

# Choosing Health?

## A consultation on action to improve people's health

### Submission 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. 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.***

## Summary

Sustrans greatly welcomes the white paper and this opportunity to contribute to it. We strongly endorse the recommendation of Derek Wanless' final report *Securing Good Health for the Whole Population*, that "a NHS capable of facilitating a 'fully engaged' population will need to shift its focus from a national sickness service, which treats disease, to a national health service which focuses on preventing it." The NHS should move spending upstream, and invest today in encouraging healthier lifestyles, so as to spend less tomorrow.

But the NHS cannot achieve a healthy population on its own. We would also like to see the spending programmes of other government departments, such as transport, focused much more on facilitating, and removing impediments to, healthy behaviour. The NHS could then support this with projects and programmes assisting people, especially those at risk of inactivity, to lead a healthy and active life.

Just as important, less of the national budget should be spent on works whose planned or accidental impact is to increase car use and discourage physically active travel. In our view, this approach would also produce benefits in areas such as progress towards environmental sustainability and social inclusion.

Sustrans believes that changes to the environment, making it easier, safer and more attractive to walk and cycle, can bring about major change in the travel choices people make. Incorporating active travel - walking and cycling - into the daily routine can make a major contribution to the government's physical activity targets. Thus, it can help improve public health by reducing coronary heart disease, stroke, diabetes, cancer and obesity, and improving mental health and well being.

Sustrans flagship project, the National Cycle Network, plays a significant role in bringing about a change in the way we travel, enabling more people to choose to walk or cycle for trips of all kinds. Usage of the Network has shown consistent strong growth as it expands and becomes better known; from 58 million trips in 2000 usage grew to 72 million in 2001, 97 million in 2002, and 126 million last year. Traffic free sections of the network now carry more walking than cycling trips, and users report that this environmental change has led them to increase their physical activity levels.

Finally, the NHS is a major traffic generator but does not currently know how much transport it is generating, how it is managing it, what it is costing or what the environmental or health consequences are. This situation 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.

This submission contains a number of specific examples of good practice, as evidence that, in transport at least, measures to promote healthy and active lifestyles can be effective. It also contains specific recommendations which can, we believe, make us a healthier nation.

## Upstream promotion of healthy lifestyles

Sustrans greatly welcomes the white paper and this opportunity to contribute to it. Our comments below relate to our area of expertise - transport - and in particular the promotion of sustainable, physically active travel. Some, such as our belief that health spending should be moved upstream towards the promotion of healthier 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 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, by providing for physically active travel. We believe that the promotion of healthy behaviour, as a way of improving the health of the nation, will be more cost-effective than the later provision of medical attention to treat the results of an inactive, unhealthy lifestyle. By spending a little now, the UK can save more later.

Please note we do not say 'spending a little **more** now'. In our view, a shift in transport spending priorities away from the traditional 'predict and provide' approach to motor traffic infrastructure and towards smaller local projects to facilitate walking and cycling should also save money today. Internal Sustrans forecasts are that a commitment of under £250 million per annum over the next seven years would by 2012 generate an additional 1,200 million cycle trips per annum, in England.

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 Service<sup>1</sup>. 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 also produce benefits in areas such as progress towards environmental sustainability, social inclusion and equity.

The prevalence of obesity, coronary heart disease and diabetes is a consequence 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 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 combining the efforts of people in sectors such as planning, development and transport with those of the health sector is the best way to increase levels of physical activity, as part of a healthy and happy lifestyle.

This submission contains a number of specific examples of good practice, as evidence that, in transport at least, measures to promote healthy and active lifestyles can be effective. It also contains specific recommendations which can, we believe, make us a healthier nation.

## Promotion of physical activity through active travel

The move over the last 50 years to private motor transport has encouraged sedentary travel and discouraged the active modes. As fewer people walk and cycle, the health benefits of physical activity are lost.

Transport, land-use and other policies at all levels have been led by, and contributed to, the growth in car ownership and use. The location of services has led to ever longer journey distances, and more sedentary ways of travelling, while the increasing speed and volume of motor traffic has discouraged walking and cycling<sup>2 3</sup>. The status of these active forms of travel has fallen, as it has become customary to provide privileges and subsidies to car travellers, such as subsidised, convenient workplace parking. People whose travel choices are healthier for themselves and others tend not to be offered equivalent benefits.

The impact of transport on public health is linked to the growth of health inequalities. The social class gradient is acute in the area of road crashes, particularly regarding child casualties in deprived areas<sup>4</sup>. Recent reductions in UK death and injury from motor vehicle accidents have mostly benefited the occupants of newer, larger, faster and more expensive cars<sup>5</sup>. The rest of society has suffered increased community severance and a hostile road environment, leading to reductions in physical activity levels and reduced access to local services for those without a car, including access to NHS facilities<sup>6</sup>.

Over many decades, official programmes and individual choices have, for the most part 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.

Sustrans is currently working with the Department for Transport on an action plan for cycling and walking, which will, we hope, go a long way to addressing these issues. However, concerted action will be needed from many parties, and notably the NHS, to bring about major growth in active forms of travel.

### Why is active travel important?

Active travel, cycling and walking, has the potential to make significant improvements to public health through its role as regular physical activity. Physical activity has a protective effect, especially against cardiovascular disease, stroke, obesity, some cancers, and type II diabetes. Regular physical activity also helps in building and maintaining healthy bones, muscles and joints, and improving mental health and self-esteem<sup>7 8</sup>.

But the benefits are not just to individual health: cycling and walking also offer significant public health dividends in areas such as:

- reducing air pollution, through fewer car journeys
- improving road safety: there is now clear evidence that raised levels of cycling and walking make the road environment safer, ie safety in numbers<sup>9 10</sup>

- improving social cohesion: people on foot or bikes interact more with their community.

Many people find it difficult to commit long-term to physical activity programmes such as gym sessions. There is strong evidence to suggest that interventions that promote moderate intensity physical activity and are not facility dependent (particularly walking) are associated with longer-term changes in behaviour<sup>11</sup>. Walking and cycling have the advantage over gym-based exercise that they can be incorporated into daily life for a variety of journey types, can be done alone or with others, and are a substitute for sedentary forms of transport so that little or no additional time needs to be found in people's daily lives.

### **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, 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<sup>12 13</sup>. 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.

### **Examples and recommendations**

#### **Policy: Active Living by Design**

Active Living by Design in the USA has been established to guide, evaluate and promote innovative approaches to increasing physical activity through community design, public policies and communication programmes. Active Living is funded by some of the USA's largest health sector charitable foundations led by the Robert Wood Johnson Foundation. We feel there may be an example here to the UK health charitable sector, which might switch its priorities from research into pharmaceutical and surgical treatments, to investigating the effective promotion of better health<sup>14</sup>.

#### **Practical construction: the National Cycle Network**

The National Cycle Network, developed by local authorities and others and coordinated by Sustrans, currently provides over 13,000km of cycling and walking routes throughout the UK – by 2005 this will reach 16,000km. The creation of the Network has considerably increased opportunities for people to make trips by bike and on foot to work, school, shops and services. As with other long-distance transport networks, the majority of its usage is local. Usage of the Network has shown consistent strong growth as it expands and becomes better known:

- 58 million trips in 2000, 72 million in 2001, 97 million in 2002, 126 million in 2003
- traffic free sections of the network now carry more walking than cycling trips

- 69% of users report that the existence of the Network has led them to increase their physical activity levels

Sustrans believes that the NCN should be considered a major public health intervention<sup>15</sup>.

### **National coordination: Safe Routes to Schools**

The Safe Routes to Schools (SRS) concept was introduced in the UK by Sustrans in the 1980s. 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. The school journey is of critical importance in establishing healthy travel habits for the future. Safe Routes to Schools has helped to open the way for initiatives such as the current DfT / DfES School Travel Plans initiative. It also has a direct impact; in 2003:

- the SRS Information Service handled over 2,000 requests for advice
- 49,000 people visited the SRS website
- 3,000 schools are now logged as being active on SRS

Sustrans and partners are now establishing the “Schools and Skills” initiative to accelerate the uptake of cycling and the necessary change of culture within schools<sup>16</sup>.

### **Local impact: Holmer Green School, High Wycombe**

Holmer Green has created an “exclusion zone” around the school and pupils earn rewards by walking from outside the area. Pupils who live further from school are encouraged to ‘park and stride’, so that even those with long journeys are included in the scheme. ‘Champion walkers’ are rewarded with free tickets for Saturday swimming sessions or a chance to join a Saturday football club. Cycling has not yet really taken off, but during 2004 a cycle shed is to be installed.

Modal shift attributed to this scheme has been dramatic:

- walking rose from 30% in 2000 to 59% in 2003
- park and stride rose from 8% to 12%
- cycling rose from 0% to 4%
- car use declined from 62% to 25%

The scheme is now running at 74 Buckinghamshire schools, and over a three-year period there has been a sustained shift from car travel to walking<sup>17</sup>.

### **Travel behaviour change: TravelSmart Bristol**

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.

1,937 households taken from a random sample across Bishopston (north Bristol) were approached during April – June 2003. Those who expressed interest were offered local bus information, local travel map, local cycling and walking leaflets, discount cards for cycling/outdoor shops, a 'Walking the Way to Health' kit including a step-o-meter, and a personal advice session. Regular walkers, cyclists and public transport users were offered a small reward for their travel behaviour.

There were high levels of community participation. 91% of households responded to the initial contact and 69% of these actually took part. Interim results demonstrate:

- 6% increase in walking trips (per person per year)
- 51% increase in cycling
- and 18% in public transport
- 10% reduction in car as driver trips<sup>18</sup>

#### **Recommendations: NHS**

- the NHS, as service provider, employer and client, to play a leading role in the promotion of lifestyle physical activity, to help achieve the target set by the Chief Medical Officer
- NHS trusts to be managed and star rated on their success in promoting and achieving increased levels of physical activity, including elements relating to the trust's own trip generation: staff travel and patient transport
- Improved training for frontline healthcare professionals on the promotion of physical activity and its incorporation into daily life
- adequate, signed pedestrian and cycle access to all NHS buildings – maintaining priority over motor vehicle accesses
- supervised, covered cycle parking at all NHS buildings
- all NHS buildings to have travel plans – for visitors as well as staff
- Finance Directors to identify full cost of subsidised car parking provision for staff and ensure that all non-driving staff receive equal or greater perks

#### **Recommendations: local government and agencies**

- local authorities to be performance managed on their effective implementation of measures to facilitate walking and cycling as daily travel choices
- adoption of housing and urban planning principles aimed at reducing need to travel and journey lengths
- local authorities to be performance managed on their action to tackle pavement parking
- adequate, signed pedestrian and cycle access to all official buildings, stations, retail and leisure developments, maintaining priority over motor vehicle accesses
- supervised, covered cycle parking at all official buildings and public destinations
- all official buildings and public destinations over 50 employees to have travel plans – for visitors as well as staff
- Finance Directors to identify full cost of subsidised car parking provision for staff and ensure that all non-driving staff receive equal or greater perks

- major roll-out of TravelSmart individualised travel marketing, which regularly delivers c10% modal shift from the car, with walking a major beneficiary, and has shown itself to be very cost-effective

#### **Recommendations: education**

- schools to be measured and rated on their effective facilitation of walking and cycling by pupils, staff and visitors, including within the Ofsted regime
- all schools, colleges and universities to have travel plans
- supervised, covered cycle parking at all schools, colleges and universities
- adequate, signed pedestrian and cycle access to all schools, colleges and universities – maintaining priority over motor vehicle accesses
- pride-of-place car parking to be removed

#### **Recommendations: fiscal and legal**

- 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 hardiest from cycling, in particular<sup>19</sup>.
- recommendations of the Transport Select Committee regarding traffic law enforcement and road casualties to be implemented
- legal constraints to be removed on local authorities taking action against pavement parking
- simplify the process of enforcement on parking / loading outside schools
- performance manage police forces on their enforcement of traffic law, in particular arresting and charging drivers who put pedestrians and cyclists at risk
- continue the tightening of enforcement on anti-social behaviour, a major disincentive to walking in particular
- full implementation of workplace parking tax
- expansion of the London congestion charge zone and roll-out of congestion charging to other cities; wide publicity of its beneficial effects on health; ministers get off the fence and support it, challenging opponents to go against the proven benefits

## Monitoring, research and evidence

We urge a shift in research priorities towards health promotion, both in general and with regard to physical activity. Research of this kind is less likely to be funded by industry than is the case today, with the current concentration on refining pharmaceutical and surgical treatments. Government should therefore plan to increase research funding for the evaluation of measures to promote healthy living.

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 analysis by public health, physical activity and health economics specialists.

Shortage of research should not however be used as an excuse for inaction 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 design and construct 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 increased 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 researching and evaluating the negative health impacts of new and expanded roads, urban fringe development, moving leisure facilities out of town and other such developments, which increase the need to travel by motorised transport.

## Examples and recommendations

### **Dings Home Zone, Bristol**

Sustrans is working in collaboration with Bristol City Council, New Deal for Communities and Barratt Homes on an intensive inner-city regeneration project. The home zone is a group of new-built and existing streets designed (and redesigned) so that drivers do not have priority over others, and cars move at little more than walking pace. The streets can be used as social space, meaning that children can play outside, neighbours can socialise and the community can take control over its own environment. This project also involves the creation of walking and cycling routes to local services and green space, and a Safe Routes to Schools project.

The Department of Exercise and Health Sciences at Bristol University is carrying out a three-year project to evaluate the impact on physical activity levels of these works, funded by the British Heart Foundation.

**Recommendations**

- increase research budgets focused on evaluating the effectiveness and cost-effectiveness of measures to promote healthy living, including physical activity
- improve DfT walking and cycling monitoring: address under-recording of short walking trips, failure to record walking and cycling on traffic-free routes, and failure to record the walking and cycling elements of mixed-modal journeys
- more research into travel behaviour and the potential of different approaches to bring about change

## Access to the NHS (transport issues)

*“Over 1.4 million people say they have missed, turned down or chosen not to seek medical help over the 12 months to February 2003 because of transport problems.”*  
***Making the connections: Final report on transport and social exclusion. Social Exclusion Unit, 2003.***

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 facilities. Accessibility planning is now being piloted by the Department for Transport. In the NHS context, accessibility planning is largely focused on patients and visitors but dovetails with existing requirement that all NHS facilities should develop travel plans, laid out in the National Service Framework on Coronary Heart Disease, the NHS Environmental Strategy and the Controls Assurance Standard.

The NHS is the largest employer in the UK 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 enhanced by the provision of safe routes to health care facilities, giving people 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 UK<sup>20</sup>. It could also reduce the costs to the NHS of appointments missed due to travel problems.

The NHS does not currently know how much transport it is generating, how it is managing it or what the environmental or health consequences are. This situation 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 developing travel plans do not commit adequate staff resources; good practice is scarce, and generally depends on committed individuals volunteering and carving out some time among their other responsibilities. This situation needs attention.

The existing IT capability in the NHS<sup>21</sup> 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 encouraged to make better use of the valuable capital assets they manage in car parking, and the cost of its subsidy. The NHS should not be subsidising car park spaces for non-essential users (or, if it is judged appropriate to do so, it should also provide benefits of at least equivalent value to non-driving staff).

## Examples and recommendations

### **Travel plan at Addenbrooke's NHS Trust**

Addenbrooke's employs half of the 9,000 people on a site shared with Cambridge University and research institutes. With the site due to expand significantly over the next 20 years, the trust signed a Section 106 agreement with the city council in 1994. The travel plan set targets for changes in travel behaviour away from the car, to improve accessibility for staff, patients and visitors.

Addenbrooke's invested in an Access Bureau, which now has 4.5 staff, car sharing and sixteen pool cars, ran promotional events for bus travel, improved the walking and cycling infrastructure and worked with the main local bus operator on a Quality Bus Partnership. The trust provides over 1,300 cycle parking places and improved on-site cycle facilities link to the local cycle network.

The impact has been significant; between 1993 and 2003:

- car use fell from 74% to 42%
- bus travel rose from 4% to 23%
- cycling went up from 17% to 25%
- and walking from 4% to 7%<sup>22</sup>

### **Recommendations**

Working as we do, as an external partner to NHS organisations, Sustrans may not be qualified to comment on the most effective way to performance manage them. What we can say is that in the areas of physical activity promotion, accessibility of healthcare services, and travel planning, the lack of effective performance management seems in the past to have held the NHS back. The NHS needs to have clear, known targets for:

- encouragement of active travel among its own staff, removal of barriers to this (such as working practices, lack of changing rooms etc)
- removal of financial and other incentives to car use
- enhancing accessibility of healthcare services – not least in improving access for the lowest socio-economic groups who are known to have more difficulties in accessing NHS facilities
- all NHS trusts to have a nominated Travel Plan Coordinator

# General Recommendations

## Cross Governmental working

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; the aim should be to give it **lower** status. 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 the Department of Health and NHS should apply health promotion criteria to their own decision making. For example, the relocation of healthcare services to edge-of-town locations, difficult to reach except by car, should be subject to much more robust predictive health impact assessment. Programmes as fundamental as 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. Trust finance directors should account for their provision of car parking subsidies to staff, and both they and human resources directors should clarify what equivalent benefits are offered to non-driving staff.

This health promotion responsibility should equally apply to other Government Departments and their sectors. 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.

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 environmental sustainability, and social inclusion and equity.

There is a need for intensive demonstration of the cost-effectiveness of healthy travel planning. An ideal opportunity would be the Thames Gateway development area; this could be developed as a health promotion zone, with travel, housing, land use, agriculture and food, and other policy areas combining to promote healthy behaviour, and 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. This would also encourage more comprehensive data capture about walking and cycling in each locality.

### **Leadership by example**

We should like ministers and senior civil servants to commit to walk or cycle at least 10% of their official local journeys (those where security considerations allow). This would go a long way to showing their genuine belief in the physical activity message.

### **Congestion charge schemes**

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.

### **Fuel Tax Escalator**

We would also like to see the re-introduction of the Fuel Tax Escalator, introduced in 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 government will shift the balance of advantage 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.

## **Background: Sustrans' work programme**

Sustrans works through practical projects to change the physical environment so that sustainable, physically active ways of travelling are more accessible. We have over 25 years' experience in creating environments for physical activity and changing the transport culture to make it possible. All of our projects include environmental interventions that have a significant impact on public health, through enabling people to choose more active forms of travel.

### **Sustrans projects**

- the National Cycle Network: 12,000 km of routes, one third traffic-free, used by walkers and cyclists. Usage of the Network has grown by 30% per annum compound since 2000, and two thirds of users claim to be more active thanks to its existence
- Safe Routes to Schools: national advice and information programme assisting over 3,000 schools to improve walking and cycling access for children and adults
- Active Travel: a range of practical projects to increase walking and cycling levels across communities, research the health impact of sustainable transport measures, and address the role of the NHS in accessibility and social inclusion
- TravelSmart: individualised travel marketing campaigns, which promote alternatives to the car by offering personalised travel advice and encouragement to walk, cycle and use public transport more often
- Local access projects, such as Safe Routes to Stations, encouraging more walking and cycling
- Liveable Neighbourhoods: developing residential areas where the community decides who has road priority, streets become social spaces and the car is just another road user
- Volunteer Rangers: over 1,500 volunteers across the country with a wide range of skills, working with their communities on major Sustrans projects
- International: supplying technical information to over 50 countries, and collaborating with the most advanced cities on European transport projects
- Travel behaviour research: now the UK's largest independent monitor of cycling levels, on and off the National Cycle Network, and an increasingly significant monitor of walking.

### **Further information**

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

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

# References

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