1. Summary

1.1 Sustrans would like to raise three overarching issues relevant to the inquiry, in the context of active travel – walking and cycling as part of people’s regular daily travel behaviour. These are:

- the co-benefits achievable by promoting a shift to walking and cycling from private motorised transport in urban and peri-urban areas – the gains are not only in physical activity
- the logic and the economic value of cross-government and cross-sector action to bring about behaviour change from sedentary to active travel
- the scale of travel behaviour change achievable, to deliver these benefits.

1.2 And we make five recommendations:

- **physical activity should be identified as a national priority for action**, and should be visible in all relevant ministerial programmes, including transport and planning
- **investment priorities need to change**: physical activity should be a priority objective in the investment plans of all relevant departments, including transport
- **specifically, a significant, dedicated investment programme should be created for cycling and walking**, to build on the successful Local Sustainable Transport Fund, and with a still clearer focus on shifting local transport choices from motorised to active travel
- **existing and planned developments and infrastructure should be ‘health-checked’**, to ensure they encourage and facilitate a shift from sedentary to active travel
- **policy-makers, including the committee, should use all and any relevant evidence and expertise** – to demand ‘medical-standard’ evidence in a field such as physical activity will exclude many successful approaches.

2. Background and context

2.1 For at least two generations, planning and transport practice in the UK have focused on the car. An unintended consequence of this has been to suppress walking and cycling across all sectors of society. This decline in physically active travel has been a significant contributor to ill-health of many types; public and media attention often focus on obesity.
but in fact the impact is much wider. We need to reverse this trend, and to come up with a radical vision for local trips (in England 67% of all trips are under five miles\(^1\)) centred on active travel.

2.2 Other factors also tell us to change the way we travel – global climate change, local air pollution, rising oil prices and concerns over security of energy supply. By shifting from motorised transport to active travel we can tackle all these issues, and at the same time reverse the declining trend in physical activity. This would save billions of pounds in future healthcare and social care costs, as well as improving the balance of payments and reducing our exposure to the regimes which control global oil supplies.

2.3 Today, motor transport still takes priority in the big decisions and in the allocation of investment. As a consequence the UK lags badly behind many European countries in levels of active travel. To return walking and cycling to levels that can contribute to a healthy society, immediate changes are needed in policy and practice.

3. The relevance of Sustrans’ submission

3.1 Sustrans is a leading UK charity enabling people to travel by foot, bike or public transport for more of the journeys we make every day. We work with families, communities, policymakers and partner organisations so that people are able to choose healthier, cleaner and cheaper journeys, with better places and spaces to move through and live in.

3.2 Our practical work includes a major national programme of environmental interventions – working with many partners to create or improve walking and cycling infrastructure – including the National Cycle Network. We also run national programmes of behavioural interventions, working with one in ten English schools, for example, doubling cycling to school, increasing scooting by over fifty per cent, and sustaining walking levels.

3.3 The scale of behaviour change engendered by our work is enough to make a real difference to local travel and to physical activity levels. In 2013, almost 5 million individuals made three quarters of a billion trips on the National Cycle Network (despite the name, more walking than cycling)\(^2\). Usage has increased every year since systematic monitoring began in 2000.

3.4 Year after year, between 75% and 80% of users surveyed tell us they are more physically active because of their local routes, and only half of these users currently meet the physical activity recommendations of the four Chief Medical Officers. Our work is helping large numbers of insufficiently active people become more active.

3.5 Sustrans’ research and monitoring team monitors our own work and that of others, including some official programmes. It demonstrates the impacts in changing both travel behaviour and physical activity levels. We collaborate with experts in this and other areas of research and analysis, including economic impact analysis. This latter shows our walking and cycling programmes to be excellent value for money.

3.6 Our work was honoured in the inaugural English Chief Medical Officer’s awards, in 2009, and has secured many other awards, in particular from the World Health Organisation (Counteracting Obesity, 2006).

3.7 We believe this practical experience of creating travel behaviour change makes the Sustrans viewpoint particularly relevant and important to the Committee’s inquiry. Our comments below relate to our field of expertise, transport and travel choice, although some we believe to have wider relevance.
4. Sustrans evidence

4.1 We do not propose to revisit the evidence around the health promotion and disease prevention benefits of physical activity, or the converse – the ill-health and costs to the healthcare and social care systems arising from inactive lifestyles. The Committee will be well aware of these.

4.2 Our submission therefore is about how to achieve increases in physical activity through active travel, and to maximise the co-benefits achievable by promoting active living in this way.

4.3 However, we would like to raise some general issues before proceeding to our specific expert contribution.

4.3.1 We are concerned that the terms of reference for the inquiry risk conflating ‘achieving healthy weight and increasing physical activity’. Physical activity (or inactivity) is a hugely important public health issue, and its impact on individual and population health is much wider than that mediated through obesity alone, although non-expert commentators often confuse the two. There is a link, clearly, but we urge you to take care not to mix the two, and are reassured by the later mention of physical activity ‘including its impact independent of weight’.

4.3.2 It is also important to keep in mind that different lifestyle behaviours have different types of determinant and require different types of intervention. Active travel requires significant environmental intervention as well as motivational approaches focused on individuals or communities. It is sometimes assumed that health objectives always and only require the latter, but if the Dutch or the Danes cycle ten times as much as we do, it is primarily because they have the infrastructure.

4.3.3 A problem that comes up all too often is the inclination of many non-expert commentators to use ‘sport’ and ‘physical activity’ as interchangeable terms, and to use loose terminology such as describing physical activity by individuals as ‘participation’ or to talk about ‘sport and physical activity’ as though other forms of activity were no more than stepping stones to the optimum form, which is sport. Sport is simply one slice in the pie-chart of physical activity, and should not be given undue weight.

4.3.4 We would like to draw your attention to a problem in the way evidence of effectiveness is presently being assessed and ranked. Public Health England has commissioned a much-needed review of what it calls ‘promising practice’ in physical activity, but has insisted on the use of a disproportionately stringent set of evidence ranking criteria (developed by NESTA). We do not challenge the validity of the NESTA hierarchy in general, but question its applicability across all the different fields of physical activity.

4.3.5 Many active travel interventions, for example, may have a positive impact on physical activity without even having considered any public health objectives. The investment may come from transport funders who may decline to monitor at the intensity needed to meet with PHE’s criteria. The Sustrans National Cycle Network is an example – the usage analysis is accepted around the world, the scale of impact is immense but the evidence is excluded from PHE’s best practice reporting.

4.3.6 A further issue is that the most effective approaches to the promotion of active travel combine a number of interventions, environmental and behavioural, funded by capital and revenue budgets, and probably delivered by different partners over a range of timeframes. ‘Medical’ standards of research are not easy in these conditions. We would be happy to discuss further this area of concern, if the committee wishes.
4.3.7 We would contrast this approach to evidence with that taken by NICE in its public health guidance programme: NICE has historically taken a much wider view of evidence, ranking it according to reliability but remaining open to a range of research types relevant to the subject.

4.4 Benefits of raising physical activity levels through travel behaviour change

4.4.1 In Sustrans’ view, policies and measures to address the problem of physical inactivity can and should be developed with an eye to objectives in other, associated policy areas. In our field, successful intervention to change travel behaviour contributes to numerous policy objectives, offering therefore exceptional value for money. As well as the physical activity gains it will also reduce local toxic air pollution, climate change emissions and noise, improve road safety, increase social interaction, reduce the need for energy imports and reduce congestion.

4.4.2 The merit of active travel as an easily adopted form of physical activity is not at issue. There is a strong consensus, led by the four Chief Medical Officers of England, Scotland, Wales and Northern Ireland who state that “for most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car, bus or train”\(^3\).\(^\)\(^\)\(^\)

4.4.3 This is backed up by the Government’s Foresight obesity report, which noted that “the top five policy responses assessed as having the greatest average impact on levels of obesity include increasing walkability / cyclability of the built environment”\(^4\).\(^\)\(^\)\(^\)

4.4.4 The British Medical Association has called for “ambitious growth targets for walking and cycling at national and regional levels, with increased funding and resources proportional to target levels”\(^5\), while in the policy call Take action on active travel, a UK-wide group of over 100 transport and public health bodies in 2010 recommended, “invest at a realistic level: commit 10% of transport budgets to walking and cycling immediately, and in future ensure that transport funds are allocated proportionate to the new, ambitious target levels”\(^6\). In 2013 the core national members of this group assessed progress in England towards the original recommendations and reaffirmed their commitment to the call\(^7\). The public health profession as a whole speaks with one voice, in favour of more priority and more investment for active travel.

4.4.5 This consensus is underpinned by the National Institute for Health and Care Excellence (NICE), which calls for a list of practical interventions in favour of walking and cycling, including road space reallocation, traffic calming, road user charging and network improvements\(^8\) as well as a range of motivational and information approaches\(^9\). NICE says that “walking and cycling should become the norm for short journeys”\(^10\).

4.4.6 In the political world, the All Party Commission on Physical Activity called in 2014 for “relocation of transport investment, providing long-term continuity of dedicated funding for walking and cycling as regular daily transport”, and for “developments and infrastructure to be ‘health checked’ so that walking and cycling […] are prioritised”\(^11\).

4.4.7 On top of all these benefits, investment in active travel is far, far better value for money than other transport spending. Using the Department for Transport’s assessment methodology, it offers much higher benefit to cost ratios (BCR) than traditional road schemes. DfT regards a BCR of 2:1 as a good return on investment: walking and cycling schemes regularly return BCR of over 10:1.
4.4.8 A review of published transport analyses, carried out in 2010 for the South West regional government office and the Department of Health, found that, “almost all of the studies identified report economic benefits of walking and cycling interventions which are highly significant. The median result for all data identified is 13:1 and for UK data alone the median figure is higher, at 19:1”[12].

4.5 The potential for change in travel behaviour

4.5.1 The scale of potential change in local travel behaviour, modelled by Sustrans and others, is really significant: this could have a major impact on population levels of physical activity.

4.5.2 Sustrans’ own work for the DfT has shown that in representative UK cities 47% of car trips could be replaced by walking, cycling or public transport, without major changes to existing infrastructure[13].

4.5.3 Even greater potential exists where significant investment is made in infrastructure to support these modes. Sustrans has called for a doubling of the share of trips made by walking, cycling and public transport[14]: this is achievable, and would have very significant public health impact.

4.5.4 This is not a view unique to Sustrans: the Cabinet Office has calculated that people could replace 78% of their local car trips under five miles with walking, cycling or public transport[15].

5 Sustrans recommends

5.1 Sustrans’ makes five key recommendations. The committee will recognise these – they are founded on the recommendations of the All Party Commission on Physical Activity and of national, even international expert bodies in public health.

- physical activity should be identified as a national priority for action, and should be visible in all relevant ministerial programmes, including transport and planning
- investment priorities need to change: physical activity should be a priority objective in the investment plans of all relevant departments, including transport
- specifically, a significant, dedicated investment programme should be created for cycling and walking, to build on the successful Local Sustainable Transport Fund, and with a still clearer focus on shifting local transport choices from motorised to active travel
- existing and planned developments and infrastructure should be ‘health-checked’, to ensure they encourage and facilitate a shift from sedentary to active travel
- policy-makers, including the committee, should use all and any relevant evidence and expertise – to demand ‘medical-standard’ evidence in a field such as physical activity will exclude many successful approaches.
Contact Details

Philip Insall
Director, Health
Sustrans
2 Cathedral Square
Bristol
BS1 5DD

Tel: 0117 926 8893
Email: policysubmissions@sustrans.org.uk

© Sustrans December 2014
Registered Charity No. 326550 (England and Wales) SC039263 (Scotland)
VAT Registration No. 416740656

References

1 Department for Transport, 2014 National Travel Survey 2013
2 Sustrans, 2014 Millions of people on the move
3 Department of Health, 2011 Start active, stay active: A report on physical activity for health from the four home countries’ Chief Medical Officers
5 British Medical Association, 2012 Healthy transport = Healthy lives
6 Association of Directors of Public Health, 2010 Take action on active travel
7 Sustrans, 2013 Is England taking action on active travel?
8 National Institute for Health and Care Excellence, 2008 Promoting and creating built or natural environments that encourage and support physical activity
9 National Institute for Health and Care Excellence, 2012 Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation
11 All Party Commission on Physical Activity, 2014 Tackling Physical Inactivity – A Coordinated Approach
13 Sustrans, 2005 Travel Behaviour Research Baseline Survey 2004: Sustainable Travel Demonstration Towns
14 Sustrans, 2010 More Haste Less Speed
15 Cabinet Office, 2009 An analysis of urban transport