

The Health Impact Assessment for the Active Travel (Wales) Bill

The Active Travel (Wales) Bill will require Local Authorities in Wales to:

- identify and map the network of routes within their areas that are safe and appropriate for walking and cycling;
- identify and map the enhancements that would be required to create a fully integrated network for walking and cycling and develop a prioritised list of schemes to deliver the network;
- deliver an enhanced network subject to budget availability and following due process;
- consider the potential for enhancing walking and cycling provision in the development of new road schemes.

This Bill will apply across Wales, in communities that are larger than the population threshold (to be set in guidance). Within those settlements, the mapping provisions and continuous improvement duties will impact on all key population groups, vulnerable or otherwise. The Equalities Impact Assessment explores the impact on various different groups in more depth, and should be read in conjunction with this assessment. The Regulatory Impact Assessment also explores the costs and benefits of the Active Travel (Wales) Bill, a component of which is the impact on health. This impact assessment should be read in conjunction with these assessments.

We want to make walking and cycling the most natural and normal way of getting about. We want to do this so that more people can experience the health benefits; we can reduce our greenhouse gas emissions; and we can help address poverty and disadvantage. At the same time, we want to help our economy to grow, and take steps to unlock sustainable economic growth. This can be done through more people walking and cycling, as it will reduce congestion, reduce the number of days lost through sickness and support the cycling and tourism industries in Wales.

The Active Travel (Wales) Bill will enable more people to choose active travel as an alternative to motorised travel. In this way, more people will have the opportunity to build physical activity into their daily lives. The Bill will lead to better information provision on appropriate routes to walk and cycle, meaning that more people are able to make informed decisions about the most appropriate route for their needs and abilities. The Bill will also require continuous improvement in both the range of provision and the quality of provision for pedestrians and cyclists, meaning that the infrastructure itself is safer and more suited for active travel.

At the same time, this Bill does not enforce the use of active travel, nor does it prevent the use of motorised travel. We recognise that for some people (in more isolated areas, or with disabilities for example) motorised travel is the only realistic method of travel. This includes both private transport and public

transport, both of which can be part of a longer journey that incorporates active travel.

Health impacts of the Active Travel (Wales) Bill

The Programme for Government set out the overall aims of the Welsh Government for this term. Increasing rates of walking and cycling will directly contribute to the Government's aims, and will reflect how we have put sustainable development, as our central organising principle, at the heart of government - specifically:

- better health for all with reduced inequalities;
- reducing poverty, especially persistent poverty amongst some of the poorest people and communities, and reducing the likelihood that people will become poor;
- to become a "One Planet Nation", putting sustainable development at the heart of government;
- to strengthen the conditions that will enable businesses to create jobs and sustainable economic growth.

All of these factors contribute to "health" in its broadest sense (as defined by the World Health Organisation) – a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The World Health Report (2002) estimated that physical inactivity is responsible for 10% of strokes in developed countries, 20% of coronary heart disease, 10% of all non-smoker cancer deaths and 3% of all diseases. Recent guidelines on the volume, duration, frequency and type of physical activity required for early years; children and young people; adults; and older adults have been published by the four UK Chief Medical Officers (CMOs) The guidelines, 'Start Active, Stay Active' (2011) reflect the common recommendation for most people of doing at least 30 minutes of moderate intensity physical activity on five or more days, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life which include walking or cycling instead of travelling by car.

The report identifies that adults should have 30 minutes of exercise five days per week; and only three in ten adults reported meeting these guidelines in Wales.¹ Three in five adults are overweight or obese, with around one in five in the obese category.² Only around half of all children in Wales were reported to do an hour of exercise five days a week, with only a third doing so every day.

For many, the barrier to achieving the recommended level of physical activity is the time it requires to incorporate this extra activity into a busy life. The real benefit of enabling active travel is that it allows people to make walking or

¹ *Wales Health Survey*, Welsh Government, 2010

² *ibid.*

cycling part of their daily lives by substituting these modes of travel for motorised travel. If the facilities are in place, it enables people to be active without significantly changing their lifestyles or routines.

Enabling people to walk and cycle more frequently does not just benefit the individual, it benefits wider society. It is estimated that the NHS in Wales spends £1.4m a week (£73m a year) on treating diseases resulting from obesity.³ A healthier, more active, population would reduce this requirement considerably, allowing for funding to be used to improve services. Analysis of the English Cycling Demonstration Towns Programme⁴ confirms the results from other case studies which suggest that the health impacts are typically the largest single benefit of cycling schemes. In the case of the cycle demonstration towns, the reduced mortality rates alone accounted for £2.50 of benefit for every £1 spent on the scheme.⁵

Active travel offers a more affordable means of travel for most people. 46% of households already own a bicycle,⁶ and walking does not require any specialist equipment beyond a pair of sensible shoes. The provision of suitable routes for walking and for cycling can provide a low cost and attractive method of getting around.

Over a period of five years, the cost of petrol has increased by more than 50%, from 86.9p per litre in January 2007 to 133.3p per litre in January 2012.⁷ Other motoring costs have risen even more steeply, with the costs of vehicle tax and motor insurance rising by 85% over the same period.⁸ Anti-discrimination rulings have the potential to cause more severe increases in car insurance costs for female motorists in the coming few years. This can then lead to people on lower incomes being increasingly marginalised, finding it harder to access services.

It is accepted that the most sustainable way out of poverty is work. The provision of suitable routes and facilities for more active travel can help tackle deprivation, as lack of access to work is a significant factor in worklessness.⁹ As well as supporting access to work, walking and cycling can contribute to the economy. A study by the London School of Economics shows that the gross cycling contribution to the UK economy in 2010 was £2.9 billion.¹⁰ The study took into account factors such as bicycle manufacturing, retail and cycle related employment. This equates to £230 per cyclist, per year.

³ *Assessing the costs to the NHS of Alcohol and Obesity in Wales*, Ceri J. Phillips, Christie Harper, Jaynie Rance, Angela Farr, Swansea University, March 2011

⁴ *Cycling Demonstration Towns, Development of Benefit –Cost Ratios*, Department for Transport, February 2010

⁵ *ibid.*

⁶ *National Travel Survey*: Table 2.17, Welsh Transport Statistics

⁷ Energy price statistics, Department of Energy and Climate Change

⁸ *Retail Prices Index: motoring expenditure, vehicle tax & insurance, series DOCV*, Office of National Statistics

⁹ *Understanding Workless People and Communities: A Literature Review*, Ritchie H, Casebourne J, Rick J for Department for Work and Pensions, June 2005

¹⁰ *The British Cycling Economy, the Gross Cycling Product Report*, Dr Alexander Grous, LSE, August 2011

Higher rates of walking and cycling would also lead to a healthier workforce, which would benefit the economy of Wales. A recent study by the London School of Economics identified that regular cyclists take one sick day fewer each year than non-cyclists. Increasing rates of frequent cycling by just 1% per year would save the UK economy £128m per year in reduced absenteeism costs.¹¹

The most obvious environmental benefit of more people choosing walking and cycling over motorised transport is a reduction in greenhouse gas emissions. The European Cyclists Federation recently carried out a study of the relative carbon emissions of cycling compared to motorised transport. This included consideration of the carbon costs of production, maintenance, the fuel consumption of a car making a similar journey to one that might be made by bike, even the carbon costs of the additional calories that cyclists would be expected to eat as a result of being more active. The study concluded that a passenger car emits about 271gm CO₂ per passenger-kilometre, compared to just 21gm CO₂ per passenger-kilometre for a cyclist.¹²

The environmental benefits of walking and cycling go beyond carbon emission savings. Active travel in all its forms generates less air pollution, particularly in terms of nitrogen dioxide and sulphur dioxide which are found in fossil fuel exhausts. Both walking and cycling are far quieter than motorised transport and so create less noise pollution. This can greatly enhance the health and well-being of those who live and work nearby, particularly the very young or vulnerable. A 20% increase in cycling levels by 2015 could save the UK £207m in reduced congestion and £71m in reduced pollution levels each year.¹³

It is estimated that one in five cars on the road at 8:50 a.m. on a weekday is doing the school run. The average journey to school for primary aged pupils is just 1.6 miles, and for secondary school 4.9 miles.¹⁴ Congestion in towns will decrease if the number of young people walking or cycling to school increases. In addition by introducing a culture of walking and cycling at an early age, it is more likely that young people will continue to travel in these ways into adulthood and therefore continue to keep themselves healthy and congestion levels low.

There are health risks associated with active travel. Pedestrians and cyclists are at greater risk of injury in the event of an accident involving a motorised vehicle than drivers/passengers of motorised vehicles are. There is also a risks that an increase in active travel could lead to more collisions between pedestrians and cyclists. Pedestrians particularly can be more vulnerable to hostile contact with other people (for example, assault or mugging). This is

¹¹ *ibid*

¹² *Cycle More Often 2 Cool Down the Planet: Quantifying CO₂ Savings of Cycling*, Benoit Blondel, Chloe Mispelon, Julian Ferguson, European Cyclists Federation, November 2011

¹³ *The British Cycling Economy, the Gross Cycling Product Report*, Dr Alexander Grous, LSE, August 2011

¹⁴ Statistical Bulletin – *Learner Travel in Wales 2010*, SB 85/2010

particularly the case if a route travels through an area which is poorly lit or has short sightlines. Pedestrians and cyclists could slip, trip or fall whilst travelling, which can have severe health consequences (particularly for elderly or disabled travellers). The Bill is intended to reduce these risks, though we recognise that it will not be possible to completely eliminate these risks.

There are health risks for walking and cycling that are not directly linked to the infrastructure provision. These include falling off a bike, exposure to cold and wet weather, pulled muscles and blisters. A greater number of pedestrians and cyclists could lead to an increase in the number of accidents involving pedestrians and cyclists (even if the rate of accidents per cycle/foot journey decreases). However, these risks are massively outweighed by the benefits of physical exercise.

Opportunities to address negative impacts

Some of the health risks of the Bill will be minimised as a consequence of activity to deliver the Bill. Mapping should promote a better understanding of suitable routes amongst members of the public, allowing them to better judge the most appropriate route for their journey and ability. Continuous improvement in the infrastructure to support walking and cycling will also minimise health risks; as the infrastructure improves then there should be a reduction in accidents involving pedestrians and cyclists.

Some of the health risks associated with active travel are avoidable by the active traveller using their own judgement about their own fitness levels and abilities to walk and cycle safely. This would enable them to avoid some injuries such as pulled muscles. Taking a measured view of the weather conditions and preparing accordingly can minimise health impacts through exposure to cold or wet weather. Some accidents (such as slips) can also be minimised by judging whether the weather conditions are too wet or icy.

Active travellers can be supported in using their judgement through information provision and education. This is already being delivered through programmes such as Change 4 Life (which includes personalised activity plans which consider existing levels of fitness) and the walking and cycling action plan will be an opportunity to consider other ways of empowering active travellers to make informed travel decisions.

Opportunities to maximise potential positive impacts

The health benefits of the Bill can be maximised by encouraging modal shift; from motorised transport to active travel, and from private motorised transport to public transport (which is facilitated by enabling people to access public transport stops via active transport). Some of this will be facilitated by external pressures (increased cost of motoring due to high oil prices, for example) but can be further encouraged through the broader programme of work to support more use of active travel. This will be set out further in the walking and cycling action plan.

Undertaking a Health Impact Assessment (HIA) on a prioritised list of schemes is a useful way of assessing both the potential positive and negative impact of proposals on health and wellbeing. HIA is not a statutory requirement in Wales but it is increasingly regarded as best practice to consider health and well-being specifically in non-health domains e.g. transport policy.

Importantly, HIA highlights the uneven way in which health impacts may be distributed across a population involving communities who will be affected by a proposal therefore supporting the development of environments and services that meet local needs

Additional opportunities to improve health and reduce inequalities

None identified for the Active Travel (Wales) Bill as a consequence of developing the health impact assessment.

Reducing health inequalities

There may be differing impacts on certain groups within society. People with certain kinds of disability, such as deafness, blindness, restricted mobility or learning disabilities, can be more at risk from accident or injury while travelling actively. People with disabilities of this nature might potentially be the group that benefits most from wider provision of accessible active transport routes, but if delivered ineffectively they might also be placed at greater risk. This issue is explored more fully in the Equalities Impact Assessment.

The assessment of the Rights of the Child and the Equalities Impact Assessment include more detailed information on how different communities might be affected by the Bill. They include information on health inequalities and how the Bill might be used to reduce health inequalities.

Prioritised recommendations

- The delivery guidance for the Bill should consider the potential negative health impacts of more active travel, and seek to minimise this.
- The Walking and Cycling Action Plan, as well as broader transport policy, should seek to encourage modal shift as well as greater rates of walking and cycling.

Other recommendations are included in the impact assessments mentioned above.