# Contents

**Executive Summary** ........................................................................................................................................... i

1. **Introduction** .................................................................................................................................................. 1

2. **Integration of Greenspace in the Health Centres** ...................................................................................... 7

3. **Understanding, Enablers and Barriers** ....................................................................................................... 10

4. **Conclusions and Suggestions** .................................................................................................................. 25

Appendix 1 - **Theory of Change** ................................................................................................................... 29
Executive Summary

NHS Greater Glasgow and Clyde (NHS GGC) has implemented an evidence-based initiative to incorporate greenspace in and around health settings to create environments which promote mental and physical wellbeing. The concept was originally focused on hospitals but has been broadened to include the development of new health centres.

A short life working group was established by NHS GGC to share experience and learning among those involved in integrating greenspace at six new health centres – Possilpark, East Pollokshields, Maryhill, Woodside, and Gorbals in Glasgow City and Clarkston in East Renfrewshire. Members of the group developed the Health Promoting Health Centres: integrating sustainability, open space and healthcare paper as a means of articulating the initiative’s main messages.

NHS GGC commissioned this process evaluation to identify learning from the integration of greenspace at these six health centres. The evaluation adopted a mixed method approach consisting of a short literature review, a review of documents from Greater Glasgow and Clyde including the Health Promoting Health Centres paper, minutes of the short life working group and documents related to the six health centre developments, and depth interviews with 22 stakeholders from CHP/CHCPs, NHS GGC, Green Exercise Partnership, landscape architecture practices involved in the initiative, hub West Scotland, Glasgow City Council, and Possil Growing Space.

The Health Promoting Health Centres paper outlined that opportunities existed in the 1) physical design of hard and soft spaces, 2) use of available outdoor or green space for therapeutic services, and 3) wider health promoting and community development opportunities. The paper drew on Greenspace Design for Health and Wellbeing (Forestry Commission, 2012) which provided a detailed account of the evidence on the subject as well as practical advice for those seeking to take it forward. Identified health benefits include increased physical exercise, reduction of stress and pain, alleviation of depression, reduction of aggressive behaviour, increased patient satisfaction, improved recovery rates, and improved staff performance and retention.

Possilpark and East Pollokshields Health Centres are built and providing a range of health services. Maryhill and Clarkston are under construction, whereas construction has not commenced at Woodside or Gorbals. The Green Exercise Partnership’s (GEP) provided funding and expertise to the Possilpark, Woodside, Clarkston and Maryhill developments.

GEP was established by NHS Health Scotland, Scottish Natural Heritage and Forestry Commission Scotland in 2007 to promote better health and quality of life through greater use of the outdoors for physical activity and contact with nature. Its activities include NHS Greenspace which aims to develop the NHS estate to promote better health for patients, visitors, staff and the wider community.

The development process at the six health centres was overseen by Project Boards, Delivery Groups and Art Strategy Groups (or equivalents). Membership of the groups included representatives from CHP/CHCPs, NHS GGC, service providers, the community, and hub West Scotland. Of the six health centres only Possilpark was not delivered by hub West Scotland, a
public private joint venture organisation responsible for the delivery of numerous construction projects for the public sector.

The developments at Possilpark and East Pollokshields have included gardens for use by the community and potentially by health centre patients. Following competitive tendering, local third sector organisations are managing the spaces and promoting community use. Possilpark also includes an urban gym wall to encourage physical exercise. There are plans to incorporate a therapeutic garden at Maryhill. Other common greenspace features at the six health centres include tree and shrub planting, views to outdoor greenspace from public areas of the centres, on site pathways or links to neighbouring walks, and close links with the arts particularly therapeutic arts. However, integration of greenspace at the six health centres has been less than originally envisaged.

**Awareness and understanding**

Awareness of the *Health Promoting Health Centres* paper among the study’s consultees was very limited and those who were aware of it felt it had not been particularly influential. However, the aspirations of the paper were generally shared by consultees although the strength of support varied. Representatives from Health Improvement, landscape architects and GEP were among the strongest proponents of the initiative. Buy-in was noticeably stronger for the central element of the model (the physical design of the hard and soft space) than the other elements.

Some stakeholders had limited understanding of other stakeholders’ perspectives and, at times, this led to friction. The process would benefit from greater understanding of stakeholders’ roles and differing perspectives to promote mutual understanding, better communications and improved trust.

**Enablers**

Discussion with stakeholders identified the following enablers of integration of greenspace at the six health centres: widespread support, commitment of key individuals, GEP, linking environment and the arts, the short life working group, community engagement, and added value.

There was widespread support for the initiative across NHS GGC from Director and Health Board member level to professionals in Capital Planning and Health Improvement who have quite different roles and responsibilities in the process. The support of a handful of individuals was viewed as particularly beneficial to implementation as their enthusiasm and, in some cases, their seniority helped spread the message and engage partners. These individuals took real ownership of the concept and their promotion of it played a pivotal role in integrating greenspace in the health centres.

GEP provided match funding for the Eastwood, Woodside and Possilpark developments, as well as additional input from landscape architects at Maryhill. GEP also provided expertise on the health promoting benefits of the natural environment and experience of the capital build process. There was a view however that NHS GGC sometimes had unrealistic expectations of GEP and relied too heavily on them to question some of the decisions during the process. There was also some confusion about GEP’s role.
The integration of the arts into capital projects is now firmly established in NHS GGC and has benefitted from high level support and the ring fencing of a percentage of capital build budgets, managed by the CHP/CHCP, which protects it from other uses. The Health Promoting Health Centres initiative has benefitted from strong links with the integration of arts and has influenced the health centres’ dedicated arts budget, arts strategies, and Arts Sub-Groups and led to therapeutic art at Possilpark and East Pollokshields for example. The integration of greenspace has also benefitted from experience of capital builds gained from integrating arts into health settings.

Some of the initiative’s key advocates were members of the Health Promoting Health Centres short life working group. They reported the group was a useful means of sharing experiences and learning, as well as providing moral and practical support, particularly as the process was new to most of the members.

Some stakeholders involved in East Pollokshields and Eastwood suggested that community engagement had been another enabler to the integration of greenspace.

One of the Possilpark stakeholders suggested that greenspace integration could add value and help it stand out from other applications during the funding appraisal process.

**Barriers**

Detailed discussion with stakeholders identified the following barriers to the integration of greenspace at the six health centres: the sites, other considerations and associated costs, ownership of the initiative, experience and knowledge of infrastructure projects, training and support, the hub process, linking environment and the arts, and timing.

Two issues were raised regarding sites. The first was the low priority given to greenspace integration in the site appraisal process with the Gorbals development cited as the main example of how this had limited the opportunities to date (this contributed to GEP’s decision not to match fund the Gorbals development). However, the identification of a number of the sites pre-dated the initiative, and stakeholders pointed out that the inclusion of greenspace integration as a criterion would require careful consideration relative to other important factors such as land ownership, land values, proximity to the catchment area, and accessibility. Land ownership/cost was viewed as particularly important as NHS GGC has understandably looked to achieve best value. A different issue was raised regarding the Possilpark site where long-running discussions about the site, land ownership and contamination affected the phasing of the development and were seen as contributing to the disconnect between the centre and the community garden.

The consultations demonstrated that integrating greenspace was one of a number of considerations with decisions made - usually by the Delivery Group - between competing issues such as car parking, utilities, the demands of service providers (particularly GPs), and maintenance. Significantly, these other considerations have cost implications which can impact on the budget to integrate greenspace. Woodside was identified as an example where these issues had impacted on the integration of greenspace. Maximising car parking spaces was also an issue at Eastwood, Maryhill and Gorbals which reduced the area available for greenspace or reduced the budget to implement the greenspace plans. Consultees also highlighted that the cost...
of delivering some of the greenspace proposals was simply too expensive when budgets are under pressure. Supporters of the initiative were generally frustrated by the situation and felt greenspace suffered disproportionately to pay for the other issues. Their frustrations were compounded by a view that there were limited, and at times no, alternative proposal for integrating greenspace. In contrast, a number of stakeholders suggested that proponents of the initiative did not always appreciate that cost and other issues had to be taken into account, and felt that at times proponents had not effectively sold their ideas. Capital Planning appear to have a pivotal role in prioritising the issues or at least in articulating the priorities to other stakeholders.

Although there was widespread support for the initiative in theory, the level of support varied among stakeholders and ownership of the initiative has tended to rest mainly with a few key individuals particularly Health Improvement professionals. We did not get the sense there was collective responsibility for maximising the integration of greenspace into the six health centres and at times vested interests came to the fore. Some stakeholders were of the opinion the initiative would benefit from a NHS GGC representative involved throughout each development who would lead on greenspace integration. Although there were currently advocates they had not led to full implementation of the initiative as they were not involved from the start or lacked seniority. It was noteworthy that a number of consultees referred to “the client” and NHS GGC as separate entities and some felt the Health Board had not fully owned or directed the process sufficiently with others particularly GPs holding a significant amount of power and influence over decisions made by Delivery Groups.

Health Improvement professionals who assumed responsibility for implementing the initiative had limited experience and knowledge of infrastructure projects. It tended to be their first experience of major capital projects and they readily admitted to struggling at times to challenge decisions made at Delivery Groups. In contrast, other stakeholders had far greater experience and knowledge of the process. This was compounded by a lack of briefing, training or support for these individuals which could have enabled them to have a stronger role in the process underpinned by greater knowledge and understanding. A lack of knowledge about the hub process was a particular issue.

The hub is relatively new process and generally viewed as complicated which has raised specific barriers for greenspace integration. Fees for landscape architects were reported as low and a constraint on the time they could devote to projects. The technicalities of the hub process have, understandably, not been fully understood by some of those leading the integration of greenspace initiative and this had led to confusion, and cost implications; the main issue involves the Change Control Process which can incur penalties and legal fees. There was a view that the hub commissioning process makes communications with the landscape architect more difficult for the Health Board as they tend to be sub-consultants to the architect. There was also a view that time pressures related to the hub process meant decisions were made to keep the project moving forward at the expense of the integration of greenspace. The main example of this was the hub’s decision to progress to financial closure at Eastwood Health Centre in the knowledge that changes to integrate greenspace would need to enact the Change Control Process; this created a significant barrier and demonstrates the different perspectives and priorities of those involved in the developments. Generally, there was a suggestion that the hub process prevents
dialogue as the onus was on delivery and meeting deadlines.

Although linking the environment to arts had its benefits, some stakeholders have associated the environment so strongly with the arts that they have tended to sideline it. To these stakeholders the arts is a separate issue dealt with by a sub-group, with separate funding and not an integral part of the build, and by association the environment was similarly been sidelined. There was also a perception that delivering artistic elements could be challenging because of timescales and uncertainty about design and this again was seen as affecting greenspace integration where it was aligned to the arts.

As well as time pressures related to the hub process, GEP funding was time limited which may not coincide with the other elements of the project. More generally, some of the initiative’s strongest supporters felt their experience had left them unsure about the ideal time to introduce the concept although there was a consensus that the earlier greenspace was introduced into a project the better. Design Statements were seen as the ideal starting point, however, some stakeholders stated that the statements already included references to the integration of greenspace yet this has not led to greenspace integration.

Conclusions

While there were successes in integrating greenspace in the six health centres, the overall view was that this was a partially implemented aspiration not a fully embedded part of the development process. Our impression is that the proponents of the initiative have made the best of the circumstances which have been presented to them, they have not achieved real influence and as such greenspace is not fully integrated into the build or at a level that could be possible under different circumstances.

The following suggestions are intended to strengthen the implementation of the initiative in the future:

- The knowledge, experience and skills built by those involved in the process are shared with colleagues through formal briefing and training sessions, and potentially an informal network.
- Health professionals who are expected to promote the integration of greenspace in future developments receive line management support, training and the provision of support material explaining the initiative and the evidence underpinning it, the development process including the hub, and the roles and responsibilities of those involved in the process.
- A senior person in NHS GGC is designated as the initiative champion.
- A central point of contact is employed or an individual (or individuals) is identified who can assist colleagues.
- Each development should identify an individual within NHS GGC to formally lead on implementing the Health Promoting Health Centre initiative.
- Ring-fencing of a percentage of the capital budget for the integration of greenspace at the outset of each development.
- The ring-fenced greenspace budget is managed by the Delivery Group or Project Board rather than a sub-group.
- NHS GGC is more explicit about the integration of greenspace in project documents.
throughout the process.

- The Design Action Plan is updated and accompanied by awareness raising.
- Issues regarding the hub are raised at NHS GGC’s hub Steering Group.
- A multi-pronged awareness raising programme is implemented within NHS GGC consisting of:
  1) Showcasing the integration of greenspace at Possilpark and The Shields Centre;
  2) Revising the Health Promoting Health Centres paper;
  3) Briefing sessions for health professionals who use the health centres about health benefits of the natural environment;
  4) Joint briefing sessions for Health Improvement, Capital Planning and hub West Scotland professionals explaining the concept and its benefits, the development process including the hub, and respective roles and responsibilities; and
  5) Awareness raising with local authorities to strengthen connections with other greenspace initiatives.
1 Introduction

There is increasing evidence that exposure to greenspaces promotes our health\(^1\). This includes greenspace in and around health settings to create environments which promote mental and physical wellbeing. Hospitals such as Gartnavel and Stobhill were the original focus of a programme within NHS Greater Glasgow and Clyde (NHS GGC) to support health promoting environments. More recently the concept was broadened to the development of new health centres. This evaluation covers the integration of greenspace into new health centres in Possilpark, East Pollokshields, Maryhill, Woodside, and Gorbals in Glasgow City and Clarkston in East Renfrewshire. It is a process evaluation focused on the development and implementation of the Health Promoting Health Centres initiative which is intended to inform future activity in this area.

Evaluation aims and questions

The over-riding aim of the study was to identify how NHS GGC can learn systematically from the work undertaken by the Health Promoting Health Centres initiative, in order to strengthen future leverage for health improvement in this context.

To address this aim, NHS GGC specified that the evaluation address the following questions:

- Were the aspirations in the *Health Promoting Health Centres: integrating sustainability, open space and healthcare* paper shared by stakeholders?
- How did stakeholders define success in the context of greenspace design?
- How do stakeholders perceive barriers and motivators for promoting health through greenspace design in the specific context of constructing new health centres?
- To what extent were the opportunities for greenspace design realised in the health centres?
- What were the main influences on the group’s ability to progress these aspirations?

The study brief also specified that the study:

- Develop a theory of change based on *Health Promoting Health Centres* paper.
- Review documentation associated with health centre greenspace development.
- Interview stakeholders involved in delivering the development.
- Lead to conclusions based on a critical analysis of the *Health Promoting Health Centres* paper including potential modifications or alternative models.
- Make recommendations on:
  - Improving ways of working for future activity.
  - How future activity in this area should be evaluated.
  - Additions/modifications to the existing NHS GGC Design Action Plan.

Study methods

To address the study brief, a mixed method approach was adopted consisting of the following:

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A literature review, including a grey literature search undertaken by NHS GGC, focused on evidence of the integration of greenspace into health centres elsewhere.

A review of documents from the Health Promoting Health Centre initiative in Greater Glasgow and Clyde including Design Statements, minutes of the short life working group and publicity for the health centres.

Depth interviews with 22 stakeholders involved in the Health Promoting Health Centre initiative. Stakeholders included six staff from CHP/CHCPs\(^2\) including five from Health Improvement, four from NHS GGC Public Health, three from NHS GGC Capital Planning, a NHS GGC Board Member, two Green Exercise Partnership staff, two landscape architects involved in the initiative, and one member of staff from hub West Scotland, Glasgow City Council, and Possil Growing Space. A GP from Possil contributed via e-mail.

Thorough analysis of the interviews and supporting research with direct reference to the study aims and objectives.

**Health Promoting Health Centre Initiative**

A short life working group was established in 2013 as part of NHS GGC’s drive to integrate health promoting greenspace within the six new health centre builds in Glasgow City and East Renfrewshire. The group met six times between June 2013 and November 2014 with attendance by representatives of NHS GGC’s Health Improvement and Capital Planning teams, the Green Exercise Partnership, Glasgow City Council and hub West Scotland. The group mainly discussed progress at the six health centres including GEP’s involvement and emerging issues. The group produced a paper outlining the Health Promoting Health Centres initiative.

The paper briefly summarised the background to the initiative and referenced *Greenspace Design for Health and Wellbeing* (Forestry Commission, 2012) which provided an overview of evidence and examples of health promoting health facilities. The paper also outlined that opportunities for intervention in the six health centres existed in the following elements:

2 Community Health Partnerships (CHP) in Glasgow City and Community Health and Care Partnership (CHCP) in East Renfrewshire.
As stated above, *Greenspace Design for Health and Wellbeing* was cited as the main evidence source underpinning the initiative. The report states:

“There is a growing body of evidence, much of it rooted in scientific research, that being outdoors in a natural setting, or even just viewing the outdoors from inside, is highly beneficial for health and well-being. This is increasingly informing the design of healthcare facilities in the UK, in an approach termed evidence-based design (EBD). This approach is also informed by a relatively new field of study, environmental psychology, which seeks to understand the interrelationship between environments and human behaviour” (Forestry Commission, 2012, p.5).

The document lists specific health benefits:

- Increased physical exercise.
- Reduction of stress and pain.
- Alleviation of depression.
- Reduction of aggressive behaviour.
- Increased patient satisfaction.
- Improved recovery rates.
- Improved staff performance and retention.

The document identifies potential challenges facing the development of health promoting buildings. Of particular relevance to the Health Promoting Health Centres initiative, the document identified potential challenges in primary care settings where “patients usually only attend for short appointments”. Potential solutions to develop “outdoor spaces to provide a pleasant place for people to wait, or even as a focus for activities which could incorporate the wider community” (Forestry Commission, 2012, p.37) are evident in NHS GGC’s model.

*Greenspace Design for Health and Wellbeing* includes extensive references to the evidence sources which have considered the health promoting benefits of the natural environment. More recent sources were also identified during this study by the evaluators and NHS GGC. These sources include a recent evidence review\(^3\) undertaken by University College London, and a study\(^4\) which found that socioeconomic inequality in mental well-being was 40% narrower among people reporting good access to green areas than those with poorer access.

Some of the individuals involved in the working group had previously visited Bromley by Bow Health Centre in London and it was cited as the aspiration for Health Promoting Health Centres. A review of the literature\(^5\) on Bromley by Bow Centre demonstrates that one of the key drivers was the leadership provided by a church minister - and later by a local GP - who played a pivotal role in developing and implementing the centre. Another key factor appears to us to be the co-location of the health centre with a community centre because this provided opportunities to link with the community via groups and activities operating from the community centre. The value of a champion was also referenced by a stakeholder with experience of the integration of

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\(^3\) *Local Action on Health Inequalities: Improving Access to Green Spaces* (Public Health England, 2014)

\(^4\) *Neighbourhood Environments and Socioeconomic Inequalities in Mental Well-Being*, Mitchell, Richardson, Shortt & Pearce, 2015, American Journal of Preventative Medicine.

\(^5\) See for example, *Bromley Bow Centre* and *Bromley By Bow Health Centre*. 

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greenspace into other health developments across Scotland such as Royal Edinburgh Hospital.

The Green Exercise Partnership (GEP) was an important partner in the Health Promoting Health Centres initiative in Greater Glasgow and Clyde. GEP was established by NHS Health Scotland, Scottish Natural Heritage and Forestry Commission Scotland in 2007 to promote better health and quality of life through greater use of the outdoors for physical activity and contact with nature. One of the Partnership’s main activities is NHS Greenspace which aims to develop the NHS estate to promote better health for patients, visitors, staff and the wider community. In conjunction with NHS Health Facilities Scotland, the **NHS Greenspace demonstration project** aims to mainstream the use of greenspace on the NHS estate as a health promoting asset, promote awareness, engagement and ownership of this opportunity among relevant NHS Scotland Health Boards, and deliver practical enhancement and better use of the outdoor estate within NHS ownership or influence. GEP has worked with a number of Health Boards providing guidance and practical support around better design and management of greenspace, woodland and paths, as well as the development of green exercise projects. Green exercise is promoted as a means of delivering physical and mental health benefits as part of treatment, recovery, rehabilitation or general promotion of better health and healthier lifestyles.

At a national level, **Good Places Better Health** (Scottish Government, 2008) sets out the overall policy to better connect the environment and health. This was taken forward by NHS Health Scotland and the Scottish Government with the establishment of the Health Promoting Health Settings (HPHS) initiative which “aims to support the development of a health promoting culture and embed effective health improvement practice within NHS Scotland”. NHS GGC’s Director of Public Health is a member of the HPHS Ministerial Group as a representative for Scottish Directors of Public Health.

The promotion of mental and physical health through exposure to greenspace and the natural environment is part of a broader approach termed Salutogenesis. It focuses on factors that promote and support human health and well-being, rather than the traditional health focus on factors that cause disease.

**Health Promoting Health Centres in Greater Glasgow and Clyde**

**Possilpark Health and Care Centre**

The £10million Possilpark Health and Care Centre opened in February 2014. The centre is in a prime position on Saracen Street and includes four GP practices, a dental practice, physiotherapy, podiatry, health visitors, Social Work, Glasgow Addiction Services as well as Health Improvement staff.

**East Pollokshields Health and Community Care Centre**

The £2.7million Shields Centre on McCulloch Street opened in January 2015 and includes two GP practices, Social Work, and consulting rooms for other health services. Pollokshields Health Shop will also re-locate to the Centre. The building was commended in the 2015 Scottish Design Awards.
Maryhill Health and Care Centre
Maryhill Health and Care Centre is under construction on a site between Gairbraid Avenue and Kelvindale Road and is due for completion in March 2016. The £11.9million centre will include four GP practices, a range of health services and a community cafe.

Eastwood Health and Care Centre
The £14.3million Eastwood Health and Care Centre is due for completion in March 2016. The centre will include three GP practices, physiotherapy and podiatry clinics, adult and older people’s mental health services, children and family services, Social Work and a cafe. The centre is being built on a site at Drumby Crescent in Clarkston next to Park and Ride facilities for Williamwood rail station.

Woodside Health and Care Centre
Woodside Health and Care Centre will include a Glasgow City Council Day Care Centre for older people alongside GP, dental, physiotherapy and other health services. The £18.7million centre will be built on a site at Hinshaw Street and Garscube Road and is due for completion in May 2017.

Gorbals Health and Care Centre
NHS GGC submitted the outline Business Case for Gorbals Health Centre to the Scottish Government in January 2015. The £14.5million centre will be built on a site on Sandiefield Road and is due for completion in May 2017. The centre will replace the existing Gorbals Health Centre which currently contains five GP practices and a range of other health services.

The Development Process
As a process evaluation, this study focussed on the implementation of the Health Promoting Health Centres initiative of which the development process was a key element. The following section briefly summarises the development process.

Project Boards were the ultimate decision making group for each of the health centres. Membership included representatives from NHS GGC (Capital Planning and Public Health), CHP/CHCPs, hub West Scotland, service providers and the community.

Delivery Groups were the bodies where detailed discussions occurred about the building’s layout and content. These groups tended to be sizeable with up to 25 representatives drawn from the following stakeholders:

- Key partners such as CHP/CHCP Planning and Health Improvement, NHS GGC Capital Planning, and hub West Scotland.
- Members of the design team such as the architect, engineer, contractor and landscape architect.
- Services such as GPs, dental practices, podiatrist, and health visitors.
- Support services such as cleaning and IT.

Arts & Environment Sub-Group or equivalents such as Arts Strategy Group reported to the Delivery Groups. They tended to be much smaller groups with around half a dozen members including NHS GGC’s Health Improvement Senior (Arts and Health) and the curator commissioned to take forward the Arts Strategy. Other members include the likes of Public Partnership Forum, a community engagement officer from NHS GGC, Capital Planning and CHP/CHCP Planning.

The Scottish Capital Investment Manual (SCIM) provides guidance for the development of infrastructure projects within NHS Scotland. The key stages of any development are set out as:
- Initial Agreement.
- Outline Business Case.
- Full Business Case.

In a move intended to improve the design quality of health developments all proposals submitted to the Scottish Government’s Health & Social Care Directorate since 2010 have been subject to the NHS Scotland Design Assessment Process (NDAP) - an assessment of design quality and functionality, including technical and sustainability standards.

Possilpark was the only one of the six health centres not developed by hub West Scotland and it was procured through NHS Health Facilities Scotland’s framework. Eastwood, Gorbals, Woodside and Maryhill are using the hub’s revenue-based Design Build Finance Maintain (DBFM) model while East Pollokshields used the capital-based Design and Build mode. In the DBFM model the Health Board pays an annual charge over the life of the agreement (usually 25 years) for the construction and maintenance of a facility; in the Design and Build model the Health Board meets the cost of the facility upfront from its capital budget. Projects delivered by hub West Scotland also need to follow the hub’s three stage development process which have been summarised in a flow chart produced by the Scottish Futures Trust. The final stage, financial closure, is reached when the project is fully approved and all costs are agreed between the hub appointed contractor and NHS GGC (the client). Once final approval has been reached amendments require a Change Control Process which outlines the cost of the variations and any abortive costs.

Report structure

The remainder of this report is structured as follows:
- Chapter 2 summarises the integration of greenspace into the six health centres.
- Chapter 3 assesses understanding of the initiative among stakeholders and identifies key enablers and barriers to its implementation.
- Chapter 4 presents our overall conclusions and makes some suggestions on the future of the initiative.
2 Integration of Greenspace in the Health Centres

This chapter summarises the integration of greenspace into the six health centres included in this review. It showcases what has been achieved at Possilpark and East Pollokshields and reviews the plans for Maryhill, Eastwood, Woodside and Gorbals.

Possilpark Health and Care Centre

The main greenspace elements at Possilpark Health and Care Centre are a community garden and an urban gym wall which were part funded by the Green Exercise Partnership. The community garden consists of over 20 planters of various sizes, a poly tunnel and a store. Following a competitive tendering process Concrete Garden and Friends of Possil Greenspace were commissioned by NHS GGC to manage the community garden including the employment of an Urban Growing and Community Development Worker. The worker reported that demand for the planters was high and they have all been allocated to a mix of local residents, service providers in the centre, and local groups and organisations including Stepping Stones Nursery, The Richmond Fellowship, Catholic Worker, and Phoenix Futures. The Urban Growing and Community Development Worker runs daytime, evening and weekend drop-in sessions for the individuals and organisations with planters and they have been helped to grow a variety of vegetables and other plants. Although this study is a process evaluation and not concerned with impact, there are early indications of the community development impacts proposed by the Health Promoting Health Centres model - the worker reported that local residents with a planter had commented on how they were getting out of the homes more, and were meeting neighbours at the community garden. There are plans to link with a local healthy project to join up the health promotion element of the garden. It was noteworthy however that social prescribing by health professionals at the health centre had not taken off as the Urban Growing and Community Development Worker reported that there had been no referrals despite systems being in place with the worker attending meetings at the centre to promote its use. This contrasts with the anticipated uptake with the minutes of the first short life working group recording that “several GPs were likely to be advance adopters of social prescribing” at Possilpark. It is important therefore that NHS GGC ensures the Health Promoting Health Centre initiative is joined-up and fully implemented to maximise its impact. Stakeholders familiar with the development praised the community garden with some highlighting it as an example of what can be achieved to promote health through new health centre developments.

The urban gym wall integrates a number of display boards with suggestions for physical exercise. As well as promoting health and wellbeing the wall was designed to try to improve links between the health centre and the community garden.

Plans for an urban meadow were not fully implemented although some wild flowers have been planted in part of the site. Jobs and Business Glasgow recently secured approximately £350,000 from the Stalled Spaces initiative to take forward plans to develop other surrounding land and a natural play area for children.
Possilpark is an interesting development in the context of this evaluation as the greenspace elements were added after the health centre was built; a number of stakeholders referred to it as a retrofit. Possilpark was the only one of the six health centres to retrofit greenspace. The community garden was developed on a site leased from Jobs and Business Glasgow behind the health centre’s car park and some stakeholders commented that it was not particularly well integrated with the health centre. Security fencing with a keypad controlled gate adds to the general feeling of limited integration. One stakeholder suggested trialling a period of open access and pointed to the success of the Hidden Garden in Knightswood. The length of the lease with Jobs and Business Glasgow is still being negotiated with NHS GGC stating a requirement for at least three years with the opportunity to extend it up to 10 years.

**East Pollokshields Health and Care Centre**

The Shields Centre in East Pollokshields also includes a community garden which is smaller but better integrated with the health centre compared to Possilpark. The greenspace is located to the side of the building which is visible from the waiting area and some of the rooms in the centre. Following a competitive tendering process, Urban Roots was commissioned by NHS GGC to manage the space and to employ a horticultural therapist to work with the local community and patients referred by health professionals. There are proposals to link to the nearby New Victoria Gardens allotments as part of the wider health improvement plans.

Stakeholders were complimentary about the integration of greenspace and how it demonstrated that it can be a feature of smaller health centres as well as larger ones such as Possilpark.

**Maryhill Health and Care Centre**

Maryhill includes proposals for a therapeutic garden. A therapeutic garden is designed for use as part of a treatment programme for specific users such as those with mental health issues. Community gardens may partly encompass the role of therapeutic gardens as well as providing gardening opportunities for the local community as is the case in Possilpark. GEP funding allowed a landscape architect to draw up plans for the therapeutic garden at Maryhill, informed by discussions with services. GEP also encouraged the Arts Strategy Group to think about other opportunities which might contribute to creating greenspace within the build such as maximising the number of trees and potentially lighting the trees, and incorporating greenspace into the staff terrace, although these plans are still to be finalised.

The centre includes an internal street linking Gairbraid Avenue and Kelvindale Road heading towards the Forth and Clyde canal. The original plan was to create strong links from the health centre to the canal. Although these plans have not come to fruition, there is an aspiration that the creation and promotion of walks can in future deliver some of the health benefits. The original design also incorporated car parking beneath the health centre taking advantage of the site’s natural slope. However, the cost of these plans led to the development of surface-level car parking and this has reduced the greenspace options at Maryhill.
Eastwood Health and Care Centre

Eastwood Centre’s setting is quite different from the other centres included in this study as it is in a largely suburban area. The anticipated greenspace elements are less than originally envisaged because of the need to maximise car parking spaces and the resultant decision to undertake land engineering work to level the car parking area of the site. However, the greenspace strategy seeks to maximise remaining opportunities on site with the aid of match funding from GEP and plans includes planting, walkways, and bird boxes, and in the longer term, plans for services such as physiotherapy to make use of the greenspace. Greenspace and art are closely linked at Eastwood and this is reflected in the Health, Art and Environment Therapeutic Design Strategy *Nature, Health and Healing - Bringing the Outside In.*

Woodside Health and Care Centre

At Woodside, the greenspace includes a courtyard garden for exclusive use of the day care centre users, although it will be visible from the health centre. The original plans included a tree lined street which has been replaced by low level planting because of the need to maximise car parking spaces and accommodate an electricity sub-station on the site, as well as the cost of moving underground utility services. Plans for a garden accessible from the health centre were also removed due to limits on space. Ambitious plans for a roof garden were value engineered out of the development when costs rose. A green wall was also removed on cost grounds. GEP is involved at Woodside.

The Art and Environment Strategy Group has engaged surrounding stakeholders such as Scottish Canals, Glasgow Housing Association, Friends of Possil Park, Glasgow City Council and Green Exercise Partnership. These organisations contributed to charrette in February 2015 which examined opportunities for wider health and community development through opening up access to surrounding green space, including art interventions and public art as way finding, and this has been incorporated into the Health Centre way finding brief which aims to open up green space to health centre users and service providers, as well as the wider community.

Gorbals Health and Care Centre

The Gorbals Health and Care Centre is at an earlier stage of development than the other health centres included in this review. Details on the integration of greenspace are therefore still to be finalised. Physically, the site is very restricted and the opportunities to integrate greenspace are limited; at this stage, plans include two internal courtyards which will provide green views although access will be restricted on the grounds of patient confidentiality.

Overview

Common features of the integration of greenspace into the six health centres therefore includes:

- Outdoor garden space for community, staff, and therapeutic use.
- The employment of a worker to encourage use of the garden space.
- Tree and shrub planting.
- Views to outdoor greenspace from public areas of the centres.
- On site pathways or links to neighbouring walks.
- Close links with the arts particularly therapeutic arts.
3 Understanding, Enablers and Barriers

This chapter discusses stakeholders’ understanding and views of the Health Promoting Health Centres initiative and identifies the emerging enablers and barriers which have influenced implementation.

Stakeholder understanding and views

The overall concept

Overall, the aspirations in the *Health Promoting Health Centres* paper were shared by the consultees. All of the consultees were supportive of the integration of greenspace to promote health and wellbeing and encourage greater use of the centres. This is a significant finding given the consultees cover a wide range of organisations, roles and perspectives. It was noteworthy that support was evident throughout NHS GGC from Director and Board level to professionals in Health Improvement and Capital Planning.

However, the strength of support varied with some professionals being far more effusive than others. The strongest proponents of the initiative were some of the representatives from Health Improvement, landscape architects and the Green Exercise Partnership. This should not be taken as a criticism of the other representatives, or as a catch all, as there were some representatives from Capital Planning for example who were very supportive of the aspiration and likewise some representatives from Health Improvement who were less supportive than colleagues.

More limited buy-in to the concept is important as it has, in our view, influenced which stakeholders advocated on behalf of the initiative during the development of the health centres and how strongly they did so. As demonstrated in this chapter, there are competing interests which can influence the degree to which the Health Promoting Health Centres aspirations were implemented and it is possible, in our view, that different outcomes could have been reached if support for the initiative was shared more equally among stakeholders. Limited support tended to result in limited ownership of the initiative and it appeared that some stakeholders felt that the integration of greenspace was the responsibility of others to deliver.

Greenspace Paper and Model

The *Health Promoting Health Centres* paper was developed by members of the short life working group as a means of articulating the initiative’s main messages and, we understand, was not intended for wide circulation. Nonetheless, awareness of the paper among the study’s consultees was very limited and those who were aware of it felt it had not been particularly influential. Some consultees were of the opinion that a more detailed, user-friendly, and widely distributed paper would be a useful means of raising awareness of the initiative.

Buy-in to the initiative was noticeably stronger for the central element of the model (the physical design of the hard and soft space) than the second element (the use of available outdoor or greenspace for therapeutic services) which in turn had stronger buy-in than the outer element (the wider health promoting and community development opportunities). In general, consultees who were less bought-in to the concept overall were less supportive the further from the centre of the model discussions took them. This suggests that broadening understanding of the model would be beneficial if NHS GGC is committed to fully embedding the initiative.
Examples of consultees’ understanding of the model included references to the use of greenspace to promote mental health for people with depression and physical wellbeing for overweight people, tree planting to reduce pollution, and growing spaces to promote healthy eating, exercise and social interaction. A number of consultees believed greenspace benefitted staff by providing a pleasant and stimulating working environment. One consultee commented that the initiative sends out an important message to the community that the Health Board is prioritising preventative health.

Understanding others
An important finding to emerge from the consultations was the limited understanding that some stakeholders had of other stakeholders’ perspectives and how this led, at times, to friction between them. Some consultees talked of a “them and us” culture and this was evident equally among those most supportive of the initiative and those whose support was more muted. A number of the strongest supporters of the initiative felt their views were not always respected to the same degree as other stakeholders. Similarly, others reported that the supporters of the initiative did not fully appreciate that there were other, often competing, factors which were part of the decision making process and felt there was a lack of realism at times. Not only did we find differences in these standpoints, we also detected that the actual discussions and the way messages were communicated was also a point of contention which at its most extreme was described as “mistrusting” and “hostile”. For example, it was reported that an external patio at Woodside was initially promoted by GEP following advice from Architecture and Design Scotland during the NHS Scotland Design Assessment Process (NDAP) that services “actively did not want and it made people feel like GEP do not understand them” although the patio was subsequently withdrawn from the plans, while lengthy discussions about attempts to refurbish an old primary school at Woodside were viewed by some as a distraction which created some ill-feeling.

We therefore suggest that the process would benefit from greater understanding of stakeholders’ roles and differing perspectives to promote mutual understanding, better communications and improved trust. Specific suggestions are made in the final chapter on how this could be achieved including briefing and training sessions.

Emerging enablers to implementation
The following section identifies the factors which appear to have been significant in the integration of greenspace. The issues are:

- Widespread support.
- Commitment of key individuals.
- The Green Exercise Partnership.
- Linking environment and the arts.
- Short life working group.
- Community engagement.
- Added value.

Widespread support
As discussed above there was widespread support for the initiative across NHS GGC from Director and Health Board member level to professionals in Capital Planning and Health Improvement who have quite different roles and responsibilities in the process. This widespread support was without doubt an enabler to implementation. Although there have been barriers to implementation,
discussed below, they are primarily related to the practicalities of the process and not fundamental disagreement with the concept. The support of a handful of individuals was viewed as particularly beneficial to implementation as their enthusiasm and, in some cases, their seniority helped spread the message and engage partners.

Support for the initiative appears to have benefitted from association with the broader programme to maximise the health promoting benefits of the NHS estate in Greater Glasgow and Clyde. The programme appears to have introduced the concept and raised awareness of using the natural environment to promote health and wellbeing. For example, stakeholder awareness and support was high for the environmental health promotion developments at Gartnavel Hospital such as nature trails and walks and the Health Promoting Health Centres were viewed by some consultees as another element of that programme.

Commitment of key individuals

Although support for the initiative was widespread, a handful of individuals took real ownership of the concept and their promotion of it played a pivotal role in integrating greenspace in the health centres. The commitment, dedication and enthusiasm of these individuals was commendable as they have faced a number of challenges, discussed below. These advocates have mainly consisted of Health Improvement and Public Health professionals who have learnt quickly in a new environment; they were supported by landscape architects and individuals from Capital Planning who also showed commendable commitment.

For example, one of the stakeholders involved in the Possilpark Health and Care Centre suggested that the commitment of individuals in the local Health Improvement team and the North West Sector management team was a pre-condition that enabled the development. They also suggested that support from the centre’s tenants including GPs, as well as broader commitment from NHS GGC to community regeneration in Possilpark was also important.

Another consultee described one of these key individuals as follows:

“X has taken it on and been very tenacious but in a very subtle way to bring other stakeholders with them, some of whom have been very difficult”.

Green Exercise Partnership

GEP was a significant enabler of the Health Promoting Health Centres initiative. Consultees identified GEP’s benefits as funding and expertise.

The most direct benefit GEP brought to the initiative was additional funding for the Eastwood, Woodside and Possilpark developments which would not otherwise have been available. GEP funding also enabled additional input from landscape architects at Maryhill which some of those involved in the process felt had been constrained by the hub process.

In addition, consultees, particularly some of the initiative’s advocates, highlighted the benefits of accessing GEP’s expertise. GEP’s representatives brought knowledge of the health promoting benefits of the natural environment which was useful during discussions with stakeholders, as well as knowledge of the capital build process from experience of developments elsewhere, which some consultees stated helped to address their own limited experience and knowledge of the
Consultees generally felt that GEP’s external perspective was useful as their independence allowed them to comment more openly as well as from an informed position. There was a view that some individuals in NHS GGC had unrealistic expectations of GEP and relied too heavily on them to question some of the decisions during the development process. It was suggested that some stakeholders felt more comfortable with this external challenge rather than challenging decisions themselves although it is worth noting that this reliance on GEP may have been a result of these individuals being inexperienced and feeling unsupported. There was also a view that GEP’s involvement added to the confusion about who the client was and accentuated the lack of leadership.

One consultee reported that GEP’s role in the discussion seemed to be questioned at times by other partners particularly the hub. During our discussion with hub West Scotland, GEP and the integration of greenspace initiative were sometimes seen as indistinguishable. While this could be dismissed as semantics, alternatively it could suggest a lack of clarity about roles and responsibilities and also that the initiative was an additional aspect of the developments not an integral part.

One of GEP’s aims was to improve relationships within NHS Health Boards across Scotland to bring Public Health closer to Capital Planning and Estates; these teams were sometimes viewed as operating in isolation from one another. The Health Promoting Health Centres initiative has helped in this regard and there are good relationships and better understanding between these stakeholders in Greater Glasgow and Clyde. There is however room for further improvement and one consultee suggested the process was a journey that some individuals had been on whereas others were either yet to complete the journey or yet to start it, emphasising that attitudinal change was part of the process.

**Linking environment and the arts**

The integration of the arts into capital projects in health is now firmly established in NHS GGC. High level support and the ring fencing of a percentage of capital build budgets for the arts by the Health Board has enabled significant investment in the arts in health settings such as in The Queen Elizabeth University Hospital in Glasgow City. The ring-fenced funding is managed by the CHP/CHCP which protects it from other uses. The success and acceptance of the integration of arts has some lessons for the future of the Health Promoting Health Centres which are explored later in this report. To date the Health Promoting Health Centres initiative has benefitted from strong links made with the integration of the arts with one stakeholder stating “the arts are pushing the environment to the fore”.

The health centres have a dedicated arts budget, an arts strategy, and an Arts Sub-Group which have been influenced by the Health Promoting Health Centres agenda. For example, the Sub-Groups tend to be dual purpose Arts and Environmental Sub-Groups and they oversee the implementation of strategies which have a strong therapeutic arts theme. Therapeutic art is very much a part of the integration of greenspace with the Health Promoting Health Centres paper identifying it as a key theme. The integration of greenspace into the health centres has therefore benefitted from arts’ ring-fenced funding, and advocates of the health promoting aspects of integrating greenspace who also possess experience of capital builds. Previously arts and the
environment were discussed at separate meetings and the linking of the two issues was not only desirable to deliver therapeutic art projects but also, on a practical level, reduced the number of meetings and the time commitments of some stakeholders.

Examples of the links can be seen at the two completed health centres in East Pollokshields and Possilpark. Between the colonnades of The Shields Centre are metal screens which have plant designs cut into them designed by the artist in residence following consultation with local schools. Although the Possilpark development did not ring-fence a percentage of the capital budget for art, there was an arts strategy and an artist in residence. The artist was commissioned to make bespoke benches after the Patient Partnership Forum had looked at other health centres and felt their benches were “quite sterile” and wanted something different at Possilpark. The benches incorporate the names of local people and, it was claimed by one consultee “enhance the setting and make people want to go in”.

It should be noted that this ring-fenced art and environment funding is not the only funding for greenspace in the health centres. In addition, each centre’s budget includes a small amount for the arts and environment that remains within the hub-controlled budget plus a more substantial budget for landscaping.

**Short life working group**

Some of the initiative’s key advocates were members of the Health Promoting Health Centres short life working group. Overall, those involved in the group found it a useful means of sharing experiences and learning, as well as providing moral and practical support, particularly as the process was new to most of the members. It is clear from consultations with the group members and a review of the minutes that the group helped members to fill some of the gaps that existed in terms of their knowledge and understanding of capital projects. One member of the group commented as follows:

“It allowed an enormous sharing of ideas and made things happen such as at Possilpark that would never have happened spontaneously”.

Not all of those invited to the group shared this view however and non-attendance was an issue which contributed to the cessation of the group. Time pressure and limited relevance were cited as the main reasons for non-attendance and less formal ways of sharing experiences and learning may be worth consideration in the future.

**Community engagement**

Some stakeholders involved in the East Pollokshields and Eastwood developments suggested that community engagement had been another enabler to the integration of greenspace. At Eastwood for example, NHS GGC’s community engagement team has supported the involvement of the local community including the local Community Council and Barrhead Men’s Shed and newsletters have been produced by NHS GGC (and the contractor) to keep the local community informed of progress.
Added value to funders

One of the drivers of the Possilpark development was a desire to add value to the health centre plans during the funding appraisal process. One of the stakeholders involved in the process described how the Health Board was keen to demonstrate added value when the Scottish Government undertook their gateway review. It was suggested that the integration of greenspace could, potentially, bring additional benefits to the plans which would make it stand out during the appraisal process from other proposals competing for funding. Stakeholders involved in the other developments did not identify added value as a specific driver.

Emerging barriers to implementation

This section identifies the following barriers to implementation of the Health Promoting Health Centres initiative:

- Sites
- Other considerations and costs
- Ownership of the initiative
- Experience and knowledge of infrastructure projects
- Training and support
- The hub process
- Linking environment and the arts
- Timing.

Sites

Some stakeholders commented that site appraisal can have an important bearing on the integration of greenspace and the Gorbals Health and Care Centre was identified as a prime example. The Gorbals site is in a densely populated part of Glasgow City bounded by flats, a main road, shops, and public buildings; the number of services to be accommodated in the building and therefore its scale will limit the scope for greenspace on the chosen site. The minutes of the Health Promoting Health Centres short life working group record that other site options in the vicinity offered more opportunities for the integration of greenspace and the final choice influenced GEP’s decision not to match fund work at this Centre.

We understand the integration of greenspace was not a factor in the selection of sites for the six health centres, not least because identification of a number of the sites pre-dated the initiative. While it would be beneficial purely in terms of implementing the Health Promoting Health Centres initiative to factor in greenspace opportunities in the site selection process, some consultees emphasised that this would need to be very carefully balanced against other factors such as land ownership, land values, proximity to the catchment area, and accessibility.

Land ownership/cost was cited as particularly important. NHS GGC has understandably looked to achieve best value by using sites already under its ownership or part of the land swap arrangements with Glasgow City Council as these options are more attractive financially than buying a site on the open market for example. This demonstrates that pragmatic decisions are made throughout the process which impact on the integration of greenspace and these decisions are not necessarily taken because of a lack of support for the initiative. The counter arguments made by other consultees was that more could have been achieved at some of the sites with greater will, or that the integration of greenspace should be a more significant factor in the site selection process.
One stakeholder stated that:

“There is no one size fits all with sites and it depends on each site. Integrating greenspace at some sites can be quite difficult”.

A different challenge was raised regarding the Possilpark site. The health centre was originally part of a larger development incorporating neighbouring sites with the aim of creating a campus, improving a degraded physical environment and contributing to Glasgow Community Planning Partnership’s Thriving Places initiative which prioritises Possil. We understand there were long-running discussions about the site, land ownership and contamination which were described as “very difficult and quite acrimonious”. This process affected the phasing of the development which was seen as contributing to the disconnect between the health centre and the community garden discussed in chapter 2.

Other considerations and costs
It was very evident from the consultations that integrating greenspace into the new health centres was one of a number of considerations and that decisions had to be made between competing issues. Stakeholders identified car parking, utilities, and the demands of service providers as other important considerations and the significant point about these other considerations is they had cost implications which impact on the integration of greenspace.

Woodside was cited as an example where these other considerations were prominent. Utilities and services at Woodside would have had to be moved to implement elements of the original greenspace design, while discussions about screens at the GPs’ reception desk were described by one consultee as “very heated”. Another consultee suggested that GP and clinician preferences dominated discussions at the Woodside Delivery Group and this view was also held by a small number of consultees involved in some of the other health centre developments.

Maximising car parking spaces was also an issue at Eastwood, Maryhill and Gorbals which reduced the area available for greenspace or reduced the budget to implement the greenspace plans. For example, the initial plans at Maryhill for underground car park were changed to surface car parking for financial reasons which significantly reduced the opportunities for greenspace on the site and one consultee commented “very progressive landscaping plans will not be fully delivered”. Another consultee reported that the result at Maryhill will be a development with “very limited greenspace” consisting mainly of trees at the top and bottom of the site and a small therapeutic garden. The therapeutic garden at Maryhill required additional funding from GEP who commissioned landscape architects to review the development and try to incorporate more greenspace.

The Eastwood development also clearly illustrates how these competing interests affected the greenspace initiative. East Renfrewshire Council planners stipulated that the site should contain 300 car parking spaces to satisfy demand from the high proportion of centre users who were expected to drive to the centre and from Park and Ride commuters using Williamwood railway station. To maximise car parking spaces partners agreed to significant land engineering works which had significant costs. There were discussions about tiered car parking with less land engineering and therefore lower costs, however partners decided against this as it would have reduced the total number of car parking spaces by approximately 20 and there were also concerns about those with mobility issues accentuated by the older demographics of the catchment area.
The decision was made by a working group with representatives from NHS GGC, East Renfrewshire CHCP, GEP, the landscape architects and hub West Scotland. Although some of those involved in the discussions could be described as supporters of the Health Promoting Health Centre initiative, and they understood the reasons for the decision, they cited it as an example of how other issues are prioritised, while other consultees cited it as an example of how these other issues, in this case meeting the planners’ requirements, have to be given priority over greenspace issues. One consultee described the result as an “engineer designed landscape not one with health and wellbeing in mind”.

Consultees also highlighted that the cost of delivering some of the greenspace elements were simply too expensive when budgets are under pressure. The example of the proposed green roof at Woodside was regarded as a good illustration of this point. The roof was originally part of the plans at Woodside (with an estimated cost of £80,000 to £100,000) but was removed when value engineering was undertaken on the project.

Supporters of the Health Promoting Health Centres initiative expressed some frustration that it was the greenspace elements which seemed to suffer disproportionately to pay for the other issues. While they understood the reasons there were a number of comments along the lines of “greenspace is always the first thing to be cut back”; some consultees added that this situation was not unique to the development of health centres but was symptomatic of capital projects generally. One consultee commented that:

“Historically landscaping is the part of the budget that suffers – partly because it’s a ‘nice to have’ and partly because it’s at the end of the process”.

Another consultee suggested the culture change was needed:

“It is about our place in the project so others respect why we are there, otherwise it just becomes the bit that is easy to knock out”.

Proponents’ frustrations were compounded by a view that there were limited, and at times no, alternative proposal for integrating greenspace because of cost concerns. So for example, in Woodside, the position of the services and utilities meant that original plans for street tree planting would have required the services to have been moved and this would have involved a significant additional cost, which coupled with a significant focus to maximise the number of car parking spaces on the site resulted in considerably less greenspace in the latest designs than originally envisaged. Some consultees suggested greenspace required a ring-fenced budget at the outset of developments.

While there was a degree of frustration among supporters of the initiative, the comments from one consultee about proponents of the initiative were also noteworthy as they felt:

“A victim mentality is developing that no one is listening to us, no one is doing what we want them to do...yet they have not effectively sold their ideas and they need to think about communications”.

Another consultee commented that:

“At times it feels like there is an agenda to green the sites which is inappropriate, when we have to make decisions about trees or the loss of car parking spaces there is just no way people will stomach it”.
A number of stakeholders suggested that proponents of the initiative did not always appreciate that cost and other issues needed to be taken into account.

There was some frustration expressed that the other consideration led to lengthy discussions and confusion which impacted on plans for greenspace plans. One consultee reported “we had meetings every few weeks and something was always changing”. This consultee also felt that the number of stakeholders involved in discussion created problems as there were numerous competing views expressed.

An important point was also raised about maintenance costs with some consultees suggesting there was no benefit in integrating greenspace if it was poorly maintained. It was suggested that the project planning process should address maintenance costs and where appropriate consider low maintenance greenspace options. One consultee pointed out that contracted providers such as GPs, pharmacists and dental practices contribute to ongoing maintenance costs through their agreements with NHS GGC and they may be concerned at such costs if they regard them as high. Some of the consultees therefore suggested that there was a lesson for all of those involved in managing expectations.

Gorbals Health and Care Centre will include two internal courtyards and their use raises another consideration in the integration of greenspace. The courtyards will be visible from the centre and should therefore enhance the visual environment. However, access will be limited. Allowing centre users to access the courtyards would have had implications for which services were allocated rooms on the ground floor overlooking the courtyards as some services require confidential rooms. We understand partners were unable to identify a solution which located appropriate services in these areas of the centre and therefore allowed for greater access to the courtyards. The community garden at Possilpark and Pollokshields are not directly accessible by centre users either.

Capital Planning appear to have a pivotal role in prioritising the issues or at least in articulating the priorities to other stakeholders. For example, at Woodside, maximising the number of car parking spaces has taken precedence over greenspace and one consultee reported that maximising car parking spaces “is the message that is given out” by Capital Planning. The following comment demonstrates how this prioritisation has impacted on the integration of greenspace:

“We prioritise what we need to, so we’ll need to sort out car parking and then we’ll try to maximise the landscape”.

Ownership of the initiative
This issue is very closely linked to the discussions highlighted above which take place regarding other considerations and how they are prioritised.

It was stated earlier how there was widespread support for the initiative in theory although the level of support varied across stakeholders. Based on the evidence reviewed for this evaluation, this variable support translates into action whereby ownership of the initiative has so far tended to rest mainly with a few key individuals. We did not get the sense there was collective responsibility for maximising the integration of greenspace into the six health centres and at times vested interests came to the fore. The following comments from consultees illustrate this point:

“Someone spoke to the new Centre’s stakeholders about greenspace and they were
interested to a point but they are not going to get in behind the idea when you’ve got GPs wanting air conditioning or managers asking for dedicated offices, services wanting their own consulting rooms for example”.

“These projects are multi-stakeholder and each stakeholder is focused on their own specific needs. Something like greenspace may be seen as non-essential and preventing them getting what they want. That’s why parts of the project are under the most pressure like the arts and the environment”.

“There are significant numbers of people who would see it as a frivolous extra”.

“No one is really against it (integration of greenspace) but it’s not always seen as important by the likes of engineers or architects”.

“The environment is not given the credibility it deserves in the NHS where people have short-term priorities. Perhaps it’s too touchy feely, too feminine, not macho enough for some people and that’s why it’s marginalised”.

Some stakeholders expressed the view that the initiative required a champion who was involved from the outset. Although there were advocates they were not seen as sufficiently influential to lead to full implementation of the initiative as they either lacked the seniority to do so or were not involved from the start. The following comments were made on this issue:

“As it’s (Maryhill) moved forward the greenspace has diminished as a strand. This could have been prevented by some empowered representative from the NHS to promote that agenda. Instead there’s nobody there to express that view. As a result the link up of the site to the canal and local walks has gone”.

“It gets lost in translation as projects progress because no-one in the NHS sticks with the process from start to finish who can vocalise the value of greenspace as it’s seen as a soft target by others in the process”.

“There was no-one in the Health Board really pushing the agenda. The Green Exercise Partnership have been the biggest influence but their involvement is limited. At least they are trying to improve the site”.

Limited ownership of the initiative was even more apparent with a small number of stakeholders questioning why NHS GGC was investing in the integration of greenspace. This view was aired most often in Possilpark which was the first of the six health centres to seek to integrate greenspace and where negotiations about land were particularly complex; it was reported that some of those involved had questioned why NHS GGC was trying to integrate greenspace on land they were only leasing on a short term basis from Jobs and Business Glasgow. A consultee reported that questions had been asked at a community presentation about why NHS GGC wanted to spend money on some of the green elements at Woodside Health and Care Centre and they warned that the initiative would be seen as:

“Nice but not justified unless the message was much clearer about the benefits to the community and the building”.
Another consultee suggested that the initiative needs the support of community groups and activists “otherwise it will be seen as dispensable”. Generally, the views of patients and community members was limited in comparison to the other stakeholders involved in the decision making process.

It was noteworthy that a number of consultees referred to “the client” and NHS GGC as separate entities. The relevance of this is how some stakeholders feel the Health Board does not own or direct the build process sufficiently and they felt that others particularly GPs and dental practices held a significant amount of power and influence over the decisions. One consultee suggested that GPs could be very difficult to deal with and seemed to wield undue power, another suggested they could be “very vocal and outspoken who have a strong influence”, a third observed “it feels like the Health Board caters to what the end users like dentists and GPs want”, and another consultee commented “I was trying to get my head round who is the client, I still don’t understand it to be honest”.

Some consultees felt that NHS GGC should take a firmer stance as the client. One consultee stated: “NHS Greater Glasgow & Clyde is the client so Capital Planning should be pushed to deliver what the Health Board want. It needs someone at the start who sticks with it from concept to design and delivery and we just don’t have that”.

Another consultee talking about the same issue concluded that “ultimately we (NHS GGC) are the client”.

Experience and knowledge of infrastructure projects
In general Health Improvement professionals assumed responsibility for implementing the initiative and they had limited experience and knowledge of infrastructure projects which was a barrier to implementation. For the majority of these professionals, their involvement in the development of the health centres was the first time they had been involved in a major capital project during their career. Not only did they lack relevant experience, their qualifications were also not relevant to this task. One such consultee commented:

“I am very inexperienced in this area and consequently there has been a sharp learning curve. Understanding of the process and how it all works could be improved, some workshops explaining the process and the roles of individuals within this would be helpful”.

Another consultee suggested:

“You’re discouraged from asking questions and encouraged to trust what you’re told but really I felt like I was kept away from a lot of the detail”.

Other stakeholders had far greater experience and knowledge of the process as well as relevant qualifications. In our view, the Health Improvement professionals were in an unenviable position and readily admitted to struggling at times to challenge decisions made at Delivery Groups because of their limited experience and knowledge.

Training and support
The above issue was compounded by a lack of briefing, training or support for these individuals which could have enabled them to have a stronger role in the process underpinned by greater knowledge and understanding. One stakeholder commented on the situation as follows:
A lack of knowledge about the hub process was a particular issue. The Health Improvement professionals were simultaneously learning about and trying to influence the evolving hub process.

**The hub process**
The hub process is relatively new and a number of consultees described it as complicated, including one comment that “nobody really understands it”. There were specific aspects of the hub process that consultees viewed as barriers to the integration of greenspace.

Firstly, fees for external consultants including landscape architects were reported as low. This was seen as constraining the time landscape architects could spend on projects - one consultee commented:

“The hub as a procurement route creates a low fee culture for consultants, particularly landscape architects which therefore limits their ability to explore options”.

This led GEP to fund additional time for a landscape architect to review the Maryhill development. One landscape architecture practice reported that they had lost money on a hub project and longer term there are concerns that landscape architects may view hub projects as unviab

Although the hub had some sympathy with this situation they also, justifiably, point to the fact that the fees were set by the Scottish Futures Trust and the Scottish Government.

Secondly, at times the technicalities of the hub process have not been fully understood by some of those leading the implementation of the Health Promoting Health Centres initiative and this had led to confusion, and cost implications. The main issue involves the Change Control Process after financial closure which can incur penalties and legal fees – one consultee described the Change Control Process as “laborious and very costly”. At Maryhill, potential changes to integrate greenspace into the staff terrace were discussed by partners which led to a request for change being made that not all of those involved in the discussions appreciated will cost an additional £40,000 to implement or incur legal fees and a penalty charge of £4,000 to remove from the revised build programme. One consultee suggested:

“There needs to be better information about the hub process, including the pitfalls and the costs, for those who do not have any experience of building projects”.

Thirdly, there was a view that the hub commissioning process makes communications with and direction of the landscape architect more difficult. The landscape architects tend to be sub-consultant to the architect who is commissioned by the hub and the influence the Health Board can exert on the landscape architect was therefore viewed by some consultees as more difficult. As sub-consultants the landscape architects were regarded by a small number of consultees as less visible than the architects and involved later in the process than they would be if they were directly commissioned by the hub. One consultee noted that landscape architects produce plans when called into the project by the design team and they are not involved early enough in the process.

A health centre development in Inverclyde may provide some learning for the integration of
greenspace in hub-led developments. We understand, partners in Inverclyde are trying to include additional funds within the budget for landscaping including the involvement of landscape architects although a consultee with some knowledge of the process stated that it was “quite complicated legally”.

There was also a view that there were points when time pressures related to the hub process meant decisions were made which were viewed by some as a barrier to implementation of the initiative. Some consultees felt decisions were made to keep the project moving forward at the expense of the integration of greenspace. The main example of this was the hub’s decision to progress to financial closure at Eastwood Health Centre and afterwards address an outstanding greenspace issue (changes such as walks around the site, green islands, and public realm to the entrance). However, to do so will involve a Change Control Process with its associated legal fees and financial penalties. One of the stakeholders involved in making this decision stated that partners agreed on this course of action in the knowledge that changes to integrate greenspace would need to enact the Change Control Process explaining the decision to press ahead was made “so as not to affect financial closure... as there had been a number of challenges getting to that point. The priority is to get it built”. This created a significant barrier and very clearly demonstrates the different perspectives and priorities of those involved in the developments.

There was a suggestion that the hub process “prevents dialogue” as the onus was on delivery and meeting deadlines. Issues raised included difficulty arranging meetings with the contractor and design team to discuss plans and changes in personnel at the contractor which created limited continuity and understanding. One consultee summarised the views of a number of others with the comment:

“If the hub is here to stay, then it needs to be re-calibrated to what NHS GGC wants”.

One stakeholder pointed out that the hub should be seen as an opportunity, adding that the organisation is refreshing the health estate and this is an opportunity to integrate greenspace.

The experiences in Greater Glasgow and Clyde resonate with Greenspace Design for Health and Wellbeing (Forestry Commission 2012) which reported that schemes procured using private finance initiatives could face particular challenges. It stated that an organisation “that places low value on landscape at the outset risks seeing this aspect diminished even further during delivery, with proposals eroded by inevitable contractual and financial pressures”.

Linking environment and the arts

As discussed in the enablers section, linking the environment to arts had its benefits, not least in access to funding and expertise. However, there has been a downside to this link. Some stakeholders have associated the environment so strongly with the arts that they have sidelined it. To these stakeholders the arts is a separate issue dealt with by a sub-group, with separate funding and not an integral part of the build. Where the environment is linked to the arts, it too can be viewed by some stakeholders as a standalone element which is not an integral part of the build. Attendance at the Arts & Environment Sub-Group/Art Strategy Groups was described as “variable” which could be seen as an indication of these views. Some consultees felt this view was accentuated when stakeholders held a particular view of arts which contrasted with green issues – one consultee commented art could be:

“High-end, highbrow, elitist with people who operate in a different plain... the environment
is more practical”.

A further perceived drawback of linking the arts and the environment was the timescale and uncertainty that some of the artistic elements require. In terms of time, it was suggested that the timescale for commissioning an artist does not always coincide with the building timescale and this could potentially lead to a Change Control Process in hub-led developments. In terms of uncertainty, it was suggested that until the artist had finalised their designs, the contractor would not be able to fully plan and cost installation and this could also lead to a Change Control Process. In comparison, it was suggested that greenspace elements should be more straightforward and easier to incorporate. However, other stakeholders suggested that time and planning challenges incorporating arts arose because it was not fully integrated with the building process and timescale as it was not prioritised by some of the key decision makers.

Timing

Timing was a crucial issue that influences the developments. It was discussed above that time pressures related to the hub process have been a barrier, while GEP funding was time limited which could jar with other elements of the project. One consultee commented “the process is ruled by budgets and time – that’s how it feels anyway”. Some consultees explained that timing can impact on buy-in with one suggesting that:

“Delays don’t help, we lost people because progress was so slow and then had to try to bring them back in”.

Some of the strongest supporters of the initiative stated their experiences had left them confused about the ideal time to introduce the concept. One proponent of the initiative made the following comment about their experience:

“It feels like we’ve been told (by the hub) to go to a specific station and we’ll be able to get on the train, and we go to the station and the train’s gone passed. You go to more meetings and then you’re told, if you go to the next station you’ll be able to get on and you get there and it’s gone again”.

There was a consensus among consultees of this study that the earlier greenspace was introduced into a project the better. Consultees’ comments included:

“The initiative needs to influence upstream developments, be built in from the start and budgeted for. It needs to be built into the specifications and business plans. If business cases include greenspace they have to be funded and delivered, not value engineered out”.

“If it was in the brief from the very start it would be a bigger priority. It has to be part of the Design Brief”.

Design Statements were seen as the crucial in the process. Hub West Scotland suggested that greenspace needed to be part of the projects from the very start at the Design Brief Stage (Stage 0). They cited the example of Eastwood where they were of the opinion it had been introduced in the middle of Stage 2 which made it difficult to incorporate and led to the issues described earlier. However, some stakeholders suggested that even when Design Statements included reference to the integration of greenspace it did not necessarily translate into the desired results. One consultee stated:

“Briefs are strong and set out the ambition but by default it gets diminished, nobody
challenges the GPs and the hub and the design team just want to get to the next stage of the project”.

Our review of the Design Statements supports this view as there are a number of references to greenspace which chime with the Health Promoting Heath Centre initiative but this did not in itself lead to the integration of greenspace.
4 Conclusions and Suggestions

This report has assessed the development and implementation of the Health Promoting Health Centres initiative in NHS Greater Glasgow and Clyde. Chapter 1 summarised the initiative, the evidence that underpins it, and the development process. Chapter 2 described how greenspace has been integrated into the developments at Possilpark and East Pollokshields and into the plans at Woodside, Maryhill, Eastwood and Gorbals. Chapter 3 summarised stakeholders’ views and showed that understanding of the initiative and the model varied. The chapter identified factors which have enabled the integration of greenspace as: widespread support, commitment of key individuals, the Green Exercise Partnership, linking environment and the arts, community engagement, the short life working group, and added value. Barriers to implementation of the initiative were also identified as: the sites, other considerations and costs, ownership of the initiative, experience and knowledge of infrastructure projects, training and support, the hub process, and linking environment and the arts.

While there were successes in integrating greenspace in the health centres, the overall view among consultees was that the integration of greenspace was a partially implemented aspiration not a fully embedded part of the development process. Our impression is that the proponents of the initiative have made the best of the circumstances which have been presented to them, they have not achieved real influence and as such greenspace is not fully integrated into the build or at a level that could be possible under different circumstances. One consultee commented that they “get what’s left”, another said “it’s like chasing a bus that is driving off into the distance” and another stated:

“We are trying to add the arts and environment to the building instead of having discussions earlier. It needs to be tied in earlier and at a higher level”.

We explore below some of the key issues and make suggestions on how NHS Greater Glasgow and Clyde and its partners could strengthen the integration of greenspace in the future.

Chapter 3 demonstrated how those who lead on implementing the initiative tend to have limited previous experience of capital projects. These individuals have built up a significant amount of experience and understanding of the process. However, a number of them commented on how colleagues who may be involved in similar developments in the future will face the same challenges. We therefore suggest that the knowledge, experience and skills built by those involved in the process are shared with colleagues through formal briefing and training sessions, and potentially an informal network. Suggestions on the briefing sessions are summarised below.

In addition, health professionals who are expected to promote the integration of greenspace into future developments should be better supported by NHS GGC including line management support, training and the provision of support material (including references to online information) explaining the initiative and the evidence underpinning it, the development process including the hub, and the roles and responsibilities of those involved in the process.

A number of consultees felt the Health Promoting Health Centres initiative lacked a central point of contact. NHS GGC’s Health Improvement Senior (Arts and Health) was cited as an example of the benefits of having a central point of contact for an initiative. If it is not feasible for the Health
Board to employ a full-time co-ordinator for the Health Promoting Health Centre initiative, alternatives should be considered such as identifying an individual, or individuals who could assist colleagues. There was also a view that each development should identify an individual to formally lead on implementing the Health Promoting Health Centre initiative. One consultee described the ideal person as:

“Somebody empowered with the right skill set and knowledge who could represent the NHS from the earliest stage of a development. They need to be familiar with the process and be someone who can challenge others”.

Such a person would, in our opinion, require an understanding of capital projects including the hub process, have an understanding of the health promoting benefits of integrating greenspace, and be able to influence others.

To some consultees GEP currently champions the cause although others questioned the reliance on an external organisation which was not involved in every development or not involved in every meeting throughout a development. One stakeholder suggested that, ideally, if the concept is embedded in the NHS then there would be no need for GEP, or at least a lesser role for them. Overall, consultees felt the Health Promoting Health Centres initiative lacked a champion. It was suggested that the champion should be a senior person who was passionate about the initiative and able to articulate the key messages to a wide audience. Some consultees envisaged the champion and the central point of contact as the same person, although others saw the two roles as separate with the champion being the figurehead and the central point of contact providing in-depth knowledge as well as practical support and assistance. We suggest that an overall champion is identified as well as a central point of contact suggested above.

Another suggestion taken from the experience of integrating arts and health was the ring-fencing of a percentage of the capital budget for the integration of greenspace at the outset of each development. This was seen as one of the main enablers in the integration of the arts in health settings which could potentially benefit the Health Promoting Health Centres initiative as it would protect the greenspace elements. One consultee reported that a budget was ring-fenced for the development of greenspace at Levendale Acute Admissions Unit following agreement between NHS GGC, the contractor and the landscape architect. In addition, we suggest the ring-fenced greenspace budget is managed by the Delivery Group or Project Board rather than a sub-group to further embed greenspace within the development process – as one stakeholder put it “greenspace is as important as painting the walls”.

Some consultees were of the opinion that greenspace had to be prominent and consistent in the project documents from the site selection feasibility study criteria, through the business case stages and throughout the hub process. One stakeholder felt this should include a:

“Mini-constitution, explaining exactly what the Health Board was trying to achieve with the integration of greenspace”.

Another commented that partners were:

“Playing catch-up at the moment, what we need is everything agreed at the start with a clear set of criteria”.

While another stakeholder commented:
“If it (greenspace) was in the brief it would be a bigger priority and it may even mean some sites would be different”.

The hub also suggested that a document agreed with NHS GGC that detailed the Health Board’s plan for the integration of greenspace would be very useful. Our review of the Design Statements shows that there are references to greenspace which are useful although the experience of the six health centres shows that this, by itself is insufficient to deliver the initiative. To address this we suggest that **NHS GGC is more explicit about the integration of greenspace in project documents throughout the process**.

The study brief makes reference to one specific document – NHS GGC’s Design Action Plan – and whether it should be updated to take account of the greenspace initiative. In theory, we can see the benefits of such a move, however, it was apparent during our consultation that the Design Action Plan is not commonly referenced in the development process and some consultees, including some in Capital Planning, were unaware of the document’s contents. We therefore suggest that **the Design Action Plan is updated and accompanied by awareness raising**.

As an example of how the initiative could potentially be better integrated it was suggested that those involved in the process had to see the environment as another room which had a **room data sheet** specifying in detail how greenspace was to be developed to promote health. These room data sheets are part of the capital build process and therefore familiar to those involved in process; the sheets specify everything that has to go in to a room and are signed off by the contractor and client. By detailing requirements in these terms it was argued the initiative could potentially lead to better buy-in.

There was a suggestion that the hub’s fee scales should be challenged. This issue is broader than this initiative, but nonetheless is an important point. We suggest that the **issues contained in this report regarding the hub process are raised at NHS GGC’s hub Steering Group**. Although the members of the group may be aware of the issues, a roundtable discussion may help to identify possible solutions. We also understand that GEP has reported issues connected to the hub process to the Scottish Government’s Health Finance team.

An alternative, or complementary, approach was suggested by one consultee. Given the challenges faced in integrating greenspace into the Centres and the constraints of some sites, it was proposed that the Health Board work with other agencies to **improve greenspace in the communities in which the health centres were located**. Some stakeholders may feel this suggestions is indicative of the mindset and limited understanding of the Health Promoting Health Centre initiative, however it is at least a constructive suggestion which is worthy of further consideration.

This report has shown that stakeholders involved in the process have very different roles, perspectives and levels of understanding. A number of consultees suggested that awareness raising was key to embedding the initiative and we therefore suggest **a multi-pronged awareness raising programme is implemented within NHS GGC**. It was suggested that the awareness raising should include challenging and lobbying entrenched views that question the benefits of investing in greenspace and also those who say landscaping is always the element that suffers. In our view, future progress requires a culture change, emphasising that it is not about historic views but a
present drive to promote health which means greenspace can no longer be viewed as “nice to have” or coming at the end of the process; it needs to be essential and built in from the start. We set out below suggested elements of the awareness raising programme:

- Showcasing the integration of greenspace to date at Possilpark and The Shields Centre for example via NHS GGC’s website, staff intranet site, newsletters, and team meetings.
- Revising the Health Promoting Health Centres paper providing more detail (the current paper is only two pages long) and explaining in Plain English the concept and the evidence underpinning the initiative.
- Briefing sessions for health professionals who use the health centres who may have limited understanding of the mental and physical health benefits of the natural environment to ensure the process is joined-up.
- Joint briefing sessions for Health Improvement, Capital Planning and hub West Scotland professionals explaining 1) the concept and its benefits, 2) the development process including the hub, and 3) respective roles and responsibilities. The delivery of these sessions should, if at all possible, be a joint effort to ensure the content and language was relevant to all, and demonstrating that the initiative was not solely the responsibility of Health Improvement. The involvement of the Green Exercise Partnership would also beneficial.
- Awareness raising with the local authorities within Greater Glasgow and Clyde to better connect with the Glasgow and Clyde Valley Green Network, and the Glasgow and the Clyde Valley Strategic Development Plan and Local Development Plans in which greenspace is a significant theme.

This report has shown that NHS Greater Glasgow and Clyde has made progress in implementing the Health Promoting Health Centre initiative. A detailed review of the process has identified a number of lessons regarding the enablers and barriers to implementation. The suggestions made in this final chapter are intended to strengthen the implementation of the initiative in future health centre developments.
Appendix 1 - Theory of Change
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