DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

2005 Seminar Proceedings
of the
Countryside Recreation Network

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Held at The Priory Rooms
Bull Street
Birmingham
10 May 2005

Published by CRN Countryside Recreation Network

ISBN 1 84387 1459
Copies cost £12 and are available from:
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CONTENTS

Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

WELCOME AND INTRODUCTION

Marcus Sangster
Forestry Commission
(CHAIR)

CRN has been active this year exploring how the countryside can be part of the solution to problems of public health linked to sedentary and stressful lives. In February we held a conference to which we invited senior figures in the health and countryside worlds. Aimed at people who are able to take policy and turn it into effective action, the seminar recorded in these proceedings was no less important.

We advertised the seminar through our traditional network of contacts, and it was no surprise that there were few health professionals in the audience. Busy professionals need to be convinced that organisations such as CRN agencies, who have no obvious role in health, have something to offer. How do we make a case, and how do we even get people to pay attention to us when every day they are bombarded with information from a hundred different sources?

The answer is probably to get some successful projects established and use these to demonstrate the opportunities, and this must be in partnership with local health interests who will be advocates for what is on offer. There is already a network of facilities in place, perhaps not perfect or well located but certainly substantial. For them to be used to improve health we need to promote them. And perhaps we should be careful with our language, for 'health' itself can have negative associations - don't eat food that you like, don't smoke, don't drink, don't sunbathe and so-on.

All of us have seen fads come and go in the countryside. Although 'health and the countryside' sounds faddish I don't think that that it is going to disappear or be reinvented. What I suspect will happen is that the benefits of the outdoors for exercise will be widely accepted quite quickly, and that the mental and social benefits will take longer to be appreciated and reflected in action on the ground.

The UK spends over 10% of its GDP on health. If we can make even a small contribution, reducing expenditure just a little, it will have a very high absolute value. There is no pot of gold here for the countryside to dip into. Discretionary expenditure in the health service is small. However, there is a rare opportunity to contribute, to deliver benefits that will have a direct effect on the quality of life of participants and for each of us, as countryside professionals, to make a difference and do something that we will look back on with pride. It will take persistence but I will be disappointed if in ten years time we don't have substantial numbers of people who today wouldn't dream of going for a walk using the countryside as part of their ordinary routine.

Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

WHY IS PUBLIC HEALTH SO TOPICAL?

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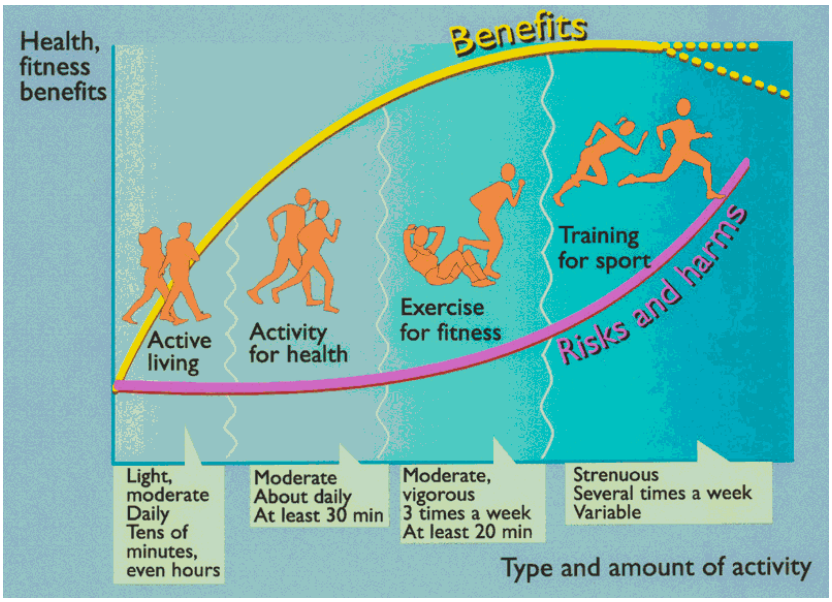
Physically active lifestyles offer significant benefits to health for individuals and it is now recognised as one of the most important behaviours for the health and wellbeing of populations (WHO, 2004). Substantial scientific evidence underpins the case for a public health approach to addressing the downward trends in levels of activity evident in many developed countries and predicted for countries experiencing rapid economic transition. This paper will summarise the benefits of physical activity, describe what a public health approach to increasing levels of activity would be and discuss the important role of partnerships in effecting any sustainable change.

The association between physical activity and cardiovascular diseases has been observed and replicated over five decades of research, and shows a graded relationship, with the maximal risk reduction observed among the inactive who move to becoming at least moderately active (Bauman 2004). In more recent years, several papers have added and strengthened the evidence that moderate and brisk intensity walking reduce the risk of cardiovascular disease. Figure 1 illustrates the increasing benefits from increasing levels of activity.

Figure 1. Benefits of regular moderate-intensity Physical Activity



Source: World Health Organization

The prevention of diabetes and obesity are important public health challenges. Recent evidence from large population-based cohort studies and even stronger evidence from

recent randomised controlled trials, has shown that diabetes can be prevented in those at high risk (such as those with impaired glucose tolerance) using lifestyle modification including increased levels of physical activity (Bauman 2004). Studies on the role of physical activity and the prevention of cancer have increased during the last two decades and although the results are equivocal for some cancers, the strongest evidence is for the prevention of colon cancer, with better evidence accumulating for breast cancer prevention (especially among postmenopausal women) (Thune and Ferberg, 2001).

An active lifestyle has other benefits for the individual and community, such as improved mental health and wellbeing, increased social cohesion, and reduction in crime. The potential for children to have improved academic performance has attracted increasing interest. With the proportion of the population aged over 60 rising, the area of falls prevention is particularly important. Here there is a compelling evidence base that the risks of falls are consistently reduced among those exposed to balance training, muscle strengthening and physical activity interventions (Gillespie and McMurdo 1998). Participation in physical activity is also beneficial through an increase in bone strength, muscle strength, balance and coordination.

In summary, there is strong evidence-base for the importance of regular physical activity and this was summarised in the England in the Chief Medical Officers Report 'At least Five a Week' (CMO, 2004). However, the declining levels of physical activity in the UK and the associated cost to society is of great concern. Estimating the economic costs of low levels of activity is difficult although in the UK it is thought to exceed £8 billion annually (Department of Health, 2004). Moreover the loss of productive years of life is considerable. Estimates by the World Health Organisation (WHO) indicate that physical inactivity is one of the top 10 leading risk factors and approximately 2 millions deaths per year are attributable to low levels of activity (WHO, 2002). The need for a coordinated and large scale national response to increase levels of physical activity is urgent.

The principles of a public health approach are shown in Figure 2.

Figure 2

Key Principles of Public Health Approach

- Use of the best available evidence for action
- A strong commitment to working in partnership with communities and other organisations
- Focus on achieving sustained action and investment in long term health outcomes
- Works with whole populations rather than individuals
- Recognises the multiple determinants of health and their complex interactions that affect health status
- Implement strategies that address the entire range of factors that determine health
- Identifies vulnerable populations and directing efforts to address the differences in health status

National government and international agencies are beginning to act. In 2004 the Global Strategy on Diet, Physical Activity and Health was launched (WHO 2004) and in England the Government released the implementation plan for 'Choosing Activity.' The Global Strategy encourages countries to use the existing evidence-base on the relationship between diet, physical activity and chronic disease, and the knowledge of effective interventions to make the case for action and to advocate for policy change with decision-makers and stakeholders. Like other lifestyle risk factors such as smoking, population levels of activity is difficult to change and isolated, short term quick fixes will not work. Rather a comprehensive approach is needed, engaging partnerships and working with a long term agenda.

The essential components of a comprehensive public health approach to inactivity are summarised in Figure 3. Success will require action at a policy level as well as the provision of programs if actions are to be sustained beyond the typically short term political and bueacratic lifecycle. Policy is a formal statement that defines priorities for action, goals and strategies, as well as stating the accountabilities of involved actors and the allocation of resources (Bull et al., 2004). As all public policies impact, directly or indirectly on health, it is desirable that all sectors contribute to the development of healthy public policy aimed at creating and maintaining supportive cultural, social and physical (urban and rural) environments consistent with active lifestyles. It is this approach that has the greatest potential for increasing the health and wellbeing but it requires policy makers in all sectors to be aware of the health consequences of their decisions and be accountable for health impacts.

Gaining political and professional support for policy change and implementation requires concerted advocacy and increased community awareness. Support and engagement by the community can be achieved through the use of media (television, radio and print) combined with strategic lobbying and public relations activities. These actions are needed over time and at local, regional and national level.

Figure 3.

Core Components of a Public Health Approach to Physical Activity

- Healthy public policy - legislation, regulation and fiscal measures
- Supportive environment for active lifestyles
- Prevention and Promotion strategies - education, screening, other interventions
- Capacity building programmes - to strengthen skills, competencies, systems and infrastructure
- Strengthen communities through consultation, participation and empowerment
- National monitoring
- Evaluation and Research

There is increasing recognition of the need to balance individual-based programs with efforts to create and maintain an environment supportive of an active lifestyle, and much research is underway to explore and understand the interactions between how the urban and countryside environment can support or hinder the populations' ability to be more

active. It is this research agenda and the potential for enormous synergy between programmes that is demanding and bringing new partners together. Successful partnerships are based on a good understanding of each others discipline areas and recognition of the common and unique contributions each partner can make. Partnerships need to find ways to work together even when it is not supported by the funding or historical ways of working of each agency. Organisational partnerships often start as working relationships between individuals and these are the necessary building blocks. Working on tasks with clear contributions from each partner and on activities that offer 'win-win' outcomes are best. Shared success, internal and external recognition and acknowledgement of the time it takes to work cross-sectorially are all important elements.

Given the magnitude of the task and the diversity of settings in which we need work to address the decline in activity across the lifespan, considerable involvement is needed from areas outside of the health sector, notably in education, sport and recreation, transport and urban planning. Therefore, it is particularly important that a comprehensive approach includes the process of building partnerships and that these involve community groups, the voluntary sector as well as government and other non-government agencies.

It is widely recognised that no single strategy or intervention will produce large changes in levels of activity. Partnerships, operating with a shared vision and combined resources are essential for any progress to be made.

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Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

WALKING THE WAY TO HEALTH INITIATIVE

Veronica Reynolds
Countryside Agency

Partners and Funding

The Walking the way to Health initiative (WHI) was launched in September 2000 and is a joint venture between the Countryside Agency and the British Heart Foundation. The overall cost of the initiative was set at £11.6 million over five years. This was made up from contributions from the founding partners, a New Opportunities Fund grant of £6.4 million, match-funding from local partners and private sector sponsorship from Kia cars. There are also two sister organisations, Walking the way to Health in Wales which is funded by the Countryside Council for Wales and Paths to Health in Scotland.

A growing body of evidence supports the view that walking, as a form of physical activity, can convey multiple health benefits if performed regularly. Walking has been referred to as 'the perfect exercise'. It is free, requires no specialised equipment and has been shown to be one of the most accessible and sustainable ways of promoting an active lifestyle.

The original goal for WHI was to develop 200 community-based walking for health schemes, prioritising areas of poor health. It was hoped that WHI would bring health benefits to 1.5 million people living in disadvantaged areas. More than 350 walking for health schemes have been established, some 200 using our grant aid, and others that have been self-funding, but have used our services and expertise to set themselves up. Eighty per cent of the funding was allocated to areas of disadvantage. Grants range from just a few hundred pounds to support a group of local volunteers, to more than £100,000 to promote and develop walking for health across a whole city. To date (March 2005), it is estimated that WHI has encouraged more than one million people to walk more.

Context

The timing of the WHI initiative has coincided with a dramatic rise in the awareness at a strategic level, of the public health benefits of a physically active nation. Government health policy is now putting more emphasis on the public health role of preventing illness, which is seen as a logical next step following earlier substantial and still continuing increases in spending on NHS services and treatments.

During the last year, health policy has been marked by:

- The Wanless report on public health, commissioned by the Treasury. This highlights the potential of saving money if people are more engaged in their own health.
- The Commons Health Select Committee report. This sets out recommendations for government on diet and exercise in order to address the worrying rise in obesity levels.

- Choosing Health – The Department of Health's White Paper on public health which is now being translated in delivery plans around physical activity.
- Choosing Activity – a linked exercise looking at what needs to be done to encourage people to be more active so it benefits their health.

All these documents mention the promotion of walking as part of the solution to better health. Most also refer to the 'Walking the way to Health' Initiative (WHI) as an example of good practice. Members of the WHI team have also contributed information and ideas to the 'Choosing Health' consultations and taken part in associated consultation events, seminars and conferences both regionally and nationally.

WHI has been successful in commanding a prime position in the promotion of physical activity and the past year has seen a range of high-profile media coverage and events which all advocate walking. WHI has been linked to ITV's Britain on the Move campaign that featured several of our walking schemes and case studies.

Initially conceived as a five year project, WHI's success and popularity has led the Countryside Agency to provide additional core funding to continue to support existing health walk schemes and enable new ones to seek funding at a local level. The current objectives for WHI are to continue to provide our core services to existing schemes and to explore further funding streams at both a national and local level.

Local Schemes and Local Partners

Over the past four years, WHI has been instrumental in the creation of more than 350 local 'walking for health' schemes. Through its training programme, WHI has trained just over 14,000 volunteer walk leaders and 470 scheme initiators. It continues to provide support to its trainees through its newsletters and websites. It is estimated that approximately 50% of trained volunteers are still actively involved with leading walks, researching routes and other activities associated with running a local scheme, including marketing and publicity and website design.

WHI works through its regional case officers to bring together local partners at a community level to create and implement walking for health schemes. Grant aid has been awarded to partnerships that are able to provide an element of match funding for schemes. As well as providing funding, WHI supports local partnerships by providing advice and expertise and a presence on local schemes' steering groups.

Most walking schemes consist of a programme of regular volunteer-led walks (usually at least two a week) and way-marked or mapped health walk routes that people can use independently if they wish. Information about walking in the area is available from a range of sources such as the local health centre and library. WHI schemes are covered by an insurance policy that protects both leaders and walkers.

Health walk schemes aim to be inclusive and flexible, thus removing many of the barriers to participation. Led walks are flexible in terms of duration and length and can be adapted to suit any fitness level.

Endorsement from BACR and MPS

One of the biggest challenges in creating and implementing WHI was to gain acceptance from the medical world. It was recognised that engaging with medical professionals would be one of the best ways to attract our target audience of people with poorer health. To this end we courted endorsement of WHI from national medical organisations such as the Medical Protection Society and the British Association of Cardiac Rehab, who both issued statements about the safety and effectiveness of walking to improve health. In addition, a Randomised Controlled Trial of a walking scheme was conducted that showed that people given advice about health walks as opposed to general advice about exercise, were 13% more likely to be still exercising after 12 months. At a local level, WHI's regional case officers have been able to use these endorsements and studies to influence health care professionals to promote schemes to patients.

Target Groups

Although WHI and its local partners have actively sought to promote schemes to disadvantaged and ethnic minority groups, it is clear from statistics collected to date that the majority of participants in led health walks tend to be white and over 50 years of age. However, ethnic minority participants make up approximately 8% of participants on led walks, which is a representative sample of the national population. It could be argued that the greatest health gains occur in people over 50 increasing their physical activity levels. WHI is currently the subject of a national evaluation, sampling from 500 participants in schemes across the country. The aim of the evaluation is to ascertain WHI's success in attracting its target audience of people with poor health or from disadvantaged groups. The results will be ready in May 2005. In addition to the national evaluation, local schemes have been encouraged to evaluate their impact in a variety of ways. Most schemes have collected qualitative data and case studies that explore the benefits and barriers to participation.

WHI has worked with a variety of local partners, in particular local authorities and primary care trusts but also organisations such as Groundwork, Forest Enterprise, Sure Start mental health charities and Age Concern. WHI has also assisted in setting up health walks in prisons across the country. 'Walking for Workplace Health' is a commercially run enterprise which is affiliated with WHI and delivers workplace walking schemes.

Step-o-meter

Although not in the original plan for the WHI project, a national step-o-meter campaign was launched alongside the initiative, together with a national daily newspaper. More than 10,000 step-o-meters were given away to members of the general public. People were encouraged to use the device to count the number of steps they took each day. A further allocation of step-o-meters was made to health professionals who were encouraged to loan the device to patients they felt could benefit (Step-o-meter Loan Pack). Evaluation of the step-o-meter campaign showed that a large proportion of the people using the step-o-meter were overweight and sedentary and a sample of those people monitored increased

their step count by 1,000 steps a day within 12 weeks. Twenty per cent of people using the step-o-meter reported an increase in walking. The Loan Pack elicited a very positive response from health professionals, 81% of whom felt it was 'very influential' in increasing awareness of physical activity among their staff.

The future

WHI's success and popularity has led the Countryside Agency to provide additional core funding to continue to support existing health walk schemes and enable new ones to seek funding at a local level. It is anticipated that although some local schemes may fade away, most will become self-sustaining with support from local authorities and local Primary Care Trusts. The current objectives for WHI are to continue to provide our core services to existing schemes and to explore further funding streams at both a national and local level. Regional and local networks have been established for health walk schemes that provide a forum for sharing knowledge and experiences of setting up and running a health walk scheme.

Walking the way to Health is part of the Landscape/Access/Recreation branch of the Countryside Agency and will transfer to the new Natural England organisation in 2007 involving English Nature and the Rural Development Service of DEFRA.

More information can be obtained from the Waking the way to Health Initiative website on www.whi.org.uk

Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

THE VALUE OF GREENSPACE WITHIN URBAN ENVIRONMENTS FOR HEALTH AND WELLBEING

Deryck Irving
Greenspace Scotland

Introduction

The UK is a heavily urbanised nation with well over 80% of the population living in our towns and cities. Urban greenspace is, therefore, the "countryside on the doorstep" of more than 48 million people.

This paper explores a number of attributes of greenspace which make it particularly important in influencing both public health and the agenda for taking forward health and environment initiatives.

Greenspace focuses the health and well-being benefits of the wider countryside

Good quality greenspace – greenspace which meets the needs of local people and visitors – offers all the benefits which are outlined elsewhere in the seminar report for the countryside as a whole. These benefits can be particularly important for people who, for financial, cultural or other reasons, cannot or do not access the wider countryside. Australian research into the health benefits of the green environment confirmed that the spaces closest to people's homes are used much more than those at a distance (Giles-Corti and Donovan 2002). A 2002 study into the longevity of senior citizens showed that "the probability of five year survival … increased in accordance with the space for taking a stroll near the residence, parks and tree lined streets near the residence …"(Takamo et al 2002). The quality and accessibility of the local environment is, therefore, particularly important.

Poor quality greenspace has a negative impact on health and well-being

Equally (or perhaps more) importantly, where greenspaces do not meet the needs of communities and individuals they can have a significant negative impact on health and wellbeing. Derelict, neglected spaces attract antisocial activities leading to increased levels of stress and fear in local communities. The fact that your area looks rundown can lead to poor self-esteem which, in turn, affects your mental health. Poor local greenspace can also be a major deterrent to people taking physical exercise – leading to both physical and mental health problems.

The health and wellbeing impacts of spaces such as these are almost all negative – but something can be done to create positive impacts …

At Greenspace Scotland's 2004 Conference "Greenspace – The Common Denominator", Dr Allyson McCollam from the Scottish Development Centre for Mental Health outlined the factors which constitute a Mentally Healthy Community. Such communities are places where people feel:

- safe
- respected
- supported

– poor environments lead to people feeling unsafe, undervalued and isolated.

Involvement in protecting and/or improving greenspace has beneficial impacts on mental health

Greenspaces contribute to people's sense of place and connection to their local neighbourhoods. Threats to, or concerns over, local greenspaces can, therefore, have significant effects on community health. These effects can be negative leading to further reductions in self-esteem or increased fears about the future. The effects are not, however, always negative. Often people will come together to project or develop a cherished place.

This involvement and empowerment has real benefits for mental health, as Dr McCollam pointed out Mentally Healthy Communities are also *"places where people have opportunities for social interaction, to use their skills, to participate, to influence …"*

The fact that this involvement has direct impacts on the people's own communities makes the positive mental health impacts even more pronounced – this is not just about doing something "for the environment"; this is about taking control of your own life. Because greenspace quality has implications for a whole range of aspects of urban life (health, local economy, community safety etc.), involvement in greenspace projects or initiatives also opens up access to other agendas; further empowering communities. It is interesting to note that many Development Trusts (community organisations set up to push forward regeneration in all senses of the word) began with concerns and activities linked to the quality of the local environment.

Greenspace offers real partnership opportunities

Greenspace, due to its urban setting, offers important openings for partnership working between the environmental sector and those involved in community regeneration and in health promotion. The priority areas for greenspace activity – those areas where people have greatest need for greenspaces and, conversely, where existing greenspace is often of the poorest quality,[1] are generally the most socially disadvantaged areas within our towns and cities.

These areas are also priorities for those organisations and agencies working in regeneration and health. People living in these areas are experiencing environmental, social and health inequalities. This provides a particularly strong case for partnership working around the concept of social justice. Two specific developments in policy for Scotland over the last year illustrate the importance of local greenspace in achieving regeneration (and health) objectives.

1. Closing the Opportunities Gap Target J
   All Scottish Executive (and SE funded) activity relating to social justice and to community regeneration is targeted on the 15% most deprived communities (identified using the Scottish Index of Multiple Deprivation) – the vast majority of these communities are in urban areas. Executive policy on social justice is articulated through a series of targets published under the heading of "Closing the Opportunities Gap". These targets were revised in autumn 2004 and for the first time made direct reference to the local environment – *"Target J: To promote community regeneration of the most deprived neighbourhoods, through improvements by 2008 in employability, education, health, access to local services, and quality of the local environment"*. This places local environmental improvement firmly into the priorities of all agencies attempting to address quality of life in these communities.
2. Community Regeneration Fund and Regeneration Outcome Agreements
   The 2003 Local Government in Scotland Act established Community Planning partnerships in all Local Authority areas to bring together key partners to prepare and implement a shared strategy to improve quality of life in their area. All funding for community regeneration has been brought together into a single fund – the Community Regeneration Fund (CRF) which is being made available through Community Planning partnerships. To access the CRF, Community Planning partnerships must develop Regeneration Outcome Agreements. The guidance on how to develop these Agreements includes a requirement to address the "coherence and impact of greenspace" – recognition of the importance of greenspace and an opportunity to work jointly with Community Planning partners.

The potential for partnership working is also clearly shown by Greenspace Scotland's structure and method of working. At a national level, a great deal of effort has been applied over the past two years to raising awareness among other sectors and disciplines of the impacts of greenspace on quality of life. This has borne fruit with our national

[1] Research carried out on behalf of Greenspace Scotland in 2004 showed that people in the 15% most deprived communities in Scotland (based on the Scottish Executive's index of social deprivation) had higher expectations relating to the things which their local greenspaces should provide but were experiencing a reality where which was worse than other, more affluent areas (see Greenspace Scotland website www.greenspacescotland.org.uk for further details).

conference last year attracting delegates from health, housing, regeneration, community safety and from the professional institutes such as planners and architects. A seminar on placemaking we held at the Scottish Executive earlier this year was attended by key staff from seven of the ten Executive departments. We are also part of a move to facilitate greater networking between all the sector interests involvement in community regeneration. Our Board of Directors includes representatives from NHS Health Scotland, Communities Scotland, Scottish Natural Heritage, the Convention of Scottish Local Authorities and from the voluntary sector along with representatives of our local partnership and a strategic advisor from Scottish Enterprise – again demonstrating the interest in, and potential for, greenspace as a common agenda.

We are also working in partnership on a series of joint projects – many of which are linked to research and dissemination of findings. For example, Greenspace Scotland, NHS Health Scotland, Communities Scotland and Scottish Natural Heritage have formed a Greenspace and Quality of Life research group which is commissioning a range of research to add to the evidence of impacts and to determine whether research carried out elsewhere in the world is relevant in a Scottish context. We are also a partner in the SNIFFER (Scotland and Northern Ireland Forum for Environmental Research) urban greenspace and environmental justice cluster groups which are commissioning and overseeing further research.

At a more local level, the local greenspace partnerships which make up our membership must, themselves, be partnerships between key agencies (including health), local authorities, communities and the voluntary and business sectors. Increasingly, our new members are based on partnerships which are already in place for Community Planning. In addition, we have developed a Planning and Evaluation framework for greenspace work which is designed to identify the outcomes and impacts of work activities. This framework is based on a methodology which is widely used in health and in community development – this link should enable us to develop shared objectives and to increase the development of common agendas between partners working on specific programmes or projects.

At the very local level, we are encouraging all our members and partners to adopt an approach to the development of greenspace provision which is based on community definition of problems and priorities; community involvement in all stages of planning, development and ongoing maintenance and a recognition that quality is defined by fitness of spaces to meet the needs of local people. We are also working with 10 community groups across Scotland to support action research into greenspace and quality of life benefits which will be carried out by the communities themselves. This work is being coordinated through the Quality of Life research group.

Conclusion

Greenspace, due to its urban setting and its proximity to the most deprived communities in Scotland, has a real impact on the health and wellbeing of Scotland's population. For this alone, it warrants attention and further research to increase our understanding of what promotes good health. It is also a prime area for partnership working since greenspace quality impacts on a wide range of policy areas.

Annex: About Greenspace Scotland

Greenspace Scotland was established in 2002 by Scottish Natural Heritage and partners, with funding support from the New Opportunities Fund (now the Big Lottery). Our role is to drive forward the Greenspace for Communities Initiative, providing a national lead on local action to regenerate and revitalise communities and places within and around towns and cities in Scotland.

We are an umbrella trust for local greenspace partnerships and trusts across urban Scotland.

Our Mission: **Working together** to improve the **quality of life** of people in **urban communities** through the creation and sustainable management of **greenspaces.**

Greenspace Scotland was formally launched in March 2003. We are a recognised Scottish Charity and a company limited by guarantee. We receive funding and other support for project activities from a range of sources including the Scottish Executive departments and agencies responsible for community regeneration, planning and health promotion.

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Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

A COUNTRYSIDE FOR HEALTH AND WELLBEING - RESEARCH FINDINGS

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It is widely documented that there is an array of health benefits derived from regular physical activity. It has been evidenced that physical activity is a co-determinant of health and reduces our risk of dying from a range of diseases, such as coronary heart disease, type II diabetes, hypertension and colon cancer. It also enhances our mental health, helps people to feel better and improves their self esteem.

However, there has been a dramatic fall in physical activity levels in the past 50 years. In fact, adults currently expend 500kcal less energy per day, which is the equivalent of accomplishing a marathon a week more, in comparison to 50 years ago. This is primarily due to our sedentary and indoor lifestyles, which are contributing to the obesity epidemic. It is also because we now do less walking or cycling to work or school and participate in less organised sporting activities.

We are currently recommended to do 30 minutes of moderate activity on at least 5 days of the week as moderate physical activity reduces our morbidity rate by 30-50%. However, only 32% of adults in the UK currently meet this level of recommended physical activity. The major problem seems to be that although 80% of people correctly believe that regular exercise is good for their health, most wrongly believe that they take enough exercise to avoid ill health.

There has been extensive research into the mental health benefits of contact with nature and greenspace. Traditionally, we have wanted to save nature for primarily ethical or economic reasons, but relatively little attention has been paid to the potential emotional health benefits and its influence on our psychological well-being. This idea stemmed from a prolific theory referred to as the *"biophilia hypothesis",* which states that "*we have an innate sensitivity to and need for other living things"*. This desire for contact with nature is hard wired into our genetic make-up. The hypothesis states that closeness to nature enhances our well-being and increases the likelihood of understanding and caring for nature. Nature makes positive contributions to our health by helping us to recover from pre-existing stresses or problems and having an "immunising" effect by protecting us from future stresses. It has also been proven to help us concentrate and think more clearly.

On the one hand we know that physical activity has positive effects on both our physical and mental health, and on the other hand exposure to nature has positive effects on our mental well-being.
Therefore, we have hypothesised that there may be a synergistic benefit in engaging in physical activities whilst simultaneously being directly exposed to nature. We have called this *"green exercise".* We are also interested in any additional benefit of participating in group activities due to the social capital element. Interestingly, most of the research has been conducted in the USA, Scandinavia and Japan and very little has been done in the UK. There is also very little desegregation of the effects of social capital.

Our remit from the Countryside Recreation Network was to identify case studies of various green exercise activities and analyse the health benefits derived from participation. We acknowledged that there are 5 types of initiative:

1) Geographic – whereby the project started in a specific area or region. Our remit was to choose at least 2 case studies in England, Scotland, Wales and Northern Ireland.
2) Issue based – project was started to address a particular health issue
3) Habitat based – project started with a conservation or particular habitat focus
4) Activity based – imitative started for a particular activity e.g. Walking the Way to Health Initiative
5) Group based – project targets particular groups of people e.g. youth offenders, obese, refugees etc.

We also wanted to make sure that the case studies chosen incorporated different levels of intensity and duration, different types of habitat that the exercise took place in, group and individual activities, organised or informal sessions. The ten selected case studies therefore included walking groups, fishing, mountain biking in forests, canal trips and conservation activities.

A composite questionnaire was used in the field, which included a range of standardised instruments to measure mood, self-esteem and health data. The questionnaire was administered before and after the activity to allow direct comparisons to be made and qualitative narrative was also collated. A total of 263 people were sampled, but we were unable to access children due to the need for parental consent or referred patients due to potential ethical problems. The sample includes people who are already engaging in green exercise activities and are therefore quite healthy. Unfortunately it does not include the habitually inactive group who are harder to reach.

The next two figures provide a snap shot of the results and key findings relating to changes in mental health.

Firstly, we saw a significant increase in self-esteem in 9 out of the 10 case studies. (NB the lower the value, the higher the self esteem). The biggest change occurred at Close House whereby a group of disengaged youths participated in a series of woodland activities.
The smallest change was seen in the walking projects, however, these activities were the shortest in duration. The one anomaly was at Arnside, but the group had been participating in vigorous conservation work in torrential rain for over 5 hours, which might have offered an explanation. We also found that men had a higher self esteem than women, and that those with more education and those with a better health also had a better self esteem. Low self-esteem scores were correlated with higher body weights.

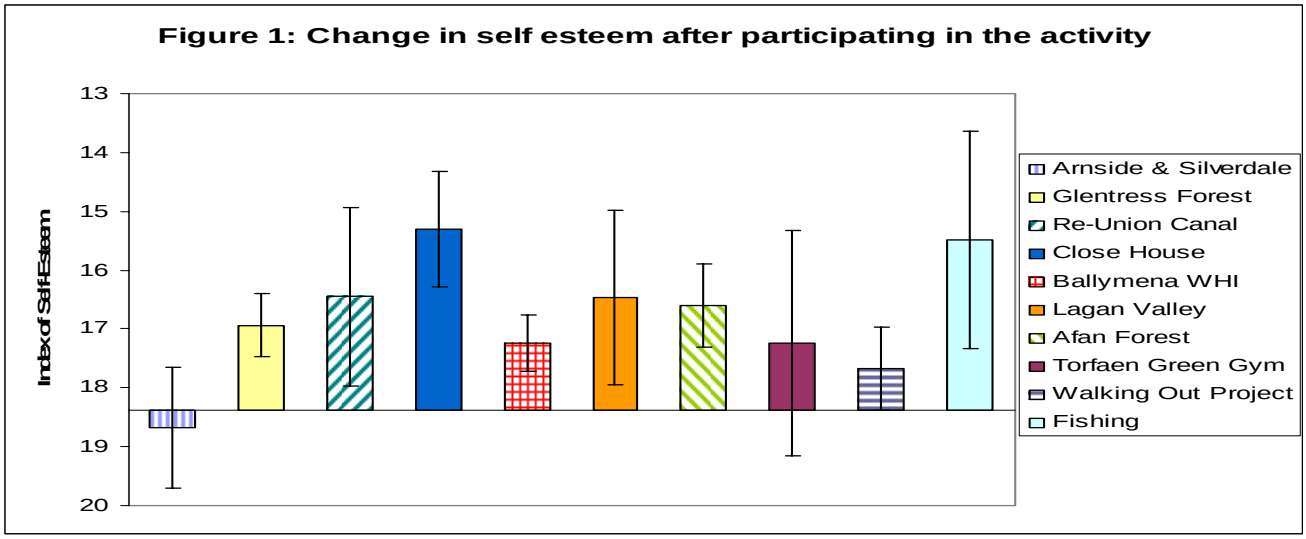
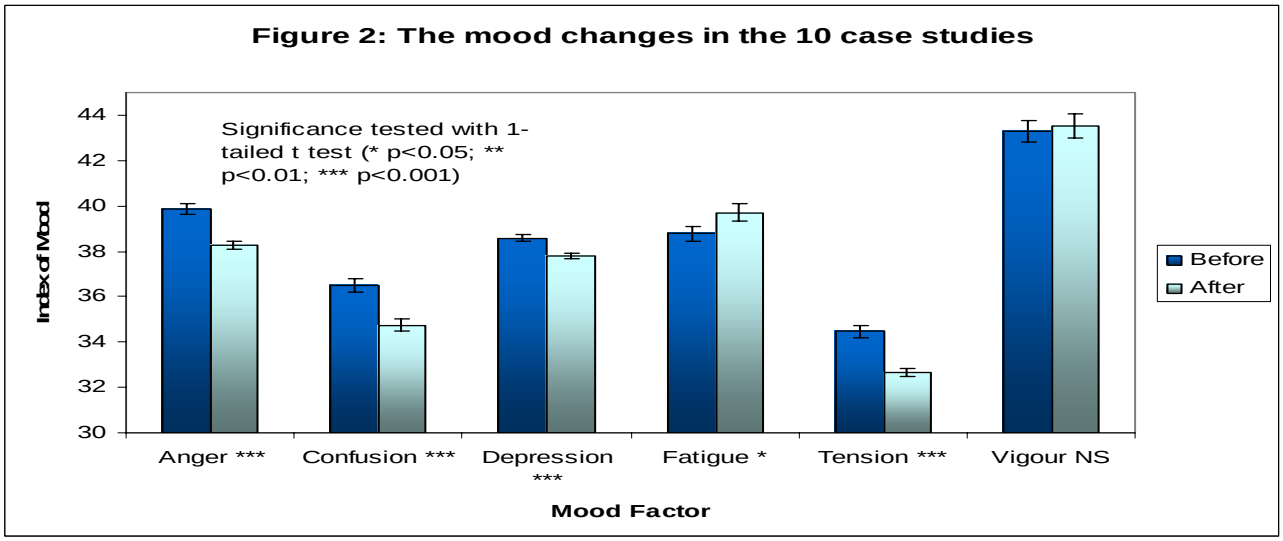


Figure 2 is an amalgamation of the mood changes in all 10 case studies. The instrument we used to measure mood looked at 6 different factors – anger, confusion, depression, fatigue tension and vigour.

Following participation in the green exercise activities anger, confusion, depression and tension levels all significantly reduced. Overall participants also felt significantly more fatigued but yet still felt more vigorous.



The research shows that participation in green exercise activities significantly improved self-esteem and 4 out of the 6 mood measures also significantly improved. Self esteem improved following gentle activities such as canal boating or fishing as well as after vigorous activities such as mountain biking or conservation work. It also improved regardless of the duration of the activity, so walking for one hour or fishing for 12 hours both enhanced self-esteem.

We still can not separate out the benefits of green exercise and social capital as many of the activities involved groups. We chose fishing as it is usually considered to be more of a solitary sport but even then, many fishermen would chat to their neighbour and have a cup of tea whilst discussing how many fish they had caught. However, the social capital

element is very powerful as many of the qualitative comments collected mentioned the enjoyment of being part of a group. Examples include "*Therapeutic. Socially, talking to people. The exercise of walking is a healthy activity physically and mentally"* and *"Walking with friends, enjoying the beauty of the autumn countryside and the fellowship over the cup of coffee and biscuits."* Therefore, it is clear that there is a significant health and well-being dividend from a wide range of green exercise activities.

The next logical question is "if green exercise is so positive, why isn't everyone doing it?" We therefore need to identify the reasons why people are not accessing the countryside and question how countryside managers, the NHS, Local Authorities and policy makers can reach the sedentary. Some of the key physical and social and cultural constraints have been highlighted. For example, the distance of the green space from the home or the lack of facilities may act as a deterrent. The lack of information and knowledge about rights of way and the terrain can act as a constraint. There is still an urban myth that the countryside is populated with dangerous animals and angry farmers and public spaces are often perceived as risky. The lack of motivation to do exercise is a powerful constraint and often people need a purpose to exercise, such as walking the dog. Therefore, the challenge for all agencies is to find ways to remove these barriers to participation.

Many examples of good practice emerged from the case studies, which addressed some of the barrier and accessibility issues. A comprehensive list of some of the common good practices for both land-based and group-based projects has been derived. For example, successful partnership working between the public and private sectors is important and allowing opportunities for participants to feedback can be invaluable in increasing the success of an initiative and can create a sense of ownership. Other examples include having clearly marked routes and the presence of staff, which both increase motivation, confidence and safety. The presence of facilities such as car parking, toilets, changing rooms and cafes can encourage more visitors to participate in outdoor recreation. Information concerning the route can help to motivate people to participate, such as the length of the route, terrain, any interesting or historical features along the way and the amount of calories expended. Two key examples of good practice in group-based projects were the regularity of the meeting and the personality of the group leader. People like to be secure in knowing what's happening in advance and the personality of the leader is key in increasing adherence rates.

Our research has important policy implications for a wide range of rural and urban sectors. These range from the impact on access and recreation providers, policy makers and agricultural managers, schools, the health sector, planners and developers, social services, environmental managers, to the sports and leisure industry. For example, the health sector needs to consider the contribution that green exercise makes to public well being and so saving money for the NHS. They should consider reforming hospital design to incorporate pleasant views from windows, and hospital gardens. Planners and developers should take account of the vital role that local green space (or nearby nature) plays for all people and regard outdoor recreational activities as part of economic regeneration strategies in both rural and urban economically depressed areas. Countryside agencies should market the countryside as a health resource, there should be better links between public and private sectors and there is a need for cross-disciplinary links across policy areas.

To conclude, we have seen that participation in green exercise activities brings substantial mental and physical health benefits even following relatively short exposures. Health benefits will lead to avoided health costs, which will ultimately save the NHS money.

Although, there are many opportunities available it is the already active, healthy, nature loving, motivated individuals that access them and we still need to do a lot more for other social groups and engaging the harder to reach sedentary ‘sofa dwellers’. Therefore, we need a wide range of policy reform to increase the health and green-space dividend.

Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

HEALTH AND THE NATIONAL PARKS

Sean Prendergast
Chief Ranger
Peak District National Park Authority

The idea of National Parks is often accredited to John Muir, an ex-patriate Scot who successfully lobbied the United States Congress to establish the world first designated 'National Park'; Yellowstone in 1872.

In the United Kingdom, the movement towards National Parks is generally accredited to come from two distinct drivers; the Northern Working Class Access movement, who yearned for unhindered access to vast swathes of open country and the more affluent Southern Aesthetes who placed a higher focus on the concept of Conservation.

Although the debate moved slowly through the early half of the twentieth century, it was during the dark days of the Second World War that the model for English and Welsh National Parks was formulated. The Publication of John Dower's Paper on National Parks in May 1945 was the culminated of years of work and research and set out the blueprint not just for the types of National Parks we have today, but also for their objectives: *…."National Parks (are) for all who care to refresh their minds and spirits and to exercise their bodies in a peaceful setting of natural beauty"…*

The major difference between what Dower conceived (and we now have) and that which John Muir lobbied for is that National Parks in the UK are neither 'nationally owned – nor are they really 'Parks'! The correct technical definition, as classified by the International Union for the Conservation of Nature (IUCN) is that of a 'Category V Protected Area'. That is, an area where the interaction of nature and humans, has over an extensive period of time, created a landscape and associated natural eco-systems which are unique.

The aims of English and Welsh National Parks are clearly laid out in the Environment Act 1995. There are two main purposes; To conserve and enhance the special qualities of the Park and secondly, to promote opportunities for understanding and enjoyment of those special qualities. In addition there is a duty on National Park Authorities to pay attention to the socio-economic needs of the communities who live within the Park when carrying out those purposes.

There is no specific mention within those purposes of the term 'recreation'. Instead the word 'enjoyment' is taken to imply that meaning.

One of the few times recreation was in the past specifically recognised was in what has become known as the 'Sandford Principle'-one of the touchstones in public policy relating top National Parks. This states that *"… where there is a proven and irreconcilable conflict between the needs of Recreation and the needs of Conservation…..Conservation should always take precedence……".*

In the main, recreation management in National Parks, has developed along two broad lines; Sustainable management of recreation that has traditionally taken place in these areas, e.g. walking, riding etc. and more recently the use of recreation as a means of achieving greater Social Inclusivity.

However, the launch of the Outdoors Health Concordat in February 2005, sees the extension of this role into the field of promoting active recreation in National Parks as a means of improving the health and well being of the Nation.

The Concordat is a follow up to Government White Paper "Choosing Health" (2004) which itself recognised the value of the outdoors in getting people more active. The document has been signed by the Forestry Commission, the Countryside Agency, English Nature, Sport England and the Association of National Park Authorities. The joint vision set out in the document is:

"[A future] *where everybody, regardless of age, gender, race or ability is more informed about opportunities and confident in using the outdoors. Where our organisations have the capacity to develop local initiatives to promote healthy living and where health professionals understand and support the outdoors as an integral part of their work in improving public health and well-being."*

It commits the organisations to six key areas of action. These are:

Events
We will work with others to ensure that the outdoors is integral to the health messages included in a number of key events. Specifically:

- *The Social and Economic Benefits of Sport and Recreation in Rural Areas, Sport England, April 2005.*
- *UK Public Health Association seminar: Renewing Public Health - Renaissance and Responsibility, April 2005.*
- *British Heart Foundation Centre for Physical Activity and Health annual seminar, September 2005.*

Campaigns
We will promote use and value of the outdoors for health and well-being through our Breath of Fresh Air' message. This will be highlighted through the following programmes:

- *Active Woods – Forestry Commission;*
- *Local Nature Reserve celebrations;*
- *Everyday sport; everybody feels better for it - Sport England;*
- *CROW open access land, Defra and Countryside Agency; and*
- *National Parks' Week(22-29 July) featuring the opportunities for healthy Recreation in all National Parks.*

Building Health Capacity
We will aim to ensure that volunteers or professionals working in the outdoor sector have the opportunity to understand the role they can play in promoting contact with the outdoors for health and wellbeing, and that they can acquire the skills to make a difference. We will start this by:

- *Expanding the Walking the Way to Health training for volunteer walk leaders;*

- *Undertaking a training needs analysis of staff working in the outdoors.*

Piloting and demonstrating Projects
We will work together to develop innovative projects with the health sector to demonstrate the role of the outdoors in delivering health and well-being. We will start with projects to deliver:

- *An analysis of outdoor spaces in relation to health indices in collaboration with the Public Health Observatory (SW) and SW Strategic Health Authority;*
- *Development of the Conservation Therapy Programme for drug rehabilitation in five English regions.*

Research
We will commission joint research to increase knowledge about the role of the outdoors in relation to public health and well-being. This will include:

- *Economic modelling of outdoor health intervention benefits to society;*
- *Evaluations of existing interventions, initiatives and projects to encourage good practice; and*
- *Understanding of the barriers (physical, cultural and attitudinal) that deter people from using and engaging with the outdoors.*

Championing
We will support others with an interest in promoting the outdoors for health by:

- *Promoting a consistent message about the role of the outdoors and public health;*
- *Creating an outdoors health network to share good practice;*
- *Improving communications between ourselves and health colleagues;*
- *Contributing to the development of the Government's Physical Activity Delivery Plan; and*
- *Champion the approach as a vital part of the development of Sustainable Communities.*

The inclusion of National Parks in the Concordat on health is in many ways a part of the Natural progression that has been taking place over the last 50 year of their existence. Dower's belief that they were places for people to exercise their bodies, does not necessarily run counter to the aims of conservation. Sandford's principle is explicit in its definition of 'irreconcilable conflict' between conservation and recreation. The work of National Parks has always been to maximise the potential for recreation in sustainable ways. Equally we are already firmly committed to greater social inclusivity and a better linking with Urban Areas. Much of the work we are already doing can be applied to meet the objectives of the Concordat
Finally reflecting on the International Dimension that the term 'National Park' implies, similar work linking protected areas to Human health and well being is taking place

elsewhere in the world. Two recent examples would be the 3rd World Conference on Protected Areas, (Durban Sept 2003) which took the theme *"Benefits beyond Boundaries.* The second is 5th World Conservation Conference, (Bangkok Nov 2004)*"Human Health and Wellbeing and Protected Areas"*

Both of these IUCN backed events underline the role that the outdoors, even those areas deemed to be important for conservation reasons and vital in the ensuring that the health benefits which come with them are made available to all.

Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

CASE STUDY

BTCV GREEN GYM

Yvonne Trchalik
BTCV

The aim of BTCV Green Gyms is to improve the health of communities by enabling them to improve their local green environment. They are sited in areas of urban and rural deprivation where there are open or green spaces that need to be improved, including parks, school grounds, woodland, and allotments and derelict land. BTCV Green Gyms create a sustainable resource in the local community as well as benefits for individuals. The typical BTCV Green Gym programme will provide physical exercise from the gentle to the strenuous, will take place for at least one half-day a week and be focused on a particular area such as school grounds or allotments.

There are 35 Green Gyms in England, involving over 3500 participants, and over 65 in the UK. BTCV aim to double this by 2006. The Green Gym is a model that has been developed by the BTCV (formerly British Trust for Conservation Volunteers) and Dr. William Bird, an Oxfordshire GP, since 1997. It was developed in response to the fact that people are becoming less physically active or cannot afford conventional gyms and the need for individuals to build social networks. Mental health was a key issue identified by BTCV that could be effectively addressed through the Green Gym model

The Gyms are locally based projects run as a partnership between BTCV, communities, other voluntary organisations and the statutory sector. Health Services, including GPs and nurses recommend patients into the project because of its proven ability to improve health and fitness.

The majority of projects are supported by a BTCV Project Officer who provides support, training and guidance to participants. The ultimate aim of each project is to establish a group led and directed by community members that is sustainable in the long term.

An evaluation of the Green Gym Pilot Projects by the Oxford Centre for Health Care Research and Development at Oxford Brookes University has shown that:

- Green Gym tasks are of sufficient intensity and duration to produce significant improvements in cardiovascular fitness, provided that they are performed on a regular basis.
- Participation in the Green Gym can benefit muscular strength (as measured by handgrip strength) leading to increased coping ability and reduced risk of functional limitations in later life.
- There was a significant improvement in the Mental Health Component Score and a strong trend in the decrease in depression scores in the first 3 months of participation (as measured by the SF-12 health-related quality of life instrument).

Oxford Brookes University are currently undertaking a national evaluation of the BTCV Green Gym which shows that the Green Gym continues to attract a new audience: 67% of participants have never taken part in conservation volunteering before, and 58% do not participate in other volunteering activities. The daily lives of 14% of Green Gym participants are severely compromised by mental or physical health difficulties.

Links and organisations involved: BTCV (www.btcv.org/greengym) works in partnership with Primary Care Trusts, local authorities and community groups. A steering group is set up to identify priorities, funding and communities.

The Green Gym is a Registered Trade Mark of BTCV.

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Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

CASE STUDY

CHOPWELL WOOD HEALTH PILOT PROJECT

Nick Powell
Gateshead Primary Care Trust

There is established empirical evidence to support the theory that involvement in regular bouts of moderate intensity physical activity, can be beneficial to health and well being, physiologically, emotionally and socially (Hillsdon et al 2002, Waldholz 2004). Exercise is an important tool in the government's strategy to improve the health of the nation, the Chief Medical Officer Sir Liam Donaldson recommends that adults participate in at least 30 minutes of moderate level physical activity at least 5 days per week. Further to this the government recommends children and young people engage in at least one hour of moderate level physical activity daily (Department of Health 2004).

Exercise or General Practitioner (GP) referral schemes were first established in the United Kingdom in 1991 with the Oasis project in Halisham Sussex (Snowdon 2004). There are currently around 220 exercise referral schemes running throughout the United Kingdom, the majority of which follow the *most common mode*l, the client is referred to a facility such as leisure centre or gym for supervised/instructed exercise programmes (NHS 2001). There is however some criticism of this model Hillsdon et al (1999) states "Interventions that encourage walking and do not require attendance at a facility are more likely to lead to sustainable increases in overall physical activity." The Observer (2003) offers support to this statement by reporting that despite building £1.6 billion worth of sports centres with lottery money over the past nine years, participation in sport has only risen by 0.3 per cent. Interventions for Preventing Obesity in Children (2002) recommended that being outdoors is the most powerful correlate of physical activity in pre-school children and that a safe natural environment allows children to engage in physical activity by jumping streams or puddles, rolling in grass or climbing trees or rocks. One exercise referral scheme that is responding to such research is the Chopwell Wood Health Project (CWHP).

Why Chopwell?

The CWHP is situated in the West of Gateshead. The 15month project, launched on the 17th of June 2004 is a partnership initiative between the Forestry Commission, Gateshead Primary Care Trust (PCT), Derwentside PCT and the Friends of Chopwell Wood. The project is an initial pilot to identify the potential for woodlands to contribute to the government's health agenda. Forestry Commission England and the partners require a well evaluated and monitored pilot project to help develop the evidence base to support 2005 and future Treasury spending review bids. Chopwell Wood has been selected as the pilot site because it is in a Health Action Zone with well documented needs for health improvement and has a highly accessible "walk in wood."

Deaths from coronary heart disease in Gateshead from 1996 were 26% above the national average for men and 36% above for women. Deaths from strokes are 20% above the national average. 38% of men and 26% of women were calculated as being overweight, a

further 12% of men and 13% of women were classified as obese. Excess weight peaks between the ages 55-64 years; men 63% and women 55%, government figures state that 16% of 2-15 year olds are classified as obese. Empirical evidence suggests that within Gateshead 23% of men and 27% of women indicate the presence of possible mental ill health. Further to this women aged between 16 and 74 years are more likely than men of the same age to have possible mental ill health (Gateshead Primary Care Trust 1999).

Derwentside Director of Public Health Annual Report (2003) states that there is currently a gap in life expectancy of about 2 years for men and just under 2 years for women between Derwentside and the national average. The major causes of death are heart disease, all cancers, stroke and lung cancer. Death rates from these diseases are significantly higher in Derwentside than the national average. The gaps between Derwentside and the national average for these diseases have however been narrowing since 1997. The Derwentside Health Improvement Programme (2003-2006) notes that:

- Overall, the health of local people is less good than that experienced by people in more affluent parts of the country
- Within Derwentside communities, there is considerable variation in health, most conspicuous in ex-coalfield areas - in which Derwentside is included
- All parts of County Durham, including the more affluent areas suffer inequality and have groups that experience poorer health
- Some remote rural areas suffer hidden deprivation in the form of low income, poor psychological and social aspects of health and access to services
- While ethnic minorities comprise only a small part of our population, there is evidence to that these communities suffer poorer health - this group includes travellers

The DETR Index (Deprivation of Environment Transport and the Regions) of multiple deprivation (2000) ranks Derwentside as one of the most deprived areas in the country with 22 out of 23 wards ranked as above average in terms of severity of deprivation. Seven wards are among the worst 10% in the country and a further 12 wards fall into the worst 30% in the country.

The Project

The CWHP is cross generational and aims to improve the health of the local population by providing a range of physical and stress relieving activities within a woodland setting. The project seeks to achieve this by implementing two different “recruitment” strategies.

Firstly the project works closely with Gateshead PCT and Gateshead Council. Gateshead PCT in collaboration with Gateshead Council run a *common model* exercise referral scheme, Gateshead’s Opportunities for Active Lifestyles (GOAL) where the client visits the medical setting and, after examination and consultation is referred to the physical activity specialist by the health professional. The client is offered a range of physical activities (during a further consultation with the physical activity specialist) the majority of which are conducted within a local authority (Gateshead Council) facility. The referral period lasts for thirteen weeks within which the client can attend the prescribed activities at a reduced price (standard rate of £1.35), on conclusion of the thirteen week period however the client must then pay a full public participatory fee (£3.25 for use gym).

The CWHP works in collaboration with the GOAL referral scheme and shares many commonalities but also has significant differences. The CWHP follows the same referral process, however the CWHP accepts "self referrals," (members of the public not suffering from any health ailment or conditions and thus not referred by a health professional) that find out about the project from local media coverage, word of mouth, promotional literature etc. All self referred participants complete a pre exercise medical check to highlight any contra-indications for exercise. Any self referrals that highlight an exercise contra-indications are asked to visit a health professional for a complete medical consultation prior to undertaking physical activity within the CWHP.

A further difference between the two schemes is the venue within which the activities are held. The use of local authority facilities to stage physical activities automatically generate financial outlay that has to be redeemed through the scheme and thus the participants/clients. The CWHP's utilisation of the wood reduces financial outlay. Further financial savings are generated through the activities (all activities provided were devised via consultation with local exercise groups) that are offered, walking, conservatory activities, cycling and tai chi and the utilisation of volunteer activity leaders.

Walking is a voluntary led activity. All walk leaders undergo the Gateshead Council Walk leader training. Completion of the training along with a valid first aid certificate qualifies the volunteer in leading walks with members of the public and covers the volunteer walk leader with public liability insurance. Conservatory activities are run in conjunction with annual appropriate work undertaken by the Forestry Commission Ranger, the Friends of Chopwell Wood and the British Trust for Conservatory Volunteers (BTCV). Utilisation of existing forestry work (Forestry Commission and Friends of Chopwell Wood) and partnership working with BTCV allows the conservatory activities to be undertaken free of charge. Cycling and tai chi however due to the nature of the session (appropriately qualified personnel, together with supplying suitable safe equipment) do incur a financial charge. The CWHP does not however discriminate between referred clientele and self-referrals. A nominal charge is administered across the board (£1.35) and any outstanding balance is paid for out of the project's budget. The ability to apply one set participatory fee is advantageous for both the user and supplier. The reduced fee alleviates the financial barrier to participation, health inequalities are strongly correlated to levels of poverty, thus the reduction of an entry fee (abolishment in certain activities) allows the people in most need of health promotional initiatives the ability to participate and can aid in prolonged participation as the user does not experience a sudden increase in price. Further to this the supply of reduced fee or free activities by statutory organisations can increase the sustainability of the project. The utilisation of free facilities along with volunteer leaders particularly volunteer leaders that emerge from the target population gives the participants a sense of ownership over the activities and a level of self determination regarding the timings and venues of the physical activities.

The second recruitment strategy employed by the CWHP is via organised visits from five Derwentside Primary Schools. Key stage 3 and 4 pupils from each school have been offered 4 visits within the 2004-2005 academic year. Prior to the commencement of the CWHP Chopwell Wood had an established timetable of forest visit activities that address key stage learning outcomes. The practical nature of the forest visit lessons can aid schools in two ways. Firstly school visits can become "multi curricular" in their nature, a number of key stage subjects can be addressed in one visit. History, Geography or

Science lesson can be combined and, further to this involve an element of physical activity due to the practical element involved within the lesson (walking and running through the wood). This type of school lesson can aid schools in achieving the government's target of providing children and young people with one hour of physical activity per day without reducing the time a school commits to academic study.

Secondly, County Durham and Darlington Healthy School Partnership co-ordinate the County Durham and Darlington Healthy School Standard (CDDHSS). The National Healthy School Standard is jointly funded by the Department for Education and Skills and the Department of Health and is hosted by the Health Development Agency. The overall aim is to help schools become healthy and effective, providing an environment that is conducive to learning and that encourages pupils to achieve. It is part of the government's desire to reduce health inequalities, promote social inclusion and raise educational standards through school improvement. All schools selected for the woodland visits have either achieved CDDHSS or are working towards it. Their participation within the CWHP shows a positive commitment to promoting and developing a healthy learning environment and thus aids the schools in the maintenance or achievement of the award.

The 4 visits experienced by each school are divided into three different sessions each delivered by different providers. Firstly the Forestry Commission forest ranger delivers two visits chosen by the school from the existing timetable of activities. Secondly the integration of the CWHP into the school visits has led to the establishment of specific health related lessons- that emphasize the relationship between the natural environment and healthy living. These "Why 5?" lessons are delivered by members of Derwentside PCT 's health promotion team and address the health benefits of consuming at least five portions of fruit and vegetables a day and have been coupled with environmental lessons, this combination allows the lessons to be taken outside into the woodland and incorporates a practical and physical element into the lesson which justifies the schools visit to the woodland environment. Finally each school experiences an alternative therapy lesson within the woodland (these visits have been timetabled for the end of the 2004-2205 academic year and are the final school visits). These lessons are delivered by therapists from the Derwentside Healthy Living Centre (a project funded by New Opportunities Fund, National Lottery money) and emphasis the holistic approach to health living. The alternative therapy lessons highlight the potential of woodlands as a place to relax and provide a contrast to the high physically active nature of previous visits. Although the lessons are predominately delivered by the therapists the structure of the lessons allows the school teachers' to take elements of the visit back to the school setting and transfer them into the everyday school environment.

Milestones Achieved so far

The CWHP is a fifteen month pilot project that aims to evaluate the effectiveness of woodlands as a medium to promote healthy living. The project is due to conclude in August of 2005 and has eight months of life span remaining thus it would unwise to draw conclusion regarding its effectiveness prior to the analysis of the collected data. The project however has achieved a number of its objectives.

- The project has recruited a number of volunteer walk leaders and a timetable of woodland walks has been established.
- A twice weekly cycling timetable has been in operation since (27-10-2005) .

- Tai Chi activities have been established (first session to take place 25-01-2005)
- Three schools have participated within at least two of their four visits, all visits are timetabled and will conclude within the arranged time scale.
- Commencement of qualitative and quantitative data collection.
- Conduction of first school group feed back session.

A full report analysing the effectiveness of the CWHP will be compiled and is due to published in August of 2005.

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All photographs taken by Alan Witherington (Friends of Chopwell Wood)

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Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

CASE STUDY

WALKING FOR HEALTH PROJECT IN BRISTOL

Helen Jones
Walking for Health Initiative
Bristol

The other papers are very much based around the theories, research and strategies of how the countryside can impact positively on health and well being. It is wonderful to hear these messages to back up what has been Walking the way to Health, Bristol experience on the ground with individuals. This paper is from a practical perspective providing an insight into how the scheme was implemented and whether it was a success. The evidence for this has come from Helen Jones, Health Walk Co-ordinator and the Health Walks Team but more robustly from the independent evaluation being carried out by the Department of Exercise and Health Science at the University of Bristol.

Helen and the Health Walks Team officially work for Bristol Parks, Bristol City Council. But this needs to be placed into context. The team very much represent and are led by the Walking the way to Health, Bristol Partnership. Bristol City Council is a member of the partnership and also supported the scheme by housing the staff and taking on the liabilities of the scheme. The Health Walks Co-ordinators role is core to the scheme taking into considerations partners requirements and also those of the volunteers and walkers. A complex process but managed well is another piece of a jigsaw that makes a successful project.

Delivering a Countryside for Health and Wellbeing

Bristol is a large urban city, it is suffering the same health and wellbeing issues that have been discussed in other papers in some detail. For example, in Bristol, 66% of people do not take enough exercise to benefit their health (Health Scrutiny Commission, April 2003). Bristol Parks has an amazing resource of countryside and greenspace which includes;

- 12 major Parks
- 2 River Valleys
- 4 Local Nature Reserves
- 2 Country Estates
- Floating Harbour/Docks

Other fantastic countryside in and around the city includes sites managed by the

- National Trust
- Avon Wildlife Trust
- Mendip Hills AONB

Walking the Way to Health, Bristol needed to address DELIVERY. How did we get the people whose health and wellbeing would benefit the most into the Countryside??

The plan to get people outdoors and active.
A post was created from a small South Bristol Airport Grant applied for by Bristol Parks, Bristol City Council to work on the following plan.
The starting point was establishing a partnership, the membership included;

- Bristol Parks, Bristol City Council
- Public Health Directorate, Local Primary Care Trusts
- Forest of Avon
- *Knowle West Health Park*
- *Hartcliffe Health and Environment Action Group*
- *The Rock Community Centre, Lawrence Weston*
- *Southville Community Development Association*
- *Community at Heart (New Deal)*
- *Awaz Utaoh (Local Asian Organisation)*
- Community Development, Bristol Sports, Bristol City Council

Italics highlights the Community Partners. These were organisations from each of the communities that expressed an interest that we should be the community representation and also the communities point of contact. To have a community contact that local people knew and were familiar with, was an part of a number of measures taken to reduce barriers. To call on a local centre and speak to local people makes the process easier for potential walkers.

The next step was to pilot the scheme, this was a great success. The experience and knowledge from this and the partnership was used to construct the Business Plan.

The Business Plan then became the tool to acquire resources: funding, staff, offices etc. The funding came through the largest Countryside Agency Grant for Walking the way to Health across England. The staff consisted of 1 full time Health Walks Co-ordinator and 3 part-time Health Walks Workers.

Aim and Ethos

Aim: To increase the capacity of individuals to improve their own health by coming together to create more walking opportunities in their neighbourhoods and encouraging participation in the initiative.

Ethos:

- Education – health, transport, local area, training and involvement
- Accessible – local meeting point, comfortable process, support, publicity, material produced
- Participation – volunteers, walker meetings, incentives and evaluation

Using all this as a base what has Walking the way to Health, Bristol achieved?
In the month of October 2003 there were 28 walks across the city, these took place in 6 geographical communities through 7 groups. In the month of October 2004 there were 99 walks across the city, these took place in 10 communities both geographical/interest, through 23 groups. In the month of April 2005 there were over 120 walks across the city, these took place in 15 communities through an enormous amount of groups. (See slides for further details).

The Partnership recognised that if the scheme was to have an impact it had to concentrate all its efforts on the disadvantaged areas and also on the people that would benefit the most. So it is important to monitor which areas the resources went but also on whom.

The Bristol walkers details;

- 31% over 50 years
- 25% over 60 years
- 71% female
- Average time resident in an area 30 years
- 32% live alone
- 20% not taking part in any other community based activity
- 33% have a health problem
- 37% expect that health problem to improve through health walks
- 47% considered they had poor access to leisure facilities
- 32% considered they had poor local transport
- 55% do not drive
- 33% have no access to a car (never a passenger with friends or relatives)

These figures represent that we are reaching older people, the prevelance of taking enough physical activity decreases with age. Those that may be suffering from social exclusion. Those that have factors that relate to increase risk of health inequalities.

From those that are willing to declare a possible excluding health problem or personal issue the first time they meet the walk leaders, this is how their health problems break down;

- 24% Musculoskeletal/ Joint related
- 23% Heart condition
- 23% Respiratory
- 15% Balance related
- 15% Other

Walking particularly in a group is a perfect exercise for these conditions. Conditions such as arthritis and osteoporosis because it is weight bearing low impact. It reduces the fear

factor knowing you have a first aid trained walk leader, if you suffer from a heart condition or not being able to breath at times, you may be too scared to go into the countryside. Again this reduces another potential barrier know how far you are going that you will not get lost, and that help if available should you need it again (because you still remember the panic you felt when the condition was at its worst).

The final word from our walkers;

- *"…I can walk further, balance better and go up and down stairs with less pain"*
- *"…walking with [the] group helps lift spirits…"*
- *"…enjoy fresh air and exercise…"*
- *"I think people feel better in themselves mentally as well as physically from walking…having friendship and having a laugh"*

Countryside Recreation Network Seminar

DELIVERING A COUNTRYSIDE FOR HEALTH AND WELLBEING

CASE STUDY

PARTNERING CHANGE - CREATING HEALTHY SUSTIANABLE COMMUNITIES

Angela Mawle
CEO - UKPHA

No paper submitted

APPENDIX A

PROGRAMME

9.30	**Registration and refreshments**
10.00	**Welcome from Geoff Hughes, CRN Chairman**
10.05	**Welcome and Introductory Address by Chair** *(Marcus Sangster, Forestry Commission)*
10.15	**Why Public Health Needs You: Promoting Physical Activity through Partnership** *(Fiona Bull, Co Director BHF National Centre for Physical Activity and Health, School of Sport & Exercise Sciences, Loughborough University)*
10.45	**Walking the Way to Health Initiative** (*Veronica Reynolds, Countryside Agency)*
11.10	***Refreshments***
11.35	**The Value of Greenspace within Urban Environments for Health and Wellbeing** *(Deryck Irving, Greenspace Scotland)*
12.05	**A Countryside for Health and Wellbeing - Research Findings** *(Joanna Peacock, University of Essex)*
12.25	**Panel Session:** questions on morning presentations
12.45	***Lunch***
13.45	**Health and the National Parks** *(Sean Prendergast, Chief Ranger, Peak District National Park*)
	CASE STUDIES
14.05	**BTCV Green Gym** *(Yvonne Trchalik, BTCV)*
14.25	**Chopwell Wood Health Pilot Project** *(Nick Powell, Gateshead PCT)*
14.45	**Refreshments**
15.05	**Walking for Health Project in Bristol** *(Helen Jones, WHI Bristol)*
	CLOSING SPEAKER
15.25	**Partnering Change – Creating Healthy Sustainable Communities** (*Angela Mawle, CEO UKPHA)*
15.45	**Panel Session:** questions on afternoon presentations
16.00	**Close**

APPENDIX B

BIOGRAPHIES OF SPEAKERS

Delivering a Countryside for Health
The Priory Rooms, Birmingham
10th May 2005

CHAIR

MARCUS SANGSTER
FORESTRY COMMISSION

Marcus Sangster's early career was in forest management in the Highlands and Lake District. After moving to manage the Commission's woods in the Midlands he played a part in setting up the community forests and the National Urban Forestry Unit, and developed an interest in designing and managing woodland to meet the needs of people in urban areas.

Today he works in the Forestry Commission in Edinburgh where he advises on the social aspects of sustainable forest management and is responsible for the Commission's social research programmes, covering recreation and landscape as well as more theoretical topics.

SPEAKERS

FIONA BULL
CO-DIRECTOR OF THE BRITISH HEART FOUNDATION NATIONAL CENTRE FOR PHYSICAL ACTIVITY AND HEALTH
LOUGHBOROUGH UNIVERSITY

Dr Fiona Bull is Research Director for the British Heart Foundation's National Centre on Physical Activity and Health and holds a faculty position in Physical Activity and Health in the School of Sport and Exercise Science at Loughborough University. Her qualifications include a PhD in Physical Activity and Public Health from the University of Western Australia, a MSc in Sport Science from Loughborough University and a BEd (Hons) from Exeter University.

Prior to returning to the UK in July 2004, Dr Bull has worked at the Centres for Disease Control and Prevention in the USA, the World Health Organization in Geneva and in both the School of Public Health and the School of Human Movement and Exercise Science at the University of Western Australia. At CDC her work included the expansion of the research on 'Active Community Environments' and ongoing development work on measurement of physical activity, specifically work on international comparisons and the

International Physical Activity Questionnaire (IPAQ). Dr Bull was lead investigator on physical inactivity for the 2002 World Health Report assessing global burden of disease. Dr Bull's work at the World Health Organization included contributing to the development of a new measure for physical activity (GPAQ) for the WHO Global Surveillance Project known as STEPS.

Dr Bull's areas of interest include the epidemiological evidence supporting the relationship between physical activity and health, including dose response; population health measures of physical activity and international comparability; testing of intervention on physical activity in youth and adults; translating research to practice, and global and national policy and action plans on physical activity.

VERONICA REYNOLDS
WALKING THE WAY TO HEALTH INITIATIVE
COUNTRYSIDE AGENCY

Veronica Reynolds works for the national Walking the way to Health Initiative team and is a part-time case officer for London and the South East. She is co-author with Dr. William Bird (the founding father of health walks) of 'Walking for Health'. She is the local scheme initiator for a health walks scheme in Goring on Thames which was established in 1998 and is still actively involved as a volunteer health walk leader. She is also a trustee for Living Streets, a national organisation that campaigns on behalf of the pedestrian. As a researcher for the School of Health Care at Oxford Brookes University, Veronica has been involved in evaluating and developing the British Trust for Conservation Volunteers' 'Green Gym' project. She has recently returned to work following a 'year out' when she took part in an ITV documentary which saw three families attempting to live self-sufficiently in their own homes. The programme, entitled 'The Real Good Life' is to be broadcast later this month.

DERYCK IRVING
DEVELOPMENT OFFICER
GREENSPACE SCOTLAND

Deryck Irving is the Development Officer for Greenspace Scotland. His remit includes: supporting the development of local greenspace partnerships; facilitating partnership projects with key national bodies; supporting the development and sharing of good practice and the development of a comprehensive planning and evaluation framework for greenspace work.

Prior to joining Greenspace Scotland he was a freelance consultant, working on Education for Sustainable Development and on the evaluation of environmental, voluntary and community initiatives. He has nearly twenty years of experience of working with such initiatives in urban Scotland.

I

JOANNA PEACOCK
RESEARCH OFFICER
UNIVERSITY OF ESSEX

Jo Peacock is a research officer for the Centre for Environment and Society in the Department of Biological Sciences at the University of Essex. She has been researching the physical and mental health benefits of Green Exercise for 2 years, by analysing the synergistic effect of participating in physical activities whilst being directly exposed to nature, within a variety of settings.

Recent fieldwork includes analysing a range of diverse case studies for the Countryside Recreation Network and the Environment Agency. The initial green exercise study whereby subjects viewed a set of pictures whilst exercising within a controlled environment is currently in press. Impacts on both physical and psychological measures have been identified, emphasising the value of urban parks, green space and rural countryside to the nation's health. Jo received the Centre for Sport and Exercise Science prize in 2002 and both the Human Performance Unit project prizes in 2003.

SEAN PRENDERGAST
CHIEF RANGER
PEAK DISTRICT NATIONAL PARK

Sean has been a Chief Ranger and Head of Access and Recreation in the Peak District National Park for 10 years. Prior to this he was involved with Rights of Way and Access for ten years. He has been involved in various funding initiatives as a Highways Authority officer and as a National Park Chief Ranger working with the NGO's, charities and user groups.

YVONNE TRCHALIK
BTCV

Yvonne Trchalik is the BTCV Green Gym Development Manager for England, supporting staff, health agencies and others to develop the Green Gym concept. She has been working on the Green Gym for seven years. She recently completed a secondment to the Sustainable Development Commission's Healthy Futures team. As a BTCV Project Officer, she established the Green Gym pilot in Oxfordshire and the Brighton research project. She has never managed to keep up her membership at an ordinary gym.

NICHOLAS POWELL
GATESHEAD PRIMARY CARE TRUST

Currently the Project Officer of The Chopwell Wood Health Pilot Project, a 15 month programme that aims to evaluate the effectiveness of woodlands in addressing health inequalities. I'm also a sports co-ordinator with the charity Action for Blind People, an organisation that strives to give blind and partially sighted children access to sporting opportunities and provisions. Prior to these appointments I was a visiting lecturer at Sunderland University lecturing in Sport and Exercise Development.

I'm a keen sports participant, previously playing semi professional rugby union and now a member of a mountain bike club in the North East of England.

HELEN JONES
WALKING FOR HEALTH INITIATIVE, BRISTOL

Helen Jones, BSC in Geography & Environmental Studies and Cert Management.

Helen began her career with Stockport MBC, in a Country Park surrounded by 3 large residential estates. In her wish to engage rather than exclude residents she began to discover the rewards of community participation in the environment. She has followed this theme whilst working in both the public and voluntary sector as Assistant Development Officer for Community Involvement, Community Projects and Training Officer and now Health Walks Co-ordinator.

She has previously spoken on *Community Partnerships*, with the Countryside Management Association, *Working with hard to reach groups* at the Environmental Community Workers Forum and invited to Murcia, Spain to talk and debate on *Benefits of communities participating in the Environment* by the DG (Dept of) Environment, European Union.

ANGELA MAWLE
CHIEF EXECUTIVE
UK PUBLIC HEALTH ASSOCIATION

Angela's career has encompassed the true breadth and diversity of public health ranging from front line health service delivery, work in communities around sustainable development planning, through to academic environmental sciences. This has provided her with the vision to lead the UKPHA, a truly multidisciplinary public health organisation, into a new era, focusing on the organisations key priorities in a most inclusive and innovative fashion.

For 13 years Angela was a nurse and health visitor, working on general surgery then community health. But during this time she began to build her interest in environmental matters. Becoming an elected member on Southampton City Council, where she lives, she

set up and chaired the Council's first Environmental Committee. Taking her environmental interests further she took a degree in Environmental Sciences at Southampton University and then an MSc in Environmental Technology at Imperial College.

She then made what some might describe as a 'career leap' - to environmental consulting, working as an Environmental Scientist, at Mott MacDonald, Consulting Engineers, where she was advising on hazardous waste management and undertook environmental surveys and audits for local authorities particularly specialising in contamination issues and the impacts on human health. In 1990 she went back to Imperial College, this time contributing to research and teaching on environmental pollution and the organisation of finances and human resources.
Four years later, and building upon this experience, Angela took up the post of Director of the Women's Environmental Network (London) and the International Coalition for Development Action (Brussels), where she campaigned on environmental issues including waste minimisation, air pollution and sustainable development. Angela then moved back to her earlier interest – health in communities, but now added the environmental element, taking up the post of Sustainable City Manager for Bristol City Council. Among her achievements there was a Local Food Network and the setting up the Bristol Farmers Market. From 1999 – 2003 she worked in the Isle of Wight developing Local Agenda 21 and Health Alliances, in an innovative joint post between the Council and the Primary Care Trust. Here she developed, and applied, Developing the *Island Agenda 21 Strategy* resulting in major award winning sustainable development initiatives, including health impact assessments and neighbourhood renewal.

In June 2003 Angela became the Chief Executive of UKPHA, a role which has enabled her to champion the vision that public health is about the environment and society in which we live, and it is only through working together to enhance the sustainability of these factors, that we can hope to improve the health and well-being on the whole population. During her time at the UKPHA, Angela has made it possible for the organisation to develop radically from the grassroots, continuously encouraging member consultation and involvement in all areas of work. Specific achievements include; increasing the innovation of the Annual Forum to allow work to develop with local partners in the host region and thus to enable a positive footprint to be left after the event; linking with organisations which play a vital role in promoting the health of the population, but with have traditionally been overlooked, including developing links and project on fuel poverty, green exercise and more recently planning and housing; and leading the major UK public health bodies to unite to produce a concordat of their views for the future of public health.

APPENDIX C

DELEGATE LIST			
Mr	Mark	Baker	Devon County Council
Ms	Debby	Braund	Lincolnshire Council
Mr	Steve	Chambers	Environment Agency
Dr	James	Cooper	Woodland Trust
Mr	Mark	Dooris	University of Central Lancashire
Dr	Douglas	Fraser	Sheffield Hallam University
Mr	Chris	Gordon	English Nature
Ms	Kim	Gunningham	Defra
	Jo	Hale	Hampshire County Council
Mr	John	Hall	Birmingham City Council
Mr	Kevin	Haugh	Countryside Agency
Mr	Norman	Hudson	Stockport Council
	Michelle	Hunt	RSPB
Mr	Peter	Jarman	Nottinghamshire County Council
Mrs	Jayne	Kay	British Waterways
	Penny	Knock	Forestry commission
Mr	Jim	Langridge	British Waterways
Mr	Neil	Lister	Suffolf Coast & Heaths Unit
	Sarah	Littler	Somerset County Council
Miss	Jenny	McGetrick	Conservation Volunteers Northern Ireland
	Josephine	Melville-Smith	Foresty Enterprise
Mrs	Rosalind	Mills	Devon County Council
Mrs	Miki	Miyata Lee	Countryside Council for Wales
Mrs	Sara	Moore	South East Development Centre
Mr	Kevin	Oliver	Worcestershire County Council
Mr	Alan	Pearsons	English Nature
Mr	David	Penberthy	Caerphilly County Borough Council
	Barbara	Pike	Environment Agency
Mr	Martin	Shaw	Countryside Agency
Mrs	Angela	Smith	Countryside Agency

DELEGATE LIST			
Mr	Patrick	Snowdon	Forestry Commission
Mr	James	Swabey	Forestry Commission
	Abigail	Townsend	Countryside Agency
Mr	Peter	Tyldesley	Brecon Beacons National Park Authority
Mr	Roger	Valentine	Environment Agency
Mrs	Jane	Wain	Countryside Agency
Ms	Sue	Walton	Countryside Council for Wales
Mr	Andrew	Watson	Lincolnshire Council
Mrs	Diane	Watson	Countryside Agency
Mr	Steve	Webb	Wales Tourist Board
Mr	David	West	Forestry Commission
Mr	Simon	West	Forestry Commission
Mr	John	Williams	Forestry Commission
Mr	Robert	Williams	English Nature
Mr	Richard	Worsley	The Tomorrow Project
Title	Name	Surname	Organisation
Mr	Mark	Baker	Devon County Council
Ms	Debby	Braund	Lincolnshire Council
Mr	Steve	Chambers	Environment Agency
Mr	Mark	Dooris	University of Central Lancashire
Dr	Douglas	Fraser	Sheffield Hallam University
Mr	Chris	Gordon	English Nature
Ms	Kim	Gunningham	Defra
	Jo	Hale	Hampshire County Council
Mr	John	Hall	Birmingham City Council
Mr	Kevin	Haugh	Countryside Agency
Mr	Norman	Hudson	Stockport Council
	Michelle	Hunt	RSPB
Mr	Peter	Jarman	Nottinghamshire County Council

APPENDIX D