

Is England taking action on **active travel?**



In 2007, for the first time, leading public health and transport bodies came together to make recommendations to government on active travel and health. These recommendations are supported by, among others:

Association of Directors of Public Health
British Heart Foundation
Campaign for Better Transport
Cancer Research UK
Chartered Institute of Environmental Health
CTC, the national cycling charity
Faculty of Public Health
Friends of the Earth
Living Streets
Macmillan Cancer Support
NHS Sustainable Development Unit
National Heart Forum
National Obesity Forum
Ramblers
Roadpeace
Royal College of Physicians
Royal Society for Public Health
Sport and Recreation Alliance
Sustrans
Walk 21
Walk England

This report reviews progress against the recommendations, over the ensuing five years.





Summary

The original ***Take action on active travel*** policy call included six broad but clear recommendations:

- **set ambitious targets for a growth in walking and cycling – and ensure they are met**
- **invest at a realistic level ... proportionate to the new ambitious target levels**
- **create safe, attractive walking and cycling conditions**
- **make 20mph or lower speed limits the norm for residential streets**
- **tackle bad driving**
- **'health check' every transport and land use decision.**

Over the ensuing five years, progress towards these recommendations has been slow, but recently a combination of factors has led to a greater focus on active travel at national and at local level. These factors include improved evidence of health and economic benefits, the need to reduce future healthcare costs from non-communicable disease, improved inter-Departmental collaboration, media campaigns on cyclist safety, as well as the raised profile of cycle sport.

The most impressive strategic commitments to active travel have come from individual local authorities – and some of the best UK examples are not from England.

Investment in active travel is still not even in line with the percentage of trips it currently represents, let alone 'ambitious target levels'. The Department for Transport's Local Sustainable Transport Fund will do much for active travel, and its health impact will undoubtedly be beneficial,

but it is not in itself sufficient to reverse the long term decline in active travel. A clear investment strategy is needed, to build on the momentum generated by the LSTF and to mainstream the successful approaches it pilots.

Individual local projects in a number of localities have improved conditions for walking and cycling, but these are still isolated examples. In fact the single most impressive and influential initiative on active travel has come not in England but in Wales. The Welsh Government's Active Travel (Wales) Bill, a world first, places a duty on local authorities to develop and maintain a network of walking and cycling routes, matching their existing obligation regarding roads. Response to the development of this bill has been extremely positive.

The recommendation which has seen most progress is that for a move towards a 20mph speed limit as the norm. In this case, supported by the road safety and public health sectors, local authorities at different levels are moving ahead with implementation. At the national level, however, there is still a need for policy and legislative changes to make 20mph the norm across the country.

Bad driving continues to kill and seriously injure tens of thousands of people each year, with the toll actually rising in 2011. Education clearly isn't working, and enforcement is still, unfortunately, lax.

There is widespread concern that changes to planning policy may have the effect of encouraging more out of town development, increasing journey distances and harming accessibility by non-motorised modes of transport. This is accentuated by an ongoing programme of major investment in road-building, likely to lead to increased traffic levels.



Active travel and health

Regular physical activity reduces the risk of becoming overweight and obese, of cardio-vascular disease, type 2 diabetes, and many forms of cancer, protects mental health and promotes well-being. Because it prevents disease, physical activity has an important role in reducing future needs for, and the costs of, healthcare; it has been referred to as a 'miracle cure'⁽¹⁾.

Active travel is acknowledged as one of the easiest and most acceptable forms of physical activity⁽²⁾. Unfortunately, the focus on motorised transport over decades of transport and planning policy has led to a severe reduction in opportunities for individuals to choose active travel, and a consequent decline.

Among the most powerful evidence developed since the original Take action policy call was published is a body of economic assessment demonstrating the cost to the UK economy of this lack of opportunity to choose active travel. The Cabinet Office in 2009 summed the costs of our current approach to transport, including cost of congestion, physical inactivity, carbon emissions and local air pollution, noise and crashes, to £38-48 billion per annum in England⁽³⁾. When in 2010 the then Chief Medical Officer called for a doubling of walking and an eight-fold increase in cycling⁽⁴⁾, he prompted a study by public health economists which found that within 20 years this would lead to savings of roughly £17 billion (in 2010 prices) for the NHS in England and Wales⁽⁵⁾. The health economic arguments are very persuasive.

Take action recommendations and progress towards them: summer 2012

1. Set ambitious targets for a growth in walking and cycling – and ensure they are met: publish a coherent strategy for growth in walking and cycling, based on experience of what works; monitor and performance-manage progress; give transport departments a clear public health objective, and make clear the roles of other government departments and other partners

England has so far failed to develop and implement a walking and cycling strategy. The Department of Health (DH) and Department for Transport (DfT) collaborated on the 2010 Active Travel Strategy, but this did not survive the change of administration that year and has not to date been replaced. The quality of collaboration between the two departments on active travel has continued to improve and current work on strategic planning for transport is an opportunity to make clear commitments on walking, cycling and the health impacts of transport.

Some local authorities are taking bold steps. Manchester City Council is targeting, in the city's Interim Cycling Strategy, "to have more people cycling in Manchester than any other English city by 2017 (as measured by the Active People Survey)". Meeting this target – bringing cycling up to the levels of Cambridge (27% of trips) – would have a dramatic impact on public health. It would also transform road safety, air quality and the liveability of streets, and reduce congestion, carbon emissions and traffic noise.



Bristol, as England's Cycling Demonstration City, aimed to double cycling over the three years of the project. This was a demanding target in such a short timeframe, although from a baseline of 4% of trips, low by continental standards, and in the event the target was not met until after the project end date. However, Bristol has now signed up to the Brussels Charter, which commits signatory cities to achieve a 15% cycle share of all trips by 2020 alongside cycle safety, bike to school and other targets. The city Cycling Strategy aims for 20% of trips by bike, by 2026.

Elsewhere in the UK, the Scottish government, in its Cycling Action Plan for Scotland, sets itself the target of achieving 10% of all trips by bicycle, by the year 2020. Achievement of this target will mean major changes to past transport policy, and will generate a huge public health benefit as well as big gains in areas such as climate emissions and local air pollution.

A disappointing finding of this review is that that most of the available data relate to cycling: walking seems almost completely absent from the strategic planning level. New DfT data on walking and cycling at local authority level now offer a clearer baseline for the targets called for in this recommendation: it is to be hoped that walking will now be better recognised in policy.

2. 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

Transport funding in England is still predominantly allocated from the DfT, and although it is not always possible to identify cycling and walking elements of individual funded schemes with certainty, it is clear that DfT is nowhere near allocating in proportion with even existing levels of travel by these modes, let alone growth targets. This is despite calls

from bodies as influential as the National Institute for Health and Clinical Excellence (NICE) and the British Medical Association (BMA).

NICE recommended *"Apportion part of the local transport plan (LTP) block allocation to promote walking, cycling and other forms of travel that involve physical activity. The proportion allocated should be in line with growth targets for the use of these modes of transport"*⁽⁶⁾. The BMA urged *"ambitious growth targets for walking and cycling should be set at national and regional levels, with increased funding and resources proportional to target levels"*⁽⁷⁾.

The DfT Local Sustainable Transport Fund (LSTF) offers £600 million over four years to English transport authorities. All of the successful bids will improve walking and cycling conditions to some extent, and some are really excellent. However, a one-off funding pot is insufficient and it is not yet clear that the LSTF principles are being mainstreamed into transport investment planning generally. It is of crucial importance that future transport investment mechanisms should build on the LSTF support for active travel and provide unbroken continuity of investment, so that local expertise and momentum are not lost.

In the same way, the recent Cycling Demonstration Towns and Cycling City and Towns programmes raised local investment, temporarily, to between £5 and £10 per capita per annum, a funding level common in continental European cities and generally accepted as the minimum required to grow cycling. Both programmes were successful in generating large increases in the number of people cycling and percentage of trips, with very good benefit to cost ratios⁽⁸⁾. Again, it is not clear that the cycling cities and towns will sustain this level of commitment in their ongoing Local Transport Plans without a more focused funding allocation from government.



An excellent example is in Scotland: Edinburgh City Council has committed to invest at least 5% of its transport budget, both capital and revenue, in cycling during 2012-13, and to raise that investment level by 1% per annum. This level of investment is planned to contribute to the city honouring its Brussels Charter commitment.

3. Create safe, attractive walking and cycling conditions, with coherent high quality networks linking all everyday destinations, so that walking and cycling are faster and more convenient than motor travel, backed up by individualised travel marketing, school and workplace travel plans, practical walking promotion programmes and high quality cycle training

The high-profile initiative in this area is in Wales, where the Welsh Government is rapidly developing its Active Travel (Wales) Bill, a world first, which places a duty on local authorities to develop and maintain a network of walking and cycling routes, matching their existing obligation regarding roads. Response to the development of this bill has been extremely positive.

Development of high quality networks at town or city scale is still generally at the strategic planning stage, as shown by the examples above. At the community scale, some authorities have begun work on local networks. The Sustrans Connect2 programme offers a number of examples, such as:

- Sale, where walking and cycling doubled with most of the growth coming in active commuting to work
- Worcester, where one count point is now seeing 1.8 million active travellers annually.

Across the whole programme, the first 19 completed schemes report that levels of active travel have almost trebled.

Local schemes, whether delivered as part of the Local Transport Plan process or under funding pots such as the DfT/Sustrans Links to Schools, often deliver major local behaviour change and exceptional value for money⁽⁹⁾. The issue now is to expand this impact across entire local networks, so that all residents have the opportunity to choose active travel more often.

4. Make 20mph or lower speed limits the norm for residential streets and those used by shoppers, tourists and others, close to schools or public buildings, or important for walking and cycling or children's play. In urban areas only the busiest strategic traffic routes should now qualify for higher speed limits

Reducing traffic speeds is popular; communities see speeding as the number one anti-social behaviour according to the British Crime Survey⁽¹⁰⁾, and the Department for Transport found 71% of survey respondents favouring 20mph limits in residential streets⁽¹¹⁾.

Perhaps because of its public popularity, 20mph is currently the most advanced of these recommendations. Some local authorities have made good progress in moving to a local 20mph speed limit, for example:

- Lancashire will by the end of 2013 have 20mph limits on all residential streets and outside all schools: the County Councillor responsible for transport has said *"I hope within a generation we will change hearts and minds – we must make people aware it's not right to speed in residential areas"*
- In Liverpool, the public health team is working with the City Council to introduce 20mph limits across the city
- London Boroughs are moving to implement 20mph, for example Islington, where the council's spokesperson said *"a blanket 20mph zone is a bold step, but it's what our residents want and deserve. The scheme has had cross-party support and widespread public backing"*



- Bristol introduced in 2012 a three-year programme for all but the busiest main roads to go to 20mph: 89% of residents were in favour (although there was some party political opposition)
- Hull and Portsmouth deserve credit for their role as pathfinders in moving to 20mph. Hull for example reduced child pedestrian crashes by 74%⁽¹²⁾.

At the national level, however, despite regulatory changes making it easier for local authorities to implement 20mph zones and limits there is still a need for stronger action on policy and legislation, to make 20mph the norm across the country.

The impact of 20mph on public health is dramatic. In 2011 the North West Public Health Observatory modelled the road safety impact of reducing the speed limit in built-up areas from 30 to 20 mph across the region. Over a timeframe of 2004-08, an average of 140 children each year, killed or injured in real life, could have been saved by this simple measure in the Northwest alone⁽¹³⁾.

Sustrans then adopted a similar methodology to estimate the impact at national level, and found that as many as 580 child deaths and serious injuries could be prevented each year. By any measure, bringing speed limits down would be a hugely important public health intervention.

Of course the public health benefits would not be measured in road casualties alone, but also in physical activity. In the words of the National Heart Forum *'areas with slower vehicle speeds are associated with increased opportunities for walking and cycling'*⁽¹⁴⁾.

A weakness in this area is that police forces do not yet seem to be active in enforcing speed limits. There is a clear need for Chief Constables and the new Police and Crime Commissioners to take a lead on speed enforcement.

5. Tackle bad driving, through improved driver training and awareness campaigns, backed by stronger and better enforced traffic laws

Progress on tackling bad driving has been disappointing. It is not evident that driving standards have improved, and many drivers still appear to regard speeding or pavement parking as minor transgressions, if not a right. This may be because enforcement is poor.

2011 saw the first annual increase in almost two decades in the number of people reported killed or seriously injured on Britain's roads, from 24,510 to 25,023⁽¹⁵⁾. This is indicative of a continued failure to address bad driving.

Central government funding for safety cameras was abolished in 2010, leaving police forces with responsibility for cameras, but no income from fines. Forces do however receive an administration fee for referring drivers to speed awareness courses. At the same time, the margin of excess speed above the limit, within which offenders can opt for a training course instead of a fine and penalty points, has been widened. There are concerns that this may create a culture of impunity.

In addition, since the Causing Death by Driving charge was introduced in 2006, the number of Causing Death by Dangerous Driving convictions has halved, fuelling suspicions that dangerous driving is being downgraded.

There may be grounds for optimism in the announcement by Thames Valley Police, in August 2012, that the force would begin 'proportionate, targeted enforcement' of 20mph zones in Oxford.



6. 'Health check' every transport and land use decision, focusing on the potential impact on levels of walking and cycling and other aspects of health; invest public money to the benefit of public health, and reject proposals whose impact on walking and cycling will not be positive

There is widespread concern that recent changes to planning policy may have the effect of encouraging more out of town development, increasing journey distances and restricting accessibility by non-motorised modes of transport. There is a risk that this may tend to suppress active travel.

This concern is compounded by a perception that the Department for Communities and Local Government is not collaborating with the DH and DfT to support the increasingly close and effective partnership between the two departments on active travel.

On the transport side, an ongoing programme of major investment in road-building is likely to lead to increases in motor traffic, and so to further suppression of walking and cycling.

More positively, although the LSTF programme as a whole does not have the clear and specific public health objectives it should, individual local projects will have a real positive impact on levels of active travel, and thus on health. The absence of health criteria from the funding allocation process means that the monitoring and evaluation processes may be incomplete, but the National Institute for Health Research has established a funding call to identify at least some of the public health impacts of the programme.

Conclusion

The evidence is clear, and public health specialists across the world agree: governments at all levels need to be much more active and effective in catering for and promoting active travel.

Policies and strategies at all levels advocate walking and cycling but motor transport is still taking priority in the big decisions and in the allocation of investment. This has to change: it is time for action on active travel.

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We STILL call for action on active travel

The bodies listed below call on government and local authorities to implement the **Take action** recommendations. We are doing what we can to bring them to reality in our own spheres of influence. And we call on others to join with us.

You can see an updated list of signatories at www.adph.org.uk.

Association of Directors of Public Health
British Heart Foundation
BHF National Centre for Physical Activity and Health
Campaign for Better Transport
Cancer Research UK
Cavill Associates
Chartered Institute of Environmental Health
Child Growth Foundation
CTC, the national cycling charity
Faculty of Public Health
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