



LIVING

STREETS



# IS WALKING A MIRACLE CURE?

## SUMMARY

Physical inactivity is a public health crisis. It is linked to over 20 chronic conditions and diseases, and responsible for one in six deaths in the UK. Human beings are designed to be active, but the average UK adult spends around nine hours a day sitting. Increased life expectancy is not matched by the number of healthy life years lived – some of us can expect to live up to two decades in ill health. As our ageing population increases, so too will the burden on our already stretched health services.

The good news is that any physical activity is better than none and walking is the easiest way to get started. Walking is so good for us it has been called a miracle cure. It is time to advertise, promote and prescribe its benefits to everyone. Diagnosing the challenges to walking reveals the in-built car dependency of our villages, towns and cities. The health impact of physical inactivity is exacerbated by poor air quality resulting from

our reliance on motorised transport. Walking is undervalued as a form of transport. Just as the impacts of road transport are far reaching, all transport projects should be assessed against their contribution to wider public policy objectives: to improve public health, improve air quality and decarbonise the transport sector.

It is time for Government to ‘decide to provide’ for more active and sustainable modes of transport. Healthier, accessible streets are safe and welcoming for everyone and help those who are unable to walk to get about more easily. Low traffic neighbourhoods are a great way to re-prioritise walking and cycling journeys – and healthy lifestyles and communities – at everybody’s doorstep. The roll out of Local Cycling and Walking Infrastructure Plans provides the opportunity to map walking networks and predict people’s propensity to walk.

## KEY RECOMMENDATIONS

### 1. Adopt a health standard in schools

- The Government should require schools to adopt the Department for Education's healthy schools rating scheme, with an emphasis on increasing active travel to and from school.

### 2. Increase social prescribing

- General Practitioners (GP) should increase the prescribing of walking to patients, as part of walking groups or for travel. Emphasis should be given to walking in parks and green spaces because of growing evidence of how it improves mental health outcomes.
- NHS institutions including GP and clinical commissioning groups should support the delivery of social prescribing services. The Rotherham CCG Social prescribing model, based on a partnership between professional health advisors, voluntary and community organisations and a grant programme, is a good place to start and could be emulated nationwide.
- The Government should launch a major public information campaign promoting physical activity, homing in on walking as the easiest and most likely way to raise activity levels, and build on current initiatives such as the NHS' Active 10 or Couch to 5K.

### 3. Promote walking for people with health conditions

- Health professionals should make every contact count. For example, GPs could recommend walking as part of health checks for disabled people or those with long-term health conditions.

### 4. Build on inclusion

- Local authorities should build representation of older (and disabled) people into the development, monitoring and evaluation of transport initiatives and public realm improvements. Working with local service providers, councils should also raise awareness of the issues faced by more vulnerable pedestrians (e.g. on pavement parking, mobility scooter etiquette, cycling on pavements).

### 5. Apply a housing checklist

- Planners, developers and residents working on neighbourhood plans should assess all new housing developments against the Transport for New Homes checklist. This is to make sure services, leisure and employment opportunities are within walking distance, the public realm is attractive to pedestrians, and there are frequent public transport connections for longer journeys.

### 6. Adopt WHO air quality standards

- The Government must set stricter air quality targets and commit to meet World Health Organisation guidelines for PM2.5 by 2030 as recommended by clean air coalition of charities, the Healthy Air Campaign.

### 7. Align transport valuation with public health

- The Government should amend transport appraisal tools, such as the Department for Transport's WebTAG, so that all transport schemes are assessed against their contribution to wider public policy goals, such as improving public health, improving air quality and reducing carbon emissions.

### 8. Design for walking

- The Government should extend the Healthy Streets Approach™ beyond London.
- The Government should develop a Walking Infrastructure Design Local Transport Note (LTN) to set the standard and make long-lasting change.

### 9. Funding low traffic neighbourhoods

- The Government, as part of its funding settlement for active travel, should prioritise low traffic neighbourhoods to increase walking and cycling rates and improve public health benefits.
- Local authorities should identify opportunities to create low traffic neighbourhoods and promote walking, cycling and public transport.

### 10. Model the demand for walking

- The Government should adopt a predictive walking tool or use an International Walking Standard to capture where infrastructure requirements are needed to improve accessibility and increase the number of walking journeys.