THE PROPOSED LEEDS TROLLEY VEHICLE SYSTEM

Proof of Evidence to the Public Inquiry from Cllr John Illingworth

1. My name is John Anthony Illingworth and I have represented Kirkstall Ward on Leeds City Council since May 1979. None of the proposed route passes through Kirkstall Ward, however Kirkstall is adversely affected by overspill traffic from the A660 corridor, and Kirkstall residents have an interest in the recreational facilities that are impacted by the proposed development.

2. I support the principle of bus-based, segregated public transport in Leeds, and I voted to support the METRO application at Leeds City Council meetings in 2013 so that some progress could be made. Unfortunately, the 2014 METRO proposals are not yet fit for purpose. They suffer from numerous serious defects, and require fundamental and extensive modifications to make them acceptable to the public and capable of delivering cost-effective public transport to the citizens of Leeds.

3. One reason for this unfortunate situation is that the public consultation conducted by METRO about their proposals has been exceptionally poor, arguably the worst public consultation exercise that I can recollect from 35 years’ service as a local councillor. METRO has not engaged properly with the public and debated the significant policy issues raised by the scheme. Public consultation has been undermined by significant misinformation; not all of it from METRO, but the failure of the Transport Authority to provide accurate, complete and timely information has sapped public confidence in the scheme, and allowed some unrealistic and impractical concepts to gain currency. METRO has responded feebly to public criticism, and often introduced major changes at a very late stage when it was difficult for objectors to properly consider them. Fundamental re-design must be secured through the Public Inquiry before this scheme is allowed to proceed.

4. I consider that the “gold standard” for bus-based public transport is that currently achieved by Transport for London, in terms of comfort, convenience, fares, service frequencies, ‘oyster’ cards and provision for disabled passengers. Transport for London enjoys much higher subsidies and additional legal powers that are not currently available in Leeds. Journey times in both Leeds and London could be further improved by additional bus priority measures which I would support.
5. The proposed vehicles are much too large. Their size and lack of manoeuvrability prevents them penetrating into residential areas, and results in a worse service for many existing bus users than that provided by the current diesel vehicles. Large vehicles are inflexible, require separate stops, have excessive turning circles and swept paths, increase the danger to cyclists, and require major tree-felling and junction alterations that would not be necessary if the scheme were based on double-decked vehicles, similar in size to a London bus.

6. The current proposals at Holt Park seem likely to result in commuter parking in residential areas, to the great disadvantage of local residents. The same risk is present in other sections of the route, but could be minimised by smaller vehicles giving improved service to residential areas, and easier, cheaper extensibility of the new service to outlying areas of Leeds. If the terminus remains at Holt Park, then a residents’ parking scheme is required and a low-rise multi-storey car park for at least 1500 cars should be constructed on the current ASDA surface car park (or nearby) to accommodate the expected additional commuter vehicles without intruding into residential streets.

7. The current proposals result in excessive and unnecessary felling of mature trees that is not fully compensated by the planting of replacements. It will be difficult to secure improvements to the A660 corridor without some loss of mature trees, but the presently proposed felling is profligate and insensitive: civic vandalism of the worst possible kind. Sadly our local transport authority has a track record for this type of misbehaviour, and recently inflicted similar unnecessary damage on the Kirkstall community during the implementation of the A65 Quality Bus Corridor.

8. The proposed vehicles are needlessly segregated from other public transport providers. It is undesirable to have completely separate stops, and to prevent other providers from using NGT facilities. Some duplication of bus stops might be necessary to cope with increased passenger numbers, but in general there should be many more stops along the NGT route, which must allow limited stop and multiple stop vehicles to coexist along the same route.

9. The presently proposed “Park and Ride” facility at Bodington is too small to have much impact on traffic daily flows, and also results in a significant overall loss of playing fields. A larger multi-storey facility would make more efficient use of land.
Playing pitches should be replaced on vacant brownfield land in central Leeds, where the need is greatest, to help mitigate the serious problems of childhood obesity and ill health in minority ethnic and other disadvantaged populations, and to minimise travel costs for inner-city families. Surveys of current sports and open space provision can be downloaded from the Leeds City Council website at http://www.leeds.gov.uk/council/Pages/Leeds-Open-Space-Sport-and-Recreation-Assessment.aspx. I have attached: (i) Chapter 1 - Introduction and (ii) Chapter 7 – Outdoor Sport, which deals with playing fields and recreational open space.

10. Local authorities now share responsibility for Public Health, and I have therefore attached the relevant NICE briefings on (iii) Physical Activity and on (iv) Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups. NICE recommends that educational sports facilities (such as Bodington) should be shared with local communities, and that more stringent obesity guidelines should apply to South Asian residents who face greater risks. All the NICE guidance for Local Authorities is published at: http://www.nice.org.uk/localgovernment/PublicHealthBriefingsForLocalGovernment.jsp

11. I have attached relevant NICE guidance to Local Authorities on (v) Obesity and (vi) on Walking and Cycling. The A660 must accommodate a greatly increased number of cyclists if the Council’s Public Health policies are to succeed. METRO has often changed the cycling proposals late in each consultation round, making it difficult to comment on the scheme. There has not yet been sufficient attention to the needs of cyclists, and the latest design for the Lawnswood roundabout is particularly dangerous for cyclists turning right.

12. Many people find overhead wires visually intrusive. Vehicles must have energy storage facilities and / or some alternative source of motive power, to allow the wires to be interrupted at sensitive locations, to handle breakdowns, and also to permit overtaking, temporary route changes and limited stop provision. It would be better to use smaller inductively charged electric buses, as presently trialled in Milton Keynes, instead of the huge vehicles using outdated overhead technology that are presently proposed. The system must accommodate a much wider range of alternative power options, including diesel – electric hybrid vehicles, inductively
charged batteries, hydrogen fuel cells and more esoteric future designs such as cryogenic engines and bio-engineered electric power sources.

13. The 2014 design for the route requires major revision on Woodhouse Moor, Headingley Hill, Central Headingley, Lawnswood Roundabout and Holt Park. The coincidence of orbital and radial routes near the Arndale Centre creates particular difficulty. Proposed traffic signals in the vicinity of the Headingley shopping centre do not appear to work for smaller and more frequent buses. Consideration should be given to linked gyratory systems where the A660 joins both North Lane and Shaw Lane, interconnected on both sides of the Arndale Centre, so that all public transport and emergency vehicles can share the same fully segregated routes.

14. The capital cost of the scheme must be kept as low as possible, so that a low fare structure “less than London” can be established and maintained when the route is extended to other parts of Leeds. Such extension may be largely financed from local resources given the very limited access to central government grants.

15. Consideration should be given to congestion charging and other forms of demand management, because it is essential that Leeds reduces its overall carbon dioxide emissions. In the transport sector this can only be achieved by a significant modal shift, although the 2014 METRO proposals seem unlikely to deliver this.

Councillor John Illingworth
28 March 2014

Attachments
i) Chapter 1 Introduction from the Leeds City Council survey of indoor and outdoor sports facilities and recreational open space.

ii) Chapter 7 Outdoor Sport from the Leeds City Council survey of indoor and outdoor sports facilities and recreational open space.

iii) NICE Local Government briefing on Physical Activity.

iv) NICE Local Government briefing on Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups.

v) NICE Local Government briefing on Obesity.

vi) NICE Local Government briefing on Walking and Cycling.
Open Space, Sport and Recreation Assessment

Leeds Local Development Framework

July 2011
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<td>BSF</td>
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<td>Disability Discrimination Act</td>
</tr>
<tr>
<td>E&amp;W</td>
<td>England &amp; Wales</td>
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<tr>
<td>FIT</td>
<td>Fields in Trust (formerly the National Playing Fields Association)</td>
</tr>
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<td>HLF</td>
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<td>IMD</td>
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<tr>
<td>IPA</td>
<td>Informal play area</td>
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<tr>
<td>LCC</td>
<td>Leeds City Council</td>
</tr>
<tr>
<td>LAP</td>
<td>Local area of play</td>
</tr>
<tr>
<td>LDF</td>
<td>Local Development Framework</td>
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<td>LEAP</td>
<td>Local equipped area for play</td>
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<td>LNR</td>
<td>Local nature reserve</td>
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<tr>
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<td>NEAP</td>
<td>A neighbourhood equipped area for play</td>
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<td>Strategic Housing Land Availability Assessment</td>
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<td>SSSI</td>
<td>Site of special scientific interest</td>
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<td>STP</td>
<td>Synthetic turf pitch</td>
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Executive Summary

Good quality, accessible green space has an important role to play in people’s lifestyle choices. As land becomes more densely populated and Leeds expands, the quantity of green space available for public use is placed under increasing pressure. The opportunities to create new green space in urban areas are few, due to requirements to accommodate housing demand and economic growth. Consequently, the number of people using green space has increased, creating additional demands on the space which are detrimental to the quality of the space and its ability to perform its function successfully; whether it be a park, recreation ground, children’s play area or an area of woodland. It is critical that green space of the correct type, with the required facilities is provided in the right locations if the positive benefits towards people’s physical and mental health and well being are to be secured. It is also essential to adapt and mitigate the effects of climate change.

There are 1,750 green space sites, 278 children’s play facilities and 154 indoor sports sites serving the Leeds population of approximately 761,124. Planning has a crucial role in determining the environment in which people live and consequently, securing good health and well being for residents and visitors to Leeds. Effective use of the planning system is paramount to protecting needed green space, creating new green space where there is a deficit, and improving the quality of green space where it is placed under increasing pressure.

This assessment of sport, open space and recreation needs and opportunities is presented in three parts. Part one of the assessment introduces the assessment and its purpose, sets out how the study was carried out, including separating open space, sport and recreation into typologies, and outlines the strategic context. It then goes into further detail on relevant strategies and policies.

Part two of the assessment sets out the context for each green space type, the current provision, quality and accessibility, the results from consultation and other relevant evidence. Based on this evidence, standards for future provision up to 2026 are recommended. Whilst there is disparity in quantity, quality and accessibility of green space between different areas of Leeds, overall there is good green space provision in Leeds, which is influenced by the presence of six large city parks and many natural spaces on the edge of the urban area. However, consultation reveals dissatisfaction in the amount and distribution of quality green space provision. There are many reasons for this dissatisfaction which are complex and interrelated, such as location, layout, quality, site size, access, the facilities available and design.

Part three covers implementation and suggests how the proposed quantity, accessibility and quality standards derived from the process should be used to inform the future planning policy approach in the Leeds Local Development Framework and subsequent development management decisions. Open space and recreation provision will continue to change and evolve as the city grows. It is crucial that the information gathered for this study is monitored, shared and updated to enable a continued informed dialogue between the relevant stakeholders and affected communities. It recognises that for Leeds to successfully reap the many benefits of open space, sport and recreation provision, implementation of the recommendations and findings of the study requires the cooperation and involvement of many partner agencies and most importantly, Leeds residents.
Chapter One Introduction

The PPG17 Study

1.1 ‘Over 95% of people believe it is very, or fairly important to have green spaces near to where they live.’ Marmot Review (2010)

1.2 This study concerns the supply and demand issues for open spaces, sport and recreation facilities in Leeds. It covers the issues for the following typologies, most of which are defined in ‘Assessing Needs & Opportunities: A Companion Guide to Planning Policy Guidance 17’:

- Parks and Gardens
- Amenity Space
- Children and Young People’s Play Provision
- Outdoor Sports
- Allotments
- Indoor Sport and Recreation Facilities
- Natural Green Space
- City Centre Civic Space
- Cemeteries
- Churchyards
- Green Corridors
- Private gardens open to the public ie. Harewood House

1.3 PPG17 does not include private estates and grounds, but for completeness, and given its contributions towards the overall open space supply in Leeds, Harewood House is included in the study.

1.4 The study is undertaken in accordance with the requirements of Planning Policy Guidance Note (PPG) 17: Planning for Open Space, Sport and Recreation & Assessing Needs and Opportunities - A Companion Guide to PPG17 published in September 2002. “The information gained from the assessment of needs and opportunities and the audit of existing provision should be used to set locally derived standards for the provision of open space, sport and recreational facilities in their areas” (paragraph 7, PPG17).

1.5 Figure 1.1 overleaf illustrates how the overall assessment will influence and communicate with other related council, and strategic partner strategies.

1.6 The Government guidance states that national standards are inappropriate, as they do not take into account the demographics of an area, the specific needs of Leeds’ residents and the extent of local built development.

1.7 PPG17 recognises that each local authority will need to adopt individual approaches appropriate to its area which reflects the diversity of that area, its different structures and local characteristics.
A single system for Sport is where all agencies work together collaboratively as a well organised network to make best use of resources, clarify roles and responsibilities, share an agreed vision and strategy for sport, develop clear pathways into and through sport, and develop a single access point for sport services.
1.8 In January 2008, the council began an audit of the city’s open space, sport and recreation facilities. This was completed in March 2009. In March 2008, the council appointed PMP Consultancy Ltd to undertake an open space, sport and recreation needs assessment. This was completed in October 2008 and is available separately to this study.

1.9 This study outlines the proposed local standards, compares those standards to the existing provision and identifies areas of deficiency and surplus. The agreed local provision and accessibility standards will form an important element of the Local Development Framework (LDF) and will directly inform the Leeds Core Strategy and emerging development plan documents.

1.10 The standards will be used to ensure that the provision of open space, sport and recreation facilities will be adequate to meet present and future needs across the city. The strategy will ensure that priorities for the future and resource allocation are based on local need and that a strategic approach to the provision of open space, sport and recreation facilities is adopted.

1.11 The study is underpinned by several key objectives, specifically:
- To provide an evidence base for appropriate strategies and policies as part of the Local Development Framework which are fundamental to:
  - supporting an urban renaissance
  - promoting social inclusion and community cohesion
  - tackling health and wellbeing issues
  - promoting more sustainable development.
- to enable the establishment of an effective approach to planning open space, sport and recreation facilities
- to set robust local standards based on assessments of local needs
- to facilitate improved decision making as part of the development management process
- to guide / steer / influence S106 negotiations and eventually evidence for the CIL charging schedule
- inform priorities for investment

Function and benefits of open space

1.12 Open space, sport and recreation provision has a crucial role in supporting the implementation of these objectives. The Leeds Strategic Plan (2008-11) highlighted the role of parks and open spaces in improving the health and well being of residents, further reinforcing the importance of effective provision.

1.13 Open spaces provide a number of functions within the urban fabric of cities, including, the provision for play and informal recreation, a landscape buffer within and between the built environment and/or a habitat for the promotion of biodiversity and helping the city combat the effects of climate change. Overall, the spaces contribute to the cultural life of the community by also providing space for community events, general social interaction, participation and volunteering.
1.14 Each type of open space has different benefits. For example, allotments for the growing of produce, play areas for children’s play and playing pitches for formal sports events. Open space can also perform a secondary function, such as, outdoor sports facilities have an amenity value in addition to facilitating sport and recreation and all spaces can provide for visual amenity as a ‘green lung’.

1.15 Changing social and economic circumstances, changed work and leisure practices, more sophisticated consumer tastes and higher public expectations have placed new demands on open spaces. The provision of open spaces and recreation provision is key to a sustainable and thriving community.

1.16 It is widely recognised that the provision of high quality ‘public realm’ facilities such as parks and open spaces can assist in the promotion of an area as an attractive place to live, and can result in a number of wider benefits.

1.17 The role of green spaces in flood management and mitigation of climate change is also recognised. Open space can allow for the storage and free flow of flood waters, reducing the risk to nearby houses. This is particularly important in an urban context, as highlighted by the Leeds Strategic Flood Risk Assessment. Furthermore, Planning Policy Statement 1 (PPS 1) specifically refers to opportunities for open space and green infrastructure to contribute to urban cooling, sustainable drainage systems and conserving and enhancing biodiversity.

**Leeds and its Residents**

1.18 Leeds Metropolitan District covers an area of 217 square miles and is the regional capital of Yorkshire and the Humber. The area is extremely diverse, comprising a main urban area, surrounded by small towns, villages and countryside.

1.19 Leeds has strong artistic and sporting traditions; the city is well known for sport, from football at Leeds United, rugby league with Leeds Rhinos, rugby union with Leeds Tykes and Yorkshire County Cricket. Headingley is recognised throughout the world as a venue for test match cricket, and has recently been upgraded. The city also boasts a wealth of community-based sports, heritage and recreational facilities.

1.20 Leeds is the destination for large numbers of visitors and commuters and as such open space, sport and recreation facilities are essential to serve workers and tourists and to provide an attractive environment.

1.21 The population of Leeds based on the 2008 mid-year estimates is 779,256 and the age and gender split is shown in Table 1.1.
Table 1.1 – Population breakdown of Leeds by age (‘000 population) ONS 2008 Mid Year Estimates

<table>
<thead>
<tr>
<th>Population age groups (years)</th>
<th>Total population</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>45.2</td>
<td>23.1</td>
<td>22.2</td>
</tr>
<tr>
<td>5-14</td>
<td>79.7</td>
<td>40.8</td>
<td>38.6</td>
</tr>
<tr>
<td>15-19</td>
<td>55.3</td>
<td>27.7</td>
<td>27.7</td>
</tr>
<tr>
<td>20-29</td>
<td>167.9</td>
<td>85.3</td>
<td>82.5</td>
</tr>
<tr>
<td>30-59</td>
<td>289.2</td>
<td>144.4</td>
<td>144.6</td>
</tr>
<tr>
<td>60+</td>
<td>150.6</td>
<td>67.4</td>
<td>83.3</td>
</tr>
<tr>
<td>All</td>
<td>787.7</td>
<td>388.7</td>
<td>399</td>
</tr>
</tbody>
</table>

1.22 The age structure of Leeds is broadly similar to that for England and Wales (E&W), with the notable exception in the 20-29 age band which in Leeds accounts for 21% of the population, compared to 13.0% nationally. This is because Leeds contains two large universities (combined total of 50,000 students) and numerous other institutions, including Leeds Trinity University College and the Open University’s regional office. This is likely to have an impact on the demand for open spaces and sports facilities, both in terms of the type and the quantity, as this age group typically have above average participation rates in sport and physical activity.

1.23 Children (aged 14 and under) account for 16% of the population of Leeds. ONS data shows an increase to the birth rate not seen for 20 years, meaning the proportion of children will increase further. While people aged 60 and over account for 19%, reflecting the national trend of an increasingly ageing population.

Ethnicity

1.24 In the 2001 census, 91.8% of the population of Leeds state their ethnic origin as ‘White’, slightly higher than the percentage for E & W (91.3%). The ‘non-white population’ in Leeds has increased from 5.8% of the total population in 1991, to 8.2% in 2001.

1.25 With just over 15,000 people (2.1% of the total population), the Pakistani community has replaced the Indian community (12,303 people) as the largest ‘single’ Black and Minority Ethnic (BME) community in Leeds. It is also the largest BME community in the region (2.9%), twice the proportion across E & W.

Economic profile

1.26 The economic profile of people in Leeds aged 16-74 is broadly similar to that for E & W, but the proportion of economically active adults is slightly lower in Leeds (65.8%), than it is for E & W as a whole (66.5%). The proportion of full time employees is comparable (40.4% compared to 40.5%), as is the proportion of part time employees (12.0% compared to 11.8%). As detailed
earlier, the proportion of full time students is higher in Leeds (10.4%), than for E & W as a whole (7.0%). The majority of residents in Leeds still travel to work in a car or van (60.3% compared to 61.5% across E & W). However, the proportion of residents travelling to work by public transport is higher in Leeds (18.8%) than it in E & W (14.5%), but the proportion of residents who cycle to work in Leeds is less than half the figure for E & W (1.3%, compared to 2.8%).

Indices of Multiple Deprivation (IMD)

1.27 The whole of England has been divided into 32,482 Super Output Areas (SOAs), with 476 in Leeds. According to the Indices of Multiple Deprivation (IMD 2007), 20% of SOAs in Leeds were ranked in the 10% most deprived areas in England. This compares with 17% for the Yorkshire and the Humber region as a whole. 27% of Leeds SOAs are in the worst 20%, compared with 28% for the region. This information is shown on plan 1.1 overleaf. The concentrations of deep red identify the most deprived areas, with dark blue highlighting the least deprived locations. Deprivation is predominantly, but not exclusively located in the inner city areas.

1.28 Six wards in Leeds have more than half their SOAs in the 10% most deprived SOAs nationally (Burmantofts and Richmond Hill, Chapel Allerton, Gipton and Harehills, City and Hunslet, Killingbeck and Seacroft and Middleton Park). Eight wards in Leeds have more than half their SOAs in the 20% most deprived SOAs nationally (the above wards, plus Armley, Hyde Park and Woodhouse wards).

1.29 This reinforces the need to reduce social inequalities and address issues of deprivation. If the needs and expectations of local communities are fully understood, provision of appropriate local green space and sport and recreation facilities can act as a catalyst for regeneration and help to reduce inequalities.
Study Structure

1.30 This study comprises 13 chapters. Chapter 2 sets out the methodology for undertaking the study and chapter 3 sets out the strategic context, highlighting national, regional and local influences on the provision of open space in the city.

1.31 Chapters 4–11 relate to each of the typologies identified within the scope of the study. Each typology chapter sets out the strategic context to that particular typology, key issues emerging from consultations relating to that typology and the recommended quantity, quality and accessibility standards. These standards are then applied to determine the priorities for that type of open space across the different geographical areas of the city. Chapter 12 examines the availability of open spaces detailed in the previous chapters in the city centre, with the addition of city centre civic space.

1.32 Chapter 13 summarises the key issues for each type of open space and identifies the strategic priorities for each area of the city. An overview outlining the planning policy context and the future application of the study findings is also provided.

1.33 A number of appendices and technical papers are referenced throughout the study. These appendices supplement the information provided within this document.
Chapter 7 Outdoor Sports

Introduction and definition

7.1 This section considers the provision of outdoor sports facilities. There is a separate chapter that deals with the various indoor sports facilities.

7.2 Outdoor sports facilities are a wide-ranging category of open space which includes both natural and artificial surfaces for sport and recreation that are either publicly or privately owned.

7.3 Facilities included within this category are:

- playing pitches (including football, rugby, cricket, hockey)
- synthetic turf pitches (STP)
- tennis courts
- bowling greens
- athletics tracks
- golf courses

7.4 Outdoor sports facilities often function as a recreational and amenity resource, in addition to a formal sports facility. This is particularly true of public grass pitches, which often have a secondary function for walking and kick about area. Many recreation grounds double up as local parks. Taken together, the large city parks of Roundhay and Temple Newsam provide 27 public grass playing pitches, while Roundhay provides five public cricket pitches. When these pitches are not in formal use, which is for most of the week and over the summer months, they are available as open parkland, although this does impact on quality, as will be discussed later in this section.

7.5 Private facilities and sports clubs play a crucial role in the provision of outdoor sports facilities and several large clubs provide opportunities for player progression from a young age through to veterans.

7.6 The effective provision of formal and informal facilities for sports will be instrumental if participation in sport is to increase in line with national Sport England and local Active Leeds targets at a rate of 1% a year. This will place greater demand on the facility stock and emphasises the need to ensure that facilities are fit for purpose.

Strategic Context

Active People Survey

7.7 The Active People Survey 2009 is a survey of adults aged 16 and over, living in England. The survey gathered data on the type, duration and intensity of participation in different types of sport and active recreation, as well as information about volunteering, club membership (member of a club where they play sport), people receiving tuition from an instructor or coach, participation in competitive sport and satisfaction with local sports provision.

7.8 Leeds falls within the West Yorkshire Partnership, which is in the Yorkshire Sport England region. Table 7.1 shows the results of the 2009 Active People Survey to allow comparison between the city, neighbouring local authorities, county, regional and national averages.
Table 7.1 2009 Active People Survey Results

<table>
<thead>
<tr>
<th>Area</th>
<th>Adult participation, at least 3 days a week x 30 mins moderate intensity sport %</th>
<th>Adult participation, at least 3 days a week x 30 mins moderate intensity sport (excludes recreational walking) %</th>
<th>Satisfied with local sports provision %</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>21.6</td>
<td>16.6</td>
<td>68.4</td>
</tr>
<tr>
<td>Yorkshire (Sport England Region)</td>
<td>22</td>
<td>16.8</td>
<td>67.8</td>
</tr>
<tr>
<td>West Yorkshire (County Sport Partnership)</td>
<td>22.9</td>
<td>18.1</td>
<td>65.2</td>
</tr>
<tr>
<td>Leeds</td>
<td>24.1</td>
<td>21.2</td>
<td>66.2</td>
</tr>
<tr>
<td>Kirklees</td>
<td>26.3</td>
<td>17.1</td>
<td>71.3</td>
</tr>
<tr>
<td>Bradford</td>
<td>18.6</td>
<td>14.5</td>
<td>60.9</td>
</tr>
</tbody>
</table>

7.9 Leeds was recorded as having a participation (3 x 30 minutes sport and active recreation in a week) rate of 24.1%, which, is above the regional average of 22% and national average of 21.6%.

7.10 The Active People survey results indicate that the proportion of adults in Leeds that participate in physical activities on a regular basis is above the England average, the county (West Yorkshire) and Sport England region (Yorkshire). Locally, the survey reveals that residents of Kirklees are more active and residents of Bradford substantially less active. The participation rates, excluding recreational walking, place Leeds as the most active authority locally.

7.11 Leeds has marginally lower satisfaction of local sports provision than England and Yorkshire, but higher satisfaction when compared against West Yorkshire. Generally, the results appear to paint a similar picture for Leeds as for the county, Sport England region and England.

Sport England - National

7.12 **Sport England is the government agency responsible for building the foundations of sporting success, by creating a world-leading community sport system of clubs, coaches, facilities and volunteers.**

7.13 Their focus is around three outcomes - growing and sustaining the numbers of people taking part in sport and improving talent development to help more people excel. Their work is aimed at delivering against five targets:

- **Grow**
  - One million people taking part in more sport
  - More children and young people taking part in five hours of PE and sport a week

- **Sustain**
  - More people satisfied with their sporting experience
• 25% fewer 16-18 year olds dropping out of at least nine sports - badminton, basketball, football, hockey, gymnastics, netball, rugby league, rugby union tennis

Excel
• Improved talent development in at least 25 sports

Health - National

7.14 The National Institute for Clinical Excellence (NICE) has brought out a number of guidance notes on the promotion of physical activity. Of particular relevance to this PPG17 study is the guidance on the promotion and creation of physical environments that support increased levels of physical activity (January 2008).

7.15 To encourage a greater level of physical activity amongst children, young people and adults, it recommends that public open space should be accessible by walking and bicycles and that spaces are maintained to a high standard, safe, attractive and welcoming to everyone.

7.16 It goes on further to state that local communities should be involved during the development control process to ensure the potential for physical activity is maximised.

7.17 ‘Fair Society, Healthy Lives, The Marmot Review, Strategic Review of Health Inequalities in England post 2010’ was carried out on behalf of the Secretary of State for Health by Professor Sir Michael Marmot into health inequalities in England. It seeks to increase awareness of the importance of good quality and good access to green spaces, in improving people’s mental and physical health, social interaction, play and contact with nature through recommendations to improve access and quality of open and green spaces available.

Regional

7.18 Our Region, Our Health - A consultation report on the state of the Region's health in Yorkshire and the Humber by the Regional Director of Public Health 2004

7.19 The report aims to support the Yorkshire and Humber regional framework for health, providing recommendations and suggestions for action to improve health and to reduce inequalities.

7.20 The report and associated recommendations reinforce the importance of physical activity. Recommendations of particular relevance include:
• to promote the benefits of physical activity on a regional basis
• to create a regional strategic partnership to ensure a co-ordinated approach to attract and retain more public and private sector investment in physical activity
• to implement regular monitoring, including levels of smoking, diet and physical activity
• to focus investment on increasing physical activity in the region
• to develop a coordinated approach to attract and retain more public and private investment in physical activity.
West Yorkshire Sports Partnership Strategy 2009 - 2012

7.21 The West Yorkshire Sports Partnership (WYSP), comprises many sport delivery agencies and organisations, including the city council. By collectively working together, the organisations will be striving towards the following three headline targets as set out in the West Yorkshire Sports Partnership Strategy and Business Plan 2009-2012:

- 26% of adults regularly participating in sport three times 30 minutes per week
- 40% of 5-19 year olds participating in 5 hours of PE and Sport per week
- 40% of regional or equivalent squads will consist of West Yorkshire athletes


7.22 This presents a vision for the future where, by ‘2012 the people of Leeds will enjoy the health benefits of having a physically active life’. Individuals and families should be able to take part in regular activities and stay healthy throughout their lives.

7.23 In order to aspire towards the vision, Active Leeds will work towards achieving an average increase of 1% year on year in adult participation.

7.24 An increase in participation will enable individuals and families to take responsibility for their everyday living, travel, recreation and sporting opportunities. To make this step change possible, a greater level of investment is required in the development of this strategy.

7.25 The key issues arising from a review of the strategic context which influence the provision of sports facilities include:

- there are national and regional targets to increase participation at a rate of 1% per annum – these will impact on the supply and demand for facilities
- increase the contribution of sport and active recreation to overall levels of physical activity – this includes maximising the roles of parks and other open spaces as well as building on formal sports participation
- reduce the participation gap and increase voluntary and community sector involvement.

7.26 The provision of outdoor sports facilities is essential to the achievement of the above priorities, as well as contributing to the delivery of wider local and regional objectives.

7.27 More recently, Leeds City Council’s Scrutiny Board for Health proposed to embrace NICE recommendations and The Marmot Review in council policy. This is to be reflected in the updated Vision for Leeds.

Consultation – Assessing Local Needs

7.28 The consultation process sought to provide better understanding of what local communities wanted in terms of quality, quantity and accessibility to green space. A survey of Leeds’ households was carried out and an on-street survey was carried out in the inner city areas to ensure participation. Further assessment of local need was carried out involving children from schools and the Leeds Youth Council. Local
sports clubs and recreation user groups, Leeds City Council employees, ward councillors, parish councils and key stakeholders were also asked for their views.

7.29 Consultation undertaken as part of the PPG17 study highlighted that:

- 53% of respondents to the household survey do not use outdoor sports facilities; however, 31% of residents state they use this type of facility at least once a month;

- A higher proportion of household survey respondents participate in physical activity at least once a month, than on-street respondents;

- 44% of on-street survey respondents stated that they never participate in physical activity;

- in light of the specific nature of this typology, the views of sports clubs and other sport specific consultees are particularly important. A variety of issues are raised relating to both the quality and quantity of provision.

7.30 In addition to facility related issues, several other opportunities and issues were also highlighted by clubs, including:

- 40% of sports clubs surveyed perceived that the existing quantity of provision was poor or very poor;

- 62% of responses from clubs/organisation highlight quality of sport facilities as the biggest issue in Leeds, above both access and quantity.

7.31 The priority for clubs and organisations is to improve the quality of the facility. In particular, the condition of grass pitches, ancillary facilities and the cleanliness and quality of changing provision.

Current Provision Quantity

7.32 The quantity of outdoor sports facilities is summarised in Table 7.2 below and their location shown in plan 7.1. Consideration will be given to the specific type of facility provided during the application of local standards. The figures for Roundhay (North East Inner) and Temple Newsam (East Outer) are skewed by the existence of large numbers of playing pitches in the two largest city parks.
Plan 7.1 Location of Outdoor Sport Sites
Table 7.2 – Provision of Outdoor Sports per 1,000 Population Based on Three Population Growth Scenarios

<table>
<thead>
<tr>
<th>Analysis Area</th>
<th>Outdoor Sports (Ha)</th>
<th>Current provision Ha per 1,000 pop</th>
<th>Future Population Scenario A (hectares per 1,000 population)</th>
<th>Future Population Scenario B (hectares per 1,000 population)</th>
<th>Future Population Scenario C (hectares per 1,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Inner</td>
<td>120.52</td>
<td>1.5</td>
<td>1.29</td>
<td>1.18</td>
<td>1.23</td>
</tr>
<tr>
<td>East Outer</td>
<td>178.08</td>
<td>2.09</td>
<td>1.57</td>
<td>1.43</td>
<td>1.71</td>
</tr>
<tr>
<td>North East Inner</td>
<td>112.44</td>
<td>1.59</td>
<td>1.55</td>
<td>1.49</td>
<td>1.30</td>
</tr>
<tr>
<td>North East Outer</td>
<td>164.16</td>
<td>2.64</td>
<td>2.54</td>
<td>2.44</td>
<td>2.16</td>
</tr>
<tr>
<td>North West Inner</td>
<td>185.99</td>
<td>1.75</td>
<td>1.70</td>
<td>1.58</td>
<td>1.44</td>
</tr>
<tr>
<td>North West Outer</td>
<td>209.05</td>
<td>2.39</td>
<td>2.20</td>
<td>2.06</td>
<td>1.97</td>
</tr>
<tr>
<td>South Inner</td>
<td>100.23</td>
<td>1.34</td>
<td>1.06</td>
<td>0.84</td>
<td>1.10</td>
</tr>
<tr>
<td>South Outer</td>
<td>157.92</td>
<td>1.74</td>
<td>1.64</td>
<td>1.47</td>
<td>1.43</td>
</tr>
<tr>
<td>West Inner</td>
<td>67.75</td>
<td>1.35</td>
<td>1.30</td>
<td>1.23</td>
<td>1.11</td>
</tr>
<tr>
<td>West Outer</td>
<td>146.97</td>
<td>2.07</td>
<td>1.96</td>
<td>1.87</td>
<td>1.70</td>
</tr>
<tr>
<td>Leeds</td>
<td>1443.13</td>
<td>1.85</td>
<td>1.67</td>
<td>1.52</td>
<td>1.52</td>
</tr>
</tbody>
</table>

Nb. This outdoor sports spatial data excludes golf courses, but includes the outdoor sports areas within other typologies ie. tennis courts, bowling greens and playing pitches in parks.

Scenario A – Strategic Housing Market Assessment (SHMA) based on initial employment led population projection data which realigned population levels from 2001 to 2010 with locally derived data sources and projected growth based on employment projections. Distribution of future population across the city is aligned with housing units identified through the Strategic Housing Land Availability Assessment (SHLAA) and application of selected planning policy constraints identified in the Core Strategy Preferred Approach. Average household size is derived from the SHMA assumptions.

Scenario B – Strategic Housing Market Assessment based on ONS population estimates 2001 to 2010 and ONS projections to 2026. Distribution of future population aligned with housing units identified through the SHLAA with limited planning policy constraints applied to site selection.

Scenario C – 22% increase in population of 169,700 between 2008 and 2026 using ONS population projections evenly distributed between the analysis areas.

7.33 It is simplistic to assume that all growth will be evenly distributed across the city. Some areas of the city have limited capacity to accommodate additional growth, even on the scale suggested by scenario C. Further incremental growth on small previously developed sites in the existing urban area places greater pressure on the existing spaces and facilities, and it is these areas which are already in greatest need and have the greatest restrictions on growing outdoor sport opportunities. In these areas, quality is likely to be the biggest issue.

7.34 However, it would be expected that the majority of strategic growth, if it does occur, will occur on the urban fringe, in the outer areas, as already indicated in the emerging Leeds Core Strategy.

7.35 The key issues emerging from the above table of information and consultations relating to the quantity of outdoor sports facilities across the city are as follows:

- in total, the provision of outdoor sports facilities across the city equates to 1,443 hectares. This is spread across more than 400 sites including education facilities, city parks, recreation grounds and neighbourhood parks;
• there is an uneven distribution across the area boundaries, with a concentration of 70 pitches in Weetwood ward, primarily due to the location of both universities’ sports grounds;

• the West Inner area contains no cricket pitches and the least number of grass pitches, but this is more a reflection that it is the smallest of the analysis areas both in terms of size and population;

• as may be expected, in light of the broad range of facilities included within the outdoor sports typology, the size of sites ranges hugely from 0.14 hectares to 34 hectares;

• the household survey indicates that residents generally believe that the provision of outdoor sports facilities; grass pitches, synthetic pitches, bowling greens and golf courses is sufficient to meet demand, but there is a perceived shortage of athletics tracks and tennis courts;

• 43% of respondents to the young people’s survey identify playing sport as their favourite activity, making it the most popular activity for young people. Despite this, 29% of respondents state there are not enough outdoor sports facilities in their local area. Additionally, 34% of respondents to the children’s survey state that there are some outdoor sports facilities, but there could be more;

• a greater proportion of respondents to the sports club survey feel that the quantity of provision is not sufficient (40%), only 22% feel provision is good/very good, with 37% stating the provision is average.

7.36 In order to evaluate the supply of outdoor sports facilities in more detail, Table 7.3 breaks down outdoor sports facilities by facility type. However, it is important to note that this study considers the provision of all the different types of outdoor sport facilities as one and does not break down the typology into more detailed assessments for each sport, for example playing pitches can be used for many sports. These more detailed sport specific assessments will be carried out by demand led studies such as the Playing Pitch Strategy.

Table 7.3 Total Provision of Outdoor Sports Facilities in Leeds by Analysis Area

<table>
<thead>
<tr>
<th>Analysis Area</th>
<th>Grass Playing Pitches</th>
<th>Cricket pitches</th>
<th>Tennis courts</th>
<th>Bowling greens</th>
<th>Junior &amp; Mini Pitches</th>
<th>Synthetic turf pitches</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Inner</td>
<td>47</td>
<td>2</td>
<td>18</td>
<td>7</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>East Outer</td>
<td>101</td>
<td>11</td>
<td>30</td>
<td>17</td>
<td>31</td>
<td>3</td>
</tr>
<tr>
<td>North East Inner</td>
<td>47</td>
<td>12</td>
<td>58</td>
<td>7</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>North East Outer</td>
<td>78</td>
<td>18</td>
<td>55</td>
<td>10</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>North West Inner</td>
<td>99</td>
<td>6</td>
<td>44</td>
<td>8</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>North West Outer</td>
<td>93</td>
<td>23</td>
<td>52</td>
<td>12</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>South Inner</td>
<td>55</td>
<td>1</td>
<td>10</td>
<td>15</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>South Outer</td>
<td>75</td>
<td>12</td>
<td>21</td>
<td>11</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>West Inner</td>
<td>34</td>
<td>0</td>
<td>10</td>
<td>8</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>West Outer</td>
<td>75</td>
<td>15</td>
<td>26</td>
<td>14</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Leeds</td>
<td>704</td>
<td>100</td>
<td>324</td>
<td>109</td>
<td>159</td>
<td>50</td>
</tr>
</tbody>
</table>

7.37 It can be seen that:
• The distribution of both outdoor sports space and facilities is uneven. Most outdoor sports facilities in Leeds are located in the East Outer area, whereas West Inner contains the lowest provision;
• of the five facility types surveyed during the household survey, residents showed the greatest dissatisfaction with the quantity of tennis courts (33%), synthetic turf pitches (25%) and athletic tracks (36%). In contrast, residents perceive the provision of grass pitches (44%) and bowling greens (29%) to be about right. Over 13% of residents thought there were more than enough golf courses and 30% thought the quantity to be about right;
• when considering the level of satisfaction across the city, residents in the East Inner area showed the highest level of dissatisfaction with three of the six types of sports facilities, stating that there is insufficient provision of athletic tracks (47%), golf courses (28%), and bowling greens (40%);
• residents in the North East Outer area display the highest level of satisfaction in two of the six types of sports facilities, suggesting that there is sufficient provision (enough/about right amount) of grass pitches (64%) and golf courses (72%).

National Benchmarking

7.38 Active Places Power (a strategic planning tool provided by Sport England) enables the comparison of the provision of certain outdoor sports facilities with other areas. As shown in Table 7.4 below, Leeds compares favourably to the Yorkshire and Humber Region and the national levels of provision. Leeds has more golf courses than both the national and regional levels. However, the provision per 1,000 population of athletics tracks and synthetic turf pitches is lower than the national average, but equal to the regional figure.

Table 7.4 - Outdoor Sports Provision at a Local, Regional and National Level

<table>
<thead>
<tr>
<th>Geographical area</th>
<th>Athletics tracks/1,000 population (lanes)</th>
<th>Golf courses/1,000 population (holes)</th>
<th>STPs/1,000 population (pitches)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National</td>
<td>0.05</td>
<td>0.68</td>
<td>0.04</td>
</tr>
<tr>
<td>Yorkshire and Humber Region</td>
<td>0.04</td>
<td>0.68</td>
<td>0.03</td>
</tr>
<tr>
<td>Leeds</td>
<td>0.04</td>
<td>0.75</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Source: Active Places Power Sport England (November 2010)

7.39 The distribution of specific facilities will be considered later in this section as part of the application of standards.

Setting provision standards Quantity

7.40 The recommended local quantity standard for outdoor sports facilities has been derived from the local needs consultation and audit of provision and is summarised below.
7.41 In line with the key themes emerging from the consultation, the standard for outdoor sports (excluding golf courses) is set at the existing level of city wide provision, reflecting the general satisfaction with most types of outdoor sports provision. However, the main issue remains an unequal distribution, as highlighted in the above tables 7.2 and 7.3.

Current level of provision = 1.85 Hectares per 1,000 population
Proposed level of provision = 1.85 Hectares per 1,000 population

7.42 This reflects the overall focus on a need to improve access to existing provision, rather than develop new facilities and to enhance the quality of existing sites. In many instances, facilities of improved quality will have a greater capacity for matches than existing poor to average quality sites, and as a consequence, can be opened up to a wider variety and number of users which can increase access to sites. Despite this, it is clear from the results of the local consultation that there are excessive demands being placed on grass pitches and a local perception that there are insufficient facilities for tennis. These specific areas of deficiency will be considered during the application of standards.

7.43 Golf courses have been removed from calculations due to their large size and subsequent tendency to skew figures. Although many school sports sites are not accessible at the current time, they are identified as important resources. School facilities have been included within the overall calculations, to ensure that their contribution is considered and there are policy measures which seek to improve community access.

Current provision Quality

7.44 The quality of existing outdoor sports facilities in the city was assessed through site visits and is set out in Table 7.5. It is important to note that site assessments are conducted as a snapshot in time and reflect the quality of the site on the day of the visit.

7.45 The site visits undertaken assess the outdoor sport site as a whole and do not specifically consider the degree to which individual facilities can be considered fit for purpose. Assessments considering this issue would be required as part of more detailed, facilities specific study, for example a playing pitch strategy would specifically examine the quality of the playing surface and changing rooms. Several sites were inaccessible (eg. primary schools).

7.46 Generally, the education establishments scored highest due to their higher than average maintenance, and in the case of the universities, the presence of on-site, full time grounds maintenance staff.
Table 7.5 – Quality of Outdoor Sports Facilities by Analysis Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Range of quality scores (%)</th>
<th>Average quality scores</th>
<th>Lowest quality site</th>
<th>Highest quality site</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Inner</td>
<td>0.66 - 8.6</td>
<td>5.50</td>
<td>Cross Green Lane Former Rugby Pitches</td>
<td>Shakespeare Primary, Primrose High</td>
</tr>
<tr>
<td>East Outer</td>
<td>2.66 - 9</td>
<td>6.36</td>
<td>Ash Lane Pitch</td>
<td>Methley Cricket Ground</td>
</tr>
<tr>
<td>North East Inner</td>
<td>1.84 - 9.4</td>
<td>6.06</td>
<td>Highbury Cricket Club</td>
<td>Chapel Allerton Tennis Club</td>
</tr>
<tr>
<td>North East Outer</td>
<td>2.75 - 9.27</td>
<td>6.51</td>
<td>Walton Road Sports Pitches</td>
<td>Alwoodley Golf Club</td>
</tr>
<tr>
<td>North West Inner</td>
<td>1.90 - 9.5</td>
<td>6.82</td>
<td>Cambridge Road</td>
<td>Headingley Stadium cricket and rugby pitch</td>
</tr>
<tr>
<td>North West Outer</td>
<td>0.9 - 9.3</td>
<td>7.12</td>
<td>Cricket Ground, Pool Road Mills</td>
<td>Woodhouse Public School Playing Fields</td>
</tr>
<tr>
<td>South Inner</td>
<td>2 - 8.58</td>
<td>6.07</td>
<td>Skelton Grange Road Pitch</td>
<td>South Leeds Stadium</td>
</tr>
<tr>
<td>South Outer</td>
<td>3.83 - 9</td>
<td>6.84</td>
<td>Woodkirk Cricket Ground</td>
<td>Rothwell West Junior School</td>
</tr>
<tr>
<td>West Inner</td>
<td>4.36 - 8.45</td>
<td>6.27</td>
<td>Christ the King Roman Catholic Primary School</td>
<td>Goals Football Centre</td>
</tr>
<tr>
<td>West Outer</td>
<td>0.66 - 8.6</td>
<td>6.56</td>
<td>Oldfield Lane</td>
<td>Cobden Primary School</td>
</tr>
<tr>
<td>Leeds</td>
<td>0.66 - 9.5</td>
<td>6.46</td>
<td>Oldfield Lane / Cross Green Former Rugby Pitches</td>
<td>Headingley Stadium cricket and rugby pitches</td>
</tr>
</tbody>
</table>

7.47 The key issues emerging from Table 7.5 and the consultation relating to the quality of outdoor sports facilities are as follows:

- 29% of respondents to the household survey regard the quality of outdoor sports facilities to be average and a further 26% of residents indicate that the quality of this type of open space is good or very good;
- the quality of outdoor sports facilities is average to good, with a mean score of 65%;
- the East Inner area has the lowest average quality of outdoor sports sites and North West Outer area the highest average;
- the best quality sites are private or education sites with restricted or no public access;
- as would be expected, the lowest quality sites are mainly former pitches which have been abandoned by the current owner;
- the quality of sites is wide ranging with scores varying between 7% and 95%;
- reflecting the findings of the household survey, 48% of sports club respondents rate the quality of sports facilities as average, 18% feel they are good, and 21% state that facilities are of poor quality. The quality of facilities is the key concern for 62% of respondents to the sports club survey;
- 27% of council staff regarded the quality of outdoor provision to be poor/very poor, with 19% regarding it to be good/very good;
• Councillors and parish councils rated the key quality issues as vandalism, dog fouling, maintenance of grass cutting and the lack of, or poor quality changing facilities;
• quality issues were also apparent at the key stakeholders workshop, with pitch maintenance and ancillary accommodation being the key concerns;
• a split in opinion regarding the quality of outdoor sports facilities is evident when considering responses to the children’s IT survey, with only 19% of children indicating facilities are clean, safe and nice to use, while 37% consider quality to be average, but could benefit from improvements and 20% feel that facilities are sometimes unclean, being in need of lots of improvement.

Setting provision standards Quality

7.48 The standard highlights the key aspirations of local residents and current users of sports facilities. The overall aspirational standard is set at a minimum of 7 out of 10 for all sites, but it is expected that many sites will exceed this average.

| Existing Average Quality Standard | 6.46 |
| Proposed Quality Standard         | 7 out of 10 (70%) |

7.49 The Green Flag award for parks is assessed in two key ways, firstly by reviewing a site management plan, and secondly a field assessment based primarily on observation during a site visit. Each category is given a score out of 10, with a maximum of 30 points for the desk assessment and 70 points for the field assessment. To achieve the standard a minimum of 15 on the desk assessment and 42 on the field assessment is needed, however, an award can only be given if the overall score is greater than 65. The audit assessment for this study did not carry out a desk assessment due to the lack of a management plan for the vast majority of sites and reduced the field assessment to key, largely generic quality criteria applicable to open space sites, including outdoor sports.

7.50 As the PPG17 audit considered on-site quality using a field based assessment, the proposal is that the Green Flag quality standard, for the field assessment, is extended to all the open green space. To account for the absence of the desk assessment and retain the disproportionate Green Flag emphasis on an overall pass mark, it is proposed to set the quality standard at 7 out of 10, or 70%. The proposed standard is consistent with the approach for other open spaces in seeking to raise the overall quality of the site.

7.51 It is further proposed, that future quality assessments adopt specific facility related quality standards. Sport England have already developed non-technical visual quality tools which enable specific facility assessment of grass playing pitches and changing accommodation. Under these standards a score of 60% to 89% would achieve a ‘good’. Relevant facility demand studies such as the Playing Pitch Study will establish the appropriate quality standard for each individual sport facility. In addressing the quality of each sport facility available at a site, the overall quality will also be effected.

7.52 Publicly accessible outdoor sites are generally below, and in some cases, substantially below this standard. There are currently 233 (59%) outdoor sport sites that fall below the proposed overall quality standard. At present 161 (41%) sites are
currently above 70%, reflecting the influence of education or private sites that have limited or no public access.

7.53 The outdoor sport site issues highlighted in both the site surveys and need assessment consultation, include improvement to:

- grass maintenance
- pricing according to quality
- level surfaces with good drainage
- cleanliness
- changing facilities

Current Provision Accessibility

7.54 To appreciate the accessibility of outdoor sports facilities, it is necessary to understand the nature of the provision. The majority of outdoor sports facilities in Leeds are effectively private, being provided on education sites. For example, the university sports grounds concentrate large numbers of good quality outdoor sports facilities in North West Leeds.

7.55 The table below illustrates the total numbers of facilities across Leeds. The average distance travelled (as the crow flies) from households to their nearest facility. The results of the 75th percentile show the distance travelled for three quarters of residents to access their nearest facility. This includes both the contribution from Education Leeds and the universities.

### Table 7.6 Accessibility of All Outdoor Sport Facilities in Leeds

<table>
<thead>
<tr>
<th>Facility</th>
<th>No. of facilities</th>
<th>Ave Distance to access (mtrs)</th>
<th>Access for 75th centile (mtrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playing Pitch – Public</td>
<td>315</td>
<td>567</td>
<td>739</td>
</tr>
<tr>
<td>Playing Pitch - Private</td>
<td>400</td>
<td>513</td>
<td>683</td>
</tr>
<tr>
<td>Junior Pitch</td>
<td>159</td>
<td>1,344</td>
<td>1,744</td>
</tr>
<tr>
<td>Cricket Pitch</td>
<td>100</td>
<td>1,931</td>
<td>2,750</td>
</tr>
<tr>
<td>Bowling Green</td>
<td>109</td>
<td>665</td>
<td>917</td>
</tr>
<tr>
<td>Athletics Track</td>
<td>18</td>
<td>2,117</td>
<td>2,451</td>
</tr>
<tr>
<td>Golf Course</td>
<td>29</td>
<td>2,310</td>
<td>2,970</td>
</tr>
<tr>
<td>Synthetic Turf Pitches</td>
<td>39</td>
<td>1,952</td>
<td>2,459</td>
</tr>
</tbody>
</table>

7.56 The analysis shows that access to sports facilities is generally good, with averages to the nearest playing pitch facility calculating at below 15 minutes walk. However, this is based on the assumption that residents use the nearest facility to where they live. In reality, this is rarely the case and the data should only be used as a general guide on overall accessibility when used in conjunction with other available information.

7.57 The influence of education controlled sporting facilities on the overall number of facilities is highly significant. There are 400 private playing pitches. The primary and
secondary education sector account for 240 of these pitches, with further education, mainly the universities, accounting for an additional 42 pitches. The remaining 178 pitches are a combination of community and private sports clubs.

Setting provision standards accessibility

7.58 The accessibility of sites is paramount in maximising usage, as well as providing an opportunity for all people to use the site. The recommended local standard is set in the form of a distance threshold and is derived from the findings of the local consultations and other relevant information.

7.59 The expected method of travel highlighted in the household survey to grass pitches, tennis courts and bowling greens was on foot. To access golf courses, synthetic turf pitches and athletics tracks, respondents indicated that they expected to travel by car.

7.60 Young people, and respondents to the key stakeholders workshop highlighted that cost issues were problematic when accessing outdoor sports facilities. However, the greatest barrier in the sports club surveys were stated as booking difficulties.

7.61 There are several factors to consider in setting a standard for outdoor sports facilities. In particular, the range of facilities that lie within this typology makes it difficult to set a meaningful standard that can be applied across the board as per PPG17 requirements. For example, residents have significantly different expectations for synthetic turf pitches (to which they are willing to travel further) than they do for grass pitches (where there is a presumption of more localised provision). It is also important to consider how the pitches are used and by whom. Sports clubs will travel further to access formal sport facilities; 50% of a team’s season comprises of away game travel and transportation of associated equipment. However, informal use of a playing field for kick about or walking the dog is likely accessed by walking, but the green space need not necessarily be a formal marked out playing field. An area of amenity space could be more appropriate for these informal uses.

7.62 Findings from local consultation suggest a combination of standards. A walk time standard has been set for tennis courts. Whilst the majority of respondents to the household survey expected to walk (56%) to a tennis court, most on-street respondents expected to drive (50%). The 75th percentile result was 15 minutes walk. For those that would expect to travel by car, the 75th percentile result was also 15 minutes.

7.63 Expectations are higher in terms of playing pitches than other types of facility. The third quartile for pitches in the household survey is 10 minutes walk, but the on-street survey is 15 minutes walk. The third quartile for bowling greens is 15 to 20 minutes walk.
Recommended Accessibility Standards

7.64 For athletics tracks and golf courses, the third quartile is a 20 minute drive. STPs provided mixed results of a 15 to 20 minute walk or 20 minute drive.

- 20 minute walk = tennis courts
- 10 minute drive = public grass playing pitches and bowling greens
- 20 minute drive = athletics tracks, golf courses and synthetic turf pitches

7.65 The modal responses and average responses indicate that there are higher expectations from those who walk. However, it is important to balance these expectations with the delivery of quality and fit for purpose facilities. Consultation indicates that this is as important as localised facilities. Consultation and information collected by the council at other times suggests that many residents drive to formal sports facilities. The provision of accessible facilities at school sites is instrumental in the effective delivery of expectations surrounding quality outdoor sports facilities.

7.66 The standard for tennis courts generally reflects the outcomes of the needs assessment. However, the walk time has been extended to 20 minutes to reflect operational delivery. Not every park or recreation ground will offer a tennis court facility due to lack of demand and, therefore, ultimately the level of use. Therefore, the standard needs to be greater than the 15 minutes walking access time set for Parks and Gardens. A drive time is not appropriate given the preference from the needs assessment for walking access. In addition, the equipment needed for tennis can easily be carried on foot or using public transport.

7.67 The 10 minutes drive time accessibility standard reflects the formal use of grass playing pitches and bowling greens. The majority of users travel to these facilities by car despite the existing widespread distribution. The needs assessment reveals that 89% of sports and recreation clubs reported the majority of their members mode of travel to sports venues was by car. This is possibly a reflection of the away game nature of formal sports leagues and the equipment required to participate in some sports.

7.68 The council policy in the existing playing pitch strategy is to encourage community hub sites for sporting facilities so that the provision of capital infrastructure such as changing accommodation can be shared and better utilised. The existing and proposed hub site locations, along with details of their recreation facilities are listed at Appendix E. In encouraging shared facilities, hub sites discourage proliferation of small single facility sites, such as a site with only one pitch.

7.69 Of those needs assessment respondents who expected to travel by car to playing pitches, most expect to travel between 5 to 10 minutes. For those respondents who expect to access bowling greens by car, the most common response from respondents to the needs assessment was 10 minutes.

7.70 A longer, 20 minutes drive time has been set for golf courses, athletics tracks and synthetic pitches. These standards have been recommended in line with the expected travel modes from the needs assessment and to reflect the specialist nature of these facilities.
Applying provision standards

7.71 Given the broad nature of the outdoor sports facilities typology, standards should only be applied to provide an indication of planning need. In light of the demand-led nature of each type of facility, specific studies identifying the nature of facilities required should be carried out to supersede this standard and provide further detailed evidence for informed decision making ie. a revised playing pitch assessment for playing pitches.

7.72 The application of the recommended quality, quantity and accessibility standards helps to understand the existing distribution of outdoor sports facilities and identify areas where provision is insufficient to meet local need.

7.73 The quantity standards enable the identification of areas that do not meet the minimum provision standards, while the accessibility standards will help determine where those deficiencies are of high importance. Applying the standards together is a more meaningful method of analysis, than separate application.

7.74 Table 7.7 below summarises the application of the quantity standard for outdoor sports facilities. As highlighted, the broad range of facilities included within this typology means that the application of a quantity standard provides only an indication of provision. The type of facility that is most appropriate for a given area will be derived from expressed demand and local participation trends. These decisions should be made on a site by site basis, locally.

7.75 The figures in the table show the application of the proposed standard of 1.9 hectares per 1,000 population against the existing outdoor sport provision and 2008 mid-year population estimate and each of the potential growth scenarios. The positive figures show the number of hectares which exceed the applied standard and the negative figures show the deficiency against the proposed standard for that area.

<table>
<thead>
<tr>
<th>Analysis Area</th>
<th>Outdoor Sports (Ha)</th>
<th>Existing provision against local standard</th>
<th>Future balanced against local standard - Scenario A</th>
<th>Future balanced against local standard - Scenario B</th>
<th>Future balanced against local standard – Scenario C</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Inner</td>
<td>120.52</td>
<td>-28.55</td>
<td>-52.73</td>
<td>-68.40</td>
<td>-61.02</td>
</tr>
<tr>
<td>East Outer</td>
<td>178.08</td>
<td>20.10</td>
<td>32.33</td>
<td>53.01</td>
<td>14.30</td>
</tr>
<tr>
<td>North East Inner</td>
<td>112.44</td>
<td>-18.74</td>
<td>-21.74</td>
<td>-26.96</td>
<td>-47.31</td>
</tr>
<tr>
<td>North East Outer</td>
<td>164.16</td>
<td>48.94</td>
<td>44.74</td>
<td>39.64</td>
<td>23.85</td>
</tr>
<tr>
<td>North West Inner</td>
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<td>-10.34</td>
<td>-16.40</td>
<td>-31.87</td>
<td>-53.11</td>
</tr>
<tr>
<td>North West Outer</td>
<td>209.05</td>
<td>47.54</td>
<td>33.41</td>
<td>21.68</td>
<td>12.36</td>
</tr>
<tr>
<td>South Inner</td>
<td>100.23</td>
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<td>-74.33</td>
<td>-119.29</td>
<td>-68.03</td>
</tr>
<tr>
<td>South Outer</td>
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<td>-9.67</td>
<td>-20.76</td>
<td>-41.46</td>
<td>-46.17</td>
</tr>
<tr>
<td>West Inner</td>
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<td>-34.33</td>
<td>-45.57</td>
</tr>
<tr>
<td>West Outer</td>
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<td>15.44</td>
<td>8.59</td>
<td>1.45</td>
<td>-13.21</td>
</tr>
<tr>
<td>Leeds</td>
<td>1443.13</td>
<td>1.51</td>
<td>-159.87</td>
<td>-312.52</td>
<td>-312.48</td>
</tr>
</tbody>
</table>
7.76 As can be seen in table 7.7 above:

- if growth scenario A were to occur, this could lead to a need for 160 hectares of additional outdoor sports provision;
- the current quantity of outdoor sports facilities in four of the ten analysis areas is adequate to meet demand. In addition, there is only a small shortage in South Outer and North West Inner;
- the largest current and future shortfalls can be found in the South Inner area. These shortfalls are significantly higher than any other area of the city.

7.77 These calculations do not take into account the targeted 1% increase in participation per annum. If this increase occurred, unmet demand would increase. As highlighted, in light of the range of facilities included within this typology, consideration should be given to the application of the quantity standard for broad planning need only.

**Analysis of Outdoor Sports by Facility**

7.78 The application of the local accessibility standards for outdoor sports facilities is set out overleaf in plans 7.2 to 7.7. These plans use the geographic extent of the site in which the facility is located to illustrate access. This is appropriate because the site entrance, car park, changing rooms etc are frequently not adjacent to the recreation facility.
Plan 7.2 Access to Public Adult & Junior Playing Fields (10 minutes drive time)
Plan 7.3 Access to all Outdoor Tennis Courts
(20 minute walk time)
Plan 7.4 Access to all Bowling Greens (10 minutes drive time)
Plan 7.5 Access to all Synthetic Turf Pitch (STP) (20 minute drive time)
Plan 7.6 Access to all Athletics Tracks
(20 minutes drive time)
7.79 The key issues arising from the accessibility mapping regarding the provision of outdoor sports facilities are:

- nearly all residents in Leeds have good access to a grass pitch within the target 10 minute drive time. An area of deficiency exists in the rural area of Outer North East;
- there are several significant areas of the city which are not within 20 minute walk of a tennis court. The city centre, Outer West, Outer North West and Outer South have further to travel;
- access to bowling greens is limited in specific rural areas of North East Outer, although these areas have little or no population;
- nearly all residents are within a 20 minute drive of an athletics track, except those from North East Outer and North West Outer.

7.80 Since the audit, the BSF programme has created high quality outdoor sports facilities across the city. There is specific provision within the contracts for access by the local community.

7.81 While consideration of the distribution of facilities is important, it is important to balance the desire to ensure that all residents have local access to facilities with the logistics of providing high quality facilities. Sites containing multiple facilities are more cost effective as well as providing greater opportunities for residents.

7.82 It is important to consider access to sport and recreation for residents with disabilities. The provision of open space, sport and recreation facilities can play a key role in maintaining and increasing the good levels of participation for disabled residents in the city.

Applying the quality, quantity and accessibility standards

7.83 Quantity standards enable the identification of areas that do not meet the minimum provision standards, while the accessibility standards help determine where those deficiencies are of high importance. Quality standards outline the key aspirations of local residents and provide an indication as to where sites may currently fall below expectations.

7.84 Outdoor sports facilities provide important sport and recreation opportunities for local residents and can contribute to improving participation levels and health. The role of many outdoor sports facilities in Leeds takes on even greater importance, as many of the larger recreation grounds have a dual function as a park.

7.85 Consultation indicated that while the quantity of facilities is an issue in some areas, there is a real need to improve the quality of many existing sites. In many instances, improvements to the quality of existing sites will impact on the capacity of the facility. A facility that is able to sustain more games will serve the local community to a greater extent and indeed, a high quality facility is more likely to encourage residents to participate. Overall, city wide quantity is perceived to be about right by the Leeds community, although clearly issues of distribution persist, however, improvements to the quality of provision should be prioritised in the short term, over an increase in provision.
Grass Playing Pitches

7.86 Analysis of the provision of outdoor sports facilities in the city indicates that there are just over 400 sites that contain grass pitches. The majority of these sites, however, are education facilities that provide limited public access. The influence of education controlled sporting facilities on the overall number of facilities is highly significant. The primary and secondary education sector account for 240 of these pitches, with further education, mainly the universities, accounting for an additional 42 pitches. The remaining 178 pitches are a combination of community and private sports clubs.

7.87 The council’s Parks and Countryside Service control the letting of 281 pitches. In the 2010/11 season, 77% of the playable pitches available (216 of 281) are currently let to teams. These 216 pitches are let to 465 teams. Of the remaining 89 pitches which are not let, 15 are cricket pitches which at the time of the analysis were out of season.

7.88 There has been a steady reduction in demand for pitch lettings through the parks service in recent years. In the 2005/06 season, 554 teams requested pitches. The number of teams has steadily reduced in every year since, to 465 teams in the 2010/11 season; a 14% decrease in 5 years.

7.89 In addition to letting pitches on a seasonal basis, the council also lease and licence clubs to use pitches on a longer term arrangement. There are 66 pitches at 27 sites which are covered under these longer term arrangements.

7.90 The quality of grass pitches in Leeds was one of the overriding criticisms raised during the consultation. Key issues arising are:

- lack of drainage at sites in areas prone to flooding or water logging
- poor quality changing accommodation
- lack of pitches with access to changing facilities
- vandalism and misuse at sites including dog fouling and littering
- lack of floodlighting (particularly relating to use during winter months)
- changing demands for pitches arising from an increase in the number of female teams. Due to child protection and Sport England guidelines, female changing requires separate rooms.

7.91 Grass pitches not only serve a recreation purpose, but are also instrumental in providing informal opportunities and are often used as park land. However, it is this dual use which generates many of the quality issues raised above. For example, dog fouling is easily resolved if more dog owners were responsible for their animals.

7.92 Provision of additional quality changing facilities is a capital intensive and longer term objective. The council policy in the existing playing pitch strategy is to encourage community hub sites for sporting facilities so that the provision of capital infrastructure such as changing accommodation can be shared and better utilised.

7.93 The existing and proposed hub site locations are shown on plan 7.8. Collective provision of pitches and facilities at some sites is already well established, such as Roundhay and Temple Newsam. Creation of new sites, such as Church Lane in Methley are currently underway. Some sites, such as Stonegate Road in Moortown already exist and have previously provided formal sports provision, but due to
drainage problems or lack of other facilities, their use was reduced or suspended pending substantial investment and improvement. Appendix E lists the facilities which will be available when the hub concept is fully implemented.

Tennis Courts

7.94 Application of the local standard of a 20 minute walk time as shown on plan 7.3, indicates there are some deficiencies. Geographic analysis reveals that 69% of Leeds households have access to their nearest tennis courts within a 20 minutes walk. When considering only public courts, this proportion reduces to 52% of households.

7.95 In terms of quantity, sites are unevenly distributed, with the majority of courts (58) located in the North East Inner area. The South Inner and West Inner have the lowest level of provision with 10 courts.

7.96 Accessibility mapping reinforces this, highlighting that the main areas outside of the appropriate catchment for a tennis court are:

- South Inner and specifically the city centre
- West Inner
- South Outer
- North West Outer

7.97 Consultation demonstrated that 33% of residents perceived there to be a shortfall of provision of tennis facilities.

7.98 The council is currently engaged in a capital works programme funded by the Lawn Tennis Association (LTA) to improve the provision of tennis facilities in parks. The focus is improving the quality of existing facilities at Dartmouth Park, Springhead Park and John Charles Centre for Sport.

7.99 Provision and distribution of tennis courts was historically more widespread. However, lack of use and requests for alternate facilities has led to the removal of a number of courts. In some circumstances, tennis courts have provided the base for alternate facilities such as Multi-Use Games Areas and skate parks. These changes to alternate facilities have been the result of local public consultation with park users.
Bowling Greens

7.100 The distribution of bowling greens is more even across the city than other facilities. They range from 7 greens in North East Inner to 15 greens in South Inner. North East Outer is the only analysis area to have no public greens, but does have 10 private greens; more than any other area.

7.101 Application of the accessibility standard as shown on plan 7.4 demonstrates that there are some sparsely populated rural areas where residents are out of the proposed 10 minute drive time catchment to the nearest facility.

7.102 The majority of bowling greens in the city are publicly accessible (67%) and are mainly located within parks and gardens. Local consultation indicates that the provision of bowling greens is generally perceived to be sufficient with more than 30% of respondents stating that provision is about the right. More than 40% of respondents stated they had no opinion on the provision of bowling greens.

Synthetic Turf Pitch (STP)

7.103 Plan 7.5 indicates there is excellent distribution of synthetic turf pitches in the city. Only the South Outer area lacks provision of an STP facility. All other areas have at least one STP facility with West Inner having the highest provision due to the location of the private Goals facility. North West Inner also has good provision due to the location of the universities’ STP facilities at Beckett Campus and Weetwood Athletics Ground.

7.104 The Building Schools for the Future (BSF) programme will see an increase in the quantity of synthetic pitches provided with new school building. Facilities are proposed at several sites such as Ralph Thoresby and Carr Manor.

7.105 It can, therefore, be seen that the proposed provision of synthetic pitches through the BSF programme will increase the quantitative provision and further improve travel times in the future.

7.106 Sports clubs commented on the lack of floodlit pitch facilities for winter training. The advantage of STPs is their ability to be played in most weathers and high capacity for matches. The addition of floodlighting builds on these design advantages making them up to 13 times more playable than grass pitches.

7.107 Access to pitches at peak times was also highlighted as a key issue for clubs with demand believed to outstrip supply during the winter months in some locations.

Athletics Tracks

7.108 The John Charles Centre for Sport and South Leeds Stadium are the principal facility in the city for athletics provision. The stadium provides 8 synthetic lanes which are floodlit. The John Charles centre provides a 60 metre indoor track and in field facilities. The indoor chapter contains more information on these facilities.

7.109 The facility is located to the South of the city. As shown on plan 7.6, the majority of residents in the main urban area of Leeds have access to this facility within the recommended 20 minute drive time. However, residents to the North of the city are outside of the proposed drive time catchment. Other tracks are provided at secondary schools and Temple Newsam Estate. However, the redgra (all weather
surface) track at Temple Newsam is no longer maintained, but is still useable for light training and could be improved.

7.110 The provision of an athletics facility at The Grammar School at Leeds site in Alwoodley provides the only facility in the North of the city, however, public access is restricted to outside school hours. Both Otley to the North West and the Wetherby area to the North East do not have 20 minute drive time access to an athletics track.

7.111 Over 35% of respondents to the household survey and 28% to the on street survey felt there were not enough athletics tracks. Only 9% of the household survey and 28% of the on-street survey felt that provision was about right. However, almost 50% of household respondents and 42% of on street respondents stated they had no opinion on the provision of athletics tracks.

**Golf Courses**

7.112 Consultation demonstrates that most residents are satisfied with the quantity of golf courses in the city. Almost 13% of respondents to the household survey stated there were more than enough golf courses. Most of these respondents are from North Leeds where the majority of private golf courses are located. The city has a higher provision per 1,000 population of golf courses than the regional or national average.

7.113 Over 30% of the respondents to the needs assessment indicate that they have no opinion regarding the provision of golf courses.

**Summary**

7.114 Outdoor sports facilities is a wide ranging category of open space, which includes both natural and artificial surfaces for sport and recreation. Facilities can be owned and managed by the council, sports associations, schools and individual sports clubs, with the primary purpose of participation in outdoor sports. Examples include:

- playing pitches
- athletics tracks
- bowling greens
- tennis courts

7.115 PPG17 considers the provision of all the different types of outdoor sport facilities as one and does not break down the typology into more detailed assessments for each sport. However, for the purpose of this study, each set of facilities has been considered individually. The demand-led nature of sport specific facilities means that specialist studies (such as a playing pitch strategy) should be undertaken in order to accurately define shortfalls and surpluses. The local quantity standard should be used for broad planning purposes only. Future decision making should draw upon local sport specific, demand-led assessments.

7.116 Consultation highlights issues with both the quantity and quality of facilities. However, the quality of facilities was the overriding issue taken from all the consultation material. General maintenance, drainage and poor quality changing facilities were highlighted as the areas for improvement.
7.117 There is a good distribution of outdoor sports facilities across the city with most residents able to reach a choice of facilities within the appropriate travel time. There are some deficiencies in access to athletics tracks and tennis courts and additional provision in areas devoid of existing facilities should be considered following further local consultation.

7.118 Enhancement of the quality of existing outdoor sports facilities should be prioritised to ensure that the adequacy of the quantity of facilities is maintained, it is important to ensure that community use of facilities is maximised. The BSF and extended schools programme will contribute to the achievement of this goal and the BSF programme will see the creation of significantly improved facilities.

7.119 It is, therefore, recommended that the key priorities for the future delivery of provision for outdoor sports facilities should be addressed through the Leeds Development Framework and other appropriate delivery mechanisms. The key priorities are as follows:

- Protect all outdoor sports facilities from development unless it can be proven that the replacement of a facility will result in a higher quality facility in a nearby location;
- seek to improve the quality of outdoor sports facilities through the delivery of the community hub sites. Sites should meet National Governing Body criteria. This includes the provision of appropriate changing facilities; self contained units satisfying Sport England guidelines;
- focus on enhancing the quality of existing tennis courts in the city and provide additional facilities in areas devoid of provision if additional consultation indicates it is a local priority;
- prioritise improvements to the quality of synthetic pitches and ensure that the pricing structure for these sites is accessible to all sectors of the community;
- address issues surrounding the quality of grass pitches through a detailed programme of improvement focusing on ancillary accommodation and drainage;
- allocate new sites to meet identified deficiencies;
- facilitate the delivery of the proposals of the BSF programme through the planning system and maximise community use of the resulting facilities;
- review the implications of population growth and changes in the participation profile on the demand for facilities;
- encourage schools to make sports facilities available for community use, especially in areas of over playing. It is acknowledged that the increase in academy and trust schools will mean individual schools, rather than the education authority, are responsible for letting facilities.
Body mass index thresholds for intervening to prevent ill health among black, Asian and other minority ethnic groups

http://publications.nice.org.uk/lgb13

Published: 21 January 2014

Introduction

This briefing summarises NICE’s recommendations for local authorities and partner organisations on the use of body mass index (BMI) as a signal for preventive action against long-term medical conditions. The focus is on people from black, Asian and other minority ethnic groups (for a definition see 'Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK '). It is particularly relevant to health and wellbeing boards.

This briefing will complement advice in NICE’s local government briefing on NHS health checks, due to be published in February 2014.
The following BMI thresholds are recommended as a trigger to intervene to prevent ill health among adults from black, Asian and other ethnic groups:

- increased risk of chronic conditions (23 kg/m² BMI or more)
- high risk of chronic conditions (27.5 kg/m² BMI or more).

This compares with the usual thresholds of 25 kg/m² and 30 kg/m² recommended for intervening with white European adults. (Also see box 1 in 'Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK' for international guidance on BMI/waist circumference thresholds.)

**Key messages**

The prevalence of chronic conditions such as type 2 diabetes, coronary heart disease and stroke is up to 6 times higher (and they occur from a younger age) among black, Asian and other minority ethnic groups. In addition, these groups progress from being at-risk to being diagnosed with these conditions at twice the rate of white populations. So tackling this issue will help tackle health inequalities and satisfy public sector obligations under the **Equality Act 2010**.

Action now will result in significant social care and health savings, by delaying and improving the management of complications associated with limiting long-term illnesses. It could result in particularly high savings for local authorities with a high proportion of black, Asian and other minority ethnic groups. (See **Make significant cost savings**.)

Lifestyle interventions targeting sedentary lifestyles and diet have reduced the incidence of diabetes by about 50% among high-risk individuals (Pharmacological and lifestyle interventions to prevent or delay type 2 diabetes in people with impaired glucose tolerance: systematic review and meta-analysis). This includes people from South Asian, Chinese, black African and African Caribbean descent with a BMI of 23 kg/m² or more, where interventions to identify and manage pre-diabetes have been found to be cost effective.

Diabetes is the most common cause of visual impairment and blindness among people of working age and the most common cause of kidney failure and non-traumatic lower limb amputations. See **Reduce future demand on health and social care services**. Interventions to
prevent type 2 diabetes will also reduce the risk of other major health problems including Alzheimer's disease, coronary heart disease, hypertension and stroke.

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
For further information on how to use this briefing and how it was developed, see About this briefing.

What can local authorities achieve by using lower body mass index thresholds as a trigger for targeted action?

Tackle health inequalities

Compared with the white European population, people from black, Asian and other minority ethnic groups are:

- more likely to die from cardiovascular disease (rates are 50% higher)
- 3–4 times more likely to have hypertension
- 3–6 times more likely to be diagnosed with type 2 diabetes.

Adults with type 2 diabetes are 2–4 times more likely to have heart disease or a stroke than adults without type 2 diabetes (see the American Heart Association's information on Cardiovascular disease and diabetes).

Make significant cost savings

If you intervene sooner, using lower BMI thresholds, significant cost savings can be made by:

- reducing the number of people getting type 2 diabetes, saving more than £6000 per person per year (Estimating the current and future costs of type 1 and type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs)
- delaying the rate someone progresses from being at risk of type 2 diabetes to having it
reducing or delaying the development of any associated complications

• maintaining economic productivity

• saving on social care costs.

**Help keep people healthy and content with the quality of their care**

Diagnosing a disease like type 2 diabetes earlier, and intervening to improve people’s ability to self-manage it, gives people a greater sense of control over their lives. It empowers people to make decisions and helps ensure they are ‘happy with the quality of their care and support’. This meets the objectives set out in the Department of Health’s [Caring for our future: reforming care and support](#).

Earlier diagnosis leads to an increased sense of wellbeing and an improved quality of life (see [Chronic disease management a compendium of information](#)). In addition, prevention and early diagnosis helps to meet the requirements of domain 2 of the [Adult social care outcomes framework](#) (delaying and reducing the need for care).

**Reduce future demand on health and social care services by helping people to be less dependent on intensive services**

Type 2 diabetes can lead to significant social care costs due to disability and illness including heart disease and stroke, ulceration and other foot problems, retinopathy, vision impairment, kidney damage, sexual dysfunction, miscarriage and stillbirth (see NHS Choices, [Complications caused by diabetes](#)).

People with this or other chronic conditions are more likely to have other complex support needs. Earlier diagnosis, intervention and 'reablement' (helping people manage their daily lives to keep them as independent as possible) can help to manage the need for intensive services and improve independence.
Meet new public health responsibilities

Tackling the increased risk black and minority ethnic groups face at a certain BMI meets a range of indicators in the public health and adult social care outcomes frameworks. These include:

- proportion of adults meeting physical activity guidelines
- encouraging uptake of the Health Check programme
- self-reported wellbeing and health-related quality of life
- people know what choices are available to them locally and what they are entitled to
- people are protected as far as possible from avoidable harm, disease and injuries, delaying and reducing the need for care and support
- people are supported to plan ahead and have the freedom to manage risks in the way that they choose
- mortality from preventable diseases such as cardiovascular diseases (including heart disease and stroke) and cancer
- preventable sight loss.

What NICE says

This section highlights the type of activities that NICE’s recommendations on the use of lower BMI thresholds for judging the risk of ill health among people from black, Asian and other minority ethnic groups, published up to September 2013, cover. Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE’s recommendations on BMI and waist circumference in black, Asian and other minority ethnic groups, and the basic principles outlined in NICE’s local government briefing on preventing obesity and helping people to manage their weight (2013) will help you make the best and most efficient use of resources to improve the health of people in your area.
Recommendations

Develop an integrated regional and local plan to prevent non-communicable diseases and promote early intervention among black, Asian and other minority groups

For details see developing a regional cardiovascular disease prevention programme in NICE's 'Diet' pathway and developing a local plan in NICE's 'Preventing type 2 diabetes' pathway.

Raise awareness among decision makers, practitioners and black, Asian and other minority ethnic groups about the importance of intervening at a lower BMI for these groups

For details see conveying healthy lifestyle messages to the local community – in particular, to groups at risk of type 2 diabetes, and encouraging people to have a risk assessment for type 2 diabetes and identifying those at risk in NICE's 'Preventing type 2 diabetes' pathway. Also see 'advocacy' and 'language' in NICE's 'Obesity: working with local communities' pathway.

Provide training for staff on how to encourage people to have a risk assessment and to promote a healthy lifestyle

For details see training to promote a healthy lifestyle in NICE's 'Preventing type 2 diabetes' pathway.

Use lower BMI thresholds for black, Asian and other minority ethnic groups to intervene to prevent type 2 diabetes, coronary heart disease, hypertension and stroke

For details see Group and individual-level interventions to prevent type 2 diabetes among people at high risk and Managing risk of type 2 diabetes in NICE's 'Preventing type 2 diabetes' pathway. Also see the public health action points in NICE's 'Obesity' pathway.

Commission universal prevention services that include a targeted component for black, Asian and other minority ethnic groups aged 25–39

For details see promoting risk assessment, identifying those at risk, offer brief advice and offer a blood test in NICE's 'Preventing type 2 diabetes' pathway.
Ensure preventive interventions support behaviour change, physical activity and a healthy diet

For details see recommendations for health professionals and local authorities about weight management programmes (including commercial programmes) in NICE's 'Diet' pathway and group and individual-level interventions to prevent type 2 diabetes among people at high risk in NICE's 'Preventing type 2 diabetes' pathway.

Examples of practice

Examples of how NICE's advice on preventing type 2 diabetes for people at high risk has been put into practice can be found in our shared learning database. They include:

- Walking away from type 2 diabetes: implementation of a diabetes prevention programme
- Prosiekt Sir Gar – Workplace cardiovascular (diabetes and CHD) health assessment and management programme.

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guidance.

Although the interventions highlighted were not specifically for black, Asian and other minority ethnic groups, they demonstrate the type of actions that are likely to be effective with these groups.

Developing an action plan

The table below poses a range of questions that could be asked when developing a comprehensive plan to help your local population reduce the risk of illness and premature death from a number of chronic medical conditions.

| Assessing opportunities to intervene early to prevent or manage the risk of a range of chronic medical conditions among black, Asian and other minority ethnic groups | Links to NICE recommendations |
1. Have the issues raised in this briefing been taken into account in the joint strategic needs assessment?
   - Collate data for high-risk groups.
   - Check the local joint strategic needs assessment and undertake health impact assessment as appropriate.
   - Consider whether services are proportionate to the needs of the communities at risk.

2. Do local commissioning strategies and local policies support awareness raising, risk identification, prevention and early intervention for high-risk groups (for example, NHS Health Checks)?
   - Ensure all strategies and policies that can have an impact provide support, not just those related to high-risk groups.

3. What steps are being taken to ensure prevention and early intervention is incorporated into all appropriate policies, settings and plans?
   - Take steps to ensure the local environment supports physical activity and healthy eating.
   - Ensure local or national support
   - Ensure community groups from the high risk communities are involved in service planning and commissioning.

4. What type of training is available for (and used by) professionals who work with people who may be at high risk?
   - Ensure these professionals carry out routine awareness-raising activities.

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<th>Develop an integrated regional and local plan</th>
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<tr>
<td></td>
<td>Develop a strategy for local authorities and partners in the community</td>
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<td></td>
<td>Local action to prevent type 2 diabetes, including strategy, policy and commissioning</td>
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<tr>
<td></td>
<td>Local action to prevent type 2 diabetes, including strategy, policy and commissioning</td>
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<td>Training to prevent type 2 diabetes</td>
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5. How do local authorities help people to manage their risk by being physically active or adopting a healthy diet?

- Ensure the needs of all groups, in particular, high-risk groups are addressed.
- Consider including other health issues pertinent to high risk groups (such as vaccinations) if call-recall systems (such as NHS Health Checks) are set-up

6. To what extent do local health services encourage high-risk groups to maintain a healthy weight (BMI 23 kg/m² or below) by being physically active and adopting a healthy diet?

7. Do referral routes to specialist support services exist for people at high risk of chronic diseases?

8. Are specialist lifestyle intervention services commissioned to meet the needs of those who are at high risk of chronic diseases?

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Improving how well we identify and manage chronic diseases among high-risk groups by implementing all recommendations in the NICE Diabetes pathway may lead to the following savings.

- In the UK, the direct savings that could be made by preventing type 2 diabetes have been estimated at £8.8 billion (£2588 per person with the disease, based on 3.4 million diagnosed cases). This includes diagnosis, lifestyle interventions, ongoing treatment, management and complications (Estimating the current and future costs of type 1 and type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs).
In the UK, the indirect savings that could be made by preventing type 2 diabetes have been estimated at £13 billion (£3412 per person with the disease, based on 3.4 million diagnosed cases). This includes mortality, sickness, presenteeism (loss of productivity from those who remain in work) and informal care. These costs are predicted to almost double by 2035 (Estimating the current and future costs of type 1 and type 2 diabetes in the UK, including direct health costs and indirect societal and productivity costs), if not more.

In England, predictions of any future savings to be made by preventing type 2 diabetes are unlikely to take into account the higher prevalence of obesity among black, Asian and other minority ethnic children compared, with their white counterparts. So even more potential savings could be made if earlier preventive activities take place with these high risk populations. (See National child measurement programme: England 2011/12 school year)

Interventions to identify and manage pre-diabetes are cost effective. The cost per quality-adjusted life year (QALY) gained is consistently less than £10,000. See How NICE measures value for money in relation to public health interventions.

It is also cost effective to use a BMI of 23 kg/m² or more as an indicator of high risk among people aged 25–39 from South Asian groups. The return on investment, through future cost savings, would more than offset the cost of finding, testing and undertaking an intensive lifestyle-change intervention with this group. This is also likely to be true for people from black and Chinese groups (for details see Economic modelling in ‘Preventing type 2 diabetes’, NICE public health guidance 38).

Facts and figures

Below are other facts and figures on black, Asian and other minority ethnic groups living in the UK and their risk of a range of diseases:

- People of black African and African–Caribbean origin are 3 times more likely to have type 2 diabetes than the white population. It is also more common among Chinese people (Modern standards and service models – diabetes: national service framework standards).

- People of black African, African–Caribbean and Chinese origin are more at risk of stroke than their white European counterparts (Obesity and ethnicity).
Excess body fat contributes to more than half of cases of type 2 diabetes, 1 in 5 cases of heart disease and between 8 and 42% of certain cancers (breast, colon and endometrial) (Annual report of the Chief Medical Officer 2002. 5. Obesity: defusing a health time bomb).

- Pakistani and Bangladeshi men and women and Indian and Chinese women were all less likely than white men and women respectively to meet the physical activity guidelines (Ethnic differences in physical activity, diet and obesity).

- Men from most ethnic groups and women from Pakistani and Bangladeshi backgrounds were more likely than white men or women to eat 5 portions of fruit and vegetables a day (Ethnic differences in physical activity, diet and obesity).

- Children of South Asian origin are over 13 times more likely to have type 2 diabetes than white children (Type 2 diabetes in obese white children).

Support for planning, review and scrutiny

Council scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidance and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available on the Centre for Public Scrutiny website and via Into practice on our website.

Other useful resources and advice

The following resource may also be useful:

- Diabetes prevalence model for local authorities in England. This Public Health England model estimates diabetes prevalence by local authority. Calculations take into account the potential impact of an increasingly overweight and obese population. Apply the model to your own population data using the 'define your own area' and 'define own ethnic group' tools.
About this briefing

This briefing is based on NICE guidance published up to July 2013 about BMI thresholds for judging the risk of chronic conditions among black, Asian and other minority ethnic groups (see the NICE website for details of published briefings and briefings in development). It was written with advice from NICE’s Local Government Reference Group and using feedback from council officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidance

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes

- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines

- an assessment of the effectiveness and cost effectiveness of public health interventions.

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Preventing obesity and helping people to manage their weight

http://publications.nice.org.uk/lgb9

Published: 22 May 2013

Introduction

This briefing summarises NICE’s recommendations for local authorities and partner organisations on preventing people becoming overweight and obese and helping them to manage their weight. It is particularly relevant to health and wellbeing boards.

Adults with a body mass index or BMI (weight in kg/height in m$^2$) of over 30 are classified as obese and those with a BMI of 25–29.9 are classified as overweight. See Public Health England's Measuring and interpreting BMI in children to determine when children are overweight or obese.

Key messages

Obesity is a factor in many serious illnesses including type 2 diabetes, heart disease and certain cancers.

In 2007, the cost to the economy (including the NHS) of people being overweight or obese was an estimated £16 billion. This was predicted to rise to £50 billion a year by 2050, if the conditions were left unchecked (Foresight tackling obesities: Future choices).

In recent years, the previous upward trend in obesity appears to have flattened out for both adults and children (A call to action on obesity in England). Despite this, in England in 2011, 24% men, 26% women and around 16% of children aged 2–15 years were obese. In addition, 41% of
men, 33% of women and around 14% of children aged 2–15 years were overweight (Statistics on obesity, physical activity and diet: England 2013).

A range of actions are needed to reduce the current levels of obesity. Some issues, such as food labelling, may only be addressed at the national level. But local authorities are well placed to take action on important local issues such as commissioning weight management services. They can also improve the environments where people live to help them manage their weight. For example, they can:

- encourage 'active travel' by ensuring routes are provided for cyclists and pedestrians
- encourage local retailers to offer and promote affordable fruit and vegetables
- provide and promote the use of affordable leisure facilities
- develop and promote local policies on healthy eating and responsible alcohol consumption.

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance on the promotion of good health and the prevention and treatment of ill health.

For further information on how to use this briefing and how it was developed, see About this briefing.

What can local authorities achieve by taking action to prevent obesity and help people who are overweight?

**Boost the local economy**

An estimated 16 million days of sickness absence a year are attributable to obesity. Obese people are less likely to be in employment than people of a healthy weight. The associated welfare costs are estimated to be between £1 billion and £6 billion (An update on the government's approach to tackling obesity).
Meet new public health responsibilities

Action on obesity will have an impact on a range of indicators identified in the Public health outcomes framework, including:

- excess weight among adults and children aged 4–5 and 10–11
- diet
- physical activity among adults
- diabetes
- mortality from cardiovascular disease, cancer and other preventable causes.

In addition, action on obesity and overweight issues will help the government achieve 'a downward trend in the level of excess weight in all adults and children by 2020' (A call to action on obesity in England).

Reduce demand on health and social care services

Around 44% of the incidence of diabetes, 23% of heart disease and between 7% and 41% of certain cancers (for example, breast, colon and endometrial) are attributable to excess body fat (Obesity and overweight).

The cost of providing social care services for people who are housebound or have limited mobility as a consequence of these conditions is likely to rise.

Over the past decade, an increasing number of children have developed type 2 diabetes (Diabetes in the UK 2012).

Reduce health inequalities

Preventing obesity can help address health inequalities, as the condition is more prevalent among people from deprived communities and from some minority ethnic groups.
For example, in 2011/12 in the most deprived areas, just over 12% of children aged 4–5 years, and just over 24% of those aged 10–11 years, were obese. This compared with just under 7% and 14% respectively in the least deprived areas. Obesity is also more prevalent among children from black, Asian, 'mixed' and 'other' minority ethnic groups than among their white counterparts (National child measurement programme: England 2011/12 school year).

Obesity is related to social disadvantage (Fair society healthy lives. The Marmot review). For example, the proportion of women who are obese increases as household income decreases. Prevalence ranges from 17% among women in the least deprived income groups to 28% among those in more deprived groups (Statistics on obesity, physical activity and diet: England 2013).

**Reduce school bullying**

Overweight and obese children are likely to experience bullying and stigma (Obesity and bullying: different effects for boys and girls). This can affect their self-esteem and may, in turn, affect their performance at school (Childhood obesity and educational attainment: a systematic review).

**What NICE says**

**NICE recommendations**

This section highlights and summarises some of NICE's recommendations on obesity published up to May 2013. (For relevant guidance published since May 2013 see New NICE guidance.) Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE's recommendations on preventing obesity and helping people to manage their weight will help you make the best and most efficient use of resources to improve the health of people in your area.

**Basic principles**

Obesity is a complex problem for which there is no simple solution. It cannot be addressed through single interventions undertaken in isolation.
NICE recommendations on preventing obesity and helping people to manage their weight should be undertaken in parallel, wherever possible. They should also:

- be implemented as part of a broad approach, which involves a variety of organisations, community services and networks operating at a range of levels

- be implemented as part of integrated programmes that address the whole population, but also address local health inequalities, for example, within specific neighbourhoods

- be underpinned by a robust, community-wide approach that includes monitoring and evaluation

- comprise specific actions commissioned to meet local needs and priorities, for example, to encourage healthy eating and physical activity and to develop community programmes to combat obesity.

**Specific actions to meet local needs**

**Encouraging healthy eating**

- Make people aware of their eligibility for welfare benefits and other schemes that supplement the family food budget.

- Use existing powers to control the number of take-aways and other food outlets in a given area, particularly near schools.

- Local authority and NHS commissioners could make a difference by ensuring healthier choices are included in catering contracts and are promoted through pricing and educational initiatives.

For details see: services offering dietary advice for children, standards for take-aways and other food outlets, and local authorities and the NHS as exemplars of good practice on NICE's 'Diet' pathway.

**Encouraging physical activity**

- Work in partnership to create and manage more safe spaces for incidental and planned physical activity, addressing any concerns about safety, crime and inclusion. Audit and
amend bye laws that prohibit games. For details see public open spaces and children and young people on NICE's 'Physical activity' pathway.

- Plan local facilities and services to ensure they are accessible on foot or by bicycle. For details see environment and physical activity on NICE's 'Physical activity' pathway.

- Ensure leisure services are affordable, culturally acceptable and accessible by public transport or by safe 'active travel' routes. Ensure provision is made for women who wish to breastfeeding. For details see local strategy, policy and commissioning for physical activity and women before, during and after pregnancy on NICE's 'Physical activity' pathway.

- Consider pedestrians and cyclists when designing, developing or maintaining streets or roads, for example, by introducing traffic calming measures. For details see developing cross sector walking and cycling programmes and transport provision outside the NHS on NICE's 'Physical activity' pathway.

Developing community programmes to combat obesity

- Ensure obesity prevention programmes are highly visible and easily recognisable. Consider adapting a widely known brand for use locally (such as the Department of Health's Change4Life). For details see branding on NICE's 'Obesity: working with local communities' pathway.

- Consider the type of language and media used to communicate about obesity, tailoring language to the situation or intended audience. Ensure messages are consistent and clear. For details see language on NICE's 'Obesity: working with local communities' pathway and conveying healthy lifestyle messages to the local community on NICE's 'Preventing type 2 diabetes' pathway.

- Address local people's concerns about issues such as the cost of eating more healthily or being more physically active and the perceived dangers of children playing outside. For details see recommendations for local authorities about community programmes to improve diet on NICE's 'Diet' pathway.

- Train lay or peer workers from black and minority ethnic communities and lower socioeconomic groups to promote physical activity and healthy eating. For details see using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes on NICE's 'Preventing type 2 diabetes' pathway.
Commissioning community weight management programmes

- Commission lifestyle weight management services from either NHS or non-NHS providers. Ensure they meet the needs of high risk groups. For details see using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes on NICE's 'Preventing type 2 diabetes' pathway.

- Ensure lifestyle weight management services meet current best practice guidance.

- Work in partnership with NHS colleagues, leisure services and providers of weight management services to support women who wish to lose weight after childbirth.

For details see: recommendations for health professionals and local authorities about weight management programmes (including commercial programmes) and leisure and weight management services for women before, during and after pregnancy including commercial services on NICE's 'Diet' pathway.

Ensuring local authorities and their NHS partners are exemplary employers

- Set an example by ensuring on-site catering offers healthier choices.

- Encourage physical activity by improving the décor and signposting of stairs, and by providing showers and secure cycle parking to encourage active travel.

- Offer lifestyle weight management services for overweight or obese staff who would like support to manage their weight.

For details see: local authorities and NHS as exemplars of good practice on NICE's 'Obesity: working with local communities' pathway; workplaces, including the NHS and local authorities on NICE's 'Diet' pathway; non NHS workplaces on NICE's 'Physical activity' pathway and public sector catering on NICE's 'Diet' pathway.

Involving local businesses and social enterprises

- Encourage local organisations and businesses to recognise their corporate social responsibilities in relation to health and wellbeing. For example, they should ensure the range and content of the food and drink sold does not create an incentive to over-eat and gives people the opportunity to eat healthily.
For details see involving local businesses and social enterprises on NICE’s ‘Obesity: working with local communities’ pathway.

- Encourage local organisations to provide information, such as the calorie content of meals, on menus. For details see promoting a healthy diet – local action on NICE’s ‘Preventing type 2 diabetes’ pathway.

- Encourage venues frequented by children and young people to resist sponsorship and product placement from companies associated with foods high in fat, sugar and salt. For details see strategy for local authorities and partners in the community on NICE’s ‘Diet’ pathway.

**Community-wide actions to prevent obesity**

**Developing a sustainable, community-wide approach**

- Adopt a coherent multi-agency approach. Ensure activities on obesity are integrated within the joint health and wellbeing strategy, the joint strategic needs assessment (JSNA) and broader regeneration and environmental strategies.

- Make action on obesity prevention and management a strategic priority and align it with other disease-specific prevention strategies.

- Work in partnership. This includes working with local clinical commissioning groups.

For details see: integrated commissioning, integrating action, joint strategic needs assessment and joint health and wellbeing strategy and strategic partnerships on NICE’s ‘Obesity: working with local communities’ pathway.

**Providing and supporting leadership**

- Ensure the needs and priorities of the local community, as outlined by the JSNA, are understood by all those who may take action on obesity.

- Ensure elected members are briefed on the local picture and help them ensure obesity prevention is integrated within all council strategies and plans.

- Ensure all management, staff and partners working with local communities are aware of the importance of preventing and managing obesity.
• Support senior and middle management and frontline staff of partnerships involved in local action on obesity.

• Provide opportunities for partners to meet to share learning and to enhance cooperation and joint working.

• Identify and work with 'champions' within local authorities, NHS groups and public, private, community and voluntary sector bodies.

For details see: strategic leadership, identifying and supporting local champions and supporting leadership at all levels on NICE's 'Obesity: working with local communities' pathway.

Coordinating local action

Ensure the public health team includes:

• a director of public health or lead public health consultant who, as part of their role, provides strategic direction on obesity

• a senior coordinator with expertise in obesity prevention and community engagement and with dedicated time to oversee the local programme

• community 'health champions' and others who work directly with the community.

For details see public health team on NICE's 'Obesity: working with local communities' pathway.

Involving the community

• Work with local people, groups and organisations to decide what action to take.

• Use community engagement and capacity-building methods to identify networks of local people, champions and advocates who can help.

• Work with local clinical commissioning groups to ensure GP practices are aware of local obesity prevention and treatment initiatives.

• Council leaders and elected members should raise the profile of obesity prevention initiatives through informal and formal meetings with local people.
For details see: NICEs guidance on community engagement, and identifying local issues and actions, identifying and supporting local champions and local advocacy on NICE's 'Obesity: working with local communities' pathway.

**Integrated commissioning**

- Foster an integrated approach to commissioning which supports a long-term (beyond 5 years) health and wellbeing strategy. It should involve a variety of organisations, community services and networks operating at a range of levels.

- Focus on the most effective 'packages' of interventions to meet local needs. This includes awareness-raising and environmental interventions that support changes in behaviour and lifestyle weight management services for adults, children and families.

- Allocate resources to local community engagement activities and to innovative approaches which are likely to be effective and which have the support of the local community.

- Ensure flexibility in contracts to allow programmes or services to be adapted and improved. Consider extending effective programmes and services, or commissioning effective small-scale projects or prototypes.

For details see integrated commissioning on NICE's 'Obesity: working with local communities' pathway.

**Monitoring and evaluation**

- Ensure all strategies, policies and activities that may impact on obesity are monitored in a proportionate manner. This includes taking into account their impact on inequalities.

- Build monitoring into all contracts and simple tests used to assess value for money.

- Set aside sufficient time and resources to thoroughly evaluate new or innovative pieces of work (for example, 10% of project budgets).

- Ensure the results of monitoring and evaluation are easy to use and made available to all those who could benefit. For example, log evaluation reports in the Obesity Learning Centre database or the NICE shared learning database.

For details see planning systems for monitoring and evaluation and advocacy on NICE's 'Obesity: working with local communities' pathway.
Scrutiny and accountability

Health overview and scrutiny committees and others with a scrutiny responsibility should assess local action on preventing obesity. This includes:

- assessing the priority given to obesity
- ensuring the local community's views have been taken into account
- ensuring local obesity strategies have been implemented by local health and wellbeing boards.

For details see scrutiny and accountability on NICE's 'Obesity: working with local communities' pathway.

Organisational development and training

- Ensure all partners have an opportunity to increase their awareness of, and develop their skills in, obesity prevention.
- Ensure all relevant professionals are trained to be aware of the health risks of being overweight and obese and the benefits of preventing and managing obesity.
- Ensure all relevant staff who are not specialists in weight management or behaviour change can give people details of local services that can help them maintain a healthy weight.

For examples, see training and development on NICE's 'Obesity: working with local communities' pathway.

- Ensure the links between nutrition and health are an integral part of training for catering managers. For details see training for public sector catering staff on NICE's 'Diet' pathway.

Other relevant NICE recommendations

Other NICE recommendations will also help support effective action on obesity. See NICE guidance on community engagement and behaviour change. See also cultural appropriateness on NICE's 'Preventing type 2 diabetes' pathway.
Details of new guidance that NICE is developing on obesity and weight management are on our website. This includes: Overweight and obese children and young people – lifestyle weight management services and Overweight and obese adults – lifestyle weight management.

NICE is also developing quality standards on strategies to prevent obesity in adults and in children.

**Examples of practice**

Examples of how NICE’s advice on preventing obesity and overweight has been put into practice can be found in our shared learning database. These include:

- Engaging non NHS partners in implementing NICE guidance to tackle obesity.
- Implementing evidence-based practice into a local authority setting.
- Rotherham obesity model and healthy weight commissioning framework.

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guidance.

**Economic impact**

Preventing people from becoming overweight or obese can lead to the following costs and savings.

In 2007, the direct cost of obesity to the NHS was £2.3 billion and the direct cost of being overweight, but not obese, was £1.9 billion (Foresight tackling obesities: Future choices).

A more recent estimate of the direct cost to the NHS in 2006/07 of people being overweight and obese was £5.1 billion. (See The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs.)

These costs are dwarfed by the cost to society as a whole – which includes those resulting from unemployment, early retirement and associated welfare benefits. In 2007 these were estimated at an additional £11.6 billion (Foresight tackling obesities: Future choices).
In 2007, the direct costs to the NHS were forecast to increase to £7.1 billion (obesity) and £2.6 billion (overweight) respectively by 2050. By then, the cost to society was predicted to rise to £50 billion – including NHS costs, but not including the provision of social care by local authorities (Foresight tackling obesities: Future choices).

Generally, the upfront costs of most preventive interventions will not be repaid for a number of years. However, these costs will usually be small in comparison with the future health benefits and the long-term cost savings from reductions in type 2 diabetes, cardiovascular disease and some cancers.

**Facts and figures**

Below are other facts and figures on preventing obesity:

- Twenty-five per cent of African-Caribbean and Irish men are obese, compared with only 6% of Chinese and Bangladeshi men. Among the general population, 23% of men are obese. Among women, obesity is most prevalent among black African women (38%): it affects 32% of black Caribbean and 28% Pakistani women, compared to 23% of white women (Statistics on obesity, physical activity and diet, England 2006).

- Women and men who are obese are 12.7 and 5.2 times (respectively) more likely to develop diabetes than people who are a healthy weight. They are also more likely to have a heart attack or stroke (Tackling obesity in England).

**Support for planning, review and scrutiny**

A range of support tools are available via Into practice on NICE’s website. They can help you identify local needs. They can also help with planning and scrutiny activities.

**Other useful resources and advice**

The following resources produced by other organisations may also be useful:

- **Healthy Places** This website explains the law on local government and community activities that could affect people's health in a given area. It is published by UK Health Forum.
Public Health England website (local authorities pages) These provide a single point of contact for data, evaluation evidence and research on obesity.

Obesity Learning Centre This website contains e-learning modules on how to gain and achieve a healthy weight. It is published by the UK Health Forum.

New NICE guidance

Since this briefing was published in May 2013, NICE has published the following relevant guidance:


- BMI and waist circumference - black, Asian and minority ethnic groups. NICE public health guidance 46 (2013).

The recommendations from the above will be incorporated into this briefing when it is updated.

Details of new guidance that NICE is developing on obesity are on our website.

About this briefing

This briefing is based on NICE guidance on obesity published up to May 2013 (see the NICE website for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group and using feedback from council officers, councillors and directors of public health.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.
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Changes after publication

June 2013: minor modifications.

September 2013: minor modifications.

October 2013: PH47 added to 'New NICE guidance' section.

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Physical activity

http://publications.nice.org.uk/lgb3

Published: 15 July 2012  last updated: 10 April 2013

Introduction

This briefing summarises NICE’s recommendations for local authorities and partner organisations on how to encourage people to be physically active. It is particularly relevant to health and wellbeing boards.

Physical activity is not only fun and enjoyable, it is essential for good health, helping to prevent or manage over 20 conditions and diseases. This includes heart disease, diabetes, some cancers and obesity. It can also help improve people’s mental health and wellbeing (At least five a week: Evidence on the impact of physical activity and its relationship to health).

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see About this briefing.

NICE has also produced a local government briefing on Walking and cycling. This will be of particular interest to people who promote active travel. It summarises all of NICE’s recommendations that support walking and cycling and presents relevant facts and figures.
What can local authorities achieve by encouraging people to be more physically active?

**Boost the local economy**

Reduce sickness absence

In England, the costs of lost productivity have been estimated at £6.5 billion per year from sickness absence and premature death.

Physical activity programmes at work have been found to reduce absenteeism by up to 20%: physically active workers take 27% fewer sick days. Getting employees involved in a physical activity programme can also lead to net savings while boosting productivity.

**Meet new responsibilities**

Public health

Supporting people of all ages to be more physically active can help local authorities meet their new public health responsibilities. Specifically, it will impact on a range of indicators identified in the public health and the adult social care outcomes frameworks including:

- use of green space for exercise/health reasons
- child development
- excess weight in children and adults
- proportion of physically active and inactive adults
- self-reported wellbeing and health-related quality of life
- falls and injuries in the over-65s
- mortality from cardiovascular diseases (including heart disease and stroke), cancer and respiratory diseases.
**Improve traffic flow and air quality**

**Encourage more physically active travel**

There is potential for increasing the number of journeys taken by bicycle. Currently, these trips make up just 2% of all journeys in Britain. Twenty percent of all trips made cover less than 1 mile – and just over half of all car journeys cover less than 5 miles (Transport trends 2009).

Although most children can cycle, only 2% of trips to school are made by bike (Taking part: The national survey of culture, leisure and sport. Adult and child report 2009/2010).

For further information, see NICE’s local government briefing on Walking and cycling.

**Increase use of existing facilities**

Opening school facilities to the local community at weekends and during school holidays can increase use of existing facilities, while making it easier for people to get involved in a range of physical activities.

**Reduce demand on services**

**Health and social care**

Being physically active can help older people to maintain full and independent lives, help prevent osteoporosis and falls and reduce demand on health and social care services.

**Reduce health inequalities**

**Tackle social and health inequalities and improve social cohesion**

Children from lower socioeconomic groups and some black and minority ethnic groups do less sport and exercise than those from higher socioeconomic groups (Promoting physical activity for children: review 1 – epidemiology).
Getting people of all ages and backgrounds to participate in leisure and sports activities can improve social cohesion and help reduce antisocial behaviour.

What NICE says

**NICE recommendations**

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

Following all of NICE's recommendations on physical activity will help you make the best and most efficient use of resources to improve the health of people in your area. Details of new guidance that NICE is developing on physical activity are on our [website](#).

**Basic principles**

A wide-ranging programme of initiatives, involving all local authority departments, will help encourage and empower local communities to be more physically active. This should include changes to environmental and other policies and strategies, as well as interventions aimed at individuals or groups.

Different activities will confer different benefits and appeal to different people. Whether or not they will get involved depends on a range of factors, including:

- their personal beliefs, knowledge, attitudes, preferences and perceptions about safety
- environmental factors (such as ease of access to facilities and open spaces, or whether roads encourage or discourage walking and cycling)
- social/cultural factors such as societal norms, peer influences and family priorities.
Encouraging change

Service planning and commissioning

Ensure local commissioning strategies and policies support physical activity, including those related to leisure, transport, housing, urban and rural development and local business strategies.

For details see strategy, policy and commissioning on NICE's 'Physical activity' pathway.

Walking and cycling

Key actions include:

- Ensure there is a network of paths for walking and cycling between places locally.
- Reduce road danger and the perception of danger.
- Ensure other policies support walking and cycling.
- Use local data, communication and evaluation to develop programmes.
- Include practical support, information about options (including public transport links to support longer journeys), routes, cycle parking and individual support.
- Focus on key settings.
- Recognise the health benefits.

For details see NICE’s Walking and cycling pathway.

Leisure and sport facilities

- Ensure they are easy to reach and use.
- Ensure they are safe.
- Ensure they suit a range of ages, abilities and cultural norms.

For details see local services on NICE's 'Physical activity' pathway.
Natural environment

Provide green spaces and play areas that stimulate children and safely challenge them.

For details see public open spaces on NICE’s ‘Physical activity’ pathway.

Built environment

- Design new developments to encourage physical activity.
- Encourage stair use by providing clear signage and stairwells that are well lit and decorated.

For details see buildings on NICE’s ‘Physical activity’ pathway.

Schools and colleges

- Consider playground design.
- Introduce multi-component physical activity programmes involving the school, family and community.

For details see schools on NICE’s ‘Physical activity’ pathway.

Workplaces

- Promote stair use by by providing clear signage and stairwells that are well lit and decorated.
- Introduce work-based physical activity programmes.

For details see workplace on NICE’s ‘Physical activity’ pathway.

Examples of practice

Examples of how NICE’s advice on physical activity has been put into practice can be found on our shared learning database. They include:
Developing an action plan

Table 1 poses a range of questions which could be asked when developing a comprehensive plan to help your local population become more physically active.

<table>
<thead>
<tr>
<th>Assessing opportunities to develop a comprehensive plan to promote physical activity</th>
<th>Links to NICE recommendations</th>
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<tr>
<td>1. How physically active is your local population? Collate data for inactive groups and the needs of specific groups. Check the local joint strategic needs assessment.</td>
<td>Evaluation</td>
</tr>
<tr>
<td>2. Do local commissioning strategies and local policies support physical activity? In addition to specific physical activity strategies, ensure other strategies and policies that can impact on physical activity provide positive support. What steps are being taken to ensure physical activity is incorporated into all appropriate policies, settings and plans?</td>
<td>Local strategy, policy and commissioning</td>
</tr>
<tr>
<td>3. What steps are being taken to ensure the local environment supports physical activity?</td>
<td>Environment</td>
</tr>
<tr>
<td>4. What type of training is available for (and used by) those involved in providing physical activity services?</td>
<td>Training</td>
</tr>
</tbody>
</table>
5. To what extent do local workplaces encourage employees to be physically active?  

6. How do local authority services help people to be physically active? Are the needs of all groups addressed?

7. Do local services encourage and empower groups of people and people with specific conditions to be physically active?  
Specific groups include: women before, during and after pregnancy, older adults, people who are overweight or obese and people at risk of cardiovascular disease or type 2 diabetes

8. To what extent do local health services encourage people to be physically active?

9. How are local commissioning strategies and policies that support physical activity evaluated?

10. Who is the local councillor with responsibility for promoting physical activity?

<table>
<thead>
<tr>
<th>Costs and savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Inactivity costs the NHS an estimated £1.06 billion a year in direct costs.</td>
</tr>
<tr>
<td>• In England, the costs of lost productivity from sickness absence and premature death have been estimated at £6.5 billion per year (<a href="#">Start active, stay active</a>). Physical activity</td>
</tr>
</tbody>
</table>
programmes at work have been found to reduce absenteeism by up to 20%: physically active workers take 27% fewer sick days.

- Walking or cycling, instead of using motorised transport, can help reduce the associated costs of poor air quality, congestion and collisions in urban areas of England. Each of these issues costs society around £10 billion a year (The wider costs of transport in English urban areas in 2009).

- Many approaches to encouraging physical activity are cost effective, including:
  - Walking buses for younger school children. At £1330 (or £122 per child) they are cost effective, if 50% of those who previously travelled by car start walking to school (see Promoting physical activity for children: cost effectiveness analysis).
  - Improvements to the walking and cycling infrastructure, as they can help people avoid long-term chronic diseases (see Physical activity and the environment: economic modelling report).
  - Work-based physical activity programmes. A programme costing £18,900 for a company with 100 employees could lead to an overall net saving of £10,941 (see Promoting physical activity in the workplace: business case).

Facts and figures

- Around 60% of adult men, 72% of adult women and 68% and 76% of boys and girls (respectively) aged 2–15 do not meet the UK Chief Medical Officers’ physical activity recommendations. These include:
  - a lifetime approach
  - an emphasis on daily activity
  - recognition of the importance of vigorous-intensity activity
  - advocating a combination of moderate and vigorous-intensity activity
  - new guidelines on combatting sedentary behaviour.

- In 2010, 47% of children's trips to and from primary school were made on foot, compared to 53% in 1995/97. The proportion of trips by car increased by about the same proportion.
Similar patterns are seen among secondary schoolchildren, but they make fewer school trips on foot (36% in 2010) (National travel survey: 2010).

- White adults are more likely than those from black and minority ethnic groups to say that they can cycle. Cycling proficiency is also linked to where people live, with those in more deprived neighbourhoods less likely to report being able to cycle (Taking part 2011/12 quarter 3: statistical release).

- People living in the most deprived areas are less likely to take part in active sport than people in the least deprived areas (43.5% versus 57.2%) (Sport overview figures).

- The proportion of people aged 65–74 involved in active sport has increased (from 35.3% in 2005/06 to 36.9% in 2010/11), but there has been a decrease among those aged 16–24 (from 75.8%–71.9%) (Taking part 2011/12 quarter 3: statistical release).

- Women are less likely than men to have been involved in active sport in the last 4 weeks. Sports participation rates among women have declined (from 47.7% in 2005/06 to 45.9% in 2010/11), while rates for men have remained steady at around 60% (Sport overview figures).

**Support for planning, review and scrutiny**

A range of support tools are available via Into practice on our website. They can help you identify local needs and assist with planning and scrutiny activities.

**Other useful resources and advice**

The following resources produced by other organisations may also be useful.

- Advice, guidance and information (national, regional and local) on issues relating to active and sustainable travel are provided by the Department for Transport, including the National Standard for Cycle Training.

- Advice, guidance and information (national, regional and local) on issues relating to active and sustainable travel are provided by Play England.

- The 'National planning policy framework' is available from Communities and local government.
• National, regional and local physical activity data is available from a variety of sources including:
  - Active people survey
  - Health survey for England
  - National travel survey
  - Statistics on obesity, physical activity and diet: England
  - Taking part survey
  - Physical activity data sources.

• A range of physical activity planning tools are available including:
  - Accessibility planning guidance
  - Active planning toolkit
  - Community sport: In it for the long run
  - Creating healthier communities: a resource pack for local partnerships
  - Let's get moving: revised commissioning guidance
  - Lightening the load: obesity toolkit
  - Local sport profile tool
  - Sport and activity planning tool
  - A healthy city is an active city.

• Tools for measuring physical activity and evaluating initiatives include:
  - International physical activity questionnaire.
  - Standard evaluation framework for physical activity.
Changes after publication

10 April 2013:

Additions include a brief description of, and links to, NICE’s local government briefing on walking and cycling. In addition, a summary of NICE’s transport recommendations has been replaced with recommendations taken from NICE guidance on walking and cycling (public health guidance 41). Overlapping recommendations on the built environment, schools and colleges and workplaces have been deleted.

About this briefing

This briefing is based on 10 pieces of NICE guidance published up to July 2012 about physical activity. It was written with advice from NICE’s Local Government Reference Group, and using feedback from council officers and elected members.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health, and commissioners and directors of adult social care and children’s services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

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Walking and cycling

http://publications.nice.org.uk/lgb8

Published: 23 January 2013

Introduction

This briefing summarises NICE’s recommendations for local authorities and partner organisations on walking and cycling. It is relevant to many areas of local authority work, including the development of local plans, core strategies and joint health and wellbeing strategies, including several areas highlighted in the Public Health Outcomes Framework.

Increasing the number of people who regularly walk or cycle can help meet many of the key aims of local authorities, from reducing air pollution and carbon emissions to addressing congestion and helping people live active, healthy lives.

Conditions that encourage walking and cycling can also help create an environment that supports the local economy, providing a vibrant and attractive setting for all. Green space can also help support social inclusion and community cohesion (Social interaction, inclusion and community cohesion).

The role of planning in facilitating social interaction and creating healthy, inclusive communities is outlined in the Town and Country Planning Association (TCPA) handbook Reuniting health with planning and the National Planning Policy Framework. This includes measures to improve physical activity, air quality and promoting sustainable transport.
What can local authorities achieve by encouraging walking and cycling?

**Reduce congestion, air pollution and carbon emissions**

**Improve environmental conditions**

Air pollution (including particulate matter and nitrogen oxides) is known to be damaging to health. Levels of nitrogen oxides and particulates in parts of England exceeded EU limits in 2010 and addressing this is a growing public health priority ([Air pollution in the UK](#)). The Committee on the medical effects of air pollution (COMEAP) estimates that around 29,000 deaths a year are related to air pollution, representing a loss of life expectancy from birth of about 6 months ([The mortality effects of long-term exposure to particulate air pollution in the United Kingdom](#)). Local authorities have a duty to work towards improved air quality, and the [Environmental Audit Committee ninth report](#) notes that EU fines from failure to comply with air quality targets could be passed on from central government to local authorities. The EAC report notes that 'Transport caused the most exposure to harmful air pollutants, and air quality targets would never be met without a significant shift in transport policy.'

Short journeys play a significant part in the pollution from motor vehicles: 20% of all car-related carbon dioxide emissions are from journeys of less than 5 miles ([Low carbon transport: a](#))
Helping people to change to walking and cycling for some of these trips is important in reducing the exposure of the whole population to the effects of air pollution.

**Promote a vibrant local economy**

The cost of congestion to the economy of England is estimated by the transport select committee's *Transport and the economy third report* to reach £22 billion a year by 2025. Switching journeys away from private motor vehicles to other modes (including walking and cycling) is the best long term way to reduce congestion. Cyclists, pedestrians and public transport users provide a substantial economic boost to local shopping streets, which can easily be underestimated. A Living Streets survey (*Making the case for investment in the walking environment*) noted that in a study in Bristol only 22% of shoppers arrived by car – about half the proportion that retailers estimated (41%). *Transport for London's Town Centres Survey 2011* found that people walking to a town centre spent an average of £93 per week in the area, compared with £56 for car drivers or passengers. Bus users spent £70 per week. Schemes that encourage walking and cycling are also likely to produce an environment that is highly valued. Improvements to the pedestrian environment can increase residential prices and retail rents (*Paved with gold, the real value of street design*).

**Improve health and wellbeing**

**Encouraging physical activity**

Being inactive is a major health risk, and around 65% of men and 75% of women in England do not achieve the level of physical activity recommended by the Chief Medical Officer (at least 150 minutes of moderate intensity activity a week, *Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers*). Inactivity is associated with an increased risk of many diseases and conditions, including coronary heart disease, diabetes, obesity and some cancers. Being active can also help maintain mental wellbeing and muscle strength. Physical activity doesn't need to be vigorous to promote health (although vigorous activity is also beneficial). Moderate activity such as brisk walking or cycling is effective. Walking and cycling can fit into daily life to provide regular exercise as well as being a predictable and cheap form of transport for short trips. Being active in older life helps people maintain independence by retaining the ability to carry out activities of daily life, reducing the risk of falling and improving mood and cognitive function.
Changes to transport patterns can also affect health through reductions in air pollution (see the Improve environmental conditions section)

What NICE says

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

Following all of NICE’s recommendations on walking and cycling will help you make the best and most efficient use of resources to improve the health of people in your area. Details of new guidance that NICE is developing are on our website.

Basic principles

A wide-ranging programme of initiatives, involving all local authority departments, will help local communities to walk and cycle more. Initiatives should address the main barriers to walking or cycling as well as offering ways in which people can start walking or cycling. Among the key actions are:

- ensuring there is a network of paths for walking and cycling between places locally
- reducing road danger and perception of danger
- ensuring other policies support walking and cycling
- using local data, communication and evaluation to develop programmes
- including practical support, information about options (including public transport links to support longer journeys), routes, cycle parking and individual support
- focus on key settings
Many professionals will need to be involved in these actions.

Although often discussed together, walking and cycling are different activities and need to be considered separately. Some actions support both walking and cycling.

It is important to pay particular attention to the needs of people whose mobility is impaired, such as people with physical disabilities, frail older people and parents or carers with small children. This will both ensure these groups benefit directly, and achieve a greater increase in walking and cycling across the population as a whole. Programmes to support cycling should include people who use adapted cycles (including tandems, trikes and quads as well as hand-cranked cycles).

**Making changes**

**Walking and cycling networks and infrastructure**

- Ensure the needs of pedestrians and cyclists are considered before those of other road users when developing or maintaining streets and roads.
- Plan and provide a comprehensive network of routes for walking and cycling to help people get to their destinations safely and directly. These should be built and maintained to a high standard.
- Ensure new workplaces are linked to walking and cycling networks. Where possible, these links should improve the existing walking and cycling infrastructure by creating new through routes (not just links to the new workplace).

For details see [Walking and cycling networks and infrastructure](#) on NICE's 'Walking and cycling' pathway.

**Address key barriers to walking and cycling – road safety**

Reducing road danger and the perception of road danger is an important first step in encouraging walking and cycling, although it may not be enough on its own.

For details see [Preventing unintentional injuries on the road among pedestrians and cyclists](#) on NICE's 'Walking and cycling' pathway.
Develop road safety partnerships and strategies

- Maintain or establish road safety partnerships.
- Carry out local child road safety reviews and consultations.
- Align local child road safety policies.

Address motor vehicle speed

- Use road design and engineering measures to reduce motor vehicle speed as well as changes to speed limits with signs only.
- Work with police to educate drivers about and, where necessary, enforce speed limits.
- Develop measures to reduce speed as part of a broad strategy to prevent injury and the risk of injury.

Introduce engineering measures

- Consider engineering measures to make routes commonly used by children and young people safer.

Ensure local strategy, policy and planning support walking and cycling

Strategic or policy decisions can sometimes make walking and cycling more difficult, rather than easier. Difficulties may be an unintended consequence, or arise because actions to promote walking and cycling are not fully considered during policy or strategy development.

- Ensure local, high-level strategic policies and plans (including the core strategy, local plans and health and wellbeing strategy) support and encourage both walking and cycling. Plans should include a commitment to invest sufficient resources.
- Ensure planning applications for new developments always prioritise the need for people to be physically active as a routine part of their daily life. Ensure local facilities and services are easily accessible on foot and by cycle.
- Assess in advance what impact (intended and unintended) any proposals are likely to have on physical activity levels.
For details see Ensuring all relevant policies and plans consider walking and cycling on NICE's 'Walking and cycling' pathway.

Local programmes to support walking and cycling – use local data, communication and evaluation

- Ensure programmes address the behavioural and environmental factors that encourage or discourage walking and cycling.

- Develop coordinated, cross-sector programmes to promote walking and cycling. Incorporate public health goals to increase the number of people walking and cycling as well as the distance they cover. Ensure programmes comprise an integrated package of measures, rather than isolated small-scale activities, and do not focus only on individual risk factors.

- Draw on data to ensure programmes are based on an understanding of:
  - the local population and the journeys people take
  - the needs of people with impairments
  - factors influencing people's behaviour (for example attitudes, existing habits, what motivates them and their barriers to change).

- Include communications strategies to publicise the available facilities (such as walking or cycle routes) and to motivate people to use them.

- Evaluate programmes using tools to consider effectiveness and cost effectiveness. (See, for example, the National Obesity Observatory standard evaluation framework for physical interventions and the World Health Organization's Health economic assessment tool (HEAT) for cycling and walking.)

For details see General principles on NICE's 'Walking and cycling' pathway.

Programme content

Programmes should cover several issues. These include:

- helping people change their travel behaviour (personalised travel planning)
- town-wide cycling programmes
Walking and cycling

- community-wide walking programmes
- individual support for walkers
- action for specific groups (for instance older people).

**Personalised travel planning**

- Help those interested in changing their travel behaviour to make small, daily changes by commissioning personalised travel planning programmes.

For details see [Personalised travel planning](#) on NICE's 'Walking and cycling' pathway.

**Cycle programmes**

- Implement town-wide programmes to promote cycling such as:
  - providing information, including maps and route signing
  - fun rides, recreational and sponsored group rides and school sports promotions
  - cycle hire schemes
  - intensive sessions in particular settings or aimed at particular groups, such as 'Bike to work' weeks, workplace challenges, activities aimed at children and families
  - activities and campaigns to emphasise the benefits of cycling.

For details see [Cycling programmes](#) on NICE's 'Walking and cycling' pathway.

**Walking programmes**

**Community wide**

- Develop walking programmes, based on an accepted theoretical framework for behaviour change and taking into account NICE's guidance on Behaviour change (see also the local government briefing on [behaviour change](#)). Programmes could include:
  - community-wide events, such as mass participation walking groups, community challenges and 'walkathons'
- walks led by suitably trained walk leaders (paid or voluntary) and aimed at people who are currently inactive.

- Ensure programmes offer a variety of routes, paces and distances at different times of the day.

For details see Community-wide walking programmes on NICE's 'Walking and cycling' pathway.

**Individual support**

- Ensure additional, 1-to-1 support is offered at regular intervals. It could include:
  - individual, targeted information, including printed material
  - goal-setting, monitoring and feedback.

- Provide general information including:
  - maps, signs and other details about walking routes
  - how to get to shops, schools and other places on foot
  - details of surface quality and accessibility.

- Use pedometers only as part of a package that includes support to set realistic goals (whereby the number of steps taken is gradually increased), monitoring and feedback.

For details see Providing individual support on NICE's 'Walking and cycling' pathway.

**Older people and mental wellbeing**

- Work with partners to provide walking schemes at a range of intensities suitable for older people with different abilities.

For details see Walking programmes for older people on NICE's 'Walking and cycling' pathway.
Action in specific settings – schools and workplaces

Schools

- Develop and implement school travel plans that encourage children to walk or cycle all or part of the way to school, such as:
  - addressing issues in the local environment
  - introducing 'walking buses' and 'Bikeability' training
  - setting performance targets for school travel plans
  - developing parents and carers' awareness of the wider benefits of walking and cycling.

For details see Schools on NICE's 'Walking and cycling' pathway.

Workplaces

- Develop strategies to promote walking and cycling in and around the workplace, such as joint working between local authority transport departments, neighbouring businesses and other partners to improve walking and cycling access to workplace sites
- Offer support to employers who want to encourage their employees to be more physically active by implementing the NICE guidance by, for instance developing workplace travel plans to address issues such as cycle parking, showers and storage.

For details see Workplaces on NICE's 'Walking and cycling' pathway.

Recognise the health benefits

- Ensure there is a senior public health position leading on, and responsible for, the health sector's involvement in injury prevention and risk reduction and for promoting both walking and cycling. Include walking and cycling when considering programmes to address specific health conditions or outcomes (such as coronary heart disease or mental wellbeing).

- Ensure the health sector plays an active role in the partnership (local road safety partnerships).
Incorporate information on walking and cycling into all physical activity advice given by health professionals.

For details see NHS on NICE's 'Walking and cycling' pathway.

**Examples of good practice**

Examples of how NICE's advice on walking and cycling has been put into practice can be found in our shared learning database.

Note that the examples of practice included in this database aim to share learning among NHS and partner organisations, and do not replace the guidance.

**Developing an action plan**

The table below poses a range of questions that could be asked when developing a comprehensive plan to help your local population walk and cycle more. The recommendations summarised in the 'What NICE says' section will help you identify effective actions to take.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Link to NICE recommendations in walking and cycling pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a comprehensive network of local walking and cycling routes? Is there a plan to address gaps in the network?</td>
<td>Walking and cycling networks and infrastructure</td>
</tr>
<tr>
<td>Is road danger (and perception of road danger) being addressed systematically (traffic speed/volume)?</td>
<td>Preventing unintentional injuries on the road among pedestrians and cyclists</td>
</tr>
<tr>
<td>Is there a mechanism to ensure all policy areas support walking and cycling? Is support for walking and cycling adequately reflected in the core strategy, local plan and health and wellbeing strategy?</td>
<td>Ensuring all relevant policies and plans consider walking and cycling</td>
</tr>
</tbody>
</table>
Is there a comprehensive approach across the area to supporting walking and cycling?

<table>
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<tr>
<th>Setting up and managing cross-sector walking and cycling programmes</th>
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Are there comprehensive local programmes on the following:
- Supporting people wanting to change their travel habits?
- Area-wide support for cycling?
- Area-wide support for walking?
- Individual support for walking?
- Addressing the needs of specific groups (such as older people)?

Walking and cycling programmes

| Schools |
| Workplaces |

Are there programmes to support walking and cycling for specific settings such as:
- schools
- workplaces (including local authority and NHS workplaces)?

<table>
<thead>
<tr>
<th>NHS</th>
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Is there a clear position in the public health team with responsibility for ensuring health input to support walking and cycling?

<table>
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<tr>
<th>Evaluation including cost effectiveness</th>
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Is there a mechanism to ensure that all groups can increase their walking and cycling levels and so avoid inadvertently increasing inequalities

Costs and savings

Increasing walking and cycling can help make savings in the following areas:

- Costs of air pollution. The main cost of air pollution comes from the impact on health. The health impact of man-made particulate air pollution is estimated in The wider costs of transport in urban areas to be between £8.5 billion and £20.2 billion a year, based on
people's willingness to pay for avoiding the adverse health effects of air pollution. Air pollution also causes significant damage to the environment. Ozone reduces the yield of wheat grown in southern Britain by 5–15% and 60% of sensitive habitats exceed the critical load for nitrogen, of which atmospheric pollution is a major cause.

- Wider costs of transport. The cost of transport in English urban areas was estimated for a number of outcomes in *The wider costs of transport in English urban areas in 2009*. The estimates were that it cost (in 2009 prices and values) £10.9 billion per year for excess delays, £1.2–£3.7 billion in greenhouse gas emissions and £3–£5 billion in noise and amenity losses.

- Costs associated with inactivity. Direct costs of inactivity to the NHS (from coronary heart disease, stroke, diabetes, and colorectal and breast cancer) in the UK is estimated to be around £1.06 billion a year, the wider costs of lost productivity in England to be £5.5 billion a year, and death of people of working age around £1 billion a year (*Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers*).

- Transport interventions are judged in value for money terms using calculation of benefit-cost ratios. Evidence submitted to the *Third report– transport and the economy* (by Professor Phil Goodwin) notes that the schemes that give best value for money are relatively low budget items such as local safety schemes, smarter choices, and cycling schemes. Much poorer returns are given by Highways Agency and Local Roads schemes (even for the best examples). Value for money could be increased by increasing the expenditure on the first group and reducing expenditure elsewhere.

### Facts and figures

Below are other facts and figures on walking and cycling and physical activity.

- **Department for Transport figures** ([National travel survey 2010](#)) for Great Britain show that more than half (56%) of car journeys are less than 5 miles, and 20% of all trips in 2009 covered less than 1 mile. Transport for London's analysis of cycling potential ([Cycling revolution](#)) estimates that on an average day around 4.3 million trips in London are 'potentially cyclable'.

- **Bicycles are used for around 2% of journeys in Britain** – compared with about 26% in the Netherlands, 19% in Denmark and 5% in France ([Cycling in the Netherlands](#)). Cycling as a
share of all trips in Freiburg rose from 15% in 1982 to 27% in 2007 (Cycling in the city regions).

- The number of cyclists in different local authority areas varies across England (Local area walking and cycling in England, 2010/11). In 10% of areas (32) at least 15% of adults cycle at least once per week. In 30 local authorities (9%), this figure is 5% or less.

- There is far less variation in walking than in cycling. The proportion of adults who walk at least once a month ranges from 84 to 96%.

- Walking is reported by the ONS sport and leisure report to be the most common – and cycling the 4th most common – recreational and sporting activity undertaken by adults in Britain. Walking (for any purpose) accounted for between 37 and 45% of the time that women of all ages spent doing moderate or vigorous physical activity, and between 26 and 42% of the time devoted to such activities by men of all ages (Age-related differences in physical activity profiles of English adults). The majority (85.8%) of adults claim they can ride a bicycle (around 92.9% of men and 79% of women, Taking part 2011/12 quarter 2: statistical release). However, the average time spent travelling on foot or by bicycle in Britain decreased from 12.9 minutes per day in 1995–97 to 11 minutes per day in 2007 (National travel survey 2010).

- Based on self-reporting, 61% of men and 71% of women in England aged 16 and over did not meet the national recommended levels of physical activity[^1], although there are variations with age, gender and ethnicity (Health Survey for England – 2008: physical activity and fitness). According to the Health Survey for England 2006: CVD and risk factors adults, obesity and risk factors children, 63% of girls and 72% of boys aged between 2 and 15 report being physically active for 60 minutes or more on 7 days a week (girls' activity declines after the age of 10). However, objective data from Health Survey for England – 2008: physical activity and fitness suggest this self-reported data is an overestimate. According to the same survey, and based on accelerometry, only 6% of men and 4% of women achieved at least 30 minutes of moderate or vigorous activity on at least 5 days. Only 2.5% (5.1% of boys and 0.4% of girls) did more than 60 minutes of moderate-to-vigorous physical activity daily (Objective measurement of levels and patterns of physical activity).

[^1]: These figures refer to the pre-2011 guidelines for physical activity (that is: adults should be active for at least 30 minutes at least 5 times a week at moderate intensity or greater).
Support for planning, review and scrutiny

A range of support tools are available via Into practice on our website. They can help you identify local needs. They can also help with planning and scrutiny activities.

Other useful resources and advice

The following resources produced by other organisations may also be useful:

- **Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers.** This report sets out the evidence relating to the impact of physical activity on health. It gives guidance on the volume, duration, frequency and type of physical activity needed across the life course to achieve general health benefits.

- **Manual for streets** and **Manual for streets 2**. The 'Manual for streets' emphasises that streets should be places in which people want to live and spend time, and are not just transport corridors. In particular, the manual aims to reduce the impact of vehicles on residential streets by asking practitioners to plan street design intelligently and proactively, and gives a high priority to the needs of pedestrians, cyclists and users of public transport. 'Manual for streets 2' expands this beyond residential streets.

- **Making the case for investing in the walking environment.** This report from Living Streets presents evidence on the multiple health, economic, social and environmental benefits of investment in walking friendly public spaces.

- **Health economic assessment tool (HEAT) for cycling and walking.** This online resource from the World Health Organization can be used to estimate the economic savings from regular walking and cycling. Online training to use the tool is available.

About this briefing

This briefing is based on 6 pieces of NICE guidance published up to October 2012 that include recommendations on walking and cycling. It was written with advice from NICE’s Local Government Reference Group, and using feedback from council officers and councillors.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers
and councillors, directors of public health, and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

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Changes after publication
February 2013: minor maintenance.

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