

PARLIAMENTARY COMMISSION ON PHYSICAL ACTIVITY: OPEN CALL FOR EVIDENCE

Deadline: 31st December 2013

The Parliamentary Commission on Physical Activity has been established to look at ways of urgently tackling declining levels of physical activity and make direct, policy-based recommendations to tackle the crisis in the UK.

The terms of reference of the Commission are to consider and report on:

- a) the evidence relating to the impacts of physical (in)activity;
- b) lessons to be learned from best practice around the UK and across the globe in relation to increasing levels of physical activity;

and to make recommendations for legislative and other action.

The Commission would welcome responses from interested organisations and individuals to the following initial questions:

1. How can we encourage more people to be physically active, on a regular basis?
2. What fundamental policy changes need to be made to increase the levels of physical activity across the UK?
3. What existing best practice is being delivered in or across Sport, Health, Transport/Urban planning and Education which addresses the issue of physical inactivity? How and why are these examples successful?
4. What are some examples of excellent initiatives that have failed and why have they been unsuccessful or not lasted?
5. In a world with limited financial resources what are the most cost-effective approaches and how can existing resources be realigned to have the greatest impact?

Making a submission

A copy of the submission should be sent by e-mail to physicalactivityevidence@fleishman.com and marked “Physical Activity Commission” then “Your Organisation”, for example: *Physical Activity Commission: The Young Foundation*

Written evidence submitted should be no longer than 2,000 words in length and

- Have numbered paragraphs
- Be provided electronically in MS Word, Open Office or Rich Text format (No PDFs)
- Include (where relevant) a full, numbered list of attachments
- Contain your full contact details
- Must be submitted in the attached template. An editable version of the document is also available from www.pcopa.com

Please also note that:

- Material already published elsewhere should not form the basis of a submission, but may be referred to within a proposed memorandum, in which case an attachment of the published work should be included.
- Once submitted, evidence is the property of the Commission. The Commission will normally, though not always, choose to make public the written evidence it receives, by publishing it on the internet (where it will be searchable), by printing it or by making it available through the Parliamentary Archives.
- If there is any information you do not want to be published please let us know and we will not publish it.
- Please also note that the Commission may contact you with news, updates and information as appropriate using the email address from which you have submitted evidence.

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Are you responding on behalf of (please tick one)

Third sector organisation

Contact details

Please provide your contact details.

Contact name: Dr. Stephen Watkins

Organisation: Transport and Health Study Group

Email address: stephen.watkins1@nhs.net

Telephone number: 07973.660024

If responding on behalf of an organisation, please indicate its primary area of work

The Transport and Health Study Group is the principal public health organisation in the transport field. It brings together health professionals and transport professionals to discuss the relationships between their disciplines. It has published Health on the Move 2 the definitive scientific work on the relationship between transport and health. It sponsors the Journal of Transport and Health, published internationally by Elsevier. Although predominantly UK based it has a European Committee with representatives from six European countries. It organises the Transport Special Interest Group of the Faculty of Public Health. It provides the secretariat to PATH, the Professional Alliance on Transport & Health, which brings together a number of professional organisations interested in transport and health, including the BMA, the Faculty of Public Health, the Chartered Institute of Logistics and Transport and a number of others. From its scientific work the group develops and disseminates policy recommendations. Areas which it is addressing include active travel, carbon emissions, the health benefits of replacing aviation by high speed rail, transport and the elderly, 20mph speed limits, cycle safety (including the need for proportionality – the group opposes compulsory cycle helmets), justice and its impact on transport and health, and the balance of infrastructure spending.

Q1 How can we encourage more people to be physically active, on a regular basis?

We are interested in suggestions across all policy areas, including those not traditionally associated with 'physical activity'.

1. The decline in regular physical activity in the last 50 years is well documented, and appears to be the principal cause of the obesity epidemic. It is evident in most, if not all, areas of people's lives. Occupations are less active; people walk and cycle less as a means of transport; children play in the streets less often; PE and school sport features less on the curriculum, and fewer people play sport and exercise in their leisure time. Previously active leisure pursuits have been overtaken by sedentary screen-based activities.
2. A complex range of factors influence an individual's chances to be physically active. An individual will find it more difficult to be active if their workplace is located beyond walking or cycling distance, if the nature of their job demands long hours in front of a screen, and their local park or green space is poorly maintained or dangerous. Similarly, children will find it hard to be active if they are driven to and from school, have few opportunities to be active in the school day, and are kept indoors after school.
3. From our specialist standpoint the key issue is active travel. If people walked for journeys of up to a mile, cycled for journeys of 1-5 miles and used the cycle/train combination for journeys of over 5 miles, this would for most people be all that was necessary to meet their recommended exercise opportunities. The BMA calculated two decades ago that this would by itself meet all the heart disease prevention targets then current.
4. Public transport is also better than driving because people walk to and from the station or bus stop.

Q2 What fundamental policy changes need to be made to increase the levels of physical activity across the UK?

We are interested in suggestions across all policy areas, including those not traditionally associated with 'physical activity'. You may also wish to consider how different populations within the UK can effectively be reached through policy change.

5. The balance of transport infrastructure spending should be shifted towards rail investment and investment in walking and cycling infrastructure rather than the building of roads. Roads are usually built as a response to congestion but the road system is saturated and new roads simply unlock suppressed demand for relocation until the system stabilises at an equally slow speed but with more people trapped in it. Since investment in roads to reduce congestion is a complete waste of money abandonment of all such schemes and the transfer of the resources to rail and cycle infrastructure would make a dramatic difference.
6. We propose that motorways, A roads, B roads and selected other roads be designated as throughways and that on all other roads there should be a 20mph speed limit and all motor vehicular rights, public or private, should be extinguished except for access and for certain other limited exceptions. This would allow communities to take charge of their own streetscape as it would only be themselves and their visitors who had a right to use it. There could be a beginning of a process of creating living streets which are not dominated by the car. This would benefit walking and cycling but it would also benefit certain other modes of physical activity such as children's play.
7. The cycle/train combination should be actively promoted as a distinct mode of transport with all the flexibility of the private car. The rail industry's current perception of cyclists as a nuisance to be wearily accommodated in small numbers should be replaced by actively embracing the cycle/train combination. There should be a cycle van on all trains but also cycle parking and cycle hire at stations. There should be through fares for journeys which involve a cycle leg linking two rail legs.
8. There should be a universal public transport network based on trains, trams and linked high quality bus routes operating frequently (at least every 20 minutes in urban areas and at least every hour in rural areas) to within reasonable (say 1km in urban areas, slightly longer in rural areas) walking distance of every place of work, residence, business or public recourse. For the benefit of people who cannot walk such distances a less frequent service might be provided on a tighter mesh but the aim of the major network should be to promote walking to high quality frequent services. Where scheduled services are not viable demand-responsive services should be provided. The emphasis should be on a complete network rather than on the selling of individual journeys – unless we do this it will not be possible for public transport to compete with obesogenic patterns of car use.
9. Cycling is as safe as driving (safer for younger users). However the dangers of cycling are not suppressed from our minds in the way that the dangers of driving seem to be, so perceptions of danger discourage cycling. Safe cycle infrastructure is needed to overcome this.
10. People walk more when it is pleasant to do so. We need to recognise the aesthetics of pedestrian routes as being central elements of their engineering.
11. The viability test on planning applications should take account of externalities such as the high cost to the public purse of the consequences of inactive travel.

Q3 What existing best practice is being delivered in or across sport, health, transport, urban planning and education which addresses the issue of physical inactivity? How and why are these examples successful?

You may wish to consider factors such as skills, attitudes to risk and change, rules such as procurement, incentives and the degree of integration with existing or other services.

You may also choose to consider initiatives from outside these sectors which have led to an increase in physical activity (as a direct or indirect impact).

11. Cal Train in California attaches a cycle van to every train. This has been so successful that it has had to develop a strategy for coping with overcrowding of cycle vans. This has included providing two free parking spaces, one at each end, for people who regularly make a journey involving a cycle leg at each end and who agree to buy two cycles instead of using the cycle van.
12. A number of European cities, such as Berlin and Copenhagen have achieved high levels of cycling.
13. Dutch railways have achieved high levels of cycling to stations.
14. Dutch woonerfen (“living streets”) have shown how the street can be used not just for movement but also for a wide range of community interactions.

Q4 What are some examples of initiatives that have failed and why have they been unsuccessful or not lasted?

15. Local exercise action pilots, cycling demonstration towns and sustainable travel towns all showed impact from their evaluations but were not rolled out. The failure here was a failure of national decision-making not of the actual project.

Q5 In a world with limited financial resources what are the most cost-effective approaches and how can existing resources be realigned to have the greatest impact?

16. It is intensely non-cost-effective to spend tens of billions of pounds on treating the victims of a sedentary society for diabetes, obesity, heart disease, osteoporosis, depression, hypertension, and stroke. A stitch in time saves nine. Unfortunately the nine usually lie beyond the next General Election.

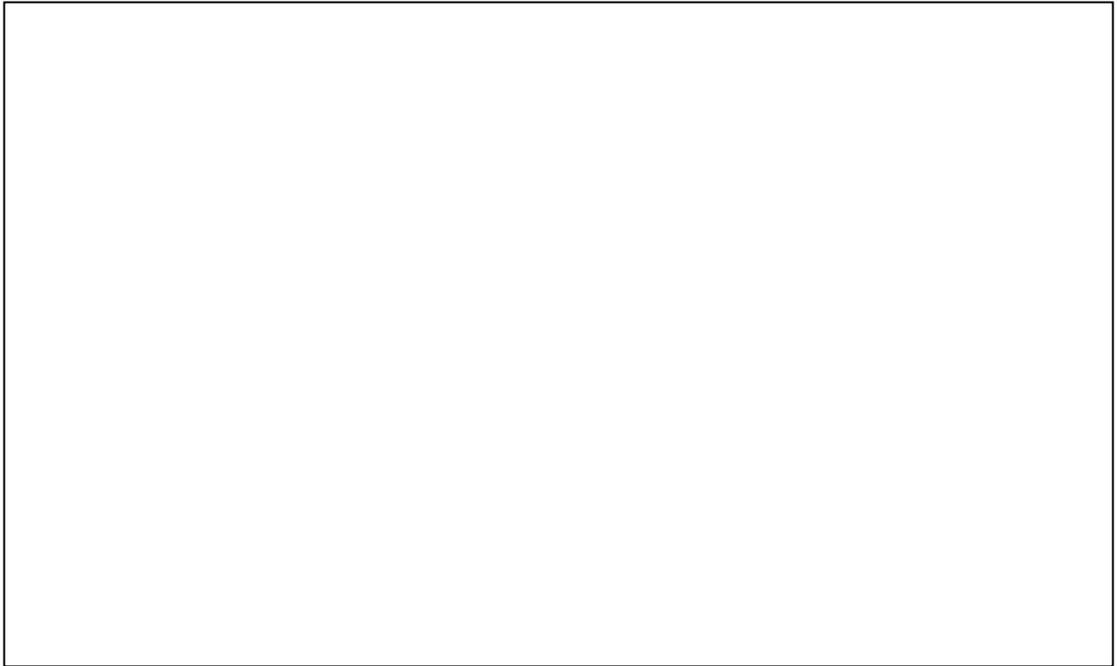
17. Cost-effectiveness has been well covered by NICE in the range of guidance they have produced on physical activity:

- Brief physical activity advice in primary care. NICE public health guidance 44 (2013)
- Walking and cycling. NICE public health guidance 41 (2012)
- Prevention of cardiovascular disease. NICE public health guidance 25 (2010)
- NICE clinical guideline 43 (2006)
- Weight management before, during and after pregnancy. NICE public health guidance 27 (2010)
- Promoting physical activity for children and young people. NICE public health guidance 17 (2009)
- Promoting physical activity in the workplace. NICE public health guidance 13 (2008)
- Physical activity and the environment. NICE public health guidance 8 (2008)
- Four commonly used methods to increase physical activity. NICE public health guidance 2 (2006)

Q6 How can young people be encouraged to take part in more physical activity?

We are interested in ideas and examples which cover before, during and after school, as well as time in weekends and holidays.

Q6 If there are any relevant **papers** that have been generated by, or useful to your organisation in adopting innovations, please attach them as part of your response, or give links in the box below



Q7 Any further comments?

