Department for Transport: Cycling and Walking investment strategy

Royal College of Physicians, Faculty of Public Health and Royal College of Paediatrics and Child Health joint submission

Introduction

We welcome the opportunity to respond to the Department for Transport's cycling and walking investment Strategy (CWIS). We believe that initiatives to increase levels of walking and cycling will have multiple benefits for people's health through improving air quality, reducing rates of obesity and long term conditions related to excess weight such as coronary heart disease, stroke, type 2 diabetes, cancer and musculoskeletal conditions.

The estimated direct cost of physical inactivity to the NHS across the UK is £1.06 billion[1]. This is based upon five conditions specifically linked to inactivity, namely coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer. This figure represents a conservative estimate, since it excludes the costs of other diseases and health problems, such as osteoporosis and falls, which affect many older people. It is estimated that increased walking and cycling in urban England and Wales could save the NHS £17bn over the next 20 years[2].

Summary

- We are concerned that the well-intentioned aspirations of the CWIS cannot be delivered given the level of funding proposed.
- Any initiatives to promote walking and cycling must be coupled with strategies to ensure that active travel options are as safe as they can possibly be
- Health impact assessments should be incorporated into the strategy
- The CWIS must be joined up with existing government health initiatives

Tackling obesity and promoting healthy lifestyles

There is a wealth of evidence which demonstrates that regular physical activity can contribute towards preventing obesity and excess weight[3]. It also reduces the risk of many chronic conditions, including coronary heart disease, stroke, type 2 diabetes, cancer, mental health problems and musculoskeletal conditions[4]. Physical activity that can be incorporated into everyday life, such as brisk walking and cycling, has been found to be as effective for weight loss as supervised exercise

[1] Allender S, Foster C, Scarborough P and Rayner M (2007) The burden of physical activity-related ill health in the UK. Journal of Epidemiology and Community Health 61: 344–348.
[2] Jarret et al. 2012. Effect of increasing active travel in urban England and Wales on costs to the National Health Service. Lancet 379(9832):2198-205
[3] Butland B, Jebb S, Kopelman P, McPherson K, Thomas S, Mardell J, et al. Tacking obesities: future choices – project report. London 2007.
[4] Department of Health. Start active, Stay Active: a Report on Physical Activity from the Four Home Countries' Chief Medical Officers. London: Department of Health 2011.

programmes[5]. The Faculty of Public Health (FPH) has recommended active travel as 'almost the ideal answer' to tackling this burden of disease[6]. However, forty three per cent of adults report they are not currently active at recommended levels[7].

A significant proportion of the UK is obese or overweight, which has significant health implications for individuals and places a financial burden on the NHS. Around a quarter of men (26 per cent) and women (24 per cent) are obese, and 41 per cent of men and 33 per cent of women are overweight[8]. Furthermore, 9% of reception age children (age 4-5) are obese, with a further 13% overweight. These proportions are higher among year 6 children (age 10-11), with 19% being obese and 14% overweight[9]. Based on current projections of the rising prevalence of obesity and overweight conditions, it is estimated that the cost to the NHS could increase from between £6 billion and £8 billion in 2015 to between £10 billion and £12 billion in 2030[10].

Improving air quality

We welcome the government's efforts as part of this draft strategy, to investigate the extent to which measures to promote active travel can support carbon reduction and better air quality.

Strategies to increase levels of walking and cycling could have significant benefits in reducing the harmful health impacts of air pollution. The Royal College of Physicians (RCP) and Royal College of Paediatrics and Child Health's (RCPCH) report 'Every breath we take: the lifelong impact of air pollution' examines the health implications of exposure to air pollution across the course of a lifetime[11]. Our report shows that each year in the UK, around 40,000 deaths are attributable to exposure to outdoor air pollution, which plays a role in many of the major health challenges of our day. It has been linked to cancer, asthma, stroke, heart disease, diabetes, obesity and dementia. The health problems resulting from exposure to air pollution have a high cost for people who suffer from illness and premature death, for our health service and for businesses. In the UK, these costs add up to more than £20 billion every year.

Our report demonstrates overwhelming evidence that air pollution is associated with reduced lung growth during childhood and increased risk of developing asthma. With three children with asthma in every classroom in the UK and a child being admitted to hospital every 20 minutes because of an asthma attack in the UK[12], we believe that action to tackle air pollution is long overdue.

Our report also found that active transport such as walking and cycling has declined progressively since the 1950s. The total distance walked each year declined by 30% between 1995 and 2013[13], and

[5] Department of Health. Start active, Stay Active: a Report on Physical Activity from the Four Home Countries' Chief Medical Officers. London: Department of Health 2011.
[6] More British cities called on to invest in cycling infrastructure and innovative cycling schemes and save millions from health bill
[7] Health and Social Care Information Centre. Is the adult population in England active enough? Initial results. London 2013.
[8] Health and Social Care Information Centre. Statistics on Obesity, Physical Activity and Diet: England 2015
[9] National Child Measurement Programme - England, 2013-14 http://www.hscic.gov.uk/catalogue/PUB16070
[10] Overcoming obesity: an initial economic analysis. McKinsey Global Institute. 2014
[11] Royal College of Physicians. *Every breath we take: the lifelong impact of air pollution*. Report of a working party. London: RCP, 2016 p.5
[12] Asthma UK https://www.asthma.org.uk/about/media/facts-and-statistics/
[13] Department for Transport. *National travel survey: England 2013*. London: DfT, 2014. www.gov.uk/government/statistics/national-travel-survey-2013 [Accessed 30 November 2015].

the distance cycled in England and Wales in 2012 was just 20% of that in 1952[14]. However, there are some signs of a reversal; trends over the last decade show a slow return to cycling. Many studies have underlined the public health benefits of increased active travel by both cycling and walking, with the benefits outweighing the increased risks from accidents and air pollution exposure by a factor of at least ten[15].

We welcome the Department for Transport's ambition to increase the number of people who travel by bike or on foot and its recognition that success is predicated on sustained investment in cycling and walking infrastructure, long-term transport planning, and a change in attitudes amongst central government, local bodies, businesses, communities and individuals. However, we are concerned that its well-intentioned aspirations simply cannot be delivered given the level of funding proposed.

Our recommendations

We live in a culture and transport infrastructure that encourages car use, and discourages active travel in a system that appears designed for exclusive use of motor vehicles. We believe that a comprehensive, cross-government plan for implementation, monitoring and evaluation of an appropriately funded strategy should include a sufficient scale of investment. We propose:

- **A minimum investment of £10 per person per year on cycling and walking schemes**

An investment of £300m over this parliament is simply inadequate and contrasts markedly with the £14bn set aside for upgrading motorways and trunk roads and presents a bias in favour of investment in road building and motorised transport.

To reverse the long-term suppression of cycling in the UK it is necessary to invest no less than £10 per person per year – roughly eight times the total investment scale suggested for the CWIS. This level of investment has been proposed by numerous expert commentators, including the Commons Transport Committee[16] and the All Party Parliamentary Cycling Group[17].

The public strongly values active travel and supports investment to increase it. In a survey of seven UK cities, 75% of respondents supported increased investment in cycling and considered that Government should be investing an average of £26 per head per year[18].

Further modelling is required to ascertain the precise investment required to achieve the ambitions of the CWIS. While that is being done, an interim investment commitment of £10 per person per year should be observed, to ensure continued progress on walking and cycling.

The health benefits that the CWIS hopes to deliver- increases in physical activity and noticeable improvements in health at a population level plus reductions in healthcare costs – will require much

[14] Royal Commission on Environmental Pollution. Twenty-sixth report. The urban environment. London: HMSO, 2007. www.rcep.org.uk/reports/26-urban/documents/urban-environment.pdf [Accessed 30 November 2015].
[15] Rabl A, De Nazelle A. Benefits of shift from car to active transport. *Transport Policy* 2012;19:121–31.
[16] House of Commons Transport Committee. *Cycling Safety: Third Report of Session 2014-15*
[17] All Party Parliamentary cycling Group. *Get Britain cycling*. 2013
[18] http://www.sustrans.org.uk/bike-life/overall-survey

more ambitious targets for increased walking and cycling than those proposed in this plan. We recommend that the Department for Transport calculate the anticipated changes in each of these three areas that this CWIS would deliver:

1) Changes in population physical activity levels for children and adults
2) Expected health improvements that would be delivered by (1)
3) Expected healthcare cost savings to the NHS as a result of (2)

Consultation questions

Question 1: The Government would be interested to hear views on the approach and actions set out in section 8 of this strategy

Better safety

We welcome the government's plan for the delivery of a safe and reliable way to travel for short distances. It is imperative that any initiatives to promote walking and cycling are coupled with strategies to ensure that active travel options are as safe as they can possibly be. This must incorporate measures to **restrain urban motor traffic.**

The National Institute of Health and Care Excellence (NICE) has issued detailed guidance to commissioners and public health specialists on how to work with local authorities to encourage physical activity[19]. This may be through the improvement and creation of more cycle lanes, promotion of 20mph speed limits, so that pedestrians feel safer, or other ways that make the active and healthy choice the easy choice. The UK has one of the worst child mortality rates in Western Europe with nearly 2,000 excess deaths a year compared to the best performing country, Sweden. After the age of one, injury is the most frequent cause of death, with over three quarters of deaths due to injury in the age bracket of 10-18 year olds related to traffic incidents. It is therefore imperative that any initiatives to promote walking and cycling are coupled with strategies to ensure that active travel options are as safe as they can possibly be.

To facilitate the government's ambitions, and encourage local authorities to consider the built environment's impact upon health, we believe that **health impact assessments should be incorporated into the proposed strategy.**

Better Mobility

We welcome the government's plan to make local cycling and walking infrastructure more easily available to the public. Along with the Faculty of Sport and Exercise Medicine (FSEM) we would also recommend the CWIS is joined up with existing government health initiatives such as *Sporting Future: A New Strategy for an Active Nation,* and the forthcoming Childhood Obesity Strategy.

[19] National Institute for Health and Clinical Excellence (NICE) (2008) Promoting and creating built or natural environments that encourage and support physical activity. NICE.

Furthermore, the Obesity Health Alliance, in its joint position statement has called on the government to commit to ambitious targets and sustained investment in active travel. Encouraging active travel through improved walking and cycling routes, improved infrastructure and education is a welcome step to accompany the Obesity Health Alliance measures[20]. These measures must be coupled with an ambition to actively communicate the benefits of active travel to the public.

Better streets

We welcome the measures and examples outlined to improve cycling and walking provision. As mentioned previously, this must sit alongside an ambition to promote the benefits of active travel.

See below for a framework to deliver better streets through the Healthy Streets approach. Better streets can only be delivered by acknowledging and managing the use of motorised vehicles[21].

Indicators of a Healthy Street

Source: Lucy Saunders FPH

[20] 'New alliance on obesity outlines priorities for action'. https://www.rcplondon.ac.uk/news/new-alliance-obesity-outlines-priorities-action

[21] Transport and health briefing statement. Faculty of Public Health

Question 2: The Government would be interested to hear views on the potential roles of national government departments, local government, other public bodies, businesses and the voluntary sector in delivering the strategy and what arrangements could best support partnership working between them

We would refer you to the examples outlined in the Faculty of Sport and Exercise Medicine's response.

Q3: The Government would be interested to hear suggestions and evidence of innovative projects and programmes which could be developed to deliver the objectives outlined in Section 4

In London the Healthy Streets approach is used to ensure that the maximum health benefits are reaped from investments in street environments and health inequalities are reduced. The Healthy Streets approach focuses on ten key indicators of a healthy street which are essential for delivering more walking and cycling by all groups in the community.

More information can be found in chapter 8 of 'Improving the health of Londoners: transport action plan'[22]. Transport for London have developed two innovative tools for assessing streets against the ten indicators: The Healthy Streets Survey is used to gather public perceptions of streets to identify what measures are needed to make the streets healthier and more inclusive. The Healthy Streets Check is used on planned proposals to ensure they are maximising the health benefits through best practice engineering.

Question 4: The Government would be interested to hear your views on how to increase cycling and walking in typically under-represented groups (for example women, older people, or those from black, Asian or minority ethnic backgrounds

In London there are similar levels of walking across genders, ethnic groups, income groups and this is at least partly down to very widespread use of public transport. Half of all walking in London is done as part of public transport trips. The biggest determinant of how much active travel people do in London is their car ownership[23].

To increase walking and cycling amongst underrepresented groups, the provision of healthy street environments and access to public transport are important. This would also need to be coupled with measures to reduce the attractiveness and convenience of using private cars for those trips which could be switched to walking, cycling or public transport use.

Cycling levels are now so low in England that only small groups of the population are regularly cycling. The reasons most commonly cited for not cycling are concerns around safety. To increase cycling amongst the general population these concerns need to be addressed through measures to address the sources of road danger and provide adequate safe space for cycling.

[22] Improving the health of Londoners: transport action plan. Transport for London. 2014
[23] Travel in London report 7 & 8, Transport for London 2014 & 2015

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 32,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 17,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, innovation and expertise, ultimately ensuring a healthier future for infants, children and young people across the world.

The Faculty of Public Health (FPH) is the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With 40 years' experience, and over 3,300 members based in the UK and internationally, we work to develop and advance knowledge, understanding, and excellence in the field of public health policy and practice, promoting better health for all, and a fairer, more equitable society.

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