

‘Securing good health for the whole population’ HM Treasury

Response by Sustrans

“The Government has recently set a challenging target for 70% of the population to be active by 2020. The target - at least 30 minutes a day of a moderate activity, such as brisk walking - will only be achieved by helping people to build activity into their daily lives, in addition to encouraging participation in sports. Therefore, addressing transport to ensure that walking and cycling can be built into daily life will be key.” (Annual report of the Chief Medical Officer 2002).

General comments

Sustrans greatly welcomes this consultation by HM Treasury. Our comments below relate to our area of expertise - transport - and in particular the promotion of sustainable, physically active travel. Some, such as our comments on the historic bias of research towards treatment of diseases rather than the promotion of healthy lifestyles, may be taken to apply more widely.

In our view the recent establishment of the inter-ministerial Activity Coordination Team has created a significant, possibly once-for-all opportunity to address the negative health impacts of inadequate physical activity across the UK population. Sustrans’ nationwide work programme does much to address this problem. We believe that the promotion of healthy behaviour, as a way of improving the health of the nation, is likely to be more effective, and more cost-effective, than providing medical attention to treat the results of an inactive, unhealthy lifestyle.

Over many decades, government departments and national programmes have, unintentionally, created a world in which the opportunities for healthy physical activity were progressively diminished. From land use zoning to declining real cost of motor vehicle use, from failure to enforce traffic law to heavily subsidised car parking, to building design which accentuates the lift and hides the stairs, this thinking (or absence of thinking) needs to be turned on its head.

Many commentators have proposed a shift in resources within the NHS from treating disease to promoting health – turning the national sickness service into a true National Health Service¹. We entirely support the principle and would go further; we would like to see other major government spending programmes, such as those for transport, focused on the promotion of healthy behaviour. In our view, this would very often produce benefits also in areas such as progress towards sustainability, and social inclusion and equity.

Existing government pilot programmes, such as the current call for proposals on sustainable transport towns, are clearly a step in the right direction. In this particular case we have already proposed to the Department for Transport that the successful bidders should be chosen on criteria including health impact, and that the health impact should be monitored. We hope this suggestion will be taken up. However there is a need for a much more intensive demonstration of the cost-effectiveness of healthy travel planning. An ideal opportunity would be the Thames Gateway development area; it would be very valuable to develop this as a health promotion zone, with travel, housing, land use, agriculture and food, and other policy areas combining to promote healthy behaviour.

Background: Sustrans' work programme

Sustrans works to change the environment so that sustainable, physically active ways of travelling are more accessible. We have over 25 years' experience in creating environments for physical activity, such as the National Cycle Network programme, and changing the transport culture to make it possible, as with our national Safe Routes to Schools programme and the successful UK pilots of TravelSmart individualised travel marketing. We also have a national programme, Active Travel, working with the health sector to support measures encouraging physically active travel as a healthier alternative to motor transport.

The National Cycle Network

The National Cycle Network (NCN) currently provides over 7,000 miles of cycling and walking routes throughout the UK. The creation of the Network has considerably increased opportunities for people to make journeys by bike and on foot, and as with other long-distance transport networks, the majority of its usage is local.

During 2000 the NCN carried 60 million journeys. 2002 data shows usage to have risen to over 97 million journeys, 47 million on foot and 48 million by bike. Usage increased by 13% over 2000 on the routes existing at that time; we anticipate further significant growth in 2003. Among salient details:

- 43% of adult users were travelling to work, shops or services
- 35% could have used a car for their journey
- 72% of users report that the existence of the Network has led them to be more physically active
- among "novice" cyclists, 67% aimed to cycle more in the future².

Sustrans believes that the NCN should be considered as a major public health intervention. It promotes health enhancing physical activity in a way likely to bring about sustained change in both social culture and individual behaviour. It improves road safety, both by providing traffic-free "training grounds" for novice cyclists and by increasing the proportion of journeys made on foot and by bike, which is now known to have a positive effect on safety for these modes^{3 4}. It also encourages alternatives to the car, reducing vehicle emissions known to damage health.

Safe Routes to Schools

Safe Routes to Schools (SRS) was originated by Sustrans in the 1980s, at which time cycling to school was routinely discouraged on 'safety' grounds and car use encouraged through provision of large car parks, drop off areas etc. All English and Welsh highway authorities now have a SRS component in their Local Transport Plan and the Department for Transport, Scottish Executive and National Assembly for Wales have established networks of travel plan co-ordinators. We provide information to schools throughout the UK who are either implementing SRS schemes or beginning the process of implementation. Sustrans regards the school journey as of critical importance in establishing healthy travel habits for the future. Encouraging children to walk or cycle to school will make them more physically active and help raise their levels of health and fitness.

To date we have not been successful in establishing fundable research partnerships to monitor the health impact of the SRS programme. This is very disappointing.

TravelSmart individualised travel marketing

TravelSmart is an intensive programme of information provision, to a whole community, enabling those who wish to consider alternatives to the car to make informed decisions and to test those alternatives. The methodology has been successfully used in a number of other countries, and most notably in Perth, Western Australia. Sustrans established the first TravelSmart pilots in the UK, which have achieved up to 9% reductions in car use across the target communities, with substitution by walking, cycling, public transport and non-travelling alternatives. This shift from short car journeys to walking, in particular, could make a significant contribution to health promotion objectives including increasing physical activity amongst the population.

In light of these successful pilots, the programme is now being scaled up, with further trials ongoing in Bristol, Gloucester, Nottingham, Northumberland and Sheffield⁵.

TravelSmart interventions are very cost-effective; increased bus ridership alone has been shown to pay back the campaign cost within four years⁶; other benefits, including those of increased walking and cycling to public health, are effectively free. We are currently discussing health impact research with academic partners. Naturally, we would like to see more research into the health impact of TravelSmart and other, similar, approaches.

Active Travel

Sustrans' Active Travel programme was established in 2001 to identify, develop and exploit links and opportunities between the transport and health sectors. In England we work with the Department of Health, NHS Estates, the Department for Transport, NHS trusts and other bodies to:

- promote cycling and walking as health enhancing physical activity

- research the health impact of measures to facilitate active forms of travel
- encourage and assist the development of travel plans within the NHS
- and address the role of the NHS in accessibility and social inclusion.

The Scottish Executive has recently contracted Sustrans to establish a similar programme in Scotland, addressing the specifics of the Scottish situation. We are also looking to pursue these initiatives by developing Active Travel in Wales.

Sustrans is a member of the National Alliance for Physical Activity and the Physical Activity Forum Southwest, and is a founder member of the newly formed forum Move4Health. We are also involved with a number of policy-making initiatives on obesity, physical activity and health.

The problem of inactivity

Physical inactivity is still a major problem - only 37% of men and 25% of women take the recommended 30 minutes of exercise five times a week. It is estimated that about 36% of deaths from CHD in men and 38% in women are due to lack of physical activity and that 9% of these could be avoided if people who are currently sedentary or have a light level of physical activity increased to a moderate level. CHD is estimated to cost the UK economy a total of **£7,055 million** a year, higher than any other single disease for which a comparable analysis has been carried out. Less than 1% of this figure is currently spent on the primary prevention of CHD⁷.

Obesity in children is rising, and research shows that almost 8.5% of 6 year olds are obese, and in adults, nearly two-thirds of men and half of women are either overweight or obese⁸. Costs of obesity are high both in health and financial terms – an obese person loses an average of seven years of life compared to someone with a healthy weight⁹, and yearly costs to the economy and the NHS are estimated at **£2.6 billion**¹⁰.

A key factor in the rise in diabetes is that we are increasingly overweight and are less active. There are currently 1.4 million people diagnosed with the condition. Diabetes significantly increases the risk of heart disease, blindness, stroke, kidney disease and amputation. It currently costs the NHS over **£5 billion** a year or close to £1 in every £10 spent¹¹.

The recent HDA evidence briefing on obesity is an illustration of how research has concentrated on treatment - of obesity as in other areas - to the detriment of research into health promotion, and been biased to individually focussed rather than environmental interventions¹². Almost 20 years have passed since Professor Jerry Morris described physical activity as “public health’s best buy”¹³, but the research needed to confirm this and to identify the best way of promoting it is still incomplete.

Access to the NHS

The Social Exclusion Unit report on transport highlights, among other issues, the need for accessibility to be factored into Department of Health decisions about new healthcare facilities¹⁴. Accessibility planning is now being piloted by the Department for Transport. Accessibility planning in the NHS context is largely focused on patients and visitors but dovetails with existing requirements that all NHS facilities should develop travel plans. This requirement is stated in the National Service Framework on Coronary Heart Disease, the NHS Environmental Strategy and the Controls Assurance Standard.

A specific issue is car parking for staff, patients and visitors. In our work with the NHS we have found one (not at all unrepresentative) trust, with over 200 car park spaces, allowing an average subsidy of £850 per annum per space for non-essential users (the trust is now taking corrective action). We fear that many trust finance directors do not measure the scale of this subsidy nor seek to manage it¹⁵.

The NHS is held to be the largest employer in Europe and is a huge generator of travel by patients and visitors. By the same token it is potentially an icon of good practice in sustainable, equitable and healthy travel as it moves forward with the development and implementation of better access regimes for healthcare sites. This work can be substantively enhanced by developing safe routes to health care facilities which provide people with real choices and opportunities to use active travel modes. The potential impact of such interventions on health is large, precisely because of the scale of the NHS and its influential role in life in the UK¹⁶.

For these reasons Sustrans is now planning a Safe Routes to Healthcare programme, which like our ground-breaking work on school travel will aim not only to provide high quality infrastructure but also to change the culture which influences travel preference and choice in the NHS. We are also supporting a research proposal (by Dr Jennifer Mindell of Imperial College) to research the scale and range of transport generated by the NHS, in order to inform policy in this area.

A healthier future

Sustrans believes that the prevalence of obesity, coronary heart disease and diabetes are symptoms of the way we have planned our physical environment and transport systems to encourage sedentary lifestyles. Significant benefits to health could be achieved by interventions that encourage people to participate regularly in physical activity – especially in their travel choices. We welcome this consultation and would like to see the closest integration of policy and strategy on obesity, coronary heart disease and diabetes with those on social inclusion, accessibility and sustainable development. We believe that only by combining the efforts of people in sectors such as planning, development and transport with those of the health sector can physical activity, as part of a healthy and happy lifestyle be effectively encouraged.

We therefore urge that more of the transport and other infrastructure budgets should go towards environmental changes which – often among other benefits -

encourage people to incorporate physical activity in their daily routine by travelling actively. More of the NHS budget, we would urge, should support this with projects and programmes assisting people, especially those at risk of inactivity, to do so. And, just as important, less of these budgets should be spent on works whose planned or accidental impact is to encourage motor travel and discourage physically active travel.

Active travel as health promotion

Until now, physical activity promotion has largely been focussed on individual behaviour change programmes and promotional campaigns, yet with little evidence of success¹⁷.

On the whole, even when motivated to take more exercise, people will not travel to a facility, change into special clothing, engage in planned vigorous exercise and continue to do so over the long term. In contrast, one obvious way to accumulate physical activity regularly is to commute (to and from work, school etc) by bicycle or on foot¹⁸. Therefore, environmental interventions can promote physical activity¹⁹ by making local environments perceivably attractive and safe, to meet everyday travel needs whether on the journey to work or elsewhere²⁰. Across the population, data shows there is evidence of 'demand' for active travel. For example, one main reason for people choosing to reduce their car use is in order to 'get some exercise'²¹.

Walking is the most widely available form of physical activity as a means of transport, and therefore highly equitable. It is the dominant form of transport for journeys under one mile at 80%²². A systematic review of physical activity promotion strategies concluded that walking, the activity most widely available, should be prioritised in measures to improve public health. The authors noted that in order to increase the attractiveness of walking: "attention will need to be paid to environmental factors which influence personal safety and convenience"²³. In June 2003 the Department for Transport issued a discussion paper which seeks views on how conditions for pedestrians might be improved and to increase the number of journeys made on foot²⁴.

While walking is more widely available to the population, the health benefits of cycling are somewhat greater on account of the higher intensity of effort²⁵. The Copenhagen Heart study, which involved 13,375 women and 17,265 men aged between 20 and 93, found that cycling has a strong protective function. Assessed by self reported health, blood pressure, cholesterol, Body Mass Index, and risk factors such as smoking, it concluded that: "even after adjustment for other risk factors, including leisure time physical activity, those who did not cycle to work experienced a 39% higher mortality rate than those who did"²⁶. Dutch research has demonstrated that cycling as part of normal daily activities can yield much the same improvements in physical performance as specific training programmes. The higher the total distance cycled during the six month trial period of activity, the higher the gain in maximal external power and maximal oxygen uptake. For those with a low initial fitness level, cycling just 3 kilometres, four days per week is enough to improve physical performance²⁷. This confirms

that the greatest health gains are to be achieved when the least active individuals become moderately active²⁸.

The Danish National Action Plan Against Obesity, listing a range of possible interventions across sectors, remarks that “the greatest potential (in motivating a change to more active behaviour) is the possibility of making people walk or cycle for short trips rather than use their car”²⁹.

Sustrans’ recommendations

Change the environment

Sustrans sees no reason to believe that large numbers of people will change their behaviour, in terms of physical activity levels, because they are told it is in the interest of their health to do so. We feel that the continued high levels of smoking are a good illustration that education and exhortation cannot alone bring about the behaviour change we need. We do however believe that significant changes to the environment, basically making it easier, safer and more attractive to walk and cycle and harder, more expensive and lower-status to drive, can bring about major change in the choices people make. Our own successful work to grow cycling – and walking – via the National Cycle Network programme gives evidence for this. We therefore call for a major shift in investment from measures which make the environment more car-focused and obesogenic to those which make it easier to walk and cycle.

Collaboration across sectors

Greater intersectoral collaboration is needed, at both the national and local level, to ensure that transport and land use developments, the culture of government departments and local authorities, and the full range of programmes help promote and sustain active travel. The car should not automatically be accorded higher status than physically active travel; ministers should be seen to walk and cycle on a regular basis, not just when they open a facility.

We feel it is of fundamental importance that HM Treasury teams working in policy areas associated with health impact should apply health promotion criteria to their own decision making. These would include, but not exclusively, Transport, Housing and Urban, Local Government, and Education, Training and Culture.

This should equally apply to the relevant Departments. An example might be in the forthcoming DfT guidance to highway authorities on Local Transport Plans; we should like to see all LTPs include predictive health impact assessment, and an impact research element in every one. Programmes as fundamental as, say, the renewal of the NHS estate should be able to show that they will increase opportunities to cycle and walk, and reduce the need to drive.

Major government spending programmes, such as those for transport, should be focused on the promotion of healthy behaviour as a core objective; the achievement of other objectives, such as economic growth, is invalidated if it is at

the cost of public health and well being. In our view, this approach would very often produce benefits also in areas such as progress towards sustainability, and social inclusion and equity.

We have proposed to the Department for Transport that the criteria for selecting successful bidders under the sustainable transport towns challenge should include health impact, and that the health impact should be monitored. We hope this suggestion will be taken up. However there is a need for a much more intensive demonstration of the cost-effectiveness of healthy travel planning. An ideal opportunity would be the Thames Gateway development area; it would be very valuable to develop this as a health promotion zone, with travel, housing, land use, agriculture and food, and other policy areas combining to promote healthy behaviour. Of course, the impact of the development on health should be monitored intensively.

At the local government level, we feel the Public Service Agreement targets and Comprehensive Performance Assessments should include measure of success in promoting and achieving increased levels of physical activity as core elements.

Sustrans sees the London congestion charge scheme as a major public health intervention. Predictions for the scheme were that it could reduce air pollution and associated hospital admissions for respiratory and heart disease, decrease noise, traffic collisions and casualties, and increase healthy physical activity by making it safer and more attractive to cycle and walk; the latter benefit is clearly already being achieved. This adds up to a significant public health programme, leaving aside any economic and social benefits arising from reduced congestion. We urge a rollout of congestion charge schemes throughout the UK as soon as possible, with intensive health impact monitoring.

We would also like to see the re-introduction of the Fuel Tax Escalator, introduced by Government 1993. The escalator was designed as a means both to raise Treasury revenue and discourage car use on environmental grounds, but was scrapped in 2000. The re-introduction of the escalator would send a signal that, over the long term, the balance of advantage will move from unhealthy and polluting forms of transport to cleaner and healthier ones. It is true that fuel taxes are unpopular, but this is partly a presentational issue; a whole package of fiscal measures may now be under consideration to tackle obesity and declining health, and the fuel tax escalator can realistically be presented as a component of such a package.

We are concerned that sport is presently over-represented in policy-making fora, public debate about the promotion of physical activity, and funding availability. This is not an argument against sport, whose potential benefits go much wider than public health, but a caution that other areas of physical activity should be given equal or appropriate weight. In particular, types of physical activity which can easily be incorporated into people's lifestyle, such as active travel or perhaps gardening, should be prioritised.

Across the board, we would look for a commitment to long term, eg ten year programmes, so that funding is guaranteed for long enough to ensure that health promoting travel behaviour change is supported and sustained.

NHS priorities

We should like to see greater resource allocation within the NHS to the promotion of healthy lifestyles, through advice to patients and staff as well as environmental changes. We are concerned in particular that many front-line health professionals may not be adequately trained in the promotion of physical activity and would like to see specific training programmes and budgets established to address this.

Star ratings for trusts should, we feel, include a significant component related to success in promoting and achieving increased levels of physical activity – and indeed for other public health and health promotion measures. Future foundation trusts, especially foundation PCTs, should be set demanding health promotion targets, including those for the promotion of lifestyle physical activity. These targets, for all trusts, should include elements relating to trip generation, staff travel and patient transport.

The NHS is a huge traffic generator but does not currently know how much transport it is generating, how it is managing it or what the environmental or health consequences are. This should be addressed with research into the current state of affairs and a strategy to reduce the negative impacts of NHS travel and to maximise the potential to promote healthy, active ways of travelling – by staff, patients, visitors and service providers.

The implementation of travel plans at NHS sites, despite a raft of policy instruments which demand them, is lagging behind other sectors. In particular, PCTs have largely failed to implement travel plans, and those working on it do not commit adequate staff resources; good practice, such as it is, generally depends on committed individuals volunteering and carving out some time among their other responsibilities. This situation needs attention.

The existing IT capability in trusts should be used to address travel planning – for staff, patients, visitors, services and deliveries. Our own work with the NHS suggests that the necessary skills may be in place, but that there is no standard approach to travel planning and managers may not even be aware that the GIS software used for other estates management tasks is suitable for this purpose.

NHS finance directors should be tested on their management of the often highly valuable capital assets they manage in – generally heavily subsidised – car parking. The NHS should not be subsidising car park spaces for non-essential users (or, if it is judged appropriate to do so, it should provide benefits of equivalent value to non-driving staff).

Research

We would very much like to see a shift in research priorities, towards prevention and health promotion rather than treatment, in the areas of obesity, physical activity and general public health. Within this, we would like to see more concentration on environmental factors and interventions. Our own work, such as the ongoing usage monitoring programme on the National Cycle Network and

collation of national cycle usage data, cries out for robust and expert analysis by public health, physical activity and health economics experts.

We would very much like to see UK research based on the seminal Appleyard and Lintell study, from California in 1971, to investigate the impact on social interaction and physical activity levels of the way cities are designed and how transport is planned. It is hard to understand why funding should not have been forthcoming to update a world famous piece of work, cutting across health, social inclusion and equity, transport and land use.

The shortage of research to date should not however be used as an excuse for failing to take action now on the promotion of physically active travel. Enough is already known for us to predict significant public health benefits from a cross-sector change in the way we plan and build our built and transport environments. We should regard this both as a necessary intervention and as a nationwide action research programme, ensuring that the health impacts are measured and over time building the evidence base.

This approach should apply not only to an increase in investment in active travel infrastructure; it should also apply to a reduction in our (sometimes unintended) promotion of private motor transport. We should also be measuring the negative health impacts of new and expanded roads, urban fringe development, moving hospitals out of town, and so on.

Good practice elsewhere in the UK

It is worth pointing out that not all good practice comes from England. In particular, Scotland and Wales have developed strategies for cycling, walking and physical activity promotion including:

- Sport and Active Recreation in Wales – “Climbing Higher” Strategy. Welsh Assembly Government, July 2003
- Walking and Cycling Strategy for Wales - Welsh Assembly Government
- A Walking Strategy for Scotland: Scottish Executive
- Lets make Scotland more active - Physical Activity Task force

Any and all of these could contribute to good policy making in England and UK-wide.

Further information

We should be delighted to provide clarification or further information you might require, or to help in any other way we can.

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