

Submission to the Environment, Food and Rural Affairs Committee Inquiry into Urban Green Spaces

<https://committees.parliament.uk/call-for-evidence/3252/>

Written Evidence Submitted by GroundsWell (<https://groundswelluk.org/>)

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 areas. Specifically, Groundswell is identifying how we can use UGBS to reduce the health inequalities that have emerged in these settings. We will focus on a subset of the issues raised by the EFRA committee here;

2. What environmental challenges are urban areas facing, and how could wider access and inclusion to green spaces (including dog-friendly spaces) address these challenges?

In 2017, UGBS removed 27,900 tonnes of five key air pollutants, with the avoided health costs estimated at £162.6million (1, 2). 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 (3). 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...

3. To what extent will Government initiatives such as the Green Infrastructure Framework, the levelling up parks fund and urban tree challenge fund adequately address the issues associated with a lack of green space in towns and cities?

The Green Infrastructure framework noted the benefits of green infrastructure for physical and physiological health and acknowledged that the inequality and inaccessible issues of green infrastructure always overlap. The design guide of the framework includes one section on access to nature and supporting health benefits.

While the framework and aims are welcomed, GroundsWell believe that it could go further when considering how to fully integrate health and wellbeing into its environmental plans. The headline goal that all England residents will be within 15 minutes walking of their nearest green space' (including neighbourhood, local and doorstep green spaces) was set without a clear time frame. Without a clear roadmap for achieving this goal, the ambitious plans may take years to realise through a lack of urgency. There is also uncertainty on the scale of the problem, such as understanding who and where has good access according to the framework's metric. For example, the BBC reported alongside their coverage of the framework launch that 28% of UK residents don't have access within 15 minutes, whereas Natural England have said that it could be as high as one-third.

The framework also omitted the direct health benefits of urban green spaces and blue spaces when talking about designing healthy places. Policymakers, especially planning authorities, need to prioritise this agenda in the plan that will affect the country in the coming 25 years. Additionally, they need to consider the associated co-benefits of green space to help alleviate health concerns due to climate change.

Improving access to urban green and blue spaces is also not equal to usage. We need to design green spaces that are inclusive to every community, particularly those who do not currently use or have access to these spaces. Ideally this would be through co-developing new spaces or renovating existing ones with local community groups. Natural England's framework, if applied in this way, might help to not only improve overall health and wellbeing, but indirectly narrow social inequalities which are so difficult to tackle.

5. Is access to urban green spaces equally distributed across all sectors of society? Do the environmental and associated health risks disproportionately impact certain groups? What barriers to access exist and how can they be addressed?

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 (4, 5), respiratory disease (6), obesity (7) and risk for type 2 diabetes (8, 9). UGBS can also reduce the risk from exposure to harmful pollutants such as carbon dioxide and particulate matter (10, 11), 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 (12-17).

However, disparities exist in the provision and quality of UGBS across the socioeconomic gradient (18, 19), and the committee should explore how disadvantaged urban communities can benefit from equitable access to high-quality UGBS (20). Through working with communities (with a range of NCDs, diverse backgrounds and from low-income areas), policy-makers and practice stakeholders, GroundsWell 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 (21). 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 (22, 23), it is important for the EFRA Committee to consider the role of UGBS in prevention of NCDs, particularly for areas of high deprivation who are disproportionately impacted.

1. How successfully are the Government and Local Authorities protecting and increasing urban green spaces, and what trends can be seen in the extent and quality of those spaces?

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 (24). 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.

Conclusion

If the Environment, Food and Rural Affairs Committee will consider the wider picture of how the separate systems of health and environment and planning could work together more

efficiently then the potential to reduce health inequalities by 2030 is huge. In the short-term, increasing use of UGBS can impact many health outcomes (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.

GroundsWell would ask that the committee includes discussion on assessing community needs for urban green spaces within local authorities. Co-production of these spaces is essential in order to understand the true value of such investments and why some green space objectives have not been met thus far. If the Green Infrastructure Framework is to be successful then local authorities must be supported to identify barriers to UGBS use beyond infrastructure. This will ensure that tackling the barriers to increasing UGBS quality and use has been fully understood and may provide evidence on the benefits of local actions over the longer term.

The potential to slow or reverse the rise of NCDs in urban areas 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 collaborative 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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