



HEALTH AND PLANNING AUDIT

A REVIEW FOR SOUTH GLOUCESTERSHIRE COUNCIL

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WHO Collaborating Centre for Healthy Urban Environments
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In early 2010, a methodology was developed by the WHO Collaborating Centre for Healthy Urban Environments at UWE, Bristol, to review how health and wellbeing are integrated into planning decisions and processes in a local authority. The aim was to explore to what degree individual local authority officers, members and staff in the public health team understand health and health issues in their local area in relation to planning and transport in the built environment and what policies, resources and guidance they use to help shape their judgment and decisions.

This methodology was piloted with South Gloucestershire Council and this report is the result of 17 informal interviews held with staff of the Council and Primary Care Trust.

We would like to thank South Gloucestershire Council and South Gloucestershire Primary Care Trust for their help and support in carrying out this project; to the interview team who donated their time and expertise to the project; and to the South West Strategic Health Authority who funded the work.

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HEALTH AND PLANNING REVIEW FOR SOUTH GLOUCESTERSHIRE COUNCIL

SUMMARY

What could South Gloucestershire Council do better to improve the health of local people through its' spatial planning policies and decisions?

This question was the focus of an independent review carried out in January 2011 by the Department of Health - South West and the University of the West of England, on the invitation of the Council.

Findings

South Gloucestershire Council has clear, unequivocal and cross-cutting ambitions for delivering better health expressed through all its strategic documents. However, the review found that there is little to show on the ground at present to match these ambitions. This accentuates the risk that continuing 'business as usual' will not guarantee that the policy ambitions will be met, even within the next 5-20 years.

The review found that staff have a reasonable understanding of how planning contributes to health and are keen to learn more to achieve better results. The co-location of Public Health staff at the Yate Council Office from April is a golden opportunity to strengthen understanding, co-operation and achieve more together.

The Top Five Recommendations

1 Knowledge Sharing

To equip planning and public health staff with greater knowledge of the inter-actions between spatial planning and public health, thus improving the professional practice of people to deliver improved health through planning due to their deeper understanding and confidence.

2 Cross Disciplinary Working

To improve working links between different service areas/teams across the Council through a systematic approach which promotes and expects cross-team working, resulting in better understanding of the interdependence of each others roles and the opportunities for delivering excellent planning results.

3 Evidence and Best Practice

To create an accessible resource of evidence and best practice examples of the health benefits from characteristics of the built environment for staff, members, partners and local communities. More use could be made of the expertise 'on the doorstep' at the WHO Collaborating Centre for Healthy Cities and Urban Policy at UWE. The evidence base must be adopted for use in development control processes.

4 Space Standards

To consider the benefits from introducing space standards into design guidance which embrace both private and public areas. This should range from internal rooms and storage areas in homes, to private gardens, safe play, public open space and the wider public realm. (This will help address the current inequity where developments for Registered Social Landlords conform to agreed space standards but market housing does not.)

5 Health Impacts and Outcomes

To pilot a Health Impact Assessment on a single major site to use both as an educational tool for staff and to establish what changes to proposals can be identified on grounds of health improvement. This should be coupled with gathering evidence in new developments to monitor the attitudes and health behaviours of residents and other users. All this 'before' and 'after' knowledge should be fed back into subsequent phases of the same developments and/or used more widely across the Council to refine policies and future decisions.

Specific action points to help implement these recommendations are contained in the rest of this report, below.

Introduction

This report outlines the findings and recommendations arising from a review of the planning policies and practice of South Gloucestershire Council, which was conducted in January and February 2011.

The review was devised by the Department of Health – South West and the University of the West of England to examine how the spatial planning system delivers better health for individuals and communities through implementing decisions about changes to the built environment and through managing growth.

Council staff and members volunteered to be the focus of this review, in the knowledge that it was pilot process from which many authorities could potentially benefit in the future.

The review objectives were:

- to understand how health and well-being are integrated into the strategies, policies and decisions of South Gloucestershire Council;
- to establish to what degree individual local authority officers and members understand health issues and use existing policy, guidance and good practice to help shape their judgement and decisions; and
- to identify opportunities to deliver better health either via improving organisational processes and policies or through individual knowledge or skills.

The review was conducted in the following way:

- a single day visit to the Council by a review team of people with particular knowledge of health and the built environment;
- one to one interviews conducted with a cross section of officers and members from different parts of the Council, plus staff from the Primary Care Trust;
- a report with recommendations presented back to the Council.

The review sought to use its findings to provide recommendations, based on the following five themes:

1. Skills and Knowledge
2. Leadership and Governance
3. Strategies, Policies and Plans
4. Tools and Guidance
5. Results on the Ground

The Review team wish to put on record their thanks to the people interviewed who gave their time and showed genuine interest and commitment to building health into their work.

We sense there is already significant interest and enthusiasm amongst council and PCT staff in wanting to deliver improvements to health more effectively in this new era of public health joining local authorities.

We hope these recommendations will help ignite that enthusiasm.

1 Skills & Knowledge

What success looks like:

Staff, members and partners understand that better health is one of the outcomes to be gained from spatial planning and are confident in articulating the case for health with others.

Findings

There was a widespread belief amongst staff that good planning naturally leads to good health.

There was a strong awareness amongst staff and members of how dependence on the car can have negative effects on health.

The opportunity to improve people's health through planning is widely recognised and articulated by most staff at a general level. There was some lack of detail in understanding about what actually makes for good health, and what planning can do to improve health.

There was a feeling that the PCT did not understand the planning system as well as planners understood health. Public Health staff's understanding of planning is admittedly limited. Whilst planning staff's understanding of health is generally sound there are gaps and lack of detail in places.

There is limited understanding of what constitutes relevant and available health data and so little use made of health data or evidence to shape decisions, especially at master planning and site level.

For example understanding of the Joint Strategic Needs Assessment (JSNA) was weak. The contents of the JSNA were also considered weak, particularly around the communities near to where major development is expected to take place.

There is a lack of knowledge about how planners should relate to GPs, particularly about involving them in deciding how future health needs are planned for, such as location of GP surgeries and other out-patient services. With the introduction of GP consortiums, this is an opportunity to gain a better understanding and initiate collaborative working on health needs.

The concept of health inequalities was articulated well by some people, good examples included the needs of the gypsy and traveller communities (there were around 250 caravans occupied by travellers in 2008). However, the concept of Priority Neighbourhoods had a low profile and there is uncertainty about what are the planning requirements which would help improve these places. There was uncertainty about how to utilise future contributions from developers to provide for the wider needs of for the poorest communities.

Health facilities and services are seen as an easier health subject to grasp compared to health improvement through the facilitation of healthy lifestyles.

Knowledge appeared to focus on green space/leisure facilities and their impact on increasing physical activity and/or access to health services. There was less mention of how the environment affects health issues such as access to local and healthy food, social cohesion, community safety, etc.

Whilst there was a realisation of the aging population in terms of the need for greater provision and location of care homes, knowledge about how to facilitate older people remaining in their own homes for longer was a less understood area (e.g. the needs for adaptable homes, walking distances from shops and services).

Not all Development Management staff were confident in discussing the principles of good design.

Potential Actions

1. to create a specific vision for improving health through planning which is developed with staff, communities and developers.
2. to hold a series of knowledge sharing workshops to promote understanding of health needs (the Joint Strategic Needs Assessment), the impact of health from the built environment (the Barton/Grant Health Map), the strengths and weaknesses of evidence and the main components of the planning system. The Barton/Grant Health Map accompanies this report.

This will help:

To equip planning and public health staff with greater knowledge of the interactions between spatial planning and public health, thus improving the professional practice of people to deliver improved health through planning due to their deeper understanding and confidence. A particular example was the health value of 'home zones', where some staff felt vulnerable to challenge about their benefits. A potential output is a check list of health enhancing features to inform master planning, and for early discussions with developers.

To develop a more specific understanding of the potential changes to the built environment that can be facilitated through planning so that health is improved. And further to this, devise a measurable set of indicators to evaluate how well new developments are achieving health improvement.

To enable communities to understand their own health status and health needs better so they are more equipped to engage in discussions about changes to their local areas, recognising that people with the poorest health tend to have less understanding of the underlying causes of poor health.

To make more use of the range of health data that exists on local health needs, at the most local level possible (eg the Joint Strategic Needs Assessment being more relevant to planners). Existing In-house GIS skills could be used support this.

2 Leadership and Governance

What success looks like:

Strong and passionate leadership, with governance arrangements which make the most of partner skills. Responsibilities for action are clearly identified.

Findings

There is a strong commitment from the top to embrace the growth that is inevitable for the area, to shape it and add value so that it delivers maximum benefits for local people.

Improving health through this growth is one of the main objectives for the Council, and there is commitment to developing a golden thread where strategic health objectives get delivered across and through decisions at all levels.

The North Fringe Transport Forum of major employers is a good example of the Council promoting smarter travel and fostering good practice. Through this forum employers are encouraged to carry out standardised travel surveys of staff to identify trends in travel behaviour.

There was a feeling that members were generally less willing to make decisions restricting the use of the private car in favour of public transport and active travel, compared with officers, although traffic problems often dominate member discussions. Sometimes it is not appreciated that car ownership is not the same as car use, and that car drivers can and should be encouraged to use alternative modes of transport for some journeys.

The presence of a Joint Local Transport Plan (JLTP), promotes a joint approach to cross border transport issues, and a realisation that compromises are inevitable in the strength of some of its policies. There are better links with health in the new JLTP plan compared with the previous one, yet the PCTs wanted to be more ambitious in restricting car use than the transport planners.

There is a member led process of 'select committee's' which review Council activity on a cross cutting basis (eg childhood obesity, crime and safety). They tend to work best when led by executive members and their findings are tested and subsequently embedded in service plans.

There were examples of some good team working, lead by officers prepared to reach out to colleagues in other sections of the Council. And cross-team working has improved with the opening of the new Yate office. However there is no structured way to facilitate this cross-team working with the onus being left to individuals.

Good examples of team working were between Major Sites and Policy. The links were less clear between Transport and Policy, between New Priority Neighbourhoods and Planning, and between Education and Planning. One example given was the opportunities to translate developer contributions for green space into maintenance regimes that make the most of these health assets were not being maximised.

Relationships with the PCT are generally good, though the focus tends to be around health facilities and services, rather than health improvement. The PCT was also

seen as stronger on the former than the latter. However the imminent move of the Public Health team to the Yate office is seen as a positive step.

High level working groups exist for some specific area-based developments, which involve various combinations of representatives of the Local Strategic Partnership such as the PCT, council, other partners, with member and officer representation. There is some disconnect with what they are trying to achieve with what people do on the ground.

Potential Actions

1. site visits involving people from different service areas, members and public health colleagues to learn from excellent examples of healthy environments;
2. Project Initiation Documents used to identify input from colleagues in other teams for major time commitments;
3. informal lunch time briefings; and
4. commitments in Personal Development Performance Frameworks to more effective team working.

This will help:

To ensure that each service area of the Council understands the implications for their service of having an explicit responsibility for health – health needs championing at both member and officer level, without falling into the trap of creating specialist, free standing roles. The relocation of the Public Health team to the Yate office should be utilised to the full to establish a health improving culture across the Council.

To ensure that the high level working groups communicate their findings and decisions to members and staff, for example by putting reports on the intranet and encouraging staff to examine the implications for their service.

To improve working links between different service areas/teams through a systematic approach which promotes and expects cross-team working, resulting in better understanding of the interdependence of each others roles and the opportunities for delivering results.

3 Strategies, Policies and Plans

What success looks like?

Visible and consistently applied, ambitious policies to deliver better health throughout South Gloucestershire

Findings

The objective of improving health and wellbeing is clearly embedded throughout the main strategies and policies, from the Sustainable Communities Strategy (Being Healthier), Council Plan (Priority 6 Health and Wellbeing), and Core Strategy (Improving Health and Wellbeing, cross cutting theme, p24).

Specific health improvement commitments include:

- Reducing dependence on private cars
- Access and quality Green space
- Promotion of active travel
- Good design in new developments to promote sense of wellbeing
- Commitment to groups with particular health needs such as Gypsies and travellers.

It was perceived by some staff that available evidence to justify informal open space was much weaker than for sports facilities and community services.

Potential Actions

1. 'Test' planning policies and strategies with example proposals to ensure that the high level objectives in the core strategy are carried through to the more detailed policies and guidance.
2. Undertake a brain-storming session with planners and public health officers to look at how the priority neighbourhoods can be improved, and the opportunities that planning has to make those improvements. In particular, for areas where no major development is envisaged, to introduce a method to harness the health potential from the accumulation of smaller scale developments that are likely to take place there. For example Urban Design frameworks near to priority neighbourhoods should seek to address the specific needs of that area.
3. Agree design guidance for space standards, which embrace both private and public areas. This should range from internal rooms and storage areas in homes, to private gardens, safe play, public open space and the wider public realm. (This will help address the current inequity where developments for Registered Social Landlords conform to agreed space standards but market housing does not.)

This will help:

To ensure that the high level policy commitment to health improvement is followed through into specific actions on the ground through the sequence of site allocations, supplementary planning guidance, master plans and detailed planning permissions.

To ensure that opportunities to harness the benefits of growth and development are maximised, in particular for those neighbourhoods who suffer health inequalities.

To ensure that all new housing developments are of an appropriate size and standard, and provides sufficient space and storage to meet the requirements of today's sustainable lifestyles. (UWE is hoping to undertake a pilot project over the summer looking at this specific area).

4 Tools and Guidance

What success looks like?

Staff make full use of tools, guidance and case studies to inform their decision making.

Findings

Improving health is one of the three main themes of the Sustainability Appraisal that has been carried out on the Core Strategy.

Building for Life Assessors carry out appraisals of new developments but there is no evidence that their findings feedback into policy and decision-making processes.

It is not current practice to apply Health Impact Assessments to major new developments.

Planning staff make regular visit to new developments to learn from what has been created.

Annex 2 contains a useful list of available tools and guidance.

Potential Actions

1. Use pre-application meetings with developers to set out the Council's requirements for the development to improve health, as well as how it can fulfil the Building for Life criteria. As there appears to be a certain lack of confidence amongst some staff to do this.
2. Make better use of design and access statements so developments contribute more benefits for health, community and social matters.
3. Work with partners (such as UWE) and perhaps neighbouring authorities to create a central resource of evidence and best practice examples of the health benefits of features in the built environment.
4. Pilot a Health Impact Assessment on a single major site
5. Monitor the attitudes and health behaviours of residents and other stakeholders in new developments, especially in the early phases so that lessons can be fed back into subsequent phases of the same development and be used more widely to refine policies and future decisions.
6. Set up inter-disciplinary site visits to exemplary developments, so that people can learn from each other.
7. Make more use of the resources and skills of the WHO Collaborating Centre for Healthy Cities and Urban Policy at UWE.

This will help:

To ensure health is made clear to developers as a priority upfront and at the early stages of a development proposal. And to ensure that health implications of developments are made explicit in design and access statements.

To use HIA as an educational tool for staff and to establish what changes to proposals can be identified on grounds of health improvement.

To ensure that there is a monitoring system in place that can ensure that the health objectives in the corporate strategy and core strategy are being delivered on the ground. This provides a mechanism for modifying policies and processes where intended results are not being delivered.

To ensure joint-working and a mutual understanding about the role of the planning and health teams in delivering healthy and sustainable neighbourhoods.

5 Results on the Ground

What does success look like?

There are examples of healthy developments that people are proud of, either already built or for which planning permission has been given.

Findings

There are clear ambitions that future developments will deliver more positive healthy communities. Nevertheless there are already some results people are proud of:

- Existing examples include Hanham Hall for its sustainable use of energy, home zones, car club, multi use site, restoration and new build. A high profile eco- exemplar, which has benefited from government funding.
- Thornbury Care Home which is located in the grounds of the hospital, includes a small residential development, which are conveniently located within the town, despite many care homes failing to be viable developments in built up areas.
- Staple Hill cycle track which is of a quality to provide a real amenity, not just a route.
- Travel Plans, which are now required from developers, mainly for employment sites. The Council's own office at Yate was seen as a good example, with car park restrictions, extra public transport services and excellent facilities for cycles.

Examples in the pipeline include:

- Emerson Green East with its foot bridge link to local shops, its co-location of homes and workplaces, plus public transport services which are to be subsidised by the developer during the construction phase. The Supplementary Planning Guidance for this site also justifies the need for a community liaison officer to work with new residents to help build a sense of community and ensure good communications with stakeholders, with the post funded by the developer during the construction period.
- Plans to improve the permeability of the UWE Frenchay campus, for more convenient walking and cycling.

Many developments in the last 20 years or so were based on the assumption of free and unfettered use of the car (eg Bradley Stoke) and these now need retrofitting with better cycling and walking facilities. Syston Hill is also seen as poor example of a recent development from a previous era where health was less obviously part of what was expected from new development.

Provision for cycling is recognised as being patchy, however the recent Cycling City programme has been a boost to investment.

There is a community liaison officer within the Council who helps communities identify facilities they need that could be delivered via new developments, and helps these needs be recognised in negotiations with developers.

There is recognition of the need for developers to deliver on their commitments agreed as a condition of planning permissions, despite the current pressures to relax some of these to get developments started.

Potential Actions

1. Ensure staff are encouraged through training, staff development and personal performance agreements to enhance their confidence and ability to conduct robust and authoritative negotiations with developers.
2. Devise community programmes designed to change people's behaviour towards more healthy living which are implemented as new developments come on stream. This is seen as an opportunity for closer joint working between community services and planning directorates.
3. Public health colleagues who are co-locating to the Yate Council office from this April should host health improvement workshops for council staff, members and other partners such as Registered Social Landlords, and the Police.
4. Consider continued investment in integrated transport, with an emphasis on providing low carbon, active travel such as walking, cycling and public transport until there is a reliable network for commuting and leisure purposes.

This will help:

To raise awareness and encourage more creative thinking about ideas for joint working and new solutions. (There is already significant interest and appetite amongst council staff wanting to deliver health improvement more effectively).

To provide opportunities for residents to integrate the use of public transport and non-motorised modes of travel into their daily activities and lifestyles.

Conclusions

- **South Gloucestershire Council has clear and unequivocal cross- cutting ambitions for delivering better health expressed through all strategic documents.**
- **However there is little evidence on the ground to match these ambitions.**
- **Staff have a reasonable understanding of how planning contributes to health and are keen to learn more to achieve better results.**
- **The co-location of Public Health staff at the Yate Council Office from April is a golden opportunity to strengthen understanding, co-operation and achieve more together.**
- **These recommendations can be achieved at low cost.**

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Annex 1 Interview Team

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Annex 2 Tools and Guidance

The following is a list of health-related resources and guidance available at the time of the audit:

Community green: using local spaces to tackle inequality and improve health CABE, 2010

Investigating the relationship between urban green space, inequality, ethnicity, health and wellbeing in the largest study of its kind in England.

Future health: sustainable places for health and well-being CABE, 2009

Explaining how good design makes healthy places by bringing together what CABE knows about sustainable, health-promoting design with the latest thinking about individual health and well-being.

Homes for our old age: independent living by design CABE, 2009

Featuring 10 case studies of housing schemes for older people, each of which offers inventive design and management solutions linking home and social care.

Designing and planning for play: public space lessons CABE, 2008

Advice encouraging local authorities to design natural play spaces that allow children to use their imagination.

Assessing design quality in LIFT primary care buildings: CABE, 2008

Briefing paper summarising CABE's findings on the design quality of new health buildings provided under the LIFT (local improvement finance trust) programme.

Building for Life

CABE & Home Builders Federation, 2008

A set of 20 criteria, expressed as questions against which the design quality of new housing developments can be assessed. The premise is that good quality housing design "can improve social wellbeing and quality of life by reducing crime, improving public health, easing transport problems and increasing property values. Building for Life promotes design excellence and celebrates best practice in the house building industry

A sense of place: what residents think of their new homes CABE, 2007

Research exploring the implications of residents' views for those involved in the delivery of new homes, including developers, local authorities and policymakers.

Physical activity and the built environment CABE, 2006

Highlighting opportunities for using the built environment – streets and neighbourhoods, parks and workplaces – to reduce inactivity and obesity.

Designed with care: design and neighbourhood healthcare buildings CABE, 2006

Presenting 15 wide-ranging case studies of new healthcare buildings that have challenged existing ways of working.

Building public health:

CABE, 2005

Presentations from seminar exploring how a high quality built environment can contribute to the promotion of public health.

Is the grass greener?: learning from international innovations in urban green space management

CABE, 2004

Illustrating how cities from Melbourne to Minneapolis are improving their residents' health, wealth and quality of life by investing in parks and green spaces.

The value of public space: how high quality parks and public spaces create economic social and environmental value

CABE, 2004

Showing how cities in the UK and around the world have used their public spaces to deliver economic, health and social benefits.

Primary care: making a better environment

CABE, 2002

Transcript from the joint King's Fund/ CABE conference on Primary Care, aiming to improve the standard of design of healthcare buildings.

Walking in towns and cities: evidence submitted to the environment transport and regional affairs select committee s inquiry into walking in towns and cities

CABE, 2001

Evidence submitted to the Environment, Transport and Regional Affairs Select Committee's inquiry into walking in towns and cities.

By Design, urban design in the planning system towards better practice"

DETR & Commission for Architecture and the Built Environment, 2000

Provides sound, practical advice to help implement the Government's commitment to good design. It sets out a checklist of design principles for development management and a „toolkit" for all levels of planning policy preparation.

Planning for health in London: the ultimate manual for primary care trusts and boroughs

HUDU

The manual cover outlines how the health services are delivered in England the role of spatial planning and the need for collaboration between health and planning. It asks 6 key questions, these include why health and spatial planning should collaborate, the need to produce spatial strategies and plans that promote health, need to match healthcare demand and supply as well as working out delivery on the ground.

Delivering Healthier Communities in London

HUDU

Explains why planning for health is important, policy context considerations, the concept of healthier communities, why a good evidence base is required and outlines good planning practice with regards to health including outlining a spatial plan for health in context of the LDF. The guidance is aimed at 1) planner - those involved on the writing of plans and policies and in reviewing development applications, 2) health practitioners who are involved in the review of plans, policies and development applications and/or the provision of health advice to borough planners and developers, and 3) developers, consultants as well as architects.

Integrating Health into the Core Strategy: A Guide for Primary Care Trusts

HUDU

The purpose of this guide is to demonstrate to PCTs how they can get involved in and influence the spatial plans that councils need to prepare. Equally it can be used by the boroughs to check whether they are getting the best from the health sector in order to produce a sound plan. Every local planning authority is required to prepare a spatial plan, known as a Local Development Framework (LDF) to manage all aspects of the future growth and change within its area. The LDF is made up of several documents, the most important of which is the core strategy. This sets out the key strategic policies that will guide development. Spatial plans have a very significant effect on the environment, for instance housing, open space, transport, pollution, employment and regeneration and are therefore critical to creating healthier environments, supporting healthier lifestyles and planning for healthcare infrastructure.

Watch Out for Health

HUDU

This should be used at an early stage of pre-application discussions, project initiation, area action plan or masterplan stage to provide an overview and identify critical issues related to proposed development and its impact on health. The document outlines potential health benefits, positive and negative effects of proposed development and issues that need to be thought about.

Health and Urban Planning Toolkit

HUDU

The toolkit sets out a step-by-step approach to improve engagement between Primary Care Trusts and Local Planning Authorities. It also acts as a handbook to integrate health into the Local Development Framework and the planning application process. For PCT, it aims to strengthen understanding of the ways in which the wider determinants of health can be enhanced through effective planning policies and the ways in which planning for health services and plans for the physical development of boroughs can be integrated. For boroughs, the toolkit aims to strengthen the common understanding of the ways in which the wider determinants of health can be enhanced through effective spatial planning policies.

What makes an eco-town?

BioRegional Development Group and CABE, 2008

Guiding principles to help achieve eco-town aspirations, but also outlines standards and criteria that will be useful in developing all new neighbourhoods or urban extensions. Focus is on environmental sustainability but it is recognised that “social and economic factors” must also be addressed for successful communities

Code for Sustainable Homes: Technical guide - May 2009 Version 2"

Department for Communities and Local Government

sets out a comprehensive measure of the sustainability of new homes covering nine categories of sustainable design including energy and CO2 emissions; water; materials; surface water run-off; waste; pollution; health and wellbeing (but only insofar as it relates to the curtilage of a house); management; and ecology. It allows development to be assessed against performance targets, and awarded a rating on a scale of level 1 to 6, where 6 is highest

Building Sustainable Transport into New Developments: a menu of options for growth points & eco-towns"

Department for Transport, 2008

Sets out how to build an effective sustainable public transport system in large new developments, from the planning to implementation stage

Manual for Streets"

Department for Transport, 2007

Advice for the design of residential streets representing strong government commitment to the creation of sustainable and inclusive public spaces"

Meeting Targets through Transport"

Department for Transport, 2008

Describes how careful use of transport services and infrastructure can help achieve a wide ranging number of targets, indicators and wider objectives with regard to: transport, climate change and air quality, housing delivery, employment & business growth, participation in sport, volunteering and cultural activities, crime, perception of an area, street cleanliness, education and skills, and health and wellbeing

Planning and design for Outdoor Sport and Play"

Fields in Trust, 2008

Provides recommended „Benchmark Standards" for outdoor sport and outdoor play for urban and rural areas. The standards are based on quantity, quality and accessibility

Supplementary Planning Guidance: Providing for Children and Young People,"s Play and Informal Recreation"

Greater London Authority, 2008

Supplementary Planning Guidance for London sets out clear benchmark standards for provision of play space, backed up by good practice examples, aimed at professionals involved in planning and designing local neighbourhoods.

Green Infrastructure Guidance"

Natural England, 2009

Provides "a comprehensive overview of the concept of green infrastructure and signposts other relevant information... it maps out wider priorities and drivers". The guidance also sets out „green infrastructure tasks" to influence the LDF process, and case studies

Nature Nearby", Accessible Natural Greenspace Guidance

Natural England, 2010

Describes the amount, quality and visitor services for accessible natural green spaces, and provides advice on how they can be provided. Sets out the „ANGSt" standard to provide a national benchmark against which local standards can be assessed, deficiencies identified and rectified through planning and other mechanisms.

Better Places to Play through Planning"

Play England, 2009

Describes how the local planning system can, through means of the LDF and development management, be used to improve the experience and enjoyment of children and young people and involve them in shaping their own neighbourhoods. It offers recommendations for improving the quality, quantity and access to local playable spaces.

Climate Change Adaption by Design, a guide for sustainable communities"

Shaw, R., Colley, M & Connell, R. 2007 for the Town & Country Planning Association
The guide considers "how adaptation options are influenced by geographical location and the scale of development. It considers the interrelated roles of the planning system, communities, other stakeholders and delivery bodies. It seeks to ensure a better understanding of climate risks while demonstrating effective adaptation strategies through case studies from around the world

Active Design, promoting opportunities for sport and physical activity through good design"

Sport England, undated

Guidelines "to promote new environments that offer opportunities for communities to be naturally active as part of their daily life". Set out a range of physical and management measures to encourage the recommended levels of physical activity, and also good design through improving activity, enhancing amenity and increasing awareness. The guidelines differentiate between master planning components and active travel and are set out as a series of 44 questions to judge proposals by, broken down into the issues of accessibility, amenity and awareness

Spatial Planning for Sport: creating local policy

Sport England, undated

Provides an overview of the development plan system and a checklist to use to ensure the interests of sport and active recreation are fully recognised within them. The checklist is set out against the „tests of soundness" applied by independent inspectors to judge the quality of development plans against national policy

Space for People, targeting action for woodland access

Woodland Trust, 2004

Sets out standards and advises on developing targets for the quantity and quality of woodland that should be accessible to the population