



The Association of Directors of Public Health

Draft Cycling and Walking Investment Strategy

Consultation Response

Summary

The Association of Directors of Public Health (ADPH) welcomes the ambition to create a ‘walking and cycling nation’ in the draft Cycling and Walking Investment Strategy (CWIS).

There has been a 10% increase in the prevalence of obesity within the last twenty years, with two thirds of the British adult population now overweight or obese¹. Health conditions that are easily preventable through increasing levels of physical activity are placing a heavy burden on both our population and our health services.

Independent research has shown how new walking and cycling routes can improve the health of the public². It is clear that the long-term strategic approach contained within the strategy is needed, in order to normalise walking and cycling as part of everyday life.

The draft CWIS makes clear the importance of increasing walking and cycling to public health. However, the lack of firm commitment to sustained funding risks the ability to deliver the strategy’s ambitions successfully.

The All Party Parliamentary Cycling Group (APPCG) ‘Get Britain Cycling’ Report³ called for investment in cycling measures of at least £10 per person annually, increasing to £20, in order to increase cycle use to 10% of trips by 2025, and to 25% of trips by 2050.

It was therefore disappointing to see a total of £300m assigned for the period 2015-2020 in the draft CWIS, an amount that works out at less than £1 per capita per annum (pcpa).

When compared to the committed active travel budgets of countries such as the Netherlands (€27pcpa) and Denmark (€30pcpa), where active travel is already effectively embedded, it is clear that the sum committed within the draft CWIS is insufficient. It is interesting to note that, as world leaders in active travel, both Denmark and the Netherlands have obesity rates of less than half that of the UK.

The sum committed within the draft CWIS is dwarfed by the £15.2bn capital expenditure committed to road building during this same time period⁴. It is also far below what the British public would like to see invested in active travel; a recent Sustrans survey of 11,000 people showed that 75% of those asked would be willing to spend more money on cycling measures, with an overall average of £26 annual spend per person.⁵

¹ https://www.noo.org.uk/NOO_about_obesity/adult_obesity/UK_prevalence_and_trends

² Fit for Life: Independent research into the public health benefits of new walking and cycling routes. Sustrans. May 2016. Available at: <http://www.sustrans.org.uk/sites/default/files/images/files/Sustrans%20Fit%20for%20Life.pdf>

³ All Party Parliamentary Cycling Group, 2013, *Get Britain Cycling*. Available at: <https://allpartycycling.files.wordpress.com/2013/04/get-britain-cycling1.pdf>

⁴ Department for Transport, 2015, Road Investment Strategy for the 2015/16 – 2019/20 Road Period. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408514/ris-for-2015-16-road-period-web-version.pdf

⁵ <http://www.sustrans.org.uk/bike-life/overall-survey>



There is already considerable evidence available of the indirect economic benefits of investing in cycling and walking in; improving health and wellbeing⁶, reducing congestion, and reducing absenteeism⁷ among other benefits.

In addition, the Department for Transport has demonstrated the excellent value for money that walking and cycling schemes achieve, regularly outperforming other motorised vehicle schemes⁸. UK Active's Turning the Tide of Inactivity Report⁹ highlighted the savings the UK economy would make in improving levels of physical activity – physical inactivity is currently estimated to be costing the economy in each local authority in England £18 million per 100,000 people every year.

A study by the London School of Economics demonstrated the direct economic benefits that cycling provides, generating nearly £3bn a year in bike sales, manufacturing, reduced traffic congestion, lower pollution levels and lower NHS costs.¹⁰

Given the indirect and direct economic and obvious health benefits enabling active travel provides, the funding currently provided is not adequate for the scale of investment needed. In addition, the competitive and site-specific nature of the funding presents a significant risk to the successful delivery of the strategy consistently across the country.

Q1. The Government would be interested to hear views on the approach and actions set out in section 8 of this strategy.

We recognise the positive ambitions (doubling the levels of cycling activity, reversing the decline in walking, increasing the percentage of children who walk regularly to school, and reducing the number of cyclist killed or injured on our roads). We note several constructive actions contained within the CWIS such as the DfT supporting sharing of best practice within LEPs, providing guidance on how to develop relevant local CWIS plans, and the expert panel to monitor the success of the strategy.

However, due to the lack of provision of adequate levels of funding that are required to significantly increase levels of active travel, it is not possible to comment further at this stage on the detail of the proposed intervention types. Without appropriate funding, no approach will provide the levels of active travel we need to see in order to experience the positive benefits active travel provides to public health. Promoting cycling and walking should be prioritised within Public Health budgets, on the basis that it can be used to lever matching funds from partners, including government.

Q2. The government would be interested to hear the views on the potential roles of national government departments, local government, other local bodies, businesses and the voluntary sector in delivering the strategy and what arrangements could best support partnership working.

There is already a wide variety of organisations, across the private, public and third sector, that already work effectively (both individually and in partnership) to promote sustainable active transport, implement public health initiatives to champion walking and cycling, and develop active travel policy, practice and guidance. However the enthusiasm, professional knowledge, and partnership working these organisations can provide are no substitute for the robust funding levels

⁶ Department of Health, 2011. *Start active, Stay Active: a Report on Physical Activity from the Four Home Countries' Chief Medical Officers*. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf

⁷ Hendriksen IJM, Simon M, Galindo Garre F, Hildebrandt VH (2010). 'The association between commuter cycling and sickness absence'. *Preventive Medicine*, vol 51, no 2, pp 132–5.

⁸ Department for Transport, 2014, *Claiming the Health Dividend: A summary and discussion of value for money estimates from studies of investment in cycling and walking*

⁹ UKActive, 2014, *Turning the Tide of Inactivity Report*. Available at

http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf

¹⁰ Grous, Alexander (2011), *The British cycling economy: 'gross cycling product' report*



needed on order to deliver the scale of the changes necessary to substantially increase the levels of active travel in this country.

Q4. The government would be interested to hear your views on how to increase cycling and walking in typically under-represented groups (for example; women, older people, or those from BME backgrounds)

Given the steady decline in walking and cycling levels from people from all backgrounds in this country, a long-term approach that concentrates on changing the physical surroundings to support and encourage *all* members of society to increase their levels of active travel is required. This long-term approach needs to be implemented in conjunction with targeted interventions for harder-to-reach groups, which focus on the particular needs of those groups, in order to achieve the population level behaviour change required.

Q5: The government would be interested to hear views on what type of assistance Local Authorities and Local Enterprise Partnerships would find beneficial to support development of ambitious and high standard Local Cycling and Walking Infrastructure Plans.

Significant commitment and investment from central government is required to achieve a national modal shift to walking and cycling. Reductions in the Public Health grant, along with a general reduction in Local Authority budgets, have resulted in a reduction in the capacity of Local Authorities to support the measures outlined in the draft CWIS.

However, in addition to an increase in investment, there are number of other ways Local Authorities could be assisted to develop ambitious and high standard Local Cycling and Walking Infrastructure Plans. Support to create strong and robust business cases highlighting the economic and financial case for investment in active travel would be welcomed, as would provision of financial models that clearly demonstrate the health impact of active travel. Sound financial models can be used to call for funding to be invested in cycling infrastructure etc.

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