



Advancing our health: prevention in the 2020s

Living Streets' response

October 2019

Introduction

We are Living Streets, the UK charity for everyday walking. We want to create a walking nation, free from congested roads and pollution, reducing the risk of preventable illnesses and social isolation and making walking the natural choice. We believe that a walking nation means progress for everyone. Our ambition is to get people of all generations to enjoy the benefits that this simple act brings and to ensure all our streets are fit for walking.

Living Streets is a member of the Walking and Cycling Alliance (WACA)¹. We work together to advocate for change that will help make walking and cycling the natural choices for shorter journeys. We have five clear goals:

- Every town and city is served by a core network of segregated cycle routes and networks of walkable routes to and within centres.
- Every community has access to green spaces and is connected by traffic-free cycling and walking networks for all.
- Every rail and bus stop is attractive for people travelling on foot or by bike, and has facilities that prioritise cycling and walking.
- Every child is able to walk and cycle to school in safety and with confidence, gaining essential life skills.
- Everybody has opportunities to take up walking and cycling, through programmes in schools, workplaces and local communities.

Living Streets welcomes this opportunity to respond to this consultation on health

prevention in the 2020s. Our response focuses on the importance of walking and good walking environments for the delivery of increased physical activity and better health outcomes across the social spectrum.

Summary

- There may be scope for community pharmacies to offer social prescribing, for example led walks, as part of the wider range of health advice they are going to provide.
- There is a need for legislative and regulatory change (lower speed limits, ban on pavement parking), secondly, better cooperation across Government departments at all levels of Government (UK, national, regional, local) and thirdly, investment in active travel.
- The Government must prioritise improving neighbourhoods to meet the needs of older people. Measures to promote walking and better walking environments enable functional mobility, boost confidence and continued independence (and social interaction) as people get older and reduce the need for health interventions.
- Walking is the equivalent of a wonder drug and almost every road has a pavement. The Government should make the most of this walking infrastructure and invest in this existing asset.

Questions

Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?

There may be scope for community pharmacies to offer social prescribing as part of the wider range of health advice they are going to provide. As part of our project work, for example with older people, Living Streets has partnered with general practitioners to engage with 'harder to reach' groups. This will often take the form of a pop-up stand in the reception area facilitated by the Project Coordinator who might offer interventions such as:

- literature about the benefits of walking for health, wellbeing and condition management (the 'feel good' reasons to walk)
- mini consultations about how to fit more walking into everyday life including advice about safer or more accessible routes

- signposting people to other walking activities, for instance led walks, walk leader training and Community Street Audits

This type of activity could easily be replicated with community pharmacies or jointly with a GP surgery, where there are existing links in a particular area.

Streets Apart: London Borough of Redbridge

This two-year project (2017 – 2019) addressed issues and barriers that prevent older adults from walking in later life. Community engagement activities and events were held to raise awareness and interest in walking in Redbridge, including 61 led walks with older adults to increase activity levels, improve participants' mental health and levels of social interaction; and 4 Community Street Audits (CSAs) to identify recommendations for improving the walking environment for older adults. 56 volunteer opportunities were filled as part of the project, including walk leader training, helping at community events, planning led walks and celebratory events.

Living Streets worked closely with the Public Health department in London Borough of Redbridge to ensure that the project aligned with borough-related health strategies. A core part of the delivery and success of Streets Apart was the extensive partnership working across 15 local organisations and networks.

Creating healthy places – what could the government do to help people live more healthily: in homes and in neighbourhoods; when going somewhere; in workplaces; in communities?

The Government recognises the danger to public health posed by a physically inactive nation, and, the simple measures that can be taken to address this problem. As discussed in the consultation, physical inactivity is linked to the increased likelihood of developing type II diabetes, cardiovascular disease, some cancers, depression and dementia, and is ultimately responsible for 1 in 6 premature deaths in the UK. As people live longer it is more important than ever before to live healthily in order to reduce the future burden on already stretched health resources. Fortunately, being physically active by walking briskly for as little as 10 minutes a day can significantly reduce the risk chronic health conditions and deliver significant neurological benefitsⁱⁱ.

Living Streets is the national charity for walking. We help people to campaign to make walking safer, more convenient and more attractive in their neighbourhoods. We also work with, for example, local authorities, workplaces, and schools to encourage more walking and create more walkable environments. Our Walk to School Outreach worked with 182 secondary schools and 854 primary schools across 15 local authorities, reaching around 400,000 children. The programme achieved significant modal shift: in primary schools the number of pupils walking all or part of the way to school increased by 23% and the number being driven all the way decreased by 30%. It was assessed using the Department for

Transport's WebTAG economic appraisal tool using modal shift data collected over the life of the project and delivered a Benefit Cost Ratio of 4.17:1ⁱⁱⁱ (DfT values very highly any scheme with a cost ratio of more than 4:1).

Encouraging children to walk to school not only helps to meet the Government's walking target that every child that can walk to school^{iv}, it also helps to instil a lifelong healthy habit. This is why we are calling on the Government to give even more priority to active travel and walking in particular.

"In the last year of primary school, on average, six children out of a class of thirty are obese and a further four are overweight, twice as many as thirty years ago. Obesity disproportionately affects children living in deprived areas and some ethnic minority groups." Chief Medical Officer, Professor Dame Sally Davies

Better walking environments – in residential neighbourhoods, around schools and workplaces, health centres, high streets etc. – encourage walking when:

- Destinations are within a convenient walking distance, typically less than a mile, although 42% of people in England over 16 years old are willing to ditch the car and walk journeys of less than two miles^{vi}. Ideally there should be a legible and coherent walking network with good access to public transport.
- Footways are kept in good repair and well maintained, free from litter and obstructions including, such as advertising boards, wheelie bins, overhanging branches and parked cars.
- There are safe places to cross the road. For people with young children, walking or visual impairments or neuro-diverse conditions the provision of signalised crossings and more time to cross the road (during the clearance period) could be very important.
- Slower speeds (20mph) and less traffic create safer and more attractive walking routes.
- Ensuring that there is enough seating, public toilets and shelter along walking routes can make the difference between someone having the confidence to go out or not – especially for older people.
- Access to green spaces, parks, and street trees improves the streets scene, benefits mental health and provides shade and shelter.

From our point of view the question to be answered is: what can the Government do to help people live healthily and walk more in their neighbourhoods; when going somewhere; in workplaces; in communities? There are three things. First, legislative and regulatory change, second better cooperation across Government departments at all levels of Government (UK, national, regional, local) and thirdly investment.

As part of the Walking and Cycling Alliance we are calling on Government lower default

speed limits to 20mph for most roads in built up areas and 40mph for the most minor rural roads to make our roads and streets safer for everyone. We also want the Government to follow Scotland and prohibit pavement parking to create safer and more accessible streets. The Government should adopt and ensure consistent application of existing 'best-in-class' infrastructure design standards to create safe, attractive and inviting places for people of all ages and abilities. We are currently working with the Department for Transport to propose revisions to the Highway Code to improve safety for people walking and cycling, particularly at junctions.

It is essential that Government departments, notably the Department for Health (DH), the Department for Transport (DfT), the Department of Digital, Culture, Media and Sport and the Ministry of Housing, Communities and Local Government work together to deliver improved public health outcomes and increase active travel. Planning and transport decisions have a direct impact on peoples' propensity to walk. Conversely, DH could do more to invest in health prevention measures, such as travel behaviour change programmes (to embed a culture of active travel throughout the school curriculum), adding to the investment already made by the Department for Transport.

Sub-national responsibility for public health in England sits within local authorities. Nevertheless, more needs to be done to ensure that location of homes, workplaces, schools and services, together with provision of transport infrastructure and services, promotes and enables active travel and delivers positive public health outcomes.

The consultation notes the importance of clean air and green spaces. The UK government has made almost no progress in meeting the legal limits of air pollution – in 2018, 36 out of 43 air quality zones exceeded the limit value for annual mean NO₂ levels (only one fewer than in 2017) and four in five urban areas have illegal air pollution levels. Recently published research also shows that more than one quarter of London's parks, playground, and open spaces exceed international safety limits for air quality^{vii}. Reducing the number vehicles on our roads and offering active and sustainable travel options is the only long term solution.

Therefore, funding for cycling and walking need to be prioritized given the major benefits to health, air quality and road traffic levels that result. The CWIS represents the best means through which to deliver this. Together with our colleagues in the Walking and Cycling Alliance we are calling for:

- Government funding in the second CWIS to amount to 5% of total transport spending in 2020/21, rising to 10% by 2024/25). Based on figures for 2016/17 transport spending in England excluding London, this would amount to £17 per person annually (for walking and cycling together) in 2020/1, rising to £34 per person in 2024/5.
- Dedicated revenue funding as part of this for a school active travel fund so all primary and secondary school children have access to walking and cycling programmes.

- Encouragement of local authorities to spend around 15% of local transport infrastructure funding' on active travel. The Spending Review is an opportunity to set out how the government intends to encourage and enable local authorities to spend at least 15% of local transport infrastructure funding on active travel.
- Ring fenced funding for the delivery of LCWIPs and the continuation of accessible funds such as the Transforming Cities Fund, the Access Fund, and Highways England's designated funds. This should be accompanied by funding for revenue-based projects to broaden the number and diversity of people walking and cycling.

The most successful schemes that increase walking and cycling include a mix of capital and revenue funding as highlighted above. A sensible start would be a 70% capital / 30% revenue split whilst new infrastructure is put in place to ensure revenue programmes can increase awareness and use.

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

Living Streets' priority (of those listed) has to be to improve neighbourhoods to meet the needs of older people. This year is our ninetieth year (we were founded in 1929 as the Pedestrians' Association) and we are campaigning for streets to be made better for people aged nine and 90 – and therefore better for everyone. Measures to promote walking and better walking environments are one of only three ways to address the social inequalities of health (alongside fluoridation and immunisation) because they benefit everyone equally. Since April 2013 upper tier and unitary local authorities have become responsible for public health and walking as part of the transport agenda can help deliver more than 40 of the 75 high level indicators in the public health outcomes framework^{viii}.

Accessible pedestrian environments allow older people to travel from home to their chosen destination without risk or worry. They enable functional mobility, boost confidence and continued independence (and social interaction) as people get older and reduce the need for health interventions. Something as cheap as a handrail can make a world of difference. Consideration also needs to be given to the door-to-door journey and the links between buildings, streets and public transport services. Access to public transport (especially buses) is particularly important for rural areas and when people are no longer able to drive.

We have worked with older people in communities, for example, in Scotland (Walking Connects), London (Streets Apart Redbridge), Midlands (Wythall Walking Friends) and South Yorkshire (Streets Apart Leicester). Many older people are physically inactive and socially isolated, our projects support them to be physically active, socially connected and have more say about places and spaces for walking. We help to raise expectations about the right to walk and access public spaces, and, to take action to create better street environments. Unfortunately, good planning policies do not always translate into good practice on the ground.

A YouGov survey commissioned by Living Streets for National Walking Month (May 2019) found that cracked and uneven pavements (31%), obstructions on pavements including pavement parking (24%) and people driving too quickly (22%) were the top three things preventing people aged 65+ from walking more or at all. The same survey also revealed that half of older adults (48%) would walk more if their pavements were well-maintained, there were lower speed limits (28%) or more places to rest (25%). A more detailed study by Living Streets in 2015^x found that the most common barrier to walking was crossing the road – for example, having enough time to cross the road, not finding a safe place to cross the road, signalised crossings that do not work, the absence of dropped kerbs were all mentioned. In fact, we are still waiting for the Government to publish Chapter 6 of the Traffic Signs manual which should contain updated guidance on the clearance time for pedestrians at signalised crossings.

Conflict between different road users can be both a physical and an attitudinal barrier for people with walking impairments. Cyclists and the use of mobility scooters on the pavement can present difficulties for many older people because they can be hard to hear and move fast. Safer roads (e.g. lower speed limits) could help to overcome this barrier by enabling cyclists to use them, as would raising awareness of older and less abled pedestrian's extra need for more considerate behaviour (e.g. slowing down and stopping to let a disabled pedestrian pass) particularly those with non-visible disabilities such as dementia and hearing loss. However, the only long-term solution to encouraging more people to walk and cycle is to transform our neighbourhoods and reallocate space away from private vehicles.

How can we make better use of existing assets – across both public and private sectors – to promote the prevention agenda?

'A half an hour walk is equivalent to taking a magic pill'^x. Walking has been likened to a wonder drug because of its many health benefits and a relatively low cost. In 2012, a report commissioned by the Department for Transport and written by Dr Adrian Davis found that the average benefit to cost ratio for walking and cycling schemes in the UK is more than £5 for every pound invested^{xi}. Similarly, the Government's Cycling and Walking Investment Strategy notes that an increase in walking and cycling to Danish levels would also save the NHS £17 billion over the next 20 years^{xii}. Add to this the fact that most of the walking infrastructure we need is already in place – almost every built-up road has a pavement – it makes absolute sense to make better use of and to invest in these important assets.

Currently, the implementation of the Cycling and Walking Investment Strategy (CWIS) is taking place through the preparation of the first Local Cycling and Walking Infrastructure Plans (LCWIPs). This began in October 2017 and the first plans are due for completion in November 2019. There are at least 38 local authorities on the programme. Most of the local authorities in the first tranche should have finished their LCWIPs by now. However, only a handful of authorities have finished their plans and put them out for consultation. Delays to the programme have in part been caused by resource challenges. The auditing sections especially have taken time; in the case of the Walking Route Audit Tool, even auditing within

the Core Walking Zone can be overwhelming given that every street with a pavement is potentially a walking route.

Guidance from the Department for Transport (DfT) is not overly prescriptive and has been deliberately structured to allow for regional variation. The walking element of the guidance is less developed than the cycling portion, in part because of a lack of predictive, GIS-based tools for walking and a lack of walking data. The Walking Route Audit Tool is inherently retrospective – it looks at infrastructure that is already there. A predictive walking tool, such as the walkability model developed by Dr Ashley Dhanani^{xiii} or the use of an International Walking Standard^{xiv}, would allow LAs to identify a core walking network of routes to focus on and reinforce thinking of walking as a form of transport.

Local Authorities are not used to thinking of walking in network terms. We have previously noted that an approach that relies solely on identifying Core Walking Zones (CWZs) and major trip generators within a 400m radius will inevitably lead to a piecemeal network unless thought is given to how they all knit together. Deloitte are currently evaluating all the cycling and walking tools. Resulting infrastructure improvements recommended in LCWIPs (or their future equivalent) would also need to go hand in hand with investment in behaviour change programmes. A key outcome to promote the prevention agenda should be to create safe, accessible and pleasant streets for walking through provision of a network of high-quality walking infrastructure.

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ⁱ See our joint manifesto https://www.sustrans.org.uk/media/3693/moving-the-nation_walkingandcyclingalliance_manifesto_2018.pdf

ⁱⁱ https://www.walkingforhealth.org.uk/sites/default/files/Walking%20works_LONG_AW_Web.pdf

ⁱⁱⁱ Living Streets Walk to School Outreach Programme Economic Appraisal August (2015) by Capita, unpublished

^{iv} See

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/603527/cycling-walking-investment-strategy.pdf

^v Sally Davies (2019). 'Time to Solve Childhood Obesity'

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/837907/cmo-special-report-childhood-obesity-october-2019.pdf

^{vi} National Travel Attitudes Survey: wave 1 (2019)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/810908/national-travel-attitudes-study-2019-wave-1.pdf

^{vii} See <https://www.imperial.ac.uk/news/193331/one-four-londons-green-spaces-breaches/>

^{viii} <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> originally from a presentation by Lucy Saunders on Healthy Streets.

^{ix} Living Streets (2015). 'Overcoming barriers and identifying opportunities for everyday walking for disabled people' <https://www.livingstreets.org.uk/media/1794/overcoming-barriers-and-identifying-opportunities-for-everyday-walking-for-disabled-people.pdf>

^x See <https://www.telegraph.co.uk/news/health/news/11088653/Daily-walk-is-like-a-magic-pill-to-slow-ageing.html>

^{xi} See

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416826/cycling-and-walking-business-case-summary.pdf

^{xii} CWIS *ibid.*

^{xiii} http://discovery.ucl.ac.uk/1542310/1/8_Walkability_Models.pdf

^{xiv} <http://www.measuring-walking.org/international-walking-data-standard>