



National Institute for Health and Clinical Excellence Consultation on Operating model for the Centre for Public Health Excellence

Response by Sustrans

Introduction

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 better public health. Thus, it can help improve people's health by reducing coronary heart disease, stroke, diabetes, cancer and obesity, and improving mental health and well being. Our own practical work and that of others are producing evidence to this effect.

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 physically active travel. The National Institute for Health and Clinical Excellence is well placed to inform the decision-making of these various sectors, and to encourage their cooperation.

General comments

Sustrans welcomes the creation of the Centre for Public Health Excellence, and in large measure the details of this operating model. This seems to us a natural step in the evolution of the National Health Service from a "national sickness service" towards a service giving due weight to health promotion.

We particularly welcome it as a way of raising the profile and status of the promotion of healthy lifestyles, which is such an important element of public health.

We welcome the recognition in your operating model of the significance of the environment in determining public health, particularly in our area of physical activity. And we particularly welcome the various references to the important impact of people working in sectors other than health, so many of whose activities have consequences for the health of the public.

Our comments below are generally as a commentary on the text, with a small number of editing suggestions. Thank you for the opportunity to comment – often a chore but in this case a pleasure.

Comments on the text

- 1.1.1 We welcome the wording of the first health area for NICE: “.... the promotion of good health and prevention of ill health....”
- 1.2.3 The division between interventions and programmes gives pause for thought. We understand many of our own projects, such as the National Cycle Network (see below), as environmental interventions in physical activity and public health, although by this definition they would not qualify. Sustrans and others implement a range of practical programmes, many of which change the environment so as to make healthy lifestyles more accessible. We hope that both the Intervention and the Programme sides will give due weight to these environmental interventions.
- 1.2.5 As indicated above, we consider that it will be important to focus attention on environmental factors and interventions, and would like to see this recognised here. From the development of the first water supply and sewerage systems to the National Cycle Network today, many of the most significant public health interventions have been by actors, outside the health sector, changing the environment.
- 1.3.1 In our view this extension of your target audience is hugely significant. Most public health interventions are carried out by actors outside the health sector – many of them unaware or careless of the health impact.
- 1.3.3 et seq We most strongly welcome this very clear definition of your audience. In our view the biggest threat to successful delivery of the Choosing Health white paper is that actors outside the health sector may be inadequately informed, and/or insufficiently directed and resourced to optimise the public health impact of their work.
- 1.4.1 We think this objective is exactly right. At some point in this sequence of paragraphs, it might be appropriate to give specific mention to legislation and regulation, particularly in relation to the white paper commitment on regulatory impact assessment.
- 1.4.2 We hope that this de facto increase in the status of public health guidance may have influence in other areas. To give one example, health sector charitable foundations often attach greater importance to medical, clinical and pharmaceutical initiatives and research than to the promotion of healthy behaviour; anything which addresses that bias would be welcome.

It would be helpful if government departments such as the Department

for Transport would now speak to highway authorities and others, informing them of the relevance and importance of the CPHE and instructing them to take account of its guidance.

- 2.2 et seq There is still in many places a disproportionate focus on sport and active recreation as the means to increase physical activity across the population. We have no fears that NICE might make such a mistake, but it might be useful at some point to make a clear statement of the range of physical activity types, their potential to address inactivity across the whole population, and the commitment of the centre to evaluate and provide evidence about all of them.
- 2.4 et seq It may be worth clarifying what is meant here by the word stakeholder. You may intend the involvement of representative groups – users, community associations, people with certain types of condition – but it is important also to include expert practitioners from relevant fields, including those outside the health sector. Medical and/or public health qualification or expertise should not be automatic requirements – or to put it another way, their lack should not disqualify the input of relevant expertise from outside the health sector.
- 2.5 This specific reference to environmental intervention is very welcome. It is, though, perhaps too specific and we suggest deleting the words “as part of general environmental upgrading”, which may be taken to suggest that other approaches to the creation of activity friendly environments are for some reason not appropriate.
- 2.6 We very warmly welcome this clear and complete listing of the types of intervention and programme.
- 2.7 We welcome this declaration of open-mindedness regarding admissible evidence. Working as we do in the area of transport, physical activity and travel behaviour, which is less conducive than others to RCT and quantitative measurement, we have often felt that valid evidence from our sector was undervalued amongst health specialists.
- We would like to stress the importance of qualitative as well as quantitative data in developing the evidence base. Part of the research process in selecting evidence will need to draw on research areas not generally used in health research. This process will be enhanced by drawing on specialists outside of the normal research domains. Transport is an important case in point, where previous research has sometimes contracted health sector specialists to evaluate evidence, although the subject area did not fall within their field of expertise.
- 3.1 et seq Have you considered having nominated leads among your senior staff for the various relevant policy areas, perhaps mapped against government departments? The thinking behind this suggestion is that different sectors have different ways of working and thinking, and a

single standardised approach to collation of evidence and provision of guidance may not be the most effective way to influence all of them.

4.2 We consider that analysis and dissemination of the economic value of public health impacts produced by the work of actors in the sectors you have listed earlier will be among the most significant ways to influence them.

5.2.1 We note that the Interventions team will have a standing advisory committee. We would ask you to consider again whether such an approach would not be better for the programmes side also. This might over time build cross-sectoral expertise, and experience in how to identify the public health impacts generated in various sectors. It might also give higher status to the work of your Programmes team. Where necessary, such an approach would not preclude the co-opting of additional specialists. Alternatively, you might consider a standing panel of experts, from among whom specific development groups could be called up.

We would like to see the various areas of physical activity represented in any such committee or panel, and in the area of active travel would like to be among the first to volunteer.

Further information

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, 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. Our national programme on health policy and practice, Active Travel, works with the UK health sector to encourage physically active travel as a healthier alternative to motor transport.

We work in partnership with the Department of Health, Department for Transport, Department for Education and Skills, Office of the Deputy Prime Minister and others, national and regional agencies, community groups, schools and business, and also with international bodies. Our programme helps to deliver on government's policies and strategies in areas including public health, communities, regeneration and quality of life, and climate change.

National Cycle Network

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. It offers 9,500 miles of signed, safe and attractive cycle routes in the UK. By September 2005, 10,000 miles will put almost 75% of the UK population within two miles of the Network.

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 in 2003. The 2004 results, to be published in May, are expected to show further growth. Traffic free sections of the network now carry more walking than cycling trips, and users report that the availability of the Network has led them to increase their physical activity levels.

From a health policy point of view, the key statistic may be that over 69% of users report that the existence of their local sections of the Network encourages them to be more active.

Physical activity promotion on the National Cycle Network

The main public health impact of the National Cycle Network is in its role as an environmental factor instigating physical activity through the choice of active travel. We do however run a number of physical activity promotion projects, which specifically target people at health need as a result of inactive lifestyles, encouraging them to walk and/or cycle on the Network routes. These include Pedal Back the Years and Stroll Back the Years in Cornwall, Stroll on Exeter, and new projects being established under the Active England programme in Luton and Milton Keynes. All are distinguished by the fact that participants are recruited by a wide range of mechanisms, most of them not overtly health related.

Evidence

We have a usage monitoring programme based in Newcastle upon Tyne, which monitors and evaluates usage of the National Cycle Network, but also collates data from automatic bicycle counters right across the UK. We also collate and analyse travel behaviour data as part of our TravelSmart programme, including those we have collected as part of our work on the DfT Sustainable Travel Towns pilots. And we monitor usage projects such as those listed above. In addition, we are working with academic partners to set up more intensive evaluation of the physical activity impact of our practical work.

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

Sustrans Active Travel is supported by the British Heart Foundation.

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