Local measures to promote walking and cycling

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Overview

The National Institute for Health and Clinical Excellence (NICE) has published draft guidance called *Walking and Cycling: Local Measures to Promote Walking and Cycling as Forms of Travel or Recreation*.

The guidance makes 10 recommendations:

1. involve public health professionals: ensure a senior member of the public health team is responsible for promoting both walking and cycling
2. ensure all relevant policies and plans consider walking and cycling
3. local activities: develop coordinated, cross-sector programmes to promote walking and cycling for recreation as well as for transport
4. develop personalised travel plans
5. cycling: implement town-wide programmes to promote cycling for any purpose
6. walking (1): develop programmes to encourage inactive adults and children to walk
7. walking (2): provide individual support including the use of pedometers
8. schools: foster a culture that supports physically active travel for journeys to school (for staff, parents and students) and during the school day
9. workplaces: develop strategies in consultation with staff and others to promote walking and cycling to, in and around workplaces
10. NHS: incorporate information on walking and cycling into physical activity advice given by health professionals

The guidance doesn’t make any recommendations about environmental changes as these are covered by existing NICE guidance on physical activity and the environment.

The draft guidance is targeted at commissioners, managers and practitioners who promote physical activity or work in environment, parks and leisure or transport planning. Often these people will be elected members or council officers.

The guidance is also relevant for other local authority staff including estate managers, highways authorities’ employees, planners and officers responsible for workplace travel and carbon reduction plans.
Briefing in full

The National Institute for Health and Clinical Excellence (NICE) provides guidance to ensure quality and value for money on a range of interventions including public health.

From April 2013 public health will be the responsibility of local authorities; to reflect this shift NICE has set up a Local Government Reference Group (LGRG). It is chaired by a former local authority chief executive and includes elected members, council officers, community representatives and directors of public health.

On 24 April 2012 NICE published draft public health guidance called Walking and Cycling: Local Measures to Promote Walking and Cycling as Forms of Travel or Recreation.

The draft guidance aims to set out to encourage people to increase the amount they walk or cycle. NICE believes that the 10 recommendations are a set of ‘highly cost effective’ interventions that could:

- increase overall levels of physical activity
- reduce air pollution, carbon dioxide emissions and congestion
- reduce road danger and noise
- encourage connections in the local community and a sense of people ‘looking out for each other’ because of the increase in interaction when they move around on foot or by bicycle.

The guidance doesn’t make any recommendations about environmental changes as these are covered by existing NICE guidance on physical activity and the environment.

Themes that recur throughout the recommendations are the need for interdepartmental collaboration and integration, a local evidence base, community involvement, and evaluation of interventions.

The recommendations are divided into three areas:

- policy and planning (recommendations 1 to 3)
- local programmes (recommendations 4 to 7)
- schools, workplaces and healthcare (recommendations 8 to 10).

Policy and planning

1 Involve public health professionals

*Ensure a senior member of the public health team is responsible for promoting both walking and cycling*
The guidance highlights the role of the public health portfolio holder to ensure that policies to promote walking and cycling are assessed, adopted and evaluated across all of the council’s activities, not just public health.

2 Ensure all relevant policies and plans consider walking and cycling

Ensure local, high-level strategic policies and plans support and encourage both walking and cycling

These should be included in plans relating to:
- air quality
- community safety
- education
- environment
- health and wellbeing
- land use, planning and development control
- physical activity
- regeneration and economic development
- transport.

These policies should be backed up by money and resources, which can be justified by highlighting the range of benefits that more cycling and walking would bring a local community (see Comment for discussion of economic impacts).

3 Local activities

Develop coordinated, cross-sector programmes to promote walking and cycling for recreation as well as for transport

The guidance wants a move away from fragmented, small-scale interventions to area-wide, long-term change based on a transport hierarchy that gives priority to pedestrians and cyclists ahead of people travelling in motorised transport (as set out in the Department for Transport guidance called Manual for Streets).

Interventions need to be tailored to the circumstances of a local area and identified through consultation with local communities, including people who do not walk or cycle regularly.

Local programmes

4 Personalised travel plans

Help those interested in changing their travel behaviour to make small, daily changes by commissioning personalised travel planning (PTP) programmes

5 Cycling programmes

Implement town-wide programmes to promote cycling for any purpose
The ideas suggested for implementing this recommendation are wide-ranging, but again the guidance stresses the need to ground interventions in local data, consultation and evaluation.

6 Walking: community-wide programmes
Address infrastructure issues that may prevent people from wanting to walk, such as traffic levels and speed, and develop programmes to encourage inactive adults and children to walk

The guidance states that walking programmes should be based on an accepted theoretical framework for behaviour change (for example, there is a rapidly growing evidence base about the sorts of messages that motivate people to change their behaviour, and those that don’t), and tackle issues that prevent people who live in deprived areas from getting involved. Transport planners can tap into public health expertise as part of developing relevant local programmes.

7 Walking: provide individual support including the use of pedometers
Ensure individual support is available for those participating in local walking programmes whether they walk as part of a group, formally with others, or alone

The guidance recommends that pedometers should be given to people only as part of a package that includes support, monitoring and feedback.

Schools, workplaces and healthcare

8 Schools
Foster a culture that supports physically active travel for journeys to school (for staff, parents and students) and during the school day

The guidance suggests that school staff, road safety officers and others should make the case for increasing levels of walking and cycling by explaining how it can improve children’s movement skills, social wellbeing, self-confidence and independence. It can also ‘help children to explore and become more familiar (and at ease) with their local environment while, at the same time, being physically active’.

9 Workplaces
Develop strategies in consultation with staff (and other relevant stakeholders, for example, students in universities and colleges) to promote walking and cycling to, in and around workplaces

This includes identifying a workplace ‘active travel champion’ with enough seniority within the organisation to achieve the improvement necessary to make walking and cycling more attractive options.
10 NHS
Incorporate information on walking and cycling into physical activity advice given by health professionals

Implementing the recommendations

The vision set out by NICE is one where the benefits of more cycling and walking are understood by all officers and elected members, and where this is built into all decision-making, spending and evaluation.

The changes set out in the Health and Social Care Act potentially open up opportunities for councils to adopt this approach as part of their responsibilities for public health. Many already have good work to build on.

For example, 12 local authorities were involved in the Living Streets' Fitter for Walking programme which involved around 150 different communities around England. These communities were selected based on low reported levels of physical activity and high levels of obesity.

After the programme interventions resident surveys found that 64 per cent reported having walked more in their local area in the previous 18 months, and more than half agreed that they had seen more people walking locally.

The evaluation also found that the projects had often helped communities to solve physical barriers such as a lack of maintenance, no footpaths and poor lighting, and to address many of the social factors that stopped people walking, such as personal safety fears, antisocial behaviour and people parking cars on the pavement:

‘Route users, residents and communities all reported perceptions of improvements in community cohesion and social interaction in most of the projects and some community members reported an overwhelming impact of the project on the daily lives of people living in their local area.’

This chimes with a community-based asset approach set out in the guidance on joint strategic needs assessments and health and wellbeing strategies, which are to be prepared by health and wellbeing boards.


Comment

It is tempting to file this draft guidance under ‘public health’ – after all, it is published by NICE (perhaps in future NICE could make its guidance more attractive to its local...
government audience by publishing collaboratively with respected local authority and relevant professional representative organisations).

But to do so would be a mistake. None of its recommendations relate solely to public health practitioners, and the benefits it highlights from more cycling and walking stretch across most of local government’s responsibilities.

Nonetheless, persuading senior officers, elected members and communities to adopt this (draft) guidance will be a difficult sell. In lots of places walking and cycling suffer from an image problem: the author of a large study into why people do or don’t walk and cycle, Dave Horton, has commented that:

“Many people barely recognise the bicycle as a legitimate mode of transport; it is either a toy for children or a vehicle fit only for the poor and/or strange.”

Within that context, what would help to make the case more effectively corporately? Highlighting the benefits of more walking and cycling to a local economy would be a good start. While the guidance reports on the favourable cost–benefit when measuring impact on health, it doesn’t link to other studies that demonstrate that more walking is good for local high streets, which is good for a local economy, which is good for generating jobs (which, of course, is also good for health).

Making the Case for Investment in the Walking Environment, published by Living Streets in 2011, found that ‘the walking environment has a direct impact on the economic performance of an area’. For example:

- improvements to the urban realm can contribute positively to retail activity
- the economic value of such improvements is reflected in increased residential and commercial property values
- the role of pedestrians is likely to be a significant factor in ensuring a vibrant local economy.

Increasing residential values have also been reported alongside investment in cycle lanes.

Demonstrating the local economic benefits of improving conditions for, and rates of, walking and cycling provides a compelling hook on which to hang potential health and wellbeing and environmental gains, at least in urban areas.

And achieving these improvements would reap further financial gains. For example, Diabetes UK reported recently that the rapid increase in people with the disease could ‘bankrupt the NHS within a generation’.
One of the main reasons for this dramatic rise is the increase in sedentary lifestyles – clearly strategies that successfully get people more physically active will have a payback in years to come, but we haven’t yet found a way of sufficiently incentivising people and systems to invest upfront for longer term gains.

But perhaps moving public health budgets across to local authorities might be one way of beginning to do this. Kevin Golding Williams, Public Affairs and Policy Manager at the charity Living Streets, believes that such are the health gains from improving the conditions for walking that in future public health budgets ‘could conceivably be spent on street cleansing or road maintenance measures’.

To comment on the draft guidance an organisation needs to be a registered stakeholder with NICE. You can register at http://www.nice.org.uk/getinvolved/sh/ph_stakeholder_registration.jsp

The deadline for comments from registered stakeholders on the draft guidance is 19 June 2012.

Related briefings

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