribution of the natural environment is most obvious in the context of a preventative strategy, it is relevant to clinical care as well.

The STP specifically addresses three strategic gaps. But there is a fourth gap - the gap between people and nature – that needs to be addressed. As the STP is rolled out, and the associated preventative strategy is developed, I hope this gap too will be addressed. The LNP – upon which the HWB is represented - is keen to help.

Adrian Phillips

Chair, Glos LNP

6 December 2016

■ ■ Increasing access to a wide range of nature based activities within society will provide benefits

to public health and provide savings to the UK economy. Healthy, active people who have high levels of social contact will lead to a better overall health and reduced costs for the NHS and public health bodies.

■ ■ Agencies responsible for providing health and social care services and promoting social contact would also benefit from recognising the importance of nature-based activities for increasing health and wellbeing within communities. Naturebased activities reduce social isolation and help to integrate people into society, something that is relevant to priorities set by both strategic health and public health commissioners.

■ ■ Contact with nature has been shown to improve mental wellbeing, even after as little as five minutes of contact with nature (Barton and Pretty, 2010; Bragg, Wood and Barton, 2013; Bragg, 2014). Thus encouraging people to incorporate more green exercise and nature contact into daily routines has the potential to increase wellbeing for health promotion at the population level, particularly for those at risk of certain types of illness.

■ ■ Public health bodies and Health and Wellbeing Boards (and the equivalent organisations in Scotland, Northern Ireland and Wales) are urged to focus on increasing the amount, quality and use of natural places in order to improve community health outcomes and reduce health inequalities

■ ■ Public health bodies and Health and Wellbeing Boards (or the equivalent organisations in Scotland, Northern Ireland and Wales) will have prioritised particular health issues which need addressing in their region, such as obesity, mental ill-health, dementia or physical inactivity for example, and will also have identified which needs they are currently most and least successful at addressing. Managers of nature-based interventions are encouraged therefore to target their bids to commissioners with the issues and needs of the particular region in mind, in order to show where a natural intervention may be more effective and appropriate.

Health and social care - interventions for the vulnerable:

■ ■ Contact with nature provides a number of positive health outcomes. However, there remains a lack of knowledge and acceptance among GPs and social care commissioners of the benefits to patients gained from nature-based interventions as an additional or alternative treatment for mental and physical ill health.

Commissioners of health and social care services need to be encouraged to take the idea of nature-based interventions more seriously and GPs and other clinicians should be encouraged to consider and recognise the importance of 'Green Prescriptions'.

■ ■ **The National Institute of Clinical Excellence (NICE) should also be called upon to recommend the use of nature-based interventions alongside other treatment options - for mental illnesses such as depression, for example. A NICE recommendation will help to increase the legitimacy of nature-based interventions and make it easier for GPs to prescribe and patients to receive the treatment.**

■ ■ The debate regarding **nature-based interventions** is not whether they are more effective than traditional treatment options but rather that they **represent another treatment choice for GPs, social care commissioners and service users.** Different treatments or interventions suit different people and what works for one person may not work for another.

Furthermore, people often benefit from a combination of approaches. Thus, the addition

of another tool to tackle health and wellbeing problems is especially important given the challenge of tackling current health issues such as mental illhealth, obesity and declining physical activity.

■ ■ **Health and social commissioning services should consider that nature-based activities are an enjoyable, socially acceptable treatment option and that the observed effect on attendance and adherence levels could prove to be effective in encouraging uptake or treatment.**

■ ■ **In light of recent changes to health and social care referral systems, in order to facilitate a greater integration of needs and services, organisations such as Clinical Commissioning Groups (and their equivalents in the devolved nations) need to ensure that nature-based interventions are incorporated into the regional lists of services and interventions available for commissioning.**

■ ■ **Similarly, in light of the recent changes to CCGs and HWBs, managers of nature-based interventions should be proactive in: i) promoting how naturebased interventions have multiple outcomes and are so are particularly suited to integrated health and social care; and ii) ensuring that their programmes are included in the lists of services and interventions available for commissioning.**

■ ■ **There is also a need to raise service users' awareness of nature-based interventions and for them to understand that they are a valid and effective treatment option for a variety of different vulnerable groups. A concern in encouraging more 'green prescriptions' for nature-based health interventions is to overcome patients perception that it is not an effective treatment response.**

Education is needed for GPs, social care teams and service users to highlight the additional health and wellbeing benefits that nature-based interventions can provide that traditional or other approaches do not.