



LNP Evaluation: Draft Thematic Discussion Paper

LNPs and the local health sector: working together to protect and enhance the natural environment and deliver positive health outcomes

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Contents

Note on status of discussion paper	1
LNPs and the local health sector: working together to protect and enhance the natural environment and deliver positive health outcomes	2
Policy background	2
Key findings from the LNP evaluation	6
Key issues discussed at the thematic workshop	7
Information sources	11

Note on status of discussion paper

This discussion paper is a draft working document and will be revised.

LNPs and the local health sector: working together to protect and enhance the natural environment and deliver positive health outcomes

The purpose of this discussion paper is to provide some ‘food for thought’ on a topic stakeholders wished to discuss in more depth on the basis of the findings from the Local Nature Partnership Phase II Evaluation to date. The evaluation is being delivered by ICF International (ICF) and our associate, Rick Minter, for the Department for Environment, Food and Rural Affairs (Defra). The aim of the evaluation is to examine the implementation and outcomes of LNPs, and support and enable LNPs to work with representatives from other partnerships and organisations to determine the potential to improve coordination between other initiatives.

This paper covers how LNPs may work with the local health sector to protect and enhance the natural environment.

The paper includes a brief summary of the policy context about the links between the natural environment and health, and the interim findings of the LNP evaluation. The paper considers issues suggested by LNPs about they could potentially engage with the local health sector on natural environment issues. The issues considered are:

- Awareness levels among LNPs about the contribution of the natural environment to health and wellbeing.
- The aspect(s) of the natural environment LNPs should focus to impact the health agenda.
- The aspect(s) of the health agenda LNPs should focus on.
- The barriers to engaging with the health sector, and how they may be overcome.
- Current LNPs initiatives to enhance local health and wellbeing.
- Data available on health related natural environment issue.
- LNPs’ contribution to Joint Strategic Needs Assessments, and the data on needs LNPs can provide.

This is the revised paper following a workshop event on LNPs and the local health sector, attended by representatives of five LNPs, Defra, Natural England and Public Health England.

Policy background

The role of LNPs in health and wellbeing

Recent policy documents on the natural environment makes explicit links to health and wellbeing. The 2011 Natural Environment White Paper (NEWP)¹ highlighted a need for local areas to work in a joined up and strategic way to help manage the natural environment. The ambition for LNPs is that they promote joined-up partnership action and help their local area to manage the natural environment as a system and to embed its value in local decisions for the benefit of nature, people and the economy.

The NEWP states that “*from April 2013, Directors of Public Health will be employed within upper tier and unitary local authorities. They will be ideally placed to influence local services, for example joining up activity on rights of way, countryside access and green space management to improve public health by connecting people with nature. Local Nature Partnerships and the Health and Wellbeing Boards should actively seek to engage each other in their work.*”.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228842/8082.pdf

In a 2012 report² Defra stated that the overall purpose of an LNP is to:

- Drive positive change in the local natural environment, taking a strategic view of the challenges and opportunities involved and identifying ways to manage it as a system for the benefit of nature, people and the economy.
- Contribute to achieving the Government's national environmental objectives locally, including the identification of local ecological networks, alongside addressing local priorities.
- Become local champions influencing decision-making relating to the natural environment and its value to social and economic outcomes, in particular, through working closely with local authorities, LEPs and Health and Wellbeing Boards.

The local health landscape

The natural environment is part of the current England public health strategy. Healthy Lives, Healthy People: Our strategy for public health in England explicitly recognises the environment (natural and built) has a key determinant of health. It states that: *“the quality of the environment around us also affects any community. Pollution, air quality, noise, the availability of green and open spaces. Local communities will be empowered to design communities for active ageing and sustainability. This will include protecting green spaces, volunteer led walk programmes, promoting community ownership of green spaces and improved access to land.”*

The Sustainable Development Strategy for the NHS, Public Health and Social Care system aims to promote a healthier environment by valuing and enhancing natural resources, while also reducing harmful pollution and significantly reducing carbon emissions. It also aims to contribute to healthy lives and healthy communities by ensuring that decisions taken across the health and care system help build the immediate and longer term benefits of helping people to be well and reduce their care needs (e.g. by improved information, more integrated approaches and smarter more aligned incentives that help minimise preventable ill-health, health inequalities and unnecessary treatment).

The new local health commissioning framework offers scope for public health decisions to consider the natural environment. Following the implementation of the Health and Social Care Act 2012, the landscape for commissioning health care in England has changed significantly. NHS England and 211 Clinical Commissioning Groups (CCGs) have replaced the previous Primary Care Trusts / Strategic Health Authority structure. They are supported by commissioning support units in most areas of the country providing a range of commissioning functions. New arrangements for public health have seen the creation of a new body, Public Health England (PHE) with responsibility for supporting and protecting the health of the nation whilst Directors of Public Health (DPH), along with their local health and wellbeing portfolios have transferred into upper tier local authorities. To support the patient voice, Healthwatch England, a national body, has been established with local presences in each upper tier Local Authority.

The Act and what has followed has also seen the creation of a number of partnerships and planning boards, with a range of formal and informal underpinnings. Most formally, each upper-tier local authority has established a Health and Well Being Board (H&WBB) bringing the commissioners of health and well-being services together with local councillors and the DPH to set medium term goals that can then be reflected in the commissioning work of health and other public sector organisations.

Key bodies

- NHS England
- 211 Clinical Commissioning Groups

² Defra (2012) *An overview of the Local Nature Partnership role.*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192580/local-nature-partnerships-overview120402.pdf

- Commissioning Support Units
- 27 Area Teams
- Health and Wellbeing Boards
- Health Education England
- HealthWatch England
- Monitor
- Public Health England

The Health and Social Care Act 2012 introduced duties and powers for H&WBBs in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

The Department of Health has published Statutory Guidance on JSNAs and JHWSs³, which demonstrates the potential for natural environment stakeholders to contribute to their production and delivery.

Local authorities and CCGs have equal and joint duties to prepare JSNAs and JHWSs, through the H&WBB. CCGs must involve the H&WBB in preparing (or making significant changes to) their commissioning plans.

The purpose of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

Local authorities and H&WBB can decide to include additional members on the board beyond the core members. Boards also need to work with a wide range of local partners and the community beyond the board's membership, in order to gain evidence and expertise.

The guidance states that JSNAs need to consider wider social, environmental and economic factors that impact on health and wellbeing, such as access to green space, the impact of climate change, and air quality. It also says that H&WBB should work closely with other local partners such as, Local Nature Partnerships, Environmental Health Officers, and local planning authorities. Such partners can both input evidence into JSNAs to get a thorough understanding of local needs and how to address them, as well as take action to contribute to meeting aims of JHWSs.

The natural environment's contribution for improved health and wellbeing.

The contribution of the natural environment is well-known and there is a considerable opportunity for contribution to improved health and wellbeing. The rationale for the role of the natural environment for improved health and wellbeing is well set out in the Natural England paper, Healthy Green Spaces - Healthy People⁴. It states that because the natural environment is a significant determinant of health, LNPs have the potential to make a valuable contribution to the role of the H&WBBs in assessing local health needs and contributing to JSNA and joint health and wellbeing strategies.

The key contribution to health and wellbeing is greenspace. The new public health outcomes framework (2013)⁵ includes the indicator: *Utilisation of green space for exercise/health reasons*. This comes under improvements against wider factors that affect health and wellbeing and health inequalities.

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

⁴ http://www.centralbedfordshire.gov.uk/Images/Rachel%20Penny%20presentation%20with%20notes_tcm6-32456.pdf

⁵

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

A Natural England paper discusses why the natural environment should form an integral part of public health and sets out five key issues⁶:

- **Greenspace for reducing health inequalities:** income-related inequality in health is affected by exposure to greenspace. The long-term conditions of obesity, diabetes, heart disease and dementia are much more prevalent in deprived communities which often have the least access to greenspace.

The close relationship between the social and economic determinants of health is also clearly stated in the Natural England report, Natural solutions for tackling health inequalities by UCL Institute of Health Equity. It cites evidence that income-related health inequalities are lower for those living in the greenest areas, which means that green space may mitigate some of the negative health impacts of relative poverty. It highlights other research showing that people living in areas with large amounts of green space are three times more likely to be physically active than people living in areas of little green space. Also, disadvantaged people who live in areas with large amounts of green space may be more likely to use their local green spaces and be more physically active, thus experiencing better health outcomes than those of a similar level of disadvantage with less good access.

Some groups are least likely to visit the natural environment⁷: Black, Asian and minority ethnic groups; those living in urban areas with high deprivation; category D (semi and unskilled manual workers) and E (state pensioners, casual or low grade workers and unemployed with state benefits only) socio-economic groups; people aged 65 and over; and people with disabilities and/or long term health conditions.

Other Natural England research demonstrates inequality in respect to children visiting natural environments. Whilst 68 per cent of all children visited natural environments at least once a week, there are inequalities related to ethnicity and household income. This is important because children who live close to green spaces have higher levels of physical activity and are less likely to experience an increase in BMI over time.

- **Greenspace for prevention and cost effectiveness:** greenspace plays an important role in delivering a cost effective and joined up service providing underlying support for fundamental determinants of health. Visiting greenspace is associated with less stress-related illness and has a positive effect on a persons' mental health.
- **Greenspace for stronger communities:** time spent in nature has a hugely positive impact on key social indicators. In particular, community open space can enhance social ties, provide a sense of community and can promote social integration within disadvantaged communities.
- **Greenspace for active lifestyles:** increasing access to the natural environment can play a vital role in efforts to increase activity and reduce obesity. The ability to access green settings has been demonstrated to encourage contact with nature and participation in physical activity, both of which encourage the adoption of other healthy lifestyle choices such as social engagement and consumption of healthy foods.

A National Institute for Health and Care Excellence (NICE) paper states that physical activity not only contributes to wellbeing, it is essential for good health. NICE public health guidance, on the promotion and creation of physical environments that support increased levels of physical activity, recommend that cycling and walking should be prompted by planning decisions, transport, access to open spaces, and design of workplaces⁸.

Public Health England (PHE) recognises the benefit for health of an environment where people actively choose to walk and cycle as part of everyday life. The PHE Healthy

⁶ http://www.naturalengland.org.uk/Images/health-information-pack_tcm6-31487.pdf

⁷ Natural England (2013) Monitor of Engagement with the Natural Environment Survey 2009-2013.

⁸ <http://www.nice.org.uk/nicemedia/live/11917/38983/38983.pdf>

People, Healthy Places programme⁹ aims to reduce to reduce the impact of a poor physical and natural environment.

- **Greenspace for mental wellbeing:** natural environments have a beneficial impact on mental wellbeing. Trees and vegetation reduce ambient noise, improve naturalness, provide calming views and convey a sense of place and belonging. Greenspace helps facilitate water, land and nature based hobbies.

The natural environment also has wider benefits for physical health. The 2014 Natural England report on Microeconomic Evidence for the Benefits of Investment in the Environment¹⁰ suggests that the natural environment provides physical health benefits through improvements in air quality, noise and temperature regulation. The natural environment can also reduce the impacts of extreme events such as flooding, which negatively impact on people's welfare. Also, green infrastructure can contribute to a healthy productive population¹¹.

Key findings from the LNP evaluation

Main successes

The majority of LNPs have plans to work on issues related to local public health and wellbeing. LNPs are keen to engage with the local health sector, and have a good understanding of the potential health benefits of improving access to, and use of, the natural environment. There is a general consensus among LNP participants that LNPs would benefit from input from organisations not typically associated with environmental work, such as organisations from the local health sector. Approximately a fifth of LNPs indicated that organisations in the local health sector could potentially offer a source of LNP funding in the future.

Several LNPs are making progress engaging the health sector. Around a third of LNPs have successfully engaged with organisations in the local health sector, helping to raise awareness of the value of the natural environment with local health and wellbeing boards.

Examples of success

- Some LNPs have raised awareness of the value of the natural environment with the local health and wellbeing board and farming interests. In one case an LNP board member gave a talk that inspired the health team of the local council to set up a workshop on health and the environment.
- One LNP shared newly commissioned information to the local health and wellbeing board, which was used in the preparation of a joint strategic needs assessment.
- LNPs also provided examples of other organisations that they have influenced, for example engaging with a group of local authorities in the preparation of a green infrastructure strategy and influencing how the strategy will be delivered, influencing a Local Health and Wellbeing Board's agenda, and helping to improve the management of a National Park.
- In some cases LNPs have contributed to the better implementation of actions that improve natural areas. One operates a small grant fund to fund projects that help promote health and wellbeing through the use of green space. Grants have been provided and projects are currently being implemented by LNP members.
- In a collaborative project, one LNP is working with the local commissioning group (part of clinical commissioning group for Cambridgeshire) and GP forum to raise profile of what

⁹ <https://www.gov.uk/government/news/healthy-people-healthy-places-building-a-healthy-future>

¹⁰ <http://publications.naturalengland.org.uk/publication/6692039286587392>

¹¹

<http://randd.defra.gov.uk/Default.aspx?Completed=0&Location=None&Menu=Menu&Module=More&ProjectID=19056>

natural environment resources are available and demonstrate how the LNP can support local health.

Main challenges

A significant proportion of LNP participants identified engaging with the health sector as an issue they would like to see covered in the thematic evaluation. During the interviews, respondents commented that organisations most involved with LNPs are those traditionally working on improvements to the natural environment. The same respondents considered that their respective LNPs would benefit from the contributions of other organisations not typically associated with environmental work, such as organisations from the health sector.

However, many LNPs have found it difficult to identify who to engage with in the local health sector, and to make the natural environment relevant to people and organisations in the sector. Some chairpersons and coordinators are unsure about how to engage with public health related organisations as they do not have a good understanding about how the natural environment and public health sectors could work together to address issues of mutual interest. The lack of engagement with health sector has, in the opinion of some LNP participants, constrained LNPs' ability to work on health related issues.

Limited focus on health priorities

During the interviews a limited number of respondents expressed some frustration at LNPs' lack of focus on health priorities.

Approximately 94 per cent of LNPs that completed the survey (33 of 35) have a priority related to public health and well-being, but only 37 per cent (13 of 35) have started to make any progress against health related priorities.

Key issues discussed at the thematic workshop

This section sets out key issues for the role and actions of LNPs in respect to their work with public health. The issues emerged from discussions amongst participants at the workshop on LNPs and the local health sector, where representatives from five LNPs were present.

Presentations at the workshop

Discussion followed presentations from Natural England and Devon LNP.

Jim Burt (Principal Adviser, Outdoor Learning and Outdoors for All Programmes, Natural England) used data from the MENE to demonstrate how population groups have differential access to a good quality natural environment (see Box 1). It highlighted that local green space is of importance for marginal and deprived population groups.

BOX 1: Evidence from Monitoring Engagement with the Natural Environment (MENE)

Jim Burt (Principal Adviser, Outdoor Learning and Outdoors for All Programmes, Natural England) used data from the MENE to demonstrate how population groups have differential access to a good quality natural environment and how this contributes to health and other inequalities. This is a key issue for Natural England in the context of their role to work with partners to provide evidence that helps clarify the scale and nature of people's needs, to help improve the quality and targeting of their services, to increase the range of people experiencing the benefits of the natural environment. Differential access to the natural environment is important because people who live close to green space experience better health outcomes and live longer, regardless of socio-economic status.

Key points emerging from the MENE are as follows:

- Locally accessible green space is a critical resource: 68% of all visits by adults to the natural environment are within two miles of home. For children, the most frequently visited places are 'managed' local places e.g. urban parks (47%), playgrounds (29%) and playing fields. The least frequently visited places are 'less managed' local places e.g. woodland (11%) or places further afield e.g. Country Parks (16%).
- Access to greenspace is not available to all. The most affluent 20% of wards in England

have five times the amount of greenspace compared with the most deprived 10%. Use of greenspace is lowest in those groups where health needs are often greatest.

- The Black and Minority Ethnic population make less than half of the average annual visits to the natural environment compared to the English adult population as a whole. The urban deprived make less than two-thirds of the visits compared to the whole population.

The South Pennines provides a good example of the contrasts in access to the natural environment. Residents of South Pennines take on average 10 times more visits to the natural environment than residents of the former industrial towns around the South Pennines (the catchment area). Residents of the catchment area are more likely than people living in the South Pennines to be in the least affluent socio-economic groups, to be members of the BAME population, and to live in urban and deprived areas. Nearly all of the BAME population from the catchment area lived in urban areas (99%) and nearly half (48%) lived in deprived areas. Over half of visits to the natural environment by low-income residents of the catchment area involved a journey of less than a mile; nearly 80% were taken on foot and only 6% of visits were to the South Pennines. Around a third of visits included an urban park and 16% included a Country Park.

Patsy Temple and Sue Goodfellow from Devon LNP presented Devon's work to increase the number and diversity of people being 'naturally active' in the County (see Box 2). Research in Devon reinforces the message from Natural England about how marginal and deprived communities are more likely to access local green space such as parks or playing fields, mainly within walking distance. The Devon LNP therefore examined the barriers to accessing green space further afield in the area.

BOX 2: The Devon LNP

The Devon LNP has seven priority themes one of which is Naturally Healthy, which has the vision that everyone in Devon has the opportunity and confidence to be 'naturally active' in order to improve their health and wellbeing. The aim is therefore to champion Devon's natural environment as a way of promoting health equality and improving health, with a focus on those at risk of or suffering from poor health in order to reduce dependence on treatments and health services, those who do not currently engage with the natural environment, and children and young people along with their families and schools.

The LNP has established good working relationships with public health in Devon. The Naturally Healthy Task and Finish Group sets the direction on the Naturally Healthy priority theme and is led by the Devon County Council public health team. Also, the Executive Director of Devon Public Health is a member of the LNP Board, representing the Devon Health and Wellbeing Board and the Naturally Healthy theme.

The LNP signed a Compact with Devon H and WBB Board in March 2014. The shared aim is to maximise the health and wellbeing impact of the natural environment in Devon through shared strategic approaches. These approaches include: that the Devon H and WBB Board and the LNP commit to making explicit strategic objectives in both the Joint Health and Wellbeing Strategy and the LNPs Prospectus and delivery plan; that through the Joint Strategic Needs Assessment data and evidence will be shared and promoted; and that commissioning plans of both the Devon H and WBB Board and the LNP will set out relevant actions as appropriate.

The Naturally Health group has commissioned evidence on the barriers to accessing the natural environment and solutions to promote better access. The report, Reconnecting People and Nature (2012) looked at how communities engage with the natural environment, the barriers to engagement, and if there are inequalities of engagement for particular sectors of the community and how can these be addressed. It found that lack of engagement follows national trends with limited activity across Devon to encourage under-represented groups.

More recently, Devon LNP commissioned research on access to green space in terms of perceptions, motivators, and barriers and limitations to access. Research participants were mostly low-income people living in an area of deprivation with access to green space. The study found the following:

- Perceptions were often that local green space was the local park or playing field, mainly within walking distance;
- Barriers to accessing green space beyond walking distance were practical issues (lack of car, cost of public transport), support/motivation issues, lack of awareness of where to go/what to do, not being in habit of accessing green space;
- Solutions for increasing access to green space were increased information and awareness about

what is available, more family based learning and action activities in local woods/forests, coordinated visits to key natural assets run by community groups, working with transport providers to overcome access issues, addressing vulnerability and isolation concerns in remote spots, and addressing safety and cleanliness concerns in local green spaces.

Devon LNP is using this research to offer target groups reasons for accessing green space.

The LNP will do this by directing and shaping the services of partners. The LNP is therefore providing a brokering role whereby partners are invited to take actions based on the information gathered.

Key messages

The following sets out the key messages, experiences and ideas offered by participants at the workshop.

The role of LNP

- LNPs should exploit their unique role in offering holistic, multi-disciplinary thinking which may help embrace the diverse connections between health, wellbeing and engagement with nature. This is crucial in developing coherent and coordinated multi-stakeholder service offers to commissioners.
- Through local networks and face-to-face contact with communities LNP partners can play a strong role in directly engaging with communities on the natural environment and health; not just working with professionals and strategic policy issues. LNPs and their members can help galvanise active communities and active citizens in wildlife and greenspace projects. This brings mental health, wellbeing and physical health benefits even though these may not be officially recognised outputs in some projects. LNPs and their members should recognise the role they can play in mobilising people’s participation and the associated health benefits.
- LNPs can provide the intelligence and platform for partners to build service offers – a kind of brokering role. The example from Devon LNP showed that the LNP can raise awareness of the barriers to accessing green space, which can then be addressed by others (e.g. public transport or walking maps).
- LNPs should demonstrate the value of collaborative working with the health sector, which is likely to produce solutions and opportunities. LNPs could explain and celebrate some examples.

Working with the health sector

- LNPs should consider what they can offer to health stakeholders as well as attempting to influence the health agenda. LNPs could review the various needs of health bodies in their area. LNPs could then identify where engagement with nature can help meet those needs, and where LNP actions can achieve this.
- Engaging the health sector could begin by identifying a member of the LNP board with an interest in physical activity.
- LNPs should prioritise working with the public health sector as public health practitioners are likely to be more open to understanding the mutually positive links between health and nature.
- Health bodies and LNPs both aspire to increase use and provision of greenspace in terms of impact on physical activity. Joint working on greenspace provision can offer savings to the NHS in preventative care. At the same time, people’s health needs can inform planning for green infrastructure e.g. accessible greenspace for physical activity.
- Treating long-term conditions of human health are an important aspect of nature’s contribution to physical and mental health. Examples exist on this which could help LNPs make the case.
- Some health practitioners and health sector measures don’t prioritise the natural environment and don’t see the immediate cost-benefit issues e.g. ‘How much can the NHS save by this intervention?’

- Resources from public health and NHS budgets are available for projects and services related the natural environment. However, there is some uncertainty at present because the local authority public health budget is ring-fenced only until 2016.
- A barrier to engagement with the health sector is limited capacity of LNPs and the geographic scope of Health and Wellbeing Boards, which often do not match-up well with LNP areas.

Monitoring and evaluation

- There is a need to identify evaluation measures on nature's contribution to health and wellbeing so these are readily apparent for LNPs to use.
- A measure of physical activity levels may be sufficient evidence to justify the relevant health benefits of nature.
- LNPs can also utilise the MENE to demonstrate baselines and progress with levels of access to the natural environment.

Potential areas of work for LNPs

- LNPs must consider the extent to which they work to improve access and use of green space at an immediately local level (e.g. green space within walking distance, such as local parks and other local managed places) or at a larger scale. While greenspace per se can have benefits for physical activity and mental wellbeing, much evidence exists to show that greenspace with richer wildlife provides greater benefits, especially for mental wellbeing. The factors which affect people's use of greenspace differ considerably between these two approaches. In urban areas, the key issue may be offering clean, safe and well-managed parks. At a larger scale, issues include transport, information and affordability.
- One view is that LNPs could consider beginning with encouraging engagement with greenspace and the outdoor environment. Experiencing wildlife-rich areas has many additional benefits but this should not be seen as the automatic starting point, otherwise more achievable opportunities may be missed for linking people with ordinary nature and greenspace which is not of high wildlife value.
- LNPs could develop programmes to offer to schools for outdoor learning. This could build upon the Natural Connections Demonstration Project, funded by DEFRA, Natural England and English Heritage. The project aims to stimulate the demand from schools and teachers for learning outside the classroom in natural environments (LINE); support schools and teachers in building LINE into their planning and practices; stimulate the supply of high quality LINE services for schools and teachers. The project is supported through a brokerage system to link schools with outdoor activity providers, a dedicated web service for easy access to resources and activities that support LINE, and linking skilled volunteers from a variety of backgrounds to schools.
- Health needs amongst a local population can help determine where to plan for new greenspace and green infrastructure; for example, where to plan for green infrastructure to provide the most benefits for public accessibility.
- Within the health sector, key drivers for nature engagement are mental health improvements and physical activity. LNPs could consider what actions to take on these matters in relation to the scope of Defra's interests and Public Health England's agenda. LNPs need to distinguish the measures they take and the messages they convey on these activities.
- Public Health England is working with local and national partners to develop a practical approach to increase levels of physical activity in local communities - The National Physical Activity Framework. A consultation took place in April 2014 to gather experience and knowledge within national and local organisations and individuals to create an approach built on 'what works' in real communities. This aligns with the government's 'Moving More, Living More' commitment. One of the areas for action in the current Moving More, Living More document is for a cross-sector commitment to providing the

right physical environment for people, so embracing physical activity becomes a natural part of their daily life.

- Deprivation issues are readily understood by councillors and local decision makers and the need for greenspace and for experiencing nature is often part of the solution to addressing deprivation. Thus, tackling social factors may also provide opportunities to introduce nature conservation activity and for people's engagement with nature.
- LNPs are well-placed to develop conservation volunteering programmes. Health and natural environment could effectively be brought together through volunteering programmes where participants carry out physical outdoor work. This would have health benefits (through physical activity), employability/skills development benefits, and environmental benefits. One mechanism would be for GPs to refer patients to programmes (e.g. care farming), and therefore funding could come from the NHS. The role of the LNP would be to offer clinical commissioning groups/GPs a coherent volunteering package which worked to health outcomes and was understood by clinicians.
- LNPs should not attempt to 'reinvent the wheel' with initiatives; they can make use of existing initiatives and align them at the local level to make them work harder at this level (e.g. physical activity messages could be developed through Change4Life).

Information sources

Statutory Guidance on JSNAs and JHWSs:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

Defra Network Offer to LEPs and City Deals: http://www.naturalengland.org.uk/Images/defra-network-offer_tcm6-35836.pdf

NHS Local Authority information packs; to provide Health and Wellbeing partners with a summary of their current position on outcomes to support commissioners working together to set the priorities for the Joint Health and Wellbeing Strategy and CCG Strategic Plans: <http://www.england.nhs.uk/ourwork/sop/la-pcks/>

Local Government Association report on the Health and Wellbeing Systems Improvement Programme 2013/14: http://www.local.gov.uk/web/quest/health/-/journal_content/56/10180/6157985/ARTICLE

The Monitor of Engagement with the Natural Environment (MENE) survey, funded by Natural England, with support from Defra and the Forestry Commission, provides trend data on how people use the natural environment in England: <http://www.naturalengland.org.uk/ourwork/evidence/mene.aspx>

Gloucestershire Toolkit, guide to creating active environments: <http://www.gloucestershireccq.nhs.uk/wp-content/uploads/2012/12/Active-Planning-Toolkit-2.pdf>

Natural England information pack to help the health sector understand and recognise the health and wellbeing benefits derived from natural environments: http://www.naturalengland.org.uk/Images/health-information-pack_tcm6-31487.pdf

Public Health England's Healthy People, Healthy Places programme: <https://www.gov.uk/government/news/healthy-people-healthy-places-building-a-healthy-future>

Natural England report on Microeconomic Evidence for the Benefits of Investment in the Environment: <http://publications.naturalengland.org.uk/publication/6692039286587392>

Devon Local nature Partnership compact with the Devon Health and Wellbeing Board: <http://www.naturaldevon.org.uk/wp-content/uploads/2013/11/20140306161234791.pdf>

The Devon state of the environment report: <http://www.naturaldevon.org.uk/state-of-environment/>

Public Health Devon behaviour change scoping: <http://www.naturaldevon.org.uk/priorities-and-projects/naturally-healthy/>