Local measures to promote walking and cycling: final guidance from NICE

Andrew Ross
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Summary

- NICE has published final guidance on local measures to promote walking and cycling
- The evidence suggests that ‘effective support’ from local councils plays a key role in increasing the rates of walking and cycling
- The recommendations are similar to the draft guidance published in April 2012
- The context for implementing them has moved on significantly, with local authorities poised to take control of public health budgets from April
- Increasing walking and cycling rates should be part of all council activities such as developing and implementing local plans and joint health and wellbeing strategies

Increasing walking and cycling rates

On 28 November 2012, NICE, the National Institute for Health and Clinical Excellence published its final guidance on walking and cycling.

The guidance - Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation – was first published as a draft in April 2012, which was covered by a previous LGiU briefing.

The guidance is accompanied by a NICE local government briefing that pulls out the key messages for councils – the briefing is endorsed by the Department for Transport.

The recommendations developed by the Programme Development Group remain largely the same, although I detected a stronger emphasis in the final guidance on taking account of the needs of people with disabilities, and on evaluating the impact of interventions to increase levels of cycling and walking, including whether or not they reduce health inequalities. What has moved on considerably is the context in
which they should be implemented, especially as public health is about to become the responsibility of local authorities.

There are ten recommendations, grouped by theme:

**Policy and planning**

1. **High level support from the health sector [new wording compared with the draft]:** ensure a senior member of the public health team is responsible for promoting both walking and cycling (this recommendation is also targeted at elected members with the portfolio for 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

3. **Developing programmes:** develop coordinated, cross-sector programmes to promote walking and cycling for recreation as well as for transport based on a long-term vision of what can be achieved, taking account of the needs of the whole population

**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:** address infrastructure and planning issues that may discourage people from wanting to cycle - ensure local facilities and services are easily accessible by bicycle and make changes to existing roads, where necessary, to reduce traffic speeds.

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 duplication with the cycling recommendation above is intended].

7. **Walking – 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, informally with others, or alone
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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

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

10 NHS: incorporate information on walking and cycling into physical activity advice given by health professionals

Context for implementation

Much has moved on since the draft recommendations were published in April 2012. Local places will now have a much better idea of how public health is to be managed and delivered by local authorities, and who is likely to be doing what. Health and wellbeing boards will be much further down the path with producing their joint health and wellbeing strategies. The Department of Health has published the three operating frameworks – NHS, social care and public health. And the government has announced ring-fenced public health allocations for local authorities.

The NICE guidance suggests that implementation of the recommendations should help:

- health and wellbeing boards deliver on their requirements within the public health white paper Healthy lives, healthy people (2010)
- local authorities, NHS services and local organisations determine how to improve health outcomes and reduce health inequalities during the joint strategic needs assessment process.

It should also assist commissioners and providers of services to meet some of the indicators set out in the Public Health Outcomes Framework for England:

- improve the wider determinants of health by utilising green space for exercise/health reasons
- improve health by reducing excess weight among children (aged 4–5 and 10–11 years) and adults
- increase the proportion of physically active adults
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- protect health by reducing air pollution
- prevent deaths from all cardiovascular diseases (including heart disease and stroke).

For example, in Sandwell, the health and wellbeing board has used the themes of the Marmot Review to structure its joint health and wellbeing strategy. It explicitly refers to the role of active transport to improve health and reduce health inequalities, and aligns actions with meeting public health outcomes framework indicators.

This latest advice should be implemented alongside other relevant NICE guidance:

- physical activity
- unintentional injuries
- behaviour change.

Benefits to local authorities of taking walking and cycling more seriously

The NICE briefing to local authorities says that increasing the numbers of people who walk and cycle, and how often, can reduce the costs associated with:

- air pollution: estimates suggest that the health impact of man-made particulate air pollution is between £8.5 billion and £20.2 billion a year
- other transport costs: such as noise and amenity impacts (£3–5 billion), and excess delays (£10.9 billion)
- inactivity: direct costs to the NHS from coronary heart disease, stroke, diabetes, and colorectal and breast cancer in the UK is estimated to be around £1.06 billion a year, with wider costs of lost productivity (in England) to be £5.5 billion a year.

Calculations of benefit–cost ratios for transport schemes have found that projects that are relatively inexpensive, such as local safety initiatives and cycling schemes, give the best returns.
Comment

I recently visited the city where I grew up: Brisbane in Australia. One striking aspect to the layout of neighbourhoods there is the lack of footpaths. Some residential streets have a pavement on one side; many have none. This is not the way to encourage parents and carers with buggies, older people, or indeed anyone, to walk more.

It reinforced one of the driving themes of the NICE guidance – that the quality of the infrastructure on offer will influence how people get around, or as the guidance puts it:

‘Environmental factors such as the quality, accessibility and availability of walking and cycling networks are likely to be important.’

There are many good ideas in the guidance, based on evidence, that local authorities can implement to help make walking and cycling easier options for people.

But bigger than any single idea is the overarching lead role that local authorities need to take. The guidance notes that:

‘Practical experience indicates that two particular factors play a key role in increasing walking and cycling rates: having a “champion” who is committed to promoting walking or cycling, and effective local authority support.’

During the recent snowfalls that great objective evidence base – my Twitter feed – suggested that while local authorities were doing much better with gritting roads and keeping the traffic flowing, they were doing much less to keep footpaths de-iced and safe. Councils need to show by their actions how seriously they take their responsibilities for facilitating and promoting walking – and cycling.

Investment will help: on 30 January the government announced funding of £62 million for building new cycling infrastructure. Up to three cities will benefit from a fund of up to £30 million to make cycling easier and safer. The pressure to improve conditions for cycling will continue into the spring when the All Party Parliamentary Cycling Group publishes the findings of an inquiry it is holding currently called ‘Get Britain cycling’. Interestingly the push to improve conditions for walking doesn’t have
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the same political potency; the NICE guidance makes it clear that both modes need their own solutions.

The guidance also states that individuals (health professionals and others) should ‘set a positive example through their own behaviour in relation to walking and cycling’.

Elected members have new allies and powers to effect change in this area, through public health responsibilities, health and wellbeing boards and their strategies, and new money.

These are helpful. But they will still need to be willing to try ideas that may not be popular, at least in the short-term. For example, the NICE guidance floats the idea of higher parking charges as a way of encouraging people to use their cars less (with a caveat that an authority would need to consider how this would impact on car owners living in areas where the environment is not conducive to walking or cycling).

The Daily Mail reported this as ‘Raise cost of parking to force motorists to walk! Nanny watchdog's plan to get Britain fit’. This isn’t exactly the moderate language used by NICE, but the general population’s resistance to walking and cycling more is real (see the research by Dave Horton, which found 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’).

For elected members, it’s back to that leadership role again. They need to resist being intimidated by these sorts of headlines, and use the evidence provided in the guidance to develop a strategic and considered approach to increasing walking and cycling. If they don’t, then you can bet that the Mail’s next headline will be something like ‘Local authorities sit on their bottoms while obesity bankrupts the nation.’ Bad headlines will fade, but the costs to local authorities associated with expanding waistlines aren’t going to go away.

For more information about this, or any other LGiU member briefing, please contact Janet Sillett, Briefings Manager, on janet.sillett@lgiu.org.uk