1 Introduction

Public Health Wales welcomes the opportunity to contribute to the Economy, Infrastructure and Skills committee post legislative scrutiny of the Active Travel Act.

The Health and its determinants in Wales report provides an overview of the health and well-being of the population of Wales, including the burden of disease. It outlines the main causes of death, disability and illness which make up the picture of health in Wales. It demonstrates the gains made but it also highlights the significant challenges faced both now and in the future.[1]

Physical Inactivity and poor air quality are both significant contributors to the burden of disease in Wales. Active Travel is one of the most sustainable approaches to increasing population physical activity and will also contribute to improvements in air quality by reducing journeys in motor vehicles.

Ensuring that the Active Travel Act achieves its potential is essential to delivering on improvements in Health and Wellbeing.

2 Response to the specific areas of inquiry

Public Health Wales has duties and responsibilities in the field of Active Travel and contributes to the Active Travel Board. We do not however have specific duties under the Act and have therefore commented on the specific questions raised by the Committee relevant to our role and remit.

2.1 How far the stated objectives of the Active Travel Act are being achieved?

The Active Travel (Wales) Act 2013 was intended to make it easier for people to walk and cycle in Wales. The Act made it a legal requirement for local authorities in Wales to map and plan for suitable routes for active travel, and to build and improve their infrastructure for walking and cycling every year. It created new duties for highways authorities to consider the needs of walkers and cyclists and make better provision for them. It also required both the Welsh Government and local authorities to promote walking and cycling when delivering the duties under the Act. The intention was that by facilitating connections, and information about connections between key sites such as workplaces, hospitals, schools and shopping areas with active travel routes, the Act will encourage people to rely less on their cars when making short journeys. Public Health Wales considers

[1] http://www.publichealthwalesobservatory.wales.nhs.uk/healthanddeterminants

that these aspirations and goals are equally relevant today and that while progress has been made it has yet to achieve the scale and impact required to shift population behaviours. In essence the ultimate success of the Act will be judged by whether there are increases in the proportion of the population who participate. The data from national surveys indicates that for all key population groups there has been no change since the introduction of the Act.

The Act requires local authorities to continuously improve facilities and routes for pedestrians and cyclists and to prepare maps identifying current and potential future routes for their use. The Act also requires new road schemes (including road improvement schemes) to consider the needs of pedestrians and cyclists at the design stage.

Public Health Wales does not have any specific duties under the Act and is not in a position to comment on the effectiveness of specific guidance. However, we would anticipate that the new commitment to Health in All Policies and the introduction of Health Impact Assessment through the Public Health (Wales) Act has the potential to strengthen implementation of the Active Travel Act and increase impact through action on the factors which facilitate and enable Active Travel and it would be important that guidance relating to the two pieces of legislation is considered together.

2.2 The effectiveness of the Active Travel Action Plan

Assessing the effectiveness of a delivery plan can be challenging. As with many plans the focus is on activity rather than outputs or outcomes. It is clear that there has been activity relating to the majority of the elements of the plan.

Public Health Wales has been working to better co-ordinate work on Active Travel to School through a sub-group of the Active Travel Board. We had identified that there was a great deal of activity undertaken by Local Authorities and third sector organisations but largely working in isolation of each other.

The group undertook work to identify the various influencing factors on active travel to school and published the Doorstep to Desk Guide[2]. This highlights the range of contributors to this one objective. This complexity requires effective mechanisms for system working and common accountability frameworks that can be used across sectors.

The group is working to introduce a simple 'Hands Up Survey' which will support schools and partners is working to improve Active Travel to School and provide school level mechanisms which will evidence change and support continuous

[2] http://www.wales.nhs.uk/sitesplus/888/news/45298

improvement. Public Health Wales is also looking to strengthen the requirements and guidance within the Welsh Network of Healthy School Schemes in this area.

We are also exploring a similar mechanism and approach within the Corporate Health Standard and Small Workplace Health Award.

Local Authorities need access to routine data which will help them to monitor and drive improvement. There is a risk that the reduction in sample size in the National Survey will mean that local authority level data will not be available.

2.3 Whether sufficient funding and capacity are available to support implementation of the Act itself and wider active travel policy

There may be value in undertaking a more rigorous review of the outcomes of funding and identify opportunities for strengthening monitoring and evaluation. We are working with are partners in Sport Wales and Natural Resources Wales to introduce a common evaluation framework for Physical Activity to support better evaluation through an Expert Group. It may be possible to specifically consider evaluation of Active Travel initiatives as part of this work.

2.4 The operation of the Active Travel Board

Public Health Wales is a member of the Active Travel Board. It is clear that all members are committed to improving Active Travel opportunities. We have observed that the group is comprised largely of those organisations who are advocates of Active Lifestyles and their contribution is valuable. However, these are not the bodies who are able to directly influence the barriers and enablers to Active Travel such as planning authorities, transport and highways agencies, construction and design. There is potential to strengthen the group membership to better reflect these groups.

2.5 Whether active travel is integrated effectively in wider Welsh Government and local government policy.

As we have already noted, Active Travel is influenced by a very wide range of factors within the gift of a range of National and Local Government Departments.

While the creation of routes for walking and cycling are critical, other factors such as traffic congestion; traffic speed and residential planning development are all relevant. Ensuring that routes support active travel across cities and towns and not just to City Centre's is important, links to major employment; leisure and schools and other educational centre's are equally important. This will also mean

that recent Welsh Government guidance that requires area wide air quality improvements, not just a "hot spot" focus, will be conformed to.

In essence changing social norms around active travel and away from the use of cars for traveling short distances is a significant challenge that should not be underestimated. Effective behaviour change requires action to increase capability (measures such as cycle training schemes may play a role here); opportunity (which is addressed through the creation of cycle lanes and safe walking routes) and motivation, which is perhaps the area that has received less attention. Further work is needed to fully understand and capture insight from different population groups to identify the levers and incentives that might promote change. Measures such as the introduction of universal 20 mile and hour speed limits in urban and residential areas may assist in reducing the safety concerns that act as barriers to active travel particularly for children and young people.

Evidence to support work in this area is limited unfortunately as rigorous evaluation is often not undertaken and can be both expensive and complex. The IConnect Study[3] (Impact of Constructing Non-motorised Networks and Evaluating Changes in Travel) which was led by CEDAR (Centre for Diet and Activity Research), between 2008-2013, aimed to measure and evaluate the changes in travel, physical activity and carbon emissions. The study used self-reported ccommuting by walking or cycling to assess the impact of new, high-quality, traffic-free cycling and walking routes in Cardiff, Kenilworth and Southampton.

This study found that an increase in active travel was associated with a commensurate increase in total physical activity and not a decrease in recreational physical activity. The new infrastructures were well-used by local adults and sustained over two years. However, the infrastructure is thought to have primarily attracted more socio-economically advantaged existing walkers and cyclists which may limit impacts on population health and health equity.

Evidence[4] suggests that switching active travel for short motor vehicle trips could save £17bn in NHS costs over a 20-year period, with benefits being accrued within 2 years for some conditions. The largest cost savings would come through reductions in the expected number of cases of type 2 diabetes (annual cost to NHS from diabetes is £9bn). A shift in walking from 0.6km/day to 1.6km/day, and in cycling from 0.4km/day to 3.4km/day could result in changes in the costs of treating eight health conditions related to physical activity.

[3] IConnect study information available at http://jech.bmj.com/content/71/6/528.long
[4] Jarrett, J. Effect of increasing active travel in urban England and Wales on costs to the National Health Service, 2012. Available from https://www.sciencedirect.com/science/article/pii/S0140673612607661?via%3Dihub

The SPEEDY[5] study looked at promoting active travel to school and found that children who were more physically active and did not compensate for more activity during travel by being more inactive at other times. Distance to school is a key predictor of children's active travel, with children living closer being more likely to walk or cycle to school. However, 30% of children living within 2km from school were driven to school. The SPEEDY study found that social, environmental and school characteristics all influence whether children walk or cycle to school and the study identified the following influences

- Attitudes of their parents towards active travel
- Support from their peers
- Socioeconomic status
- Presence of a main road on route to school

Factors related to the school environment that supported active travel were

- Lollipop people (crossing guards for schools)
- Walking buses
- Cycle racks in schools

3 Conclusions

The Active Travel Act rightly put Wales at the forefront of action to promote Active Travel and for which it received international attention. It is important however, that there is regular review to ensure that the intention and ambition of the Act is being realised in practice. Public Health Wales would be happy to support the Committee and the Active Travel Board in this ongoing work.

Consistent implementation of evidence based action can have an impact and Public Health Wales will continue to support action to implement evidence based actions in Wales with our partners and through the Active Travel Board.

[5] SPEEDY:Sport, Physical activity & Eating Behaviour: Environmental Determinants in Young People, 2012, funded by the National Prevention Research initiative and The Medical Research Council