

People, places and health: Come into the garden...

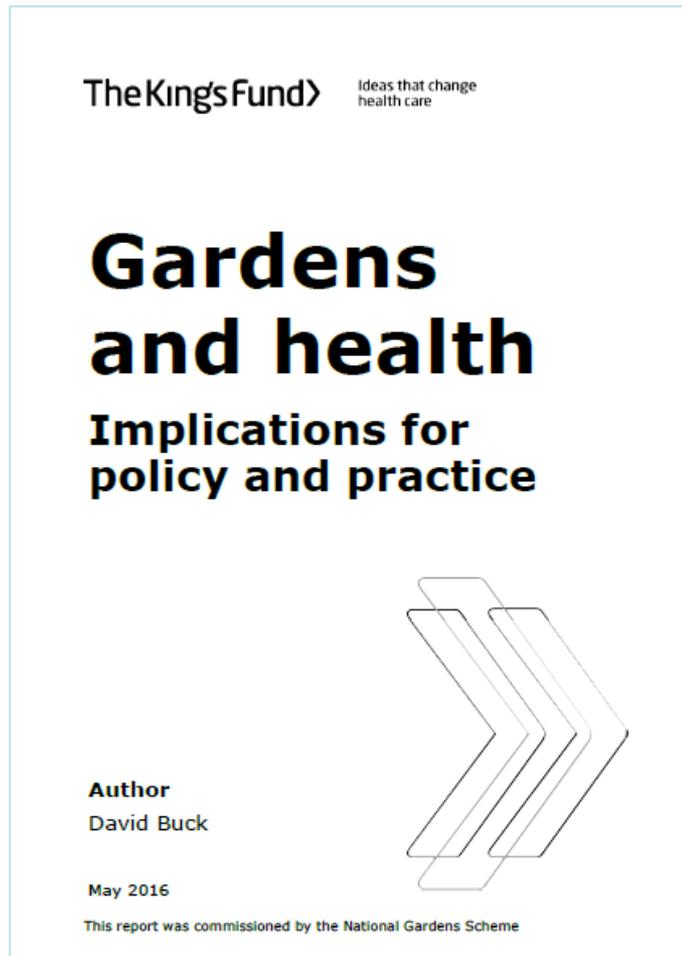
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Minding the Gap Tackling Health Inequalities in
Yorkshire & the Humber: People, Places and Health
conference, Sheffield Hilton, Sheffield S4 7YA

Err, what have gardens got to do with health policy?

Gardens and health

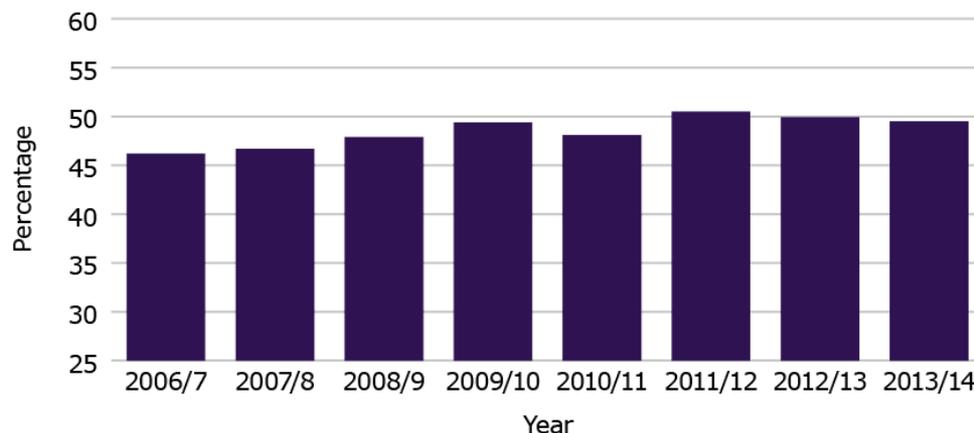


- › To contribute to the understanding, assessment, and development of the links between gardens, gardening and health
- › Sets out the evidence base on how gardens and gardening relate to health across the life-course
- › Shows how, at many points in the health and care system, gardens and gardening can make a strong contribution to keeping us well and independent
- › Sets out a menu of recommendations and options at strategic and local level.

The scale and reach of gardens and gardening

- › Half of the average cities' green space is private gardens, and half of adults report gardening as a free-time activity

Figure 2 Percentage of adults in England reporting gardening as a free-time activity 2006/7 to 2013/14



Source: King's Fund analysis of Department for Culture, Media and Sport 2015a

- › Gardening becomes more important to us, in terms of identity and source of physical activity, stimulation and contact as we age

Gardens and health



Effects across the life-course

- › School gardens and growing have been shown, in RCTs, to increase fruit and vegetable intake and in other studies to improve sense of achievement and pride, particularly for children with behavioural problems.
- › Family gardens are highly valued as places of physical activity, particularly through play.
- › Those who use of allotments have been shown to have improved mental health on a range of measures compared to controls; gardening has repeatedly been linked to better mood, less anxiety and depression.
- › As we age gardening becomes more important to sense of self, may help prevent falls and cognitive decline, although gardens can “become burdens”.
- › Gardens have positive effects on climate, pollution off-setting, and flood risk. These environmental benefits reduce population health risks.

Effects across the health and care system

➤ Social prescribing.

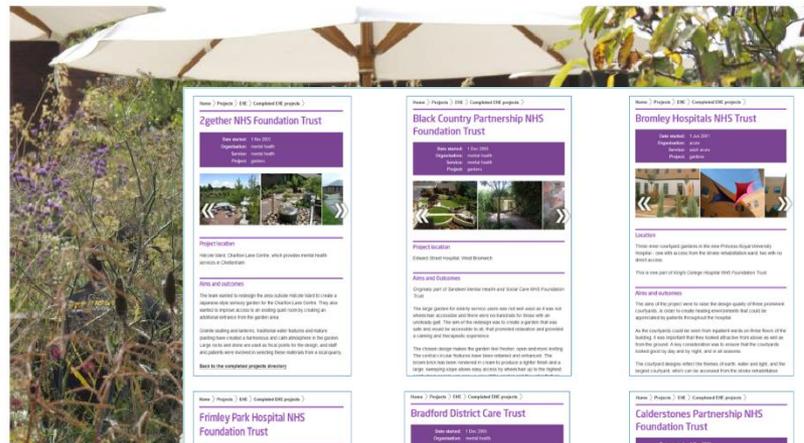
➤ Community gardens, volunteering and recovery from illness.

➤ Gardening and dementia care and end-of-life care.

WELCOME TO THE LAMBETH GP FOOD CO-OP



Figure 6 Horatio's Garden



Source: Horatio's Garden

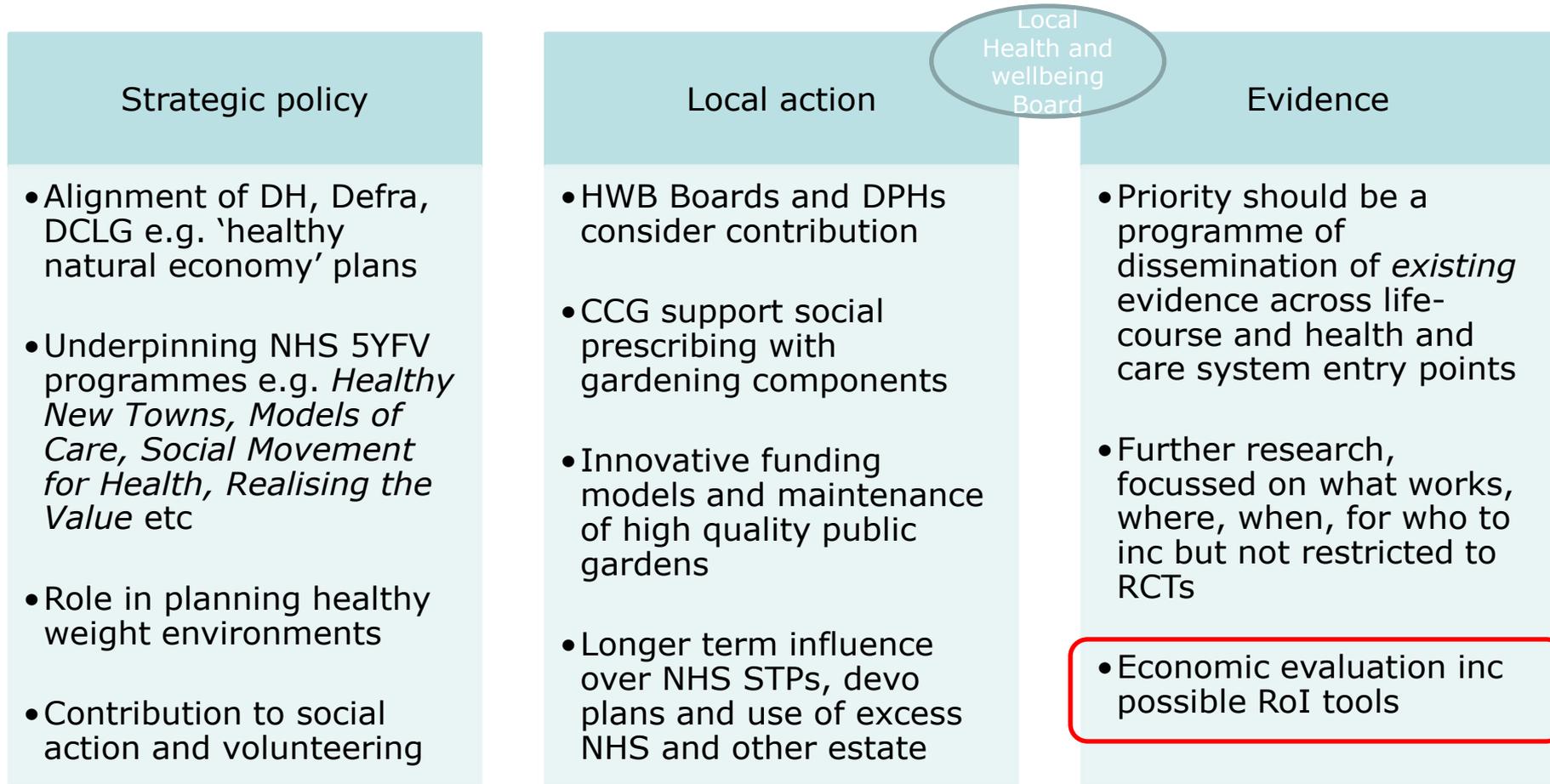
Stop and think...

“When we were working with the prisons it always struck me that prisoners have a right to a period of time in the open air each day but we don’t, as an NHS or social care system, make sure our patients or residents have the same privileges! I remember meeting a service user who had not left a mental health ward for over six months until the day we opened a garden in Sussex.”

Sarah Waller, Association for Dementia Studies, University of Worcester

A menu of recommendations

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The economic case needs developing

Need more economic evidence, with clear focus

Strategic policy	NHS	Local Health and wellbeing Board Local government
<ul style="list-style-type: none">• The economic case that supports alignment of DH, Defra, DCLG e.g. 'healthy natural economy' plans• The cost-benefit case, meeting multiple objectives including but not exclusively health (health a big hitter in valuation terms and can easily swing decisions if in or out of calculations)	<ul style="list-style-type: none">• How gardening "works" (physical, mental) and for "who" (young to elderly) and impacts on...• NHS demand reduction and £ impact (especially on hospital care)• Economic evaluation evidence of gardening vs alternatives in terms of cost per QALY• Social prescribing, moving up the NHS agenda.	<ul style="list-style-type: none">• Gardening as a social intervention• The economics of impact on public health, and the return on investment of that, £1 = £x return• SROI and the distribution of benefits and costs to different population groups, with a focus on inequality reduction

The current “economic” case relies on wider case for green space

Public health and wider wellbeing

- › Increasing access to parks and open spaces could reduce NHS costs of treating obesity by more than £2bn; several SROI cases.
- › Green walls and trees could remove some air pollution, though overall effects are low, and some noise pollution; overall value of London’s tree cover (including amenity value) estimated at £130bn.

NHS demand

- › Access to green space can reduce mental health admissions; Ecominds evaluation (of 5 cases) suggests benefits in terms of reduced NHS costs, welfare benefits etc; SROI cases include NHS demand reduction.
- › BTCV evaluation of green gyms suggests for every £1 spent, £2.55 is saved in reduction in physical illness

Conclusions

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- › Gardens and gardening are important to us, over half of adults garden and it is important across the life course, increasingly as we age.
- › Gardening influences health in complex and multiple ways. The weight of evidence on gardening and health is convincing, despite a lack of RCTs. More and better quality evidence is always good, but we have enough to act.
- › There are excellent examples of where the health and care system is already integrating gardens and health from social prescribing to dementia gardens.
- › There is no simple general case that can be used to prove the business case for gardening. If gardens are to become part of the mainstream of health policy and practice, the health economics case needs to be developed further and needs to be focussed differently for audiences.