

House of Commons Health Committee Inquiry into Obesity Submission by Sustrans

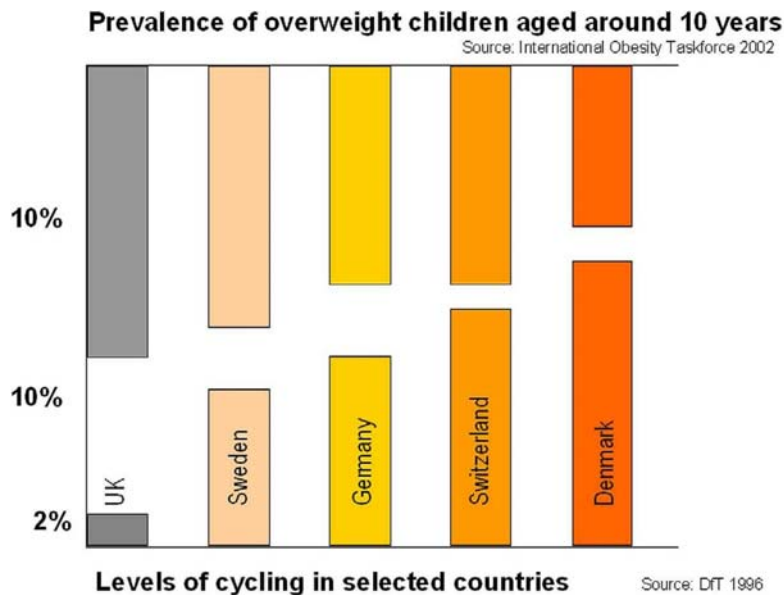
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1. Sustrans is a civil engineering charity, which works to change the environment so that sustainable, physically active ways of travelling are more accessible. Sustrans has over 25 years experience in creating environments for physical activity, such as the National Cycle Network programme, and changing the transport culture to make it possible, as with Safe Routes to Schools (SRS).
2. Our Active Travel programme was established in 2001 to collaborate with the health sector. We work with the Department of Health, NHS Estates, the Department for Transport, NHS trusts and other bodies to encourage and assist the development of travel plans within the NHS. This programme of work is in line with the Department's policies and strategies including the National Service Framework on Coronary Heart Disease. Active Travel also researches the health impact of measures to facilitate active forms of travel, promotes cycling and walking as health enhancing physical activity, and is now addressing the role of the NHS in accessibility and social inclusion.
3. Sustrans believes that more of the money spent on transport, and much more of that spent treating the consequences of an insufficiently active lifestyle, including obesity, should go to practical projects encouraging people to incorporate physical activity into their daily routine – by travelling actively.
4. Sustrans' flagship project, the National Cycle Network, currently provides over 7,000 miles of cycling and walking routes throughout the UK. By 2005 this will be extended to 10,000 miles. 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 2001 the Network carried 60 million journeys. 2002 data soon to be released will show usage to have risen to over 95 million journeys¹.
5. Safe Routes to Schools was originated by Sustrans in the 1980s, at which time it was entirely orthodox for a school to ban cycling and discourage walking for the school journey. All English highway authorities now have a SRS component in their Local Transport Plan and the Department for Transport has established the travel plan co-ordinators bursary scheme. We are currently supporting 841 schools implementing SRS schemes throughout the UK, as well as a further 738 who have requested information on how to begin the process of implementation. Children who travel actively to school are also more active than their car-borne peers throughout the rest of the day, and Sustrans believes that both healthy and

unhealthy travel patterns can be established for adult life. The health implications of school travel are clearly significant.

6. A Home Zone is a street or group of streets designed and laid out so that car users don't have priority over other users, with cars travelling at little more than walking pace. The design enables people to use the streets as social space, meaning that children can play outside, neighbours can socialise and the local community can take control over its own environment. Sustrans is working in partnership with the Children's Play Council and Transport 2000 to encourage the development of Home Zones in the UK, both in existing communities and in new housing developments.
7. Sustrans managed the UK pilots of TravelSmart, individualised travel marketing which helps to overcome real and perceived impediments to cycling, walking and public transport, in partnership with Socialdata GmbH. Results from the first two pilots, in Gloucester and Frome, showed car trips reduced by around 9% with three quarters of these journeys being substituted by walking and cycling. This shift from short car journeys to walking could make a significant contribution to health promotion objectives².
8. Sustrans believes that obesity is a symptom of the way we have planned our physical environment and transport system 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 inquiry and would like to see the closest integration of policy and strategy on obesity with those on social inclusion, accessibility and sustainable development. Not only is it possible, in our view, to achieve gains across this range of policy objectives; it is important to recognise that only by combining the efforts of people in sectors such as planning, development and transport with those of the health sector can the problem of obesity be effectively addressed.
9. We have not commented on issues relating to the health implications of obesity, the trends in obesity or the cause in the rise of obesity in recent decades as this is not our area of expertise. Our response is to what can be done about the problem we now face.
10. In the forthcoming inquiry, Sustrans would like to see emphasis on environmental changes to encourage and facilitate active forms of travel, such as additional and improved routes for cycling and walking, for leisure, journeys to work, school, shops and other services. The National Cycle Network is, like other long-distance transport routes, primarily used for local trips. It considerably increased opportunities for people to make journeys by bicycle and on foot. Network routes make a significant contribution to users' levels of physical activity. In a study carried as part of Sustrans' user monitoring programme, 70% of users stated that the presence of the route had helped them to increase their level of physical activity. During 2001 the Network carried 60 million journeys. 2002 data soon to be released will show usage to have risen to over 95 million journeys¹.

11. The removal of barriers to active travel, such as the location of services in out-of-town sites is equally important. People need access to key services including healthcare, shops, work, schools and social activities³. The location of services where access is only easy by car promotes a sedentary lifestyle and helps to 'lock in' car dependence. This also promotes social exclusion.
12. It is important in our view to deliver on the targets in the National Cycling Strategy, to increase cycling levels in the UK. Cycling in the UK has been in decline in recent years. Levels of cycling in comparable European countries are significantly higher than in the UK whilst levels of obesity are relatively lower^{4,5}. Our own figures show that high quality provision can reverse this trend. The graph overleaf (fig 1) illustrates that there may be a causal relationship between cycling levels and obesity.



13. There are currently a number of incentives to unnecessary use of sedentary forms of travel, such as financial support for car use, free car parking etc. It is still, unfortunately, quite conventional for a hospital or school to provide free or subsidised car parking for staff or other visitors, while offering no comparable benefit to people who travel actively. The costs of this to the business may not be identified, no management decision may ever have been taken, and no one may have considered how inequitable or unhealthy is the situation. This problem needs to be addressed.
14. More stringent traffic law enforcement is long overdue. Illegal and inappropriate speed, drink driving and the use of mobile phones, pavement parking and a still widespread disregard of vulnerable road users combine to dissuade all but the hardest from cycling, in particular⁶.
15. Measures are needed to make the street environment safer and more pleasant for pedestrians and cyclists and a place for children to play. The

development of Home Zones in residential areas and other such urban redesign should be made a priority. The perception of traffic risk is a major impediment to cycling, in particular, for many people, and our failure as a society to reduce the incidence of death and injury among cyclists and pedestrians suggests that the individual risk assessment is well founded. Not only the danger, but also the noise and hostile atmosphere engendered by fast-moving traffic discourage physical activity by inhibiting cycling and walking in both urban and rural areas⁶.

16. A good example (of cycling and walking) should be set by leaders in politics, the health sector and other areas.
17. Active, on-going promotion is needed of healthy and active behaviour, using promotional and media campaigns and individualised marketing techniques.
18. Intensive and transparent health impact assessment should be demanded on all transport project proposals and policies. All new projects should demonstrate real health benefits, taking into account not only the pollution, traffic danger etc they will cause but also their impact on the habits and lifestyle of affected people, both travellers and neighbours.
19. Sustrans wishes the committee well in its deliberations and would be happy to provide any additional information required, in whatever form.

¹ **National Cycle Network Route Usage.** Sustrans, 2002

² **TravelSmart: Changing the way we travel.** Sustrans, 2002

³ **Making the Connection: Final Report on Transport and Social Exclusion.** Social Exclusion Unit, 2003

⁴ **Obesity in Europe: The Case for Action.** IOTF and EASO, 2002

⁵ **Department for Transport: National Cycling Strategy.** DfT, 1996

⁶ **House of Commons Transport, Local Government and the Regions Committee: Ninth Report of Session 2001-02, Vol. 1, on Road Traffic Speed**