

Annual Public Health Report for Suffolk 2013

moving forward?

Travel and Health in Suffolk

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Introduction



Tessa Lindfield
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Suffolk County Council

Welcome to my second Annual Public Health Report for Suffolk (APHR). Throughout this year I have been struck by the many links between my work in improving health and reducing inequalities and travel, in particular car travel. As a result I decided the 2013 Annual Public Health Report should centre around this area.

When I started floating the topic as a potential APHR theme with the Public Health team, we kept finding more and more synergies between our health and the way we move ourselves around.

As a population we are overweight and climate change is the biggest global threat to health we have, we need to burn more calories and less carbon. We worry about the effects of air pollution and car accidents but we still drive as much as we can rather than travel under our own steam. We know that sedentary behaviour is particularly bad for us, but we complain if we can't park right outside the shops and don't we love our TVs, computers and tablets?

Regular readers will remember that last year we introduced the Whittaker family. Derek Whittaker had just received a life changing diagnosis of diabetes and had made some major changes to his lifestyle. This report gives an update on our fictional family and how they are getting on with their healthier way of life.

Suffolk's Health and Wellbeing Board has a brand new Joint Health and Wellbeing Strategy: www.transformingsuffolk.co.uk/partnerships/suffolk-health-a-wellbeing-board. One aspiration is that Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing. We want Suffolk to be a place where our children grow up fit and healthy, where it is easier to be active than sedentary, so that we avoid the situation Derek found himself in as often as we can.

This report examines the situation in Suffolk and presents the evidence out there on what can change things for the better.



moving
forward?

Travel and health in Suffolk

SUFFOLK IS HOME TO MORE THAN 730,000 PEOPLE.

We don't keep still. We move about. We travel to see our friends and relatives, to go to work or school, to go shopping or to go out to pursue all the many activities which bring meaning and happiness to our lives. We buy products from all over the world which come into Suffolk by lorry, train or ship.





All this travel and transport bring great benefit to our lives but it is not without its downsides. This report describes the relationship between transport and our health. It demonstrates that the relationship between the two is complicated but full of opportunity.

BECAUSE we don't travel enough in a physically active way, we are becoming sick from diseases such as heart disease.

BECAUSE of the risks associated with the cars and lorries on our roads, we are injured, disabled and sometimes killed in road traffic accidents.

BECAUSE of the air pollution from all of these vehicles, some of us will suffer from heart disease or respiratory problems and this may even shorten our lives.

BECAUSE we feel that our roads are unsafe, we are scared to ride our bikes to work or school.

BECAUSE our journeys aren't always stress-free, we are not as happy as we could be.

But this is not how it has to be. This report presents case studies of healthy travel now and it looks to the future. We consider what changes are coming to society and how we can best respond to these to create a Suffolk we all want to live in, one where we can be healthy and happy and still get to where we need to go.

Suffolk is a rural county. There is no doubt that this means some travel options, like the ones used in big cities, aren't possible. Our rural county provides us with a pleasant place to live and opportunities to enjoy the outdoors not afforded to those living elsewhere. This report considers how we might be able to keep the benefits of individual car travel such as convenience and flexibility, while removing the problems which arise from it. New technology will play a part in this but so will doing things differently.

There is little doubt that how we travel will change in the future. The task ahead of us is to make sure these changes result in us living longer, happier and healthier lives.



Travel and Suffolk

Of the 730,000 people who live in Suffolk, approximately one third lives in the three main towns of Ipswich, Bury St Edmunds and Lowestoft, a third in the market towns and a third within the rural areas. An increasing proportion of the population is elderly. Between 2008 and 2031 those aged 65 years and over in Suffolk are projected to increase from 19.2% of the population to 25.9%: an increase of over 85,000 people aged 65 years and over.

To understand how we might travel in a more healthy way in the future we need to know how we travel now.

In Great Britain over 60% of trips are undertaken by car or van, as seen in the chart (National Travel Survey, 2011).

According to the National Travel Survey for Great Britain, one fifth of journeys for less than one mile (1.6kms) were made by car, and two thirds of all journeys made by car are under five miles. Research indicates that a substantial proportion of drivers would be willing to drive less, particularly for shorter trips, if practical alternatives were available (British Social Attitudes Survey, 2009).

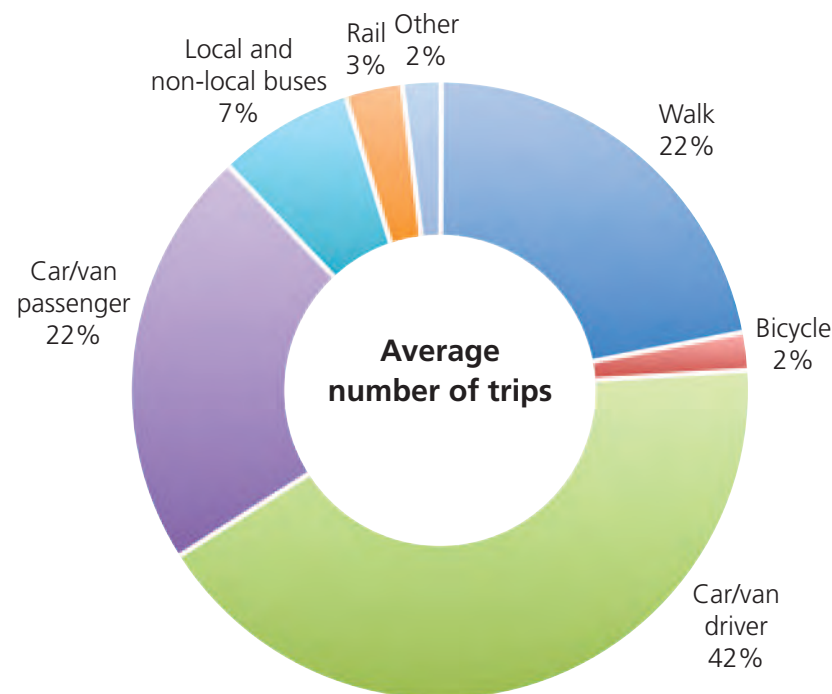
These journeys depend on the

transport infrastructure of Suffolk. Suffolk's road network centres on three main trunk roads, the A11, A12 and A14, and a rail network which links the larger towns of Suffolk to neighbouring counties and major cities. The rural nature of Suffolk means we have higher than average car ownership and dependency.

Suffolk is extremely well provided with public rights of way for walking and cycling. There are 3,400 miles of footpaths, bridleways and byways, and 500 miles of cycle tracks, cycle lanes and waymarked leisure cycling routes, including three national cycle routes. This compares well with Norfolk, with 2,400 miles of footpaths, Devon with 3,200 miles and Dorset with 3,000 miles.

References

Department of Transport (2011) National travel survey 2010 www.gov.uk/government/uploads/system/uploads/attachment_data/file/8932/nts2010-01.pdf accessed 30 May 2013



Suffolk's principal transport network



Suffolk's Local Transport Plan

Suffolk's Local Transport Plan 2011-2031 sets out the long-term transport strategy with a focus on supporting Suffolk's economy by encouraging greater use of sustainable transport. One of the key themes is 'safe, healthy and inclusive communities'.

The plan details ways to improve health through transport and includes:

- Creating pedestrian and cycle-friendly environments that support active travel, in towns and on the wider rights of way network.
- Educating front-line health workers about transport options and the importance of communicating these to patients.
- Promoting road safety through education.
- Supporting engineering and enforcement to reduce the number of traffic incidents.

The Local Transport Plan recognises that using sustainable modes of travel demonstrates benefits to health as well as reducing congestion, one of the key transport impacts that causes issues for Suffolk's economy.



Travel, climate change and health

Climate change from man-made greenhouse gas emissions is changing the world we live in. We are seeing more heatwaves and flooding, changing patterns of infectious disease and it is affecting global food and water supplies.

This is why leading academics have identified it as the biggest threat to global health of the 21st century. Millions of people may suffer because of climate change and each of us is in some part responsible for this. This is why creating the Greenest County is one of the four priorities of Suffolk's Community Strategy and why climate change is recognised as one of the defining public health challenges of our time.

In the East of England by 2080 it is predicted that we may experience a 3.6°C increase in average summer temperature, a 20% increase in winter rainfall leading to increased flooding, a 20% decrease in summer rainfall leading to summertime

droughts and impacts on crop yields and an increase in relative sea level rise of 37cm (UKCP09).

In 2012 the Government undertook a Climate Change Risk Assessment (CCRA) to assess all the risks and opportunities associated with climate change. The results of the assessment were presented in five themes including health and wellbeing and found that there are significant implications for the UK population.

Transport contributes to 29% of Suffolk's greenhouse gas emissions (Suffolk Local Transport Plan, 2011). Carbon dioxide and other greenhouse gases come out of the exhausts of our cars, buses and

lorries. Our trains also produce pollution from burning fossil fuel or using electricity from fossil fuel powered power stations.

The UK has made a commitment through the Climate Change Act 2008 to reduce its carbon emissions by 80% by 2050 and Suffolk has committed to a 60% reduction on 2004 levels by 2025. These are ambitious goals which represent a major change in how we live and travel.

Changing how we travel and move goods around could substantially lower this environmental impact and the consequent harms to health. Organisations need to lead the way and work together with our communities to ensure Suffolk can respond to the challenges and opportunities presented to us by climate change and to maintain a healthy environment in which people can live and work.



Risks and opportunities identified for the health and wellbeing sector (Defra, 2012):

Risks	Opportunities
Increased summer temperatures may lead to increased risk of mortality and morbidity due to heat.	Increased winter temperatures may lead to decreased levels of mortality and morbidity due to cold.
Increased flooding would increase the risk of deaths, injuries and people suffering from mental health effects as a result of the impacts of flooding.	Increased summer temperatures combined with increased periods of time spent outdoors could increase vitamin D levels and help to improve physical and mental health of people.
Increased ozone levels by the end of the century could lead to an increased risk of mortality and respiratory hospital admissions.	
Increased summer temperatures combined with increased periods of time spent outdoors may lead to an increased risk in the number of skin cancer cases and deaths.	
Increased temperatures and changed rainfall patterns may lead to an increased health risk from water, vector and food borne diseases.	
Increased sea temperatures may lead to increased marine pathogens and harmful algae blooms with a consequent negative effect on human health.	

References

Defra (2012) UK climate change risk assessment: government report www.gov.uk/government/uploads/system/uploads/attachment_data/file/69487/pb13698-climate-risk-assessment.pdf accessed 30 May 2013

Suffolk County Council (2011) Suffolk Local Transport Plan 2011-2031 www.suffolk.gov.uk/assets/suffolk.gov.uk/Environment%20and%20Transport/Planning/2011-07-06%20Suffolk%20Local%20Plan%20Part%201%20lr.pdf accessed 30 May 2013

UK Climate Projections (UKCP09) medium estimate, medium emission scenario, ukclimateprojections.defra.gov.uk/ accessed 30 May 2013



Creating the Greenest County

Creating the Greenest County is an aspiration that involves the whole county responding to climate change and working to enhance the natural and historic environment. Over the past 6 years the partnership approach has brought together organisations and individuals from across the county to take action.

It supports the Local Enterprise Partnership's ambition to grow a green economy: over the past few years more than 500 small to medium-sized enterprises have received face-to-face resource-efficiency support that has identified potential annual energy bill savings of more than £2.2million and 11,500 tonnes of annual CO2 emissions reduction.

The work also supports caring for vulnerable people in Suffolk by taking practical action to reduce fuel poverty. The 2012 Warm as Toast (free home insulation scheme) resulted in over 1,000 homes being insulated. Insulating a property is the single most effective way of reducing the impact of rising fuel prices and leads to other benefits too, improving comfort and health as well as reducing emissions.

The annual Creating the Greenest County Awards, now in their 7th year draw attention to, and celebrate the green innovation and enthusiasm we have come to expect from the schools, businesses and communities of Suffolk. For more information, see www.greensuffolk.org.



Travel and the local economy

Having well connected local communities is vital to the success of local business and the economy. A flourishing local economy contributes to good health and conversely a healthy population is necessary for a strong economy.

Across England, there are many economic costs associated with transport. Excess delay is costing our local economies £11 billion per annum, and carbon emissions impose costs to society of up to £4 billion per annum. The costs to public health are even greater – up to £25 billion per year on the costs of physical inactivity, air quality and noise, and £9 billion on road traffic accidents (Cabinet Office Strategy Unit, 2009). Shifting to sustainable transport modes and strengthening our local economy together, for instance by improving access to work, to shops and other services,

can make a significant contribution to public health and quality of life.

Our local economy consists of a range of industries, and the Suffolk Growth Strategy has identified the following as having the potential for growth; energy; food, drink and agriculture; information and communication technology; finance; bio technology; ports and logistics; advanced manufacturing, creative industries, and tourism. As well as producing all these goods we consume products from all over the world and these have to be brought into Suffolk by road, rail and sea.

Reducing food miles by focusing on local food

Local food is of enormous benefit to the regional economy as shorter supply chains can help to keep income and employment in the locality. Food, drink and agriculture is a key sector for Suffolk's economy. The food and farming supply chain is both the largest manufacturing and service sector in Suffolk and Norfolk, employing around 118,000 people.

Local supply and consumption, as well as production of food in Suffolk are considered to provide many additional economic and social benefits. These include; 'fresh, locally identifiable, healthy food; genuine consumer choice; support for farming and the sustainable management of our local landscapes; support for rural communities; long-term reductions in energy use; and the development of associated industries'. (Cranbrook, C (2006) *The Real Choice*, Campaign to Protect Rural England).



Different ways of working and travelling can have positive impacts on the local economy, for example businesses can benefit from allowing flexible working that reduces employee travel – evidence suggests that home workers take fewer sick days and can be up to 30% more productive (British Telecom and National Business Travel Network, 2006).

Suffolk Sustainable Transport Forum

The Suffolk Sustainable Transport Forum was set up in mid 2008 as a way to share information about local green travel plans. It was set up as a way for businesses, local authorities, public transport operators and health organisations among others to discuss their needs and issues regarding sustainable transport. The benefits of the forum include a way of collaborating; by sharing best practice, and support in promoting and supporting sustainable transport options. The group promotes the benefits of using sustainable transport such as saving businesses money, encouraging a healthier workforce, and reducing the environmental impact of travelling to work.

The goals of the forum are to secure improvements for sustainable transport infrastructure, to promote partnership working and secure successful funding bids.

Three sustainable transport events are being planned for November 2013 for businesses in the main Suffolk towns of Ipswich, Bury St Edmunds and Lowestoft, to gain a greater understanding of how sustainable transport can help their business. Businesses usually have various priorities including saving money, the health and wellbeing of their staff, and their corporate social responsibility to the environment. This event aims to tick all three of the priority boxes as there will be opportunities for them to network with public transport operators to learn more about their services and there will be cycle providers and organisations to help show the benefits of active travel to work. Finally, the businesses that have a responsibility for reducing their environmental impact can benefit by seeing what options are available to reduce the need for their staff to travel by car, either by commuting or on business trips.

Sustainable tourism

Suffolk's natural environment is part of what makes the county so special and the tourism opportunities this brings supports the local economy. The Discover Suffolk website (www.discoversuffolk.org.uk) offers a wealth of information about visiting the Suffolk countryside helping people to plan their journeys and walking trips.

On the Suffolk coast there are a number of initiatives that link transport with health. A guide to the Suffolk coast long distance routes published by Cicerone Press, makes links between bus routes and train stations, enabling walkers to use public transport when planning their trip and a range of Explorer walking guides link circular routes with bus routes and train stations.



References

British Telecom and National Business Travel Network (2006) BT flexible working and work style ways2work.bitc.org.uk/pool/resources/nbtn-casestudy-bt.pdf accessed 28 June 2013

Cabinet Office Strategy Unit (2009) The wider costs of transport in English urban areas in 2009, Department for Transport



types of travel

WALKING AND CYCLING are important because they are good for health and the environment and can be quicker (for short journeys) and cheaper than alternatives. Walking and cycling, also known as 'active travel' can be combined with public transport to allow longer journeys to be undertaken and enable physical activity to be incorporated into daily commuting and other journeys. It makes more sense to burn calories than carbon.





Regular physical activity can reduce the risk of many chronic conditions including coronary heart disease, stroke, type 2 diabetes, cancer, obesity, dementia, mental health problems and musculoskeletal conditions. Even relatively small increases in physical activity are associated with some protection against chronic diseases and an improved quality of life.

Inactivity is an independent risk factor. Emerging evidence shows an association between sedentary behaviour and overweight and obesity, with some research also suggesting that sedentary behaviour is independently associated with all-cause mortality, type 2 diabetes and some types of cancer (Department of Health, 2011).

Lack of physical activity is a risk factor for both dementia and depression. The graphs show the

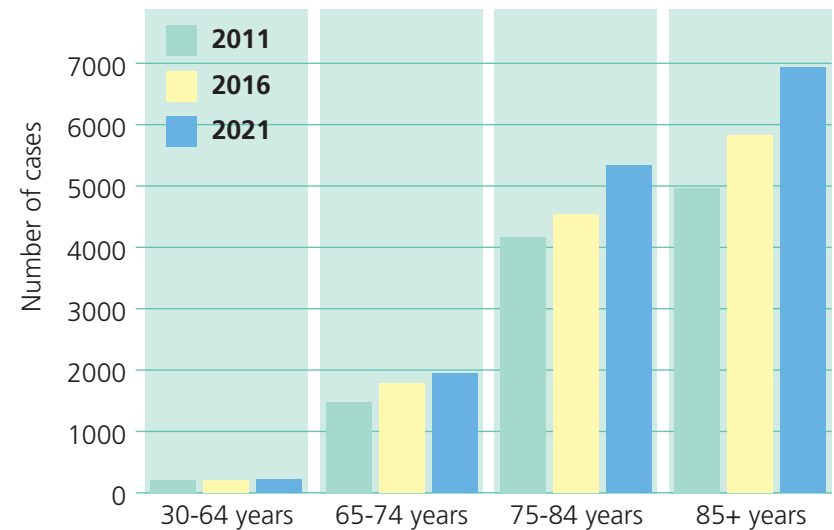
expected increase in the number of cases of dementia in the county from 2011 to 2021 and how prevalence for depression is increasing in Suffolk. A small increase in levels of physical activity could help to reverse this trend.

A healthier, more active workforce will reduce levels of absenteeism and increase productivity. Active travel also provides an effective intervention for more deprived and unhealthy members of our communities. Greater levels of physical activity can reduce the need for costly clinical intervention.

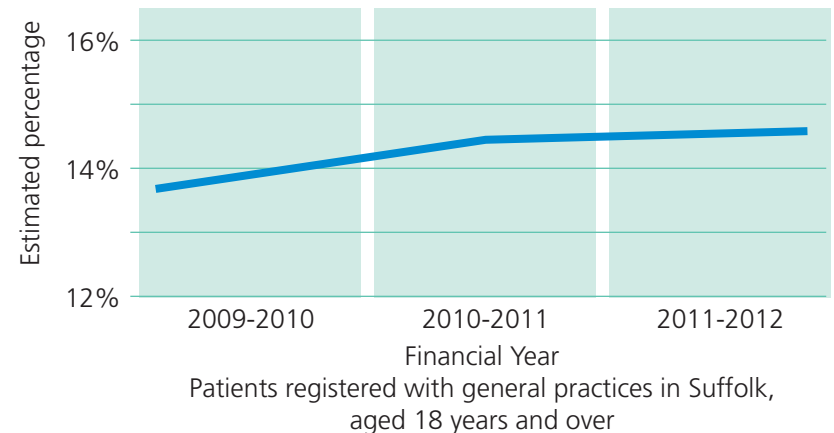
Most people in Suffolk do not meet the recommended levels of physical activity as set out by the Chief Medical Officer for England who recommends regular moderate to vigorous intensity physical activity, exercise to improve muscle strength and limiting sedentary behaviour.

Estimated numbers of cases of dementia

Residents of Suffolk 2011, 2016 and 2021, aged 30 years and over



Proportion of people with depression



Walking and cycling

'travelling under your own steam' or active travel

Suffolk Most Active County



Most Active County was launched in February 2012 to provide a framework for partners in Suffolk to work together to create, promote and commission sport and physical activity opportunities that promote healthy, active lifestyles, shift inactive behaviours and address the barriers that communities or individuals face in accessing sport, leisure and physical activity.

Key partners include Suffolk County Council, district and borough councils, NHS Clinical Commissioning Groups, and Suffolk Sport. The Suffolk Health and Wellbeing Board provides strategic leadership and oversight to the Most Active County initiative with delivery of physical activity interventions co-ordinated by the Most Active County Advisory Group. Ultimately, the long-term aspiration is to help Suffolk become the most active county in England.

The delivery plan is based on three core principles:

- Physical activity of different intensities and types is important;
- Physical activity needs to become a normal part of everyday life;
- Both environmental and individually targeted interventions are needed.





Public Health Suffolk recommends levels of physical activity based on the Chief Medical Officer guidance:

Early years (under 5s)

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

Children and young people (5-18 years)

- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

Adults (19-64 years)

- Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more. One way to approach this is to do 30 minutes on at least 5 days a week.



- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
- Adults should also undertake physical activity to improve muscle strength on at least two days a week.
- All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Older adults (65+ years)

- Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
- Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- For those who are already regularly active at moderate intensity, comparable benefits can be achieved

through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.

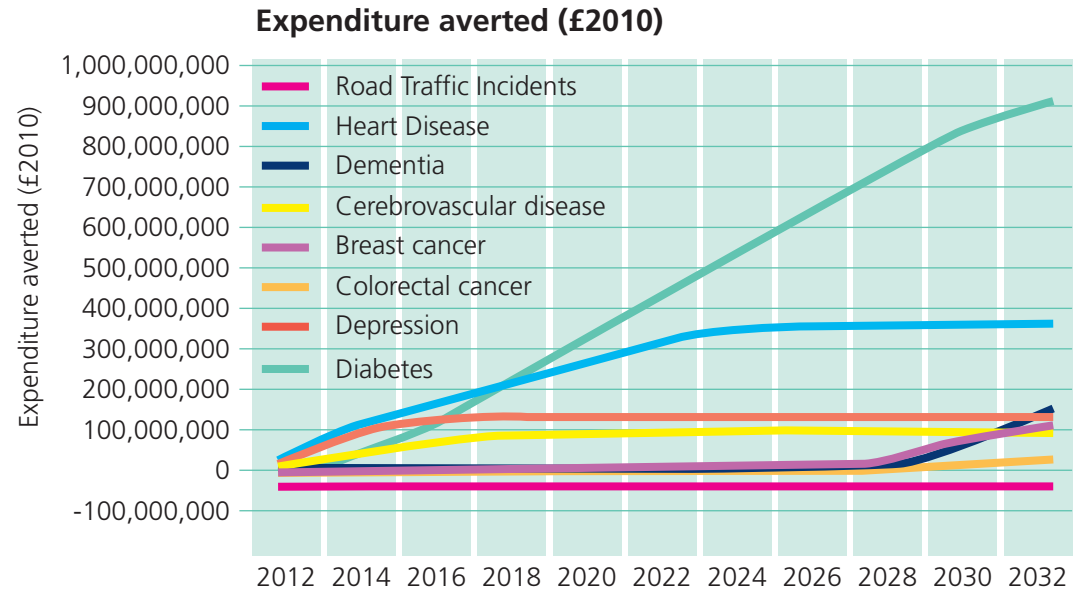
- Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
- Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
- All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods. (Department of Health, 2011)

If we use the World Health Organisation HEAT model for health benefits of walking and cycling we find that:

- If 20-74 year olds in Suffolk walked for an average of 30 minutes per person per day, there would be 283 premature deaths prevented per year.
- If 20-64 year olds in Suffolk cycled an average of 50 hours per person per year, there would be 149 premature deaths prevented per year.



A modelling study has estimated the NHS costs that could be averted by a large shift towards active travel in England and Wales (Jarrett et al, 2012). A shift in walking from 0.6 km/day to 1.6 km/day, and in cycling from 0.4 km/day to 3.4 km/day (similar to current levels in Copenhagen) could result in changes in the costs of treating eight health conditions related to physical activity. The study estimated that over 20 years, the expenditure averted would be over £17 billion (see graph).



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Department of Health (2011) Start active, stay active: a report on physical activity from the four home countries' Chief Medical Officers

Jarrett J, Woodcock J, Griffiths UK, Chalabi Z, Edwards P, Roberts I, Haines A (2012) Effect of increasing active travel in urban England and Wales on costs to the National Health Service, Lancet 379 (9832) 2198-205

World Health Organisation (2009) Health economic assessment tool (HEAT) for walking and cycling www.euro.who.int/HEAT accessed 30 May 2013

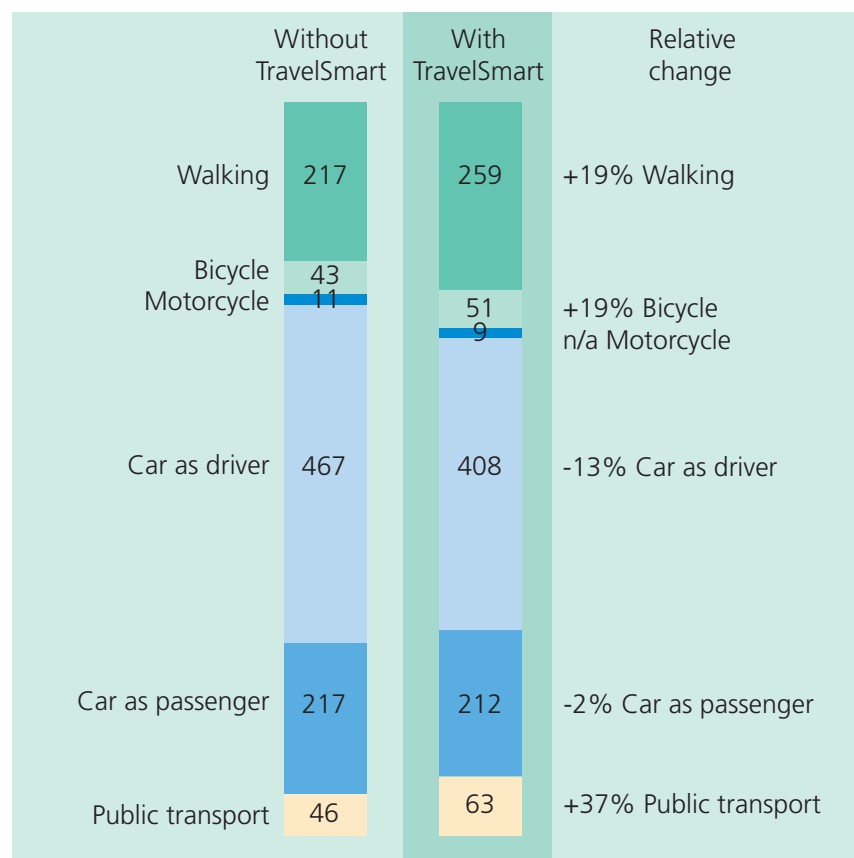


TravelSmart- Ipswich and Lowestoft projects

Suffolk County Council, in partnership with Sustrans and the local authorities, has recently implemented two TravelSmart projects, one in Lowestoft and one in Ipswich. These involved personalised travel planning with households across the towns and proved very successful in reducing car trips and increasing the rate of walking and cycling.

Changes in trips by main mode

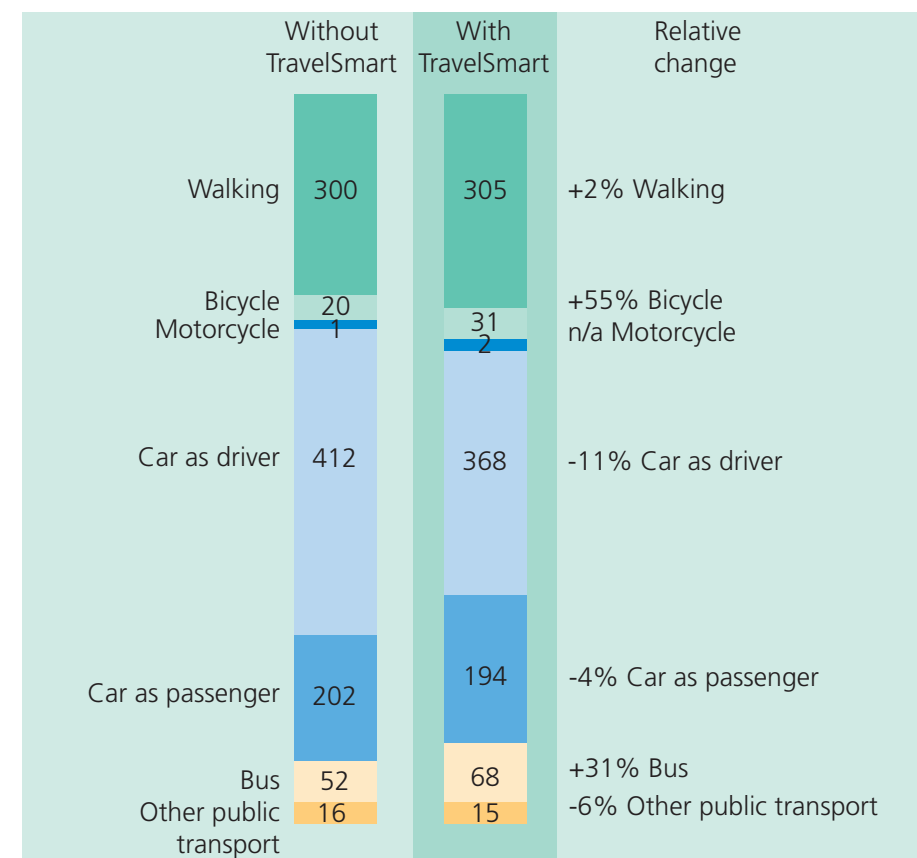
Lowestoft TravelSmart results (2009)



Residents could choose from a wide range of resources including walking maps, cycling guides and one-on-one advice sessions. A local travel map was developed especially for the project which showed local schools, shops and green spaces, and how to get to them by walking, bike or bus. The graphs below show the results from these projects.

Changes in trips by main mode

Ipswich TravelSmart results (2011)



Walking

Walking is the most popular form of physical activity. Studies show that levels of walking are two to three times higher than those of the next most frequently reported activities (C3 Collaborating for Health, 2012). While some people walk for recreation, walking can also be a simple way of incorporating some physical activity into our daily routines, such as travelling to work.

Although walking is popular, walking rates have declined steadily over the last decades. Walking fell by almost 20 per cent, from a national average of 408 miles a year to just 314 miles, between 1976 and 2009 (C3 Collaborating for Health, 2012). Most people acknowledge the health benefits of walking, and around four in ten

drivers say there are many shorter journeys that they could walk rather than take the car. Barriers to increasing walking include speed, unpleasant walking environments and fear of crime (National Centre for Social Research, 2009).

The number of people who regularly walk in Suffolk for at least thirty

minutes once a month is 71%. 56% of us walk for at least thirty minutes once a week. 22% walk for thirty minutes, five times a week.

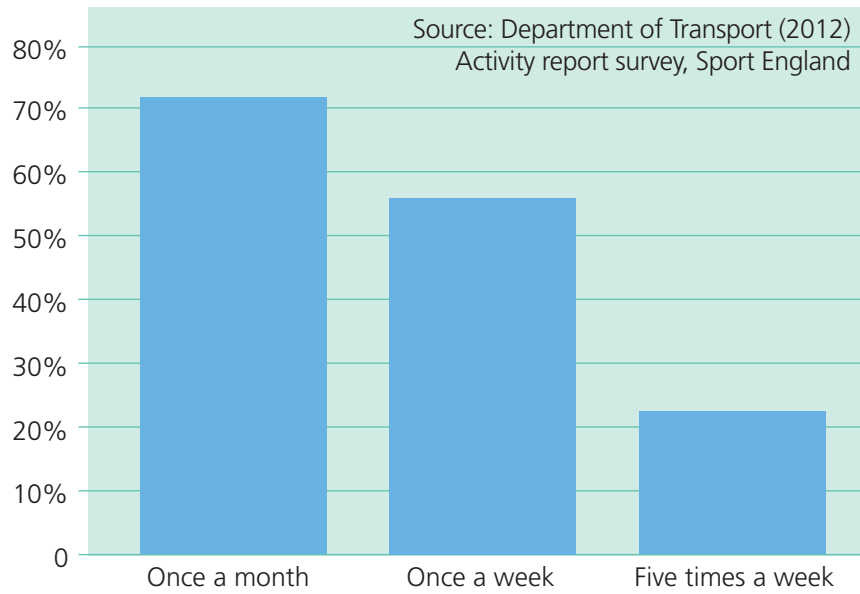
How we travel to work is also a key indicator of how we walk in Suffolk. Census statistics from 2001 and 2011 show a decrease in the amount of people who regularly walk to work. This trend is occurring at a national, regional and county level. In Suffolk, journeys to work by foot have fallen by over 2% in the last ten years.

“In the past decade we have lost about 80 miles per person per year in terms of walking for transport.”

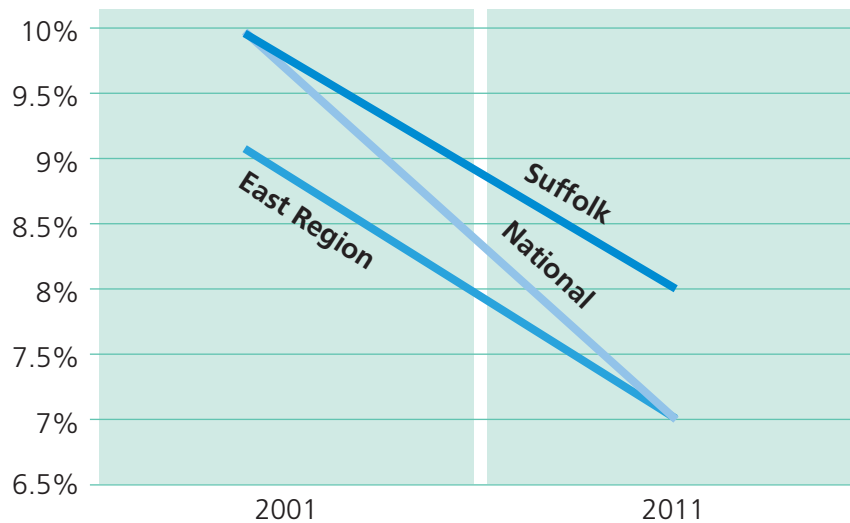
Nanetter Mutrie, professor of exercise and sports psychology at Edinburgh University



Percentage of people who walk for at least thirty minutes



Percentage of people who regularly walk to work



Jessica enjoys taking baby Lauren on mother and baby pram walks. She gets out in the fresh air and has a chance to chat to other mums about breastfeeding.



The change to how we travel to work is reflected across all districts in Suffolk. People are making fewer journeys by foot.

The fall in the number of people walking may be because of barriers, either real or perceived, including lack of time, lack of safe and attractive places to walk and adverse weather. These barriers can be increased for those such as elderly people, those with disabilities and parents with young children, for example steps, narrow pavements and a lack of places to sit down. A range of initiatives have proved successful in increasing the frequency, intensity and duration of

walking. Evidence shows that in order to be effective, interventions to promote walking should be:

- Tailored to people’s needs.
- Targeted either at sedentary individuals or individuals already motivated to change.
- Individually tailored: mass-media campaigns may increase knowledge and awareness but are unlikely to result in behaviour change.
- Brief: telephone prompts were equally as effective as in-depth telephone counselling.
- Group oriented: the social aspect can increase the number of people continuing to walk. (C3 Collaborating for Health, 2012)

Suffolk Districts: walk to work on regular basis (Nomis 2011)

District	2001	2011	Change +/-
Babergh	8.9%	6.9%	-2%
Forest Heath	10.5%	7.5%	-3%
Ipswich	13.8%	11.2%	-2.6%
Mid Suffolk	6.9%	5.8%	-1.1%
St Edmundsbury	11.9%	9.7 %	-2.2%
Suffolk Coastal	8%	6.3%	-1.7%
Waveney	9.7%	6.9%	-2.8%
Suffolk	10.1%	7.9%	-2.2%

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C3 Collaborating for Health (2012) The benefits of regular walking for health, wellbeing and the environment. 3-4

National Centre for Social Research (2009) British Social Attitudes Survey www.natcen.ac.uk/study/british-social-attitudes-25th-report/our-findings accessed 28 June 2013

NOMIS (2011) Census data table CT0015EW Method of travel to work (alternative), local authorities in England and Wales and Office of National Statistics (2001) Census data table KS13 Method of travel to work (alternative), local authorities in England and Wales



Case Study

2013 Suffolk Walking Festival

The Suffolk Walking Festival aims to promote healthy activity in the countryside and develop the rural tourism economy by raising awareness of Suffolk as a key walking destination. 2013 is the sixth year of the festival. Over one thousand people took part across 52 walks. Healthy Ambitions Suffolk (HAS) provided pedometers to participants on the Challenge Walk. This year's Challenge Walk explored the landscape of the Suffolk Coast and Heaths Area of Outstanding Natural Beauty (AONB). Led by experts from the AONB, this was a guided walk allowing people to discover why this area is so special.

Case Study

Stepping out in Suffolk

Stepping out in Suffolk is a programme of health walks offered across the county. The programme is delivered by LiveWell Suffolk. It is part of a national campaign called Walking for Health which is supported by the Ramblers and Macmillan Cancer Support. Stepping out in Suffolk has an average of 60 walks each month and have around 80 current volunteer walk leaders. An average of 270 different walkers take part monthly, walking an average of 4 times a month. 700 walkers have registered since the programme started.

Case Study

Easy going trails

This guide by Suffolk County Council describes 18 trails across the Suffolk countryside, ranging from a third of a mile to 8 miles long, and include routes suitable for wheelchairs, for those with walking sticks, for those with visual and hearing impairments and for pushchairs. They have been carefully assessed by a team of disabled volunteers and are divided into Easy Access Trails, which are suitable for all, and Easy Going Trails, which follow slightly rougher ground and are a bit more challenging.



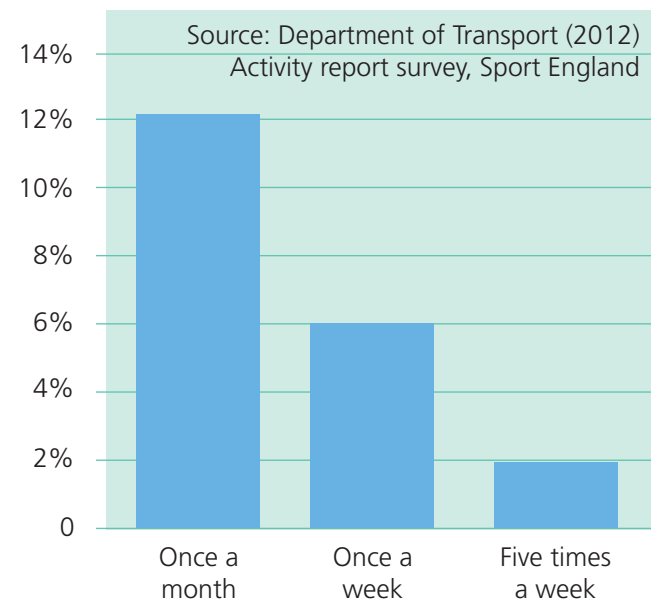
Cycling

Derek cycles to work a few times a week now. He finds it helps keep his weight down and he feels much better.



Cycling is the third most popular recreational activity in the UK. An estimated 3.1 million people ride a bicycle each month. However, cycling levels have been in long-term decline, falling from 24 billion kilometres in 1949 to just 4.4 billion kilometres by 1996 (Department of Transport, 1996). Cycle ownership is fairly high (at 42%), but only 1 in 10 people are regular cyclists (Department for Transport, 2009).

Percentage of people in Suffolk who cycle for at least 30 minutes

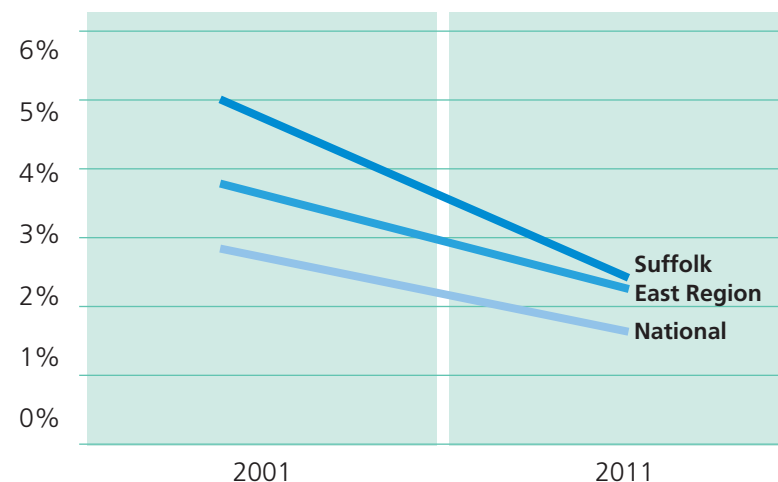


Given better provision, such as dedicated cycle paths, 3 in 10 car users say they would reduce their car use, and half of all cyclists say they would cycle more (National Centre for Social Research, 2009). The number of people who regularly cycle in Suffolk for at least thirty minutes once a month is 12%. 6% of us cycle for at least thirty minutes once a week, 2% cycle for thirty minutes, five times a week.

How we travel to work is also a key indicator of how we cycle in Suffolk. Census statistics from 2001 and 2011 show a decrease in the amount of people who regularly cycle to work. This trend is occurring at a national, regional and county level. In Suffolk, journeys to work by bicycle have nearly halved over the last ten years.

This change to how we travel to work is reflected across all districts in Suffolk. People are making fewer journeys by bicycle.

Percentage of people who regularly cycle to work



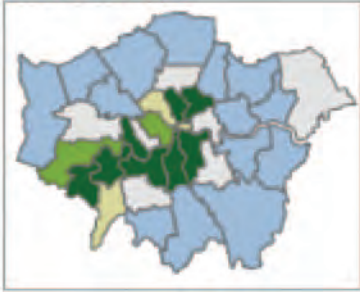
Suffolk Districts: cycle to work on regular basis (Nomis, 2011)

District	2001	2011	Change +/-
Babergh	2.7%	1.3%	-1.4%
Forest Heath	4.62%	2.5%	-2.12%
Ipswich	5.72%	3.1%	-2.62%
Mid Suffolk	3.81%	1.9%	-1.91%
St Edmundsbury	3.46%	2.1%	-1.36%
Suffolk Coastal	5.36%	3.0%	-2.36%
Waveney	8.43%	3.6%	-4.83%
Suffolk	4.95%	2.6%	-2.35%

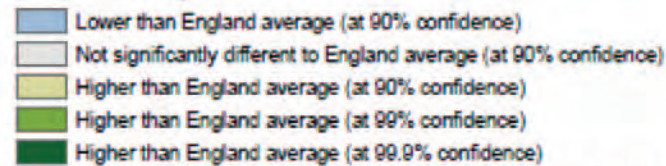
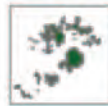


Proportion of adults who cycle at least once per week (Active Travel Survey, 2012)

London Boroughs



Isles of Scilly



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Department for Transport

The map shows the proportion of adults who cycled at least once per week in 2012, with Suffolk Coastal, Waveney, Forest Heath and Babergh District Councils and Ipswich Borough Council above average.

The fall in the number of people cycling may be because there is a perception that cycling on our roads can be a dangerous activity. However everyday cycling, like walking, is a low-risk activity and one where the health benefits outweigh the risk of injury by 20:1 or more. People who cycle regularly live longer, on average, than people who do not, with healthier lives and less illness. Evidence shows that cycling in Britain is safer than driving in many other countries, including France and Belgium; cycling is far safer than driving anywhere when the health benefits and reduced risk to third parties are included; cycling gets safer as it gets more popular and there is no known example in recent decades when an increase in cycling led to an increase in cyclist deaths (Wardlaw, 2002).

Despite this evidence, work still needs to be done if people do not feel safe when cycling. A Sustrans survey undertaken in 2012 found more than half (56%) of respondents feared urban roads were unsafe to cycle on and 70% wanted residential speed limits to be dropped to 20 miles per hour to make them safer.

Some evidence has shown that the promotion of cycle helmets reinforces the perception that cycling is unsafe. However cycle helmets do significantly reduce the chance of a serious head injury in a crash. Many studies from around the world have shown that if a cyclist wears a helmet, the risks faced when cycling are a lot lower.



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Case Study

Bikeability

Bikeability is 'cycling proficiency' for the 21st century, designed to give the next generation the skills and confidence to ride their bikes on today's roads. There are three Bikeability levels. In Suffolk, 10-11 year olds complete a playground based Level 1 course before going on the road for Level 2 training, and then Level 3 at secondary school (11-18 year olds). Certificates and badges for each level are awarded to children who successfully complete each course.

Bikeability was developed by more than 20 professional organisations including the Royal Society for the Prevention of Accidents and is supported by cross-Government departments including the Department for Transport, Department of Health and Department for Children, Schools and Families.

Approximately 3,000 young cyclists are trained every year in Suffolk. The ultimate vision is that no child should leave primary school without the opportunity to take part in Bikeability training.





Case Study

Junior Road Safety Officer scheme

It is important to continually reinforce safety issues across the county and dedicated advocates in schools can make a real difference. Road Safety Officer work can be replicated in schools by the Junior Road Safety Officer (JRSO). JRSOs are pupils in schools (usually from year 4 and above) who work to make everyone within the school more aware of how to keep safe on the roads. In 2013, we are celebrating 10 years of the scheme in the county.

One of their main objectives is to refresh the road safety notice board, keeping it up to date and relevant. Each year pupils apply to become JRSOs and normally two children are chosen for the job. The area Road Safety Officer will visit the school and with a teaching assistant (or teacher) at the school will help the JRSOs to get started.





Case Study

Woodbridge Family Cycling Festival

The first Woodbridge Family Cycling Festival took place in July 2012 on Kingston Field, Woodbridge and despite the weather being unusually cool for July, the event was well attended and proved to be extremely positive for the partners involved. Cycle Suffolk organised the event in partnership with Suffolk Coastal District Council and several other organisations. The aim was to provide fun cycling activities and information about cycling which would not only appeal to cycling enthusiasts but also motivate people to get back on their bikes. Attractions included grass track and speedway riding, local leisure rides, ladies only rides, bike maintenance plus several trade stalls and refreshments. The event was promoted heavily in the 10 days leading up to it which resulted in a steady stream of visitors throughout the day, estimated at approximately 400 people. As a result of the success of the event last year, it is being repeated this year with a few additions, such as the Woodbridge Rotary Club's annual charity cycle ride being held in conjunction with the festival.

Cycle Suffolk is a 4-year project delivered by Suffolk Sport with the aim of getting more people cycling in rural locations and contributes to the joint aspiration of helping to make Suffolk England's most active county. For more information about the event and the Cycle Suffolk project visit www.cyclesuffolk.org.

with thanks to Councillor Caroline Page for the use of the photograph from the event



Car travel

Car travel brings benefits through the freedom it brings people to travel conveniently over greater distances than would be possible by walking and cycling. However it is associated with increased harms to health from air pollution, noise, climate change, physical inactivity, and road traffic incidents as well as substantial personal financial costs. The cost of physical inactivity, poor air quality and noise associated from transport across towns in England has been forecast as being up to £25.4 billion per annum. Just under half of drivers indicate that they would like to drive less, given practical alternatives (Lyons et al., 2008).

The number of cars in Suffolk has increased by over 60,000 in the last ten years.

Noise

Traffic noise levels adjacent to busy roads can be very high, and the Department for Environment, Farming and Rural Areas (Defra) has identified 36 'hotspot' areas in Suffolk. Excessive noise seriously harms human health and interferes with people's lives. High noise levels can disturb sleep, and are associated with physical problems such as heart disease and psychological problems, including stress and reduced concentration. Noise levels due to traffic are increasing.

Action: To reduce noise levels

A National Noise Action Plan has been developed and a nationwide noise mapping exercise carried out. Local authorities are required to review the noise 'hotspots' in their locality and mitigate where practicable. The 'hotspot' areas were only identified relatively recently and assessment of the locations to determine appropriate measures is still being carried out. The thirty six areas identified in Suffolk need to be considered individually. Mitigation could include provision of barriers (fencing and earth mounds), quiet road surfacing, slowing traffic and introducing speed limits, providing insulation to affected dwellings by way of double glazing with additional ventilation to avoid the need to open windows, and re-routing traffic away from the area.



Air Quality

The major contributor to poor air quality in Suffolk is road traffic, particularly diesel fumes. It has been demonstrated that car and truck exhausts are the single greatest contributor to early deaths affecting some 3,300 people per year in the UK. Particulate matter has been estimated to reduce people's lives by seven to eight months, while in pollution hotspots vulnerable residents such as those with asthma could be dying as much as nine years early.

Local air quality is important for public health as the air outside the home can have a significant effect on people's wellbeing. In Suffolk, poor air quality is most likely to affect people in the bigger towns. Away from the towns, air quality is generally good. Poor air quality affects those who are most vulnerable. The young, the elderly and those with health problems such as asthma or heart disease suffer the most. Poor air quality is associated with short term effects such as irritation to the eyes, nose and throat and long-term effects such as chronic respiratory disease, lung cancer and heart disease.

Action: To improve air quality

The Suffolk Air Quality Management Group, primarily run by the districts and boroughs, coordinates air quality matters across the county and draws on transport and health expertise as necessary. Action Plans have been developed by the districts and boroughs in consultation with Suffolk County Council for the eight Air Quality Management Areas in Suffolk. They are all different, depending on the precise cause of the problem in the locality and are at different stages of implementation. For Woodbridge, an optimised traffic light control system has been provided at the Lime Kiln Quay Road/Melton Hill junction to minimise queuing. This has delivered a small improvement in air quality. Progress with implementation of the Action Plans is slow and no other specific measures have been provided. Transport policy promotes travel plans, public transport improvements, walking and cycling across Suffolk.



Road Traffic Incidents

Road traffic incidents are a significant cause of early disability and death. Although year to year variation makes determining the recent trends in incident numbers difficult, the number of incidents per 100,000 people in Suffolk seems to be declining slowly. However between 2006 and 2011 in Suffolk, there were still on average 333 people per year seriously injured, of whom 30 died. Additionally there was an average of 2,325 slight injuries due to road traffic incidents. The peak age for serious injury was 16-24 year olds. There were a total of 31 children killed or seriously injured (KSI) in Suffolk

Vehicle type	Fatal	Serious	Slight	TOTAL
Car	13	147	1,455	1,615
Motorcycle	6	76	185	267
Pedal Cycle	2	40	178	220
Pedestrian	2	46	145	193
Goods vehicle	0	16	92	108
Bus	0	2	34	36
Other	0	6	25	31
Taxi/Private hire Car	0	4	23	27
Grand Total	23	337	2,137	2,497

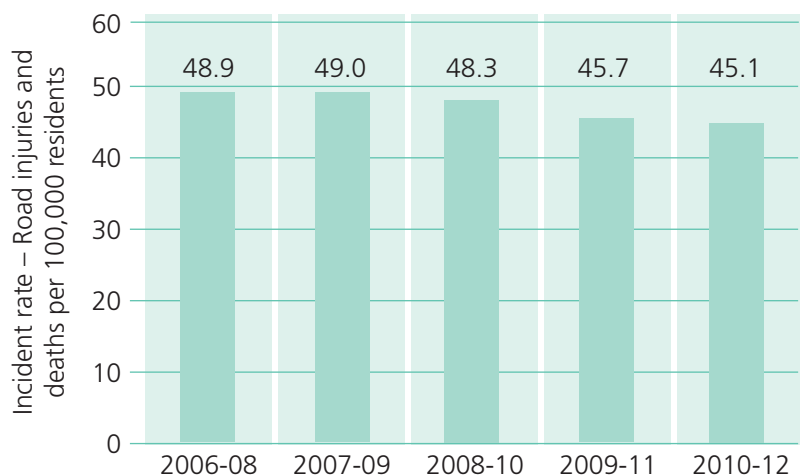
between 01/04/2012 and 31/03/2013, rising from 23 for the 12 months up until 31/03/2012. Of the 31 child KSI casualties recorded since April 2012, only one was fatal. 7 were pedestrians, 7 were driver/riders (all of which were pedal cyclists/scooter) and 17 (including the one fatal) were passengers in vehicles. 48 pedestrians were killed or seriously injured in 2012, slightly below the previous 5 year average (2007-2011) of 52. However this is slightly higher than the previous two years, with 41 in 2010 and 36 in 2011.

A recent report by Road Safety Analysis (2013) found that young people who live and learn to drive in rural areas are 44% more likely to be

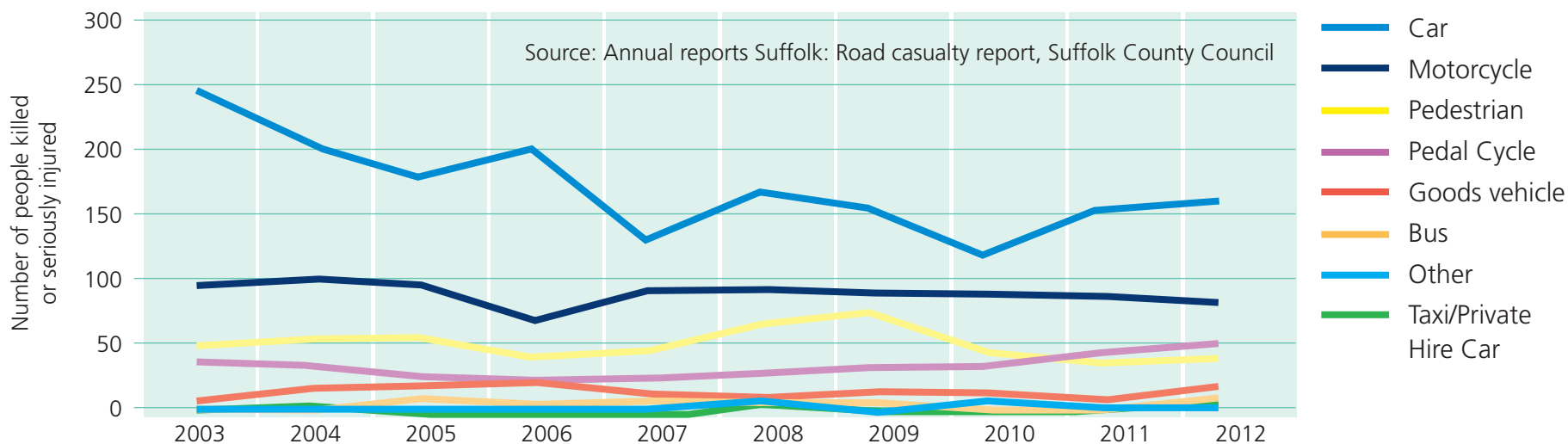
involved in a collision compared to young urban drivers. Young rural drivers in Suffolk aged 17-26 years were involved in 301 injury collisions every year on average.

The table above details the 2012 Suffolk road casualty statistics by vehicle type. It shows that in this particular year cars were the mode of travel in 65% of injuries, with the proportions of motorcycles and pedal cycles being 11% and 9% respectively. When interpreting these figures it should be noted that fewer people overall use motorcycles and pedal cycles than cars, but also that cars and lorries may have been involved in these incidents.

Road Injuries and deaths in Suffolk



Trends over time of injuries by type of vehicle in Suffolk



There are different trends in the number of incidents by the mode of transport used. This is related to both the risk associated with each mode of transport and the number of people using it. These risks are also interrelated so for example the risk to walkers and cyclists depends on the number and speed of cars around them.

Action: To reduce road traffic incidents

In early 2013 the Suffolk County Council corporate Safety, Health and Wellbeing (SHAW) Board agreed that the management of road risk was one of its

six key objectives for the coming year. The work will build on the good practice arrangements already established in parts of the Council and will further focus on the three key aspects of road safety - the driver, the vehicle and the journey. Whilst the work will provide information and guidance for all drivers, the greatest attention will be focused on those that present the greatest risk.

The multi-agency Suffolk Roadsafe Partnership Board was created in May 2007 and has published a strategy with the aim to make the roads of Suffolk safer for all.

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Public Transport

Public transport is a sustainable alternative to car travel. It provides environmental benefits, reduced isolation and can provide health benefits when combined with walking and cycling.

The National Travel Survey in 2010 showed that 85% of households in Great Britain lived within a 6 minute walk of a bus stop while a further 11% lived within 13 minutes. A large majority of households were able to travel within 15 minutes by foot or by public transport to the following key services: a shop selling groceries (92%), a chemist (85%), a post office (85%) and a doctor's surgery/GP (81%).

According to the report Making the Connections (Department for Transport, 2003) a lack of good transport provision can reinforce social exclusion. This prevents people from accessing key local services or activities, such as jobs, learning, healthcare, food shopping or leisure. Problems can vary by type of area (for example urban or rural) and for

different groups of people, such as disabled people, older people or families with children.

Various studies have revealed that:

- 2 out of 5 jobseekers say lack of transport is a barrier to getting a job, and 1 in 4 jobseekers said the cost of transport is a significant issue (Lucas, 2003);
- 6% of 16–24 year olds turn down training or further education because of transport problems; young people in rural areas, and those with learning difficulties and disabilities, are more likely to cite costs of transport as a constraint in pursuing post-16 learning (Lucas, 2003);
- 44% of workless households did not have a car or van (compared

with 22% of all households) (Office for National Statistics, 2008).

There are 287 local bus service routes and 13 demand responsive transport schemes in Suffolk. Census data shows that public transport use for travel to work has declined in Suffolk between 2001 and 2011.

Suffolk has frequent direct trains from London Liverpool Street and from Norwich to Ipswich, Stowmarket and Diss. The journey time between London and Ipswich is just over an hour and there are connecting services to Cambridge, Peterborough and Bury St Edmunds. The line from Ipswich to Lowestoft serves east Suffolk with stations including Woodbridge, Saxmundham, Halesworth and Beccles.

A well connected bus and rail service is important for allowing journeys which combine public transport with



active travel such as cycling or walking. Rail and bus journeys are rarely door-to-door, and usually involve travelling to and from stations /bus stops at either end of the journey. The Department for Transport in March 2013 published a strategy for sustainable transport integration called 'Door to Door'. This sets out many of the measures which support integration of walking

and cycling with public transport including for example the provision of better cycle facilities at stations.

Employers can play a role in promoting public transport use; for example Suffolk County Council uses funds raised from staff car parking to subsidise rail and bus transport. This encourages staff to commute more sustainably.

The use of public transport for travel to work – Census data 2001 and 2011

	2001	2011	Change + or -
Train			
England	4.2%	3.3%	-0.9%
East of England	6. %	4.7%	-1.3%
Suffolk	1.5%	1.3%	-0.2%
Bus/Coach			
England	7.5%	4.7%	-2.8%
East of England	4%	2.4%	-1.6%
Suffolk	4.2%	2.1%	-2.1%



Suffolk Rail Prospectus 2012

This prospectus sets out the case for the improvements that the county needs to the rail service.

Key improvements to services and infrastructure outlined in the prospectus include:

- Better covered and secure cycle parking at urban, market town and rural stations and cycle hire at the larger stations.
- Commitment by Government to new or totally refurbished rolling stock on intercity services between Norwich and London Liverpool Street and for faster and more reliable journeys on that route.
- The introduction of an hourly service between Ipswich and Peterborough.
- Electrification of the line from Felixstowe through to Peterborough and on to Nuneaton to improve freight and passenger services.
- Building on the introduction of an hourly service between Ipswich and Lowestoft by working towards shorter journey times and the restoration of direct services between Lowestoft and London.
- More capacity and better trains between Ipswich and Cambridge with a future aim of increasing the frequency to half-hourly.
- Working towards a fast and frequent rail service connecting the key centres of growth in the region – Ipswich, Cambridge and Norwich.



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Office for National Statistics (2008) Opinions and Lifestyle(Omnibus) Survey. www.ons.gov.uk/ons/about-ons/who-we-are/services/opinions--omnibus--survey/opinions--omnibus--survey.html accessed 28 June 2013

The Demand Responsive Transport Scheme

There are 13 Demand Responsive Transport (DRT) schemes covering a large area of Suffolk and these act as a link to the nearest bus service, thus providing an important service for more isolated communities. For people wishing to travel in one of the areas covered by the DRT scheme who are not able to access a bus directly, the service picks up from a convenient point and where appropriate will connect with other bus services for onward travel to further destinations. For journeys within an area where onward connections are inappropriate, end to end journeys are possible. There are also a range of services for those with mobility issues or those who cannot access conventional bus services such as Dial-a-ride, Community Car Services and Wheels within Wheels.

A pilot DRT scheme in the Wilford area (near Woodbridge) found that use had grown by 9%, costs had fallen by 27% and as a consequence the net subsidy paid per passenger had fallen by 39%. Customer satisfaction is also relatively high.



travel for all ages

THE TYPE OF TRAVEL that suits us depends on where we are in our life. Children, working age and older people may have different needs and priorities. This section considers the needs of young people as they travel to school, and those of older people as they travel around our community.





Travel and younger people



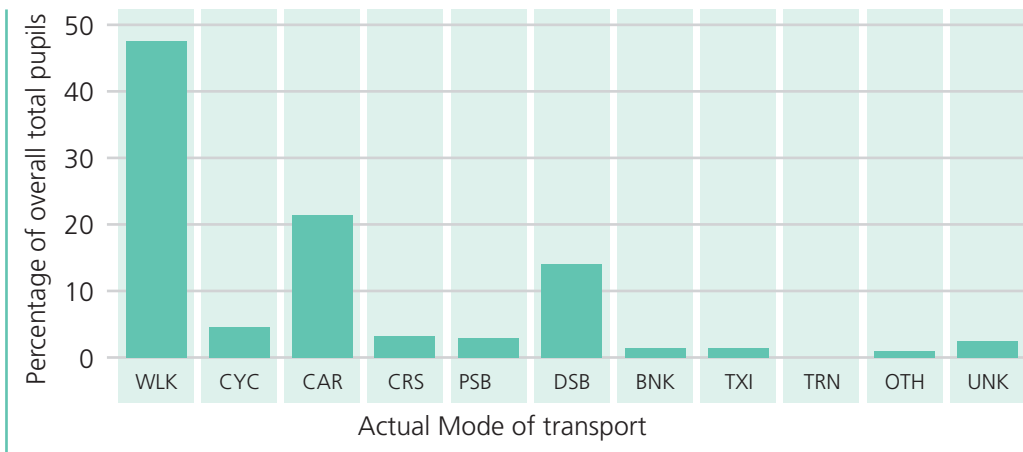
Hannah has lost her extra weight after being referred to the weight management service Alive 'n' Kicking last year. Maureen walks Hannah to school each day which really helps and now Jamie is old enough to join them.

Every school in Suffolk has a School Travel Plan, a project previously funded by the Department for Transport and Department for Education, to support the delivery of a range of activities and initiatives to reduce car use on the school run and address local congestion issues caused by this. The project ended in 2011 and schools are still provided with some support to review and update their travel plans. A significant number of schools have used their travel plan to underpin other work and there are key areas of the Ofsted Inspection Framework that the activities of a travel plan can contribute to. This project followed on from the successful Safe Routes to School programme of work that combined delivering local infrastructure improvements on routes to school with a package of road safety and sustainable travel initiatives at the school to encourage use of the facilities.

The data below is taken from the last school census data available for 2009-10. Schools are no longer required to collect this data.

	Walk %	Cycle %	Car %	Car share %	Bus, taxi or train %	Misc or not known %
All	49.9	4.3	22.1	2.5	19.0	2.6
Primary	53.6	2.9	31.2	3.5	8.0	0.7
Secondary	44.9	6.6	12.5	1.6	30.3	4.0
6th form	38.2	4.6	14.0	1.5	34.2	7.6
Special schools	5.7	-	8.1	0.1	85.5	0.6





Key

- | | | |
|-----------------|----------------------------|-------------|
| WLK = walk | PSB = public school bus | TXI = taxi |
| CYC = cycle | DSB = dedicated school bus | TRN = train |
| CAR = car | BNK = bus type not known | OTH = other |
| CRS = car share | UNK = unknown | |

According to the 2009-10 School Census there are approximately 100,000 pupils at school (not including private/independent schools):

- 40% do not attend their (geographically) closest school.
- 6% who live within walking distance travel by car (most primary aged).
- 3.5% more boys cycle than girls, at secondary school there are 6% more boys cycling (nearly 10%) than girls.
- 60% of pupils eligible for Free School Meals walk versus 42% of non eligible pupils.
- 73.0% of pupils attending a school located in the 20% most deprived areas of Suffolk walk to school, compared to 44.2% of pupils attending a school in the other areas.

The health benefits of walking and cycling are described earlier in this report but for children there is the additional benefit of better school performance being associated with more physical activity.

Case Study

Edgar Sewter Primary School

Edgar Sewter Primary School is situated on a busy main road in the centre of Halesworth. The Travel Plan has focused on encouraging the children to get to school by safe as well as sustainable means. There are two entrances to the school and they have worked closely with the local county transport team to develop safe access onto the school grounds. The school runs a year round programme of activities to promote walking and cycling which includes a team of award winning Junior Road Safety Officers and Bikeability Levels One and Two.

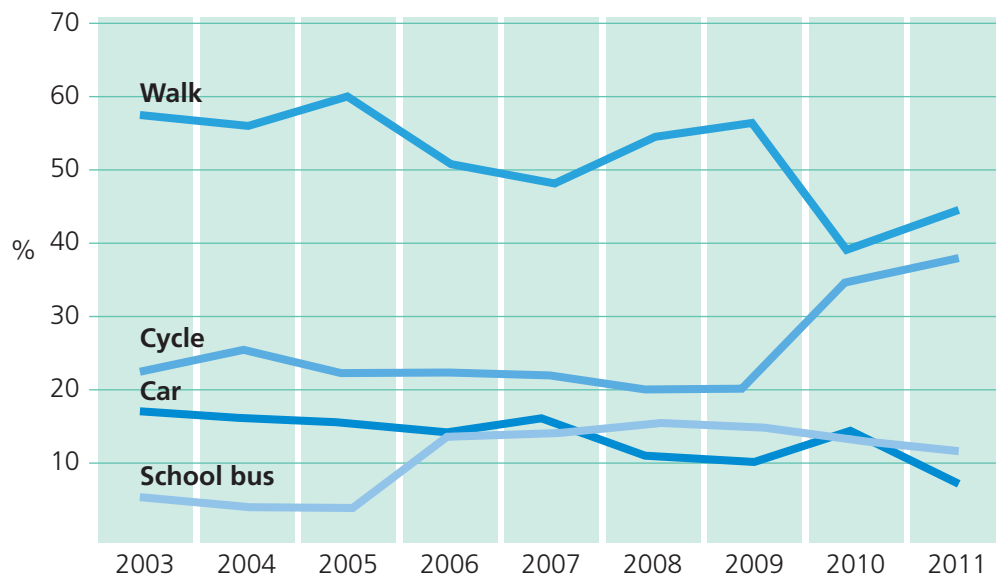


Case Study

Kesgrave High School

Kesgrave High School has one of the highest levels of cycling to school in the country, with almost 40% of pupils cycling to school and around 35% walking. The school puts this down to a number of factors that have, over time, enabled it to hold this prestigious position when it comes to school travel. This includes 100 minute lessons, meaning less equipment needs to be taken to school on a daily basis, a same sex uniform policy (of wearing trousers) and the development of the local transport infrastructure to fully support walking and cycling.

Kesgrave High School Survey



What does the future look like?

Schools are expected to be self-sustaining in reviewing and updating their travel plans. A small number of schools take part in the School Travel Activity Rewards (STARs) programme which awards and recognises their commitment through a three level award system. There is no dedicated resource to deliver this, although it is a low cost activity that provides accurate monitoring and evaluation of school travel plan initiatives.

Schools may also be required to update and review their travel plans as a result of a planning application, especially when a school is expanding and consideration needs to be given to the travel needs of the additional pupils and staff.

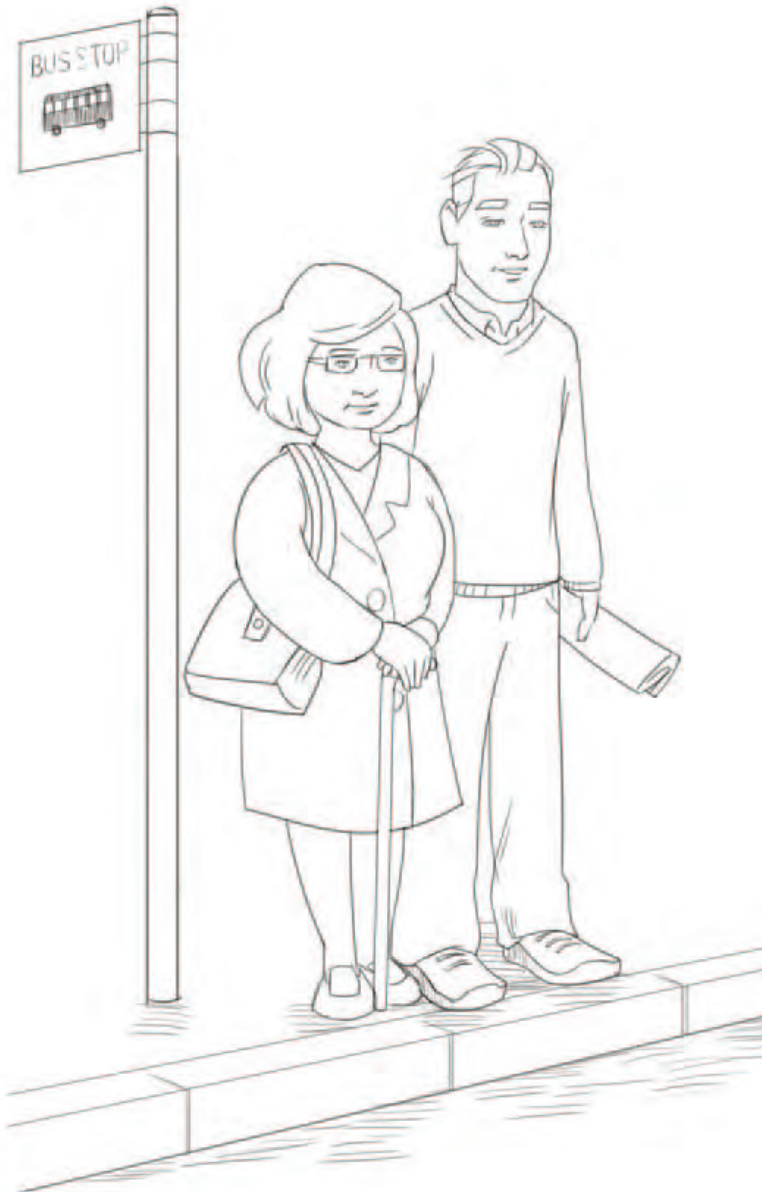
There is some research being done by Rights of Way and School Transport to look at the cost benefit analysis of providing infrastructure improvements to routes to school as a budget reducing intervention.

There are no current campaigns aimed at ongoing promotion of walking and cycling to school apart from short term projects such as the Bike It Officers funded for 3 years in Lowestoft. Bike It Officers aim to encourage people to cycle to school, working closely with schools to identify barriers to cycling, and then developing a programme of activities and events to raise awareness and tackle the issues. Schools who receive support from Bike It Officers see significant increases in cycling.





Travel and older people



Suffolk's population is older on average than England's and the number of people over 65 is set to grow by 49% from now until 2025. As we grow older there is an increasing expectation of a certain level of care, choice and control that people want over their life.

Older people tell us that they want to be active, valued members of their communities, to live in their own homes, to be supported to do so and to have independence in their own home if they have a disability.

For older people the issues of physical mobility and transport are closely connected, as are personal confidence and social isolation. A good public transport network enables access to local services and community groups. Addressing the barriers to use of public transport can help to reduce social isolation,

maintain activity levels and personal independence. These barriers include:

- The lack of transport available, particularly during evenings and weekends.
- The lack of awareness of the transport services that are available locally.
- Changes to bus timetables.
- Affordability.
- Lack of confidence and fear of falling in the street when out and about.
- Difficulties in physically accessing services.

Ted and Elsie catch the local bus to join in the community tea dance every Wednesday. It gets them out and about and mixing with other people as well as keeping them light on their feet.



Some of the solutions include:

- Ensuring availability and awareness of suitable personal and public transport.
- Creating an environment supportive of older people, including street benches, public toilets, even pavements and clear street signage.
- Appropriate parking places for older people, allowing longer stay and wider bays that are closer to the shop entrances.
- Safe accessible spaces for mobility scooters.

The difficulties outlined above related to transport availability, access to services and social isolation are not restricted to older people and building a strong transport system locally is an important part of building a well connected, resilient community.

Case Study

Travel challenges for older people

Mr and Mrs Carter*, a couple in their 80's from Woodbridge had difficulty getting to a hospital appointment at Addenbrooke's hospital in Cambridge, 60 miles away because of a lack of transport.

Addenbrooke's hospital did not provide transport outside Cambridgeshire. The Non-Emergency Hospital Transport Service (NEPTS) refused them transport but they did not know why. The St John's Ambulance Service quoted £250 plus £36 per hour waiting fee and this was more than they could afford.

Age UK Suffolk on their behalf, then contacted the nearest volunteer bureau which was in Framlingham but they did not cover the Woodbridge area. Quotes from local taxi companies were too expensive. Age UK then contacted NEPTS who confirmed Mrs Carter had been turned down because she had a blue badge and had a daughter who had taken her to previous appointments. After explaining that the car was in for repairs and the daughter was unable to help on this occasion she was given the number for the Royal Voluntary Service (formally the WRVS) who were able to provide transport for £53.

Mrs Carter still needs to attend Addenbrooke's for treatment and so continues to have problems accessing appropriate health care on an ongoing basis.

**Name changed*



Case study

Travel and the NHS

“NHS organisations are exemplar in leading the population-wide shift to more active and low carbon travel such as public transport, cycling and walking”.

This is the vision for the NHS as presented in the NHS Carbon Reduction Strategy. (Sustainable Development Unit, 2009)

Transport, health and health services are closely linked. 5% of all road traffic in England is related to the NHS (NHS Confederation, 2007). This is made up of 70% visitors, 20% patients and 5% staff. Transport is also associated with buying of NHS supplies which contributes to a large proportion of the NHS carbon footprint (NHS England, 2008). 1.4 million people missed, turned down or chose not to seek medical help due to transport difficulties in the space of one year (Sustainable Development Commission, 2007). The NHS Carbon Reduction Strategy proposes a target decrease of 17% in travel emissions for the NHS by 2020.

Transport issues are an integral element in meeting a range of NHS aims including those in National Service Frameworks (NSFs) and NHS environmental standards (Health Development Agency, 2005).

The Carbon Reduction Strategy update (2010) outlines key actions for NHS Trusts including:

- All Trusts should have a Board approved active travel plan as part of their Sustainable Development Management Plan.
- The NHS should consider introducing a flat rate for business mileage regardless of engine size or even modal option (car, cycle or foot).
- NHS organisations should establish consistent monitoring arrangements so reductions in emissions from road vehicles used for NHS business can be measured.
- Mechanisms to routinely and systematically review the need for staff, patients and visitors to travel need to be established in all NHS organisations.
- Healthcare delivery must continue to move closer to the home.



Guidance from the National Institute for Health and Clinical Excellence (2008) identifies how health professionals can support physically active travel, including:

- Whenever possible and clinically appropriate, identifying inactive adults and advising them to aim for 30 minutes of moderate activity on five days of the week or more.
- Ensuring parents and carers are aware of advice that children and young people should undertake a minimum of 60 minutes moderate to vigorous physical activity a day.
- Encouraging parents, carers and families to complete at least some local journeys with young children using a physically active mode of travel.
- Acting as a role model by incorporating physical activity into daily life, such as opting for travel involving physical activity.
- Sign post activity opportunities in the local community.

(British Medical Association, 2012)

Car parking is an important issue, which is often included as part of a green travel plan, with those that need parking being able to access it when needed at a low price, but encouraging those that are able, to travel to NHS sites via other modes.



Case study continued

Hospitals serving Suffolk

All NHS trusts within Suffolk have sustainability and/or environmental policies in place. Many of these list the development of a green/active travel plan as a key point in the policy.

West Suffolk Hospital's environmental policy also addresses green transport and highlights the need to systematically review staff, patients' and visitors' travel, promote care close to home, promote home working opportunities and provide incentives for low carbon transport. West Suffolk Hospital has its own travel plan coordinator and separate green travel plan.

Ipswich Hospital also has a travel plan which has been developed as a result of their environment policy. The travel plan is generally aimed at reducing the number of car journeys and the need to travel by providing greater choice of travel modes and working practices. It has been frequently reviewed and updated over the past 7 years. The travel plan was reviewed and informed by the results of the staff survey undertaken which indicated that there

had been a 5.8% reduction in the number of staff travelling to work by car on their own since 2009. The survey also showed that there had been an increase of 1.8% in the number of respondents travelling to work by public transport as their main mode of travel. Cycling, motorcycling and walking had all increased by 2%, 0.7% and 1.8% respectively. A sustainability manager is in the process of being recruited who will have responsibility for coordinating the travel plan.

At Ipswich Hospital, a number of initiatives regarding public transport, cycling, walking, car park management and new ways of working have been implemented since the introduction of their travel plan in 2005. To improve public transport access, a park and ride service has been introduced providing direct links to the hospital from the Martlesham and London Road services. An internal bus route to the Garrett Anderson centre has also been provided. This is in addition to the installation of covered bus shelters and real time electronic bus service information on the trust site.



To increase the number of people accessing the Trust via walking, improvements have been made to the cross site footpath, lighting and signage to certain areas of the site. These are just some of the examples of the initiatives implemented at the Trust.

James Paget University Hospitals NHS Foundation Trust in Waveney has a carbon management project plan which recognises the impact of staff and patient travel on emissions and plans to tackle this as one of 6 key areas. This includes the implementation of a green travel plan.

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Looking to the future

AT THE MOMENT people in Suffolk are dying early and suffering from preventable diseases because we are not active enough. But this doesn't have to be the case.





Vision for Suffolk

Imagine a convenient Suffolk where:

- We will always have access to transport even if we won't own it.
- Most of what we need will be within a 20 minute walk or cycle of our home.
- We won't have traffic jams.
- Our children will be able to play outside our homes safely.
- We will have videoconferencing at home and work so can use this for most 'meetings' which are not within walking/cycling distance.
- We will use local products, especially healthy local food, whenever possible.

Imagine a well connected Suffolk where:

- Footpaths and cycle paths will make travelling on foot or by bike easy. They will be the best quality possible, smooth, well lit with smart lighting, and safe, separate from cars and lorries.
- There will be much less traffic so there will be space to widen pavements and cycle paths.
- We will have access to an ultrafast internet connection wherever we are in Suffolk.
- We will be better connected to our neighbours as we will share, work and play more in our local communities.
- There will be an integrated, sustainable public transport system.

Imagine a low cost Suffolk where:

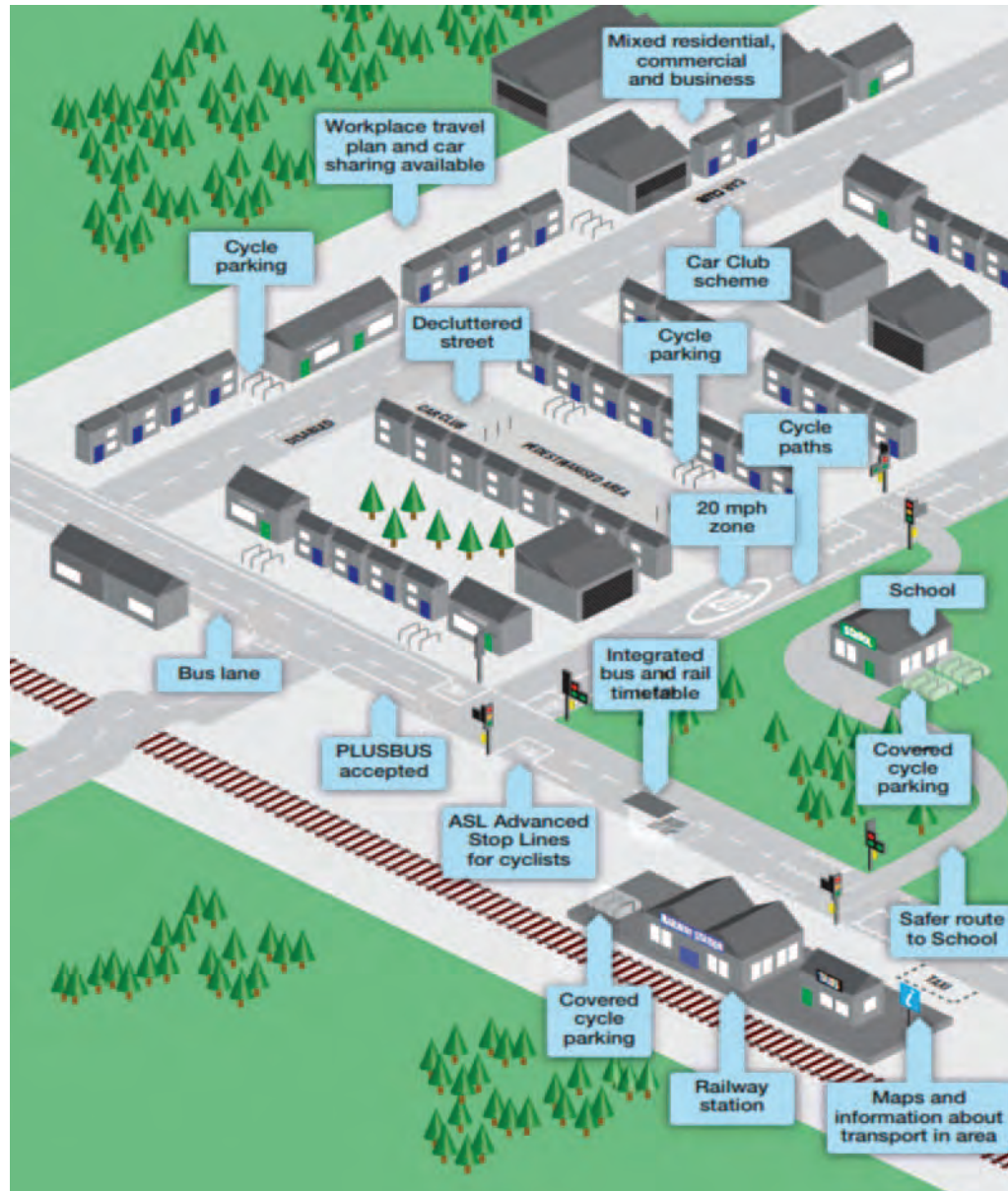
- We won't have to travel so far or so often, so will pay less for travel.
- Fewer of us will have to own a car so we won't have to pay for annual road tax, insurance or servicing.
- If we use transport which is not powered by us it will be powered by renewable energy, which will be cheaper than fuel.

Imagine a safe and healthy Suffolk where:

- We will have active lives which keep our bodies healthy.
- We will be able to walk down the street without breathing exhaust emissions which damage our lungs.
- We will be able to travel around on foot or bike safe from harm from cars and lorries.
- We will have easy access to greenspaces and countryside to exercise and relax in.



Department of Transport vision of a future town



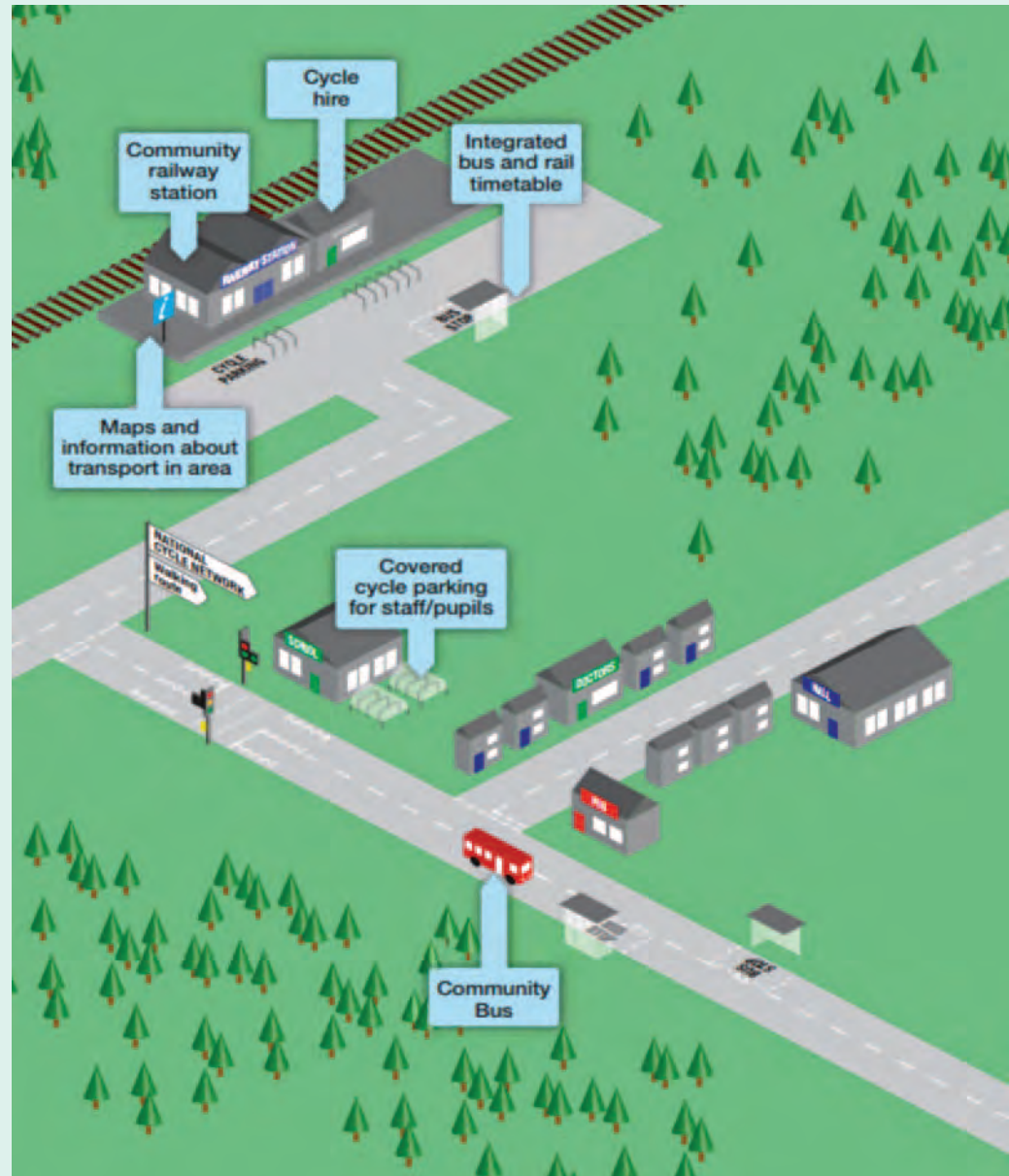
Imagine an accessible Suffolk where:

- Disabled people have the same choice and freedom to travel as non-disabled people.
- The disabled and those with mobility problems have easy access on and off of trains and buses.
- All of the pathways in towns and villages of the county have dropped curbs to allow wheelchair users and parents with prams to cross easily and safely.

This vision may seem challenging to establish in a rural county like Suffolk, however there are many ways that ideas from bigger cities could be adapted and introduced to smaller towns and villages, as illustrated in the Department of Transport drawings.



Department of Transport vision of a future village



Source: Department for Transport
(2011) Creating growth,
cutting carbon
www.gov.uk/government/uploads/system/uploads/attachment_data/file/3890/making-sustainable-local-transport-happen-whitepaper.pdf



The Whittakers in 2025



Derek

Back in 2013 Derek never would have predicted how different their everyday lives would be in 2025. Since moving to Newtown in Suffolk back in 2015, the family seem to be growing up very quickly. Derek can't remember the first day he dug his bike out of the garage and used it to pop to the shops. Looking back it just seemed that it was becoming the normal thing to do. More and more people were cycling down his street or into town. Now that his weight is down and he is so active, his GP tells him his diabetes is under control and his blood pressure is much better, so his risk of heart attacks is lower. To start with Maureen was worried about Derek being run over by a car but now that seems silly because the cars and bikes are kept separate in their own parts of the road and there are fewer cars on the road. Even though he doesn't remember the day he started cycling he does remember a bit later, about a year after he sold his car, when he added up how much money he had saved from changing how he got about. Now he uses a combination of his bike, the train and an electric car sharing club rather than owning a car and he saves over £1000 a year.

It's also at work where things are different. When there was a surge in fuel prices a few years ago Derek sat down with his drivers and tried to work out what they should do to stop the business going under. They decided that having a fleet of diesel vans was too risky and that they needed to have a range of options. One of his drivers had heard about cycle couriers working well in other cities so this is what they tried. They bought three specially designed bikes from the Netherlands and started to use them for deliveries in the town. The older drivers found it hard going at first but soon they got fit and now it's hard to imagine them with their old beer bellies, even though they still like the occasional tipple! The next breakthrough was when they got their first electric van. Thankfully the prices of the vans had come down so that it was affordable and the difference in 'fuel' prices was amazing. Derek also felt better because he knew his little granddaughter had asthma and he hated the idea that the fumes from his vans might be making it worse.

Jessica's Daughter, Lauren

The first 13 years of Jessica's daughter Lauren's life have been so different to Jessica's. Jessica now lives round the corner from her parents in her own place with her daughter and new boyfriend. By the time Lauren started primary school, their street had been redesigned so there wasn't any through traffic. This meant that Lauren could play outside with her friends safely. She is such an active child. She cycles to school on a path that is separate from the cars. In fact they can't remember a day when she didn't walk or cycle to

school. Nearly all the kids travel by walking, cycling or scooter now and the bike park at the school has had to triple in size over the years. The air round the school seems better now as well. There are far fewer cars and those that are there are electric so they don't produce any exhaust fumes. Lauren's asthma is much better these days than it used to be. The doctor says he can't say if this is because she is getting older or because the air is better but it can't hurt to have better air to breathe.



Maureen

Maureen is doing well. She only works part-time as she wanted to take partial retirement so she could help Jessica with Lauren. She hasn't felt down for ages. She doesn't know if it is because she has a better work/life balance or because she is so much more active. Like Derek she goes out on her bike to get around but she can go even further than Derek because she has a bike with an electric motor. She has discovered that there is a great network of really good cycle routes out in to the

countryside so when she's not working she likes nothing more than to go out to the forest. She has even made it all the way to the coast for a day trip with her electric bike. She does still have to peddle a bit so she gets some exercise! She uses it for her work too if she has to go out on home visits. She now uses the train to get to her family in Bury St Edmunds and can take her bike with her so she can easily get to their house when she gets there.

Hannah and Jamie

Hannah is 19 now so has gone off to college and Jamie is 16 and has just sat his exams. Jessica tells them how different it was when she was at school. The internet is so fast now. Every call nowadays is a video call. This is great for Hannah because it means she can see Mum and her friends really easily. When Hannah needs to bring her stuff home from college she can just book an electric car

online and she's extra pleased with this because she managed to persuade her Dad, Derek, to pay for it. He said it wasn't much so he didn't mind. Jamie loves his bike and has really come out of his shell. He still gets embarrassed though when his Mum compliments him on how he's grown up to become such an athletic and good looking boy!

The whole family

The best thing about living in Newtown now is the way everyone comes together on a Sunday morning. Every Sunday morning they shut the main road from where they live into the town centre and the whole community comes out to play and talk and walk into town. Generally Maureen and Derek meet up with Jessica and Lauren and take a walk into town. There are always great activities for Lauren and if Jamie can be persuaded to get out of

bed he comes too. His parents love watching his embarrassed reaction when they come across the girls from the neighbourhood out with their friends or families. Last Sunday they all started talking to a group of Americans. They were visiting Newtown to see how they could make their town back in the US a better, healthier place to live.



Ideas for turning the vision into reality

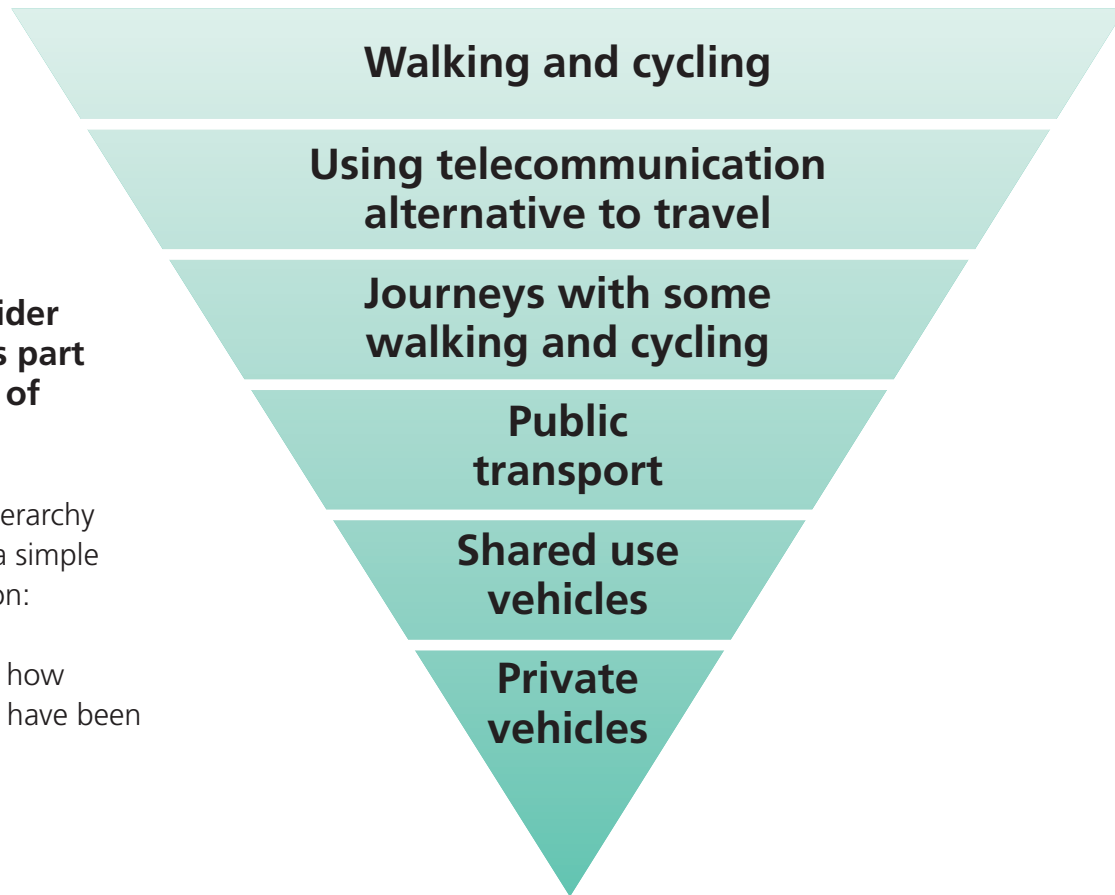
Ideas to turn this vision into a reality and create a healthier future for us all include:



Where feasible Suffolk should consider the health impact as part of the prioritisation of travel options.

For personal travel the hierarchy below could be used as a simple guide for this prioritisation:

This may be a reversal of how priorities and investment have been decided in the past.



IDEA
2

Use future design work to move Suffolk towards being a world leading setting for walking and cycling.

We do not have to look far to see how much walking and cycling is possible. The city of Cambridge has the highest levels of cycling in the UK, largely because of the strong culture of cycling there. If we look east to the Netherlands and further to Denmark, we see how much can be achieved when paths and roads are designed for walking and cycling. Ideas for improving walking and cycling in Suffolk include consideration of:

- Creating an infrastructure in our towns that will encourage people out of their cars and into active travel.
- Cycle-friendly improvements across existing roads in Suffolk, such as segregated routes, and creation of cycle priority road networks.

IDEA
3

Work to make every community safe to move around in: safe driving and safe speed limits.

- Consider extending 20 mph speed limits in towns, and considering 40mph limits on rural lanes, as recommended by the All-Party Parliamentary Cycling Group.
- Improving lorry and van safety by vehicle design and driver training.
- Promoting rail freight and considering limiting lorries and vans in urban areas at busy times.
- Continuing to tackle both drink/drug driving and mobile phone use whilst driving.

IDEA
4

Ensure all children have the opportunity to travel actively and safely to school.

Academic achievement of children can be improved by increased physical activity, therefore walking and cycling to school can benefit a child's education. This could be achieved by:

- Cycle training in schools for all children.
- All schools having safe pedestrian and cycle access from the communities that they serve.
- All schools having sufficient cycle parking.
- School environment design that discourages car use.



IDEA
5**Develop a public transport system which supports walking and cycling and connects those most in need.**

For longer journeys public transport combined with walking or cycling offers the healthiest option. This can be improved by:

- Improving access for disabled people and those with mobility problems on trains and buses.
- Ensuring all trains have facilities for carrying bicycles.
- Improving bicycle parking at train and bus stations.
- Providing high quality cycle routes and footpaths linking stations with town centres and other large centres of employment.

IDEA
6**Encourage the use of electric cars and car sharing particularly in rural areas.**

Electrification of car travel will reduce local air pollution and allow renewable energy to be used to fuel our transport. This would be facilitated by:

- Greater investment in electric charging points.
- Shifting to the use of electric cars for public sector vehicles and taxis.
- Considering bulk buying of electric vehicles for the public sector to reduce costs.
- Establishing an electric car rental scheme, with hourly or daily rental across Suffolk, including rural communities, to reduce car ownership.

IDEA
7**Ensure all employees have the opportunity to travel actively and safely to work.**

Physical activity in the form of walking or cycling can help to reduce employee absence from work and therefore benefit employers:

- Where car parking is necessary, employers should work with local government to develop options that allow parking at a 10-15 minute walk or cycle ride from their place of work.
- Pricing for parking aimed at increasing physical activity.
- Promotion of personalised travel planning for employees.





Public sector leads the shift to more active and low carbon travel.

As organisations concerned with improving health, the County Council and the NHS have a responsibility to promote healthy travel:

- Public sector organisations in Suffolk should work together to improve walking and cycling routes to their sites.
- Clinical Commissioning Groups should mandate all commissioned healthcare providers to increase active, low carbon travel among visitors and staff.
- Public sector business travel should shift to active travel or electric vehicles.



Progress plans to rollout high speed broadband across Suffolk.

In line with current plans, it is important that all businesses and residents have access to a fast internet connection which can reduce unnecessary car journeys and the resultant harms to health. This could be achieved by:

- Promoting adoption of new technologies such as video conferencing so that they can make best use of broadband access.
- Promoting home working using broadband.
- Supporting disadvantaged groups to take up and benefit from broadband access.



Consider the long term design of communities in Suffolk to reduce reliance on transport.

In the long term, if we can move homes, workplaces and services closer together, less travel will be needed and communities will be stronger. We may need to move towards:

- New developments as a mix of residential, work and service sites.
- Diversification in our villages and towns so that people can live and work without a long commute.
- Locally produced food as the norm.
- Integration of green spaces into the design of new communities.



Case study

Get Britain Cycling

In April 2013 an All Party Parliamentary Cycling Group published the Get Britain Cycling report. This set out how Britain could address its comparatively low cycling participation rates. It proposed a goal of increasing participation from 2% in 2011 to 25% by 2050. To do this it recommended an increased investment in cycling from current levels of below £2 to £20 per person and a redesign of our roads, streets and communities. It also encouraged changes to road speed limits and other measures to improve safety. Training and education was identified as important in encouraging cycling from a young age. Finally, in recognition of the scale of this change, it emphasised the importance of a political commitment from politicians at all levels.

Case Study

Copenhagen

The capital city of Denmark, Copenhagen, has spent the last 50 years taking a series of small steps to create a great environment for walking and cycling in the city.

Today Copenhagen has six times the amount of car free space than it had in 1962 when pedestrian initiatives began.

Every day 36% of people commute to work, school or university by bicycle, in fact more people commute by bicycle in greater Copenhagen, than cycle to work in the entire United States. It is the city's policy for the number of commuters by bike to go up to 50% by 2015.

Examples of the steps taken include: pedestrianising streets, gradually reducing parking, increasing the number of people living in the city centre, increasing cycle lanes and making junctions safer for cyclists and encouraging cycle rental.



Case study

Sunday Streets

Across the world, city streets are being freed of motorised traffic for a few hours so they can be used for mass recreational events. These happen mostly on Sundays and allow the streets to be used for leisure activities including walking and cycling. This is thought to improve quality of life, reduce levels of chronic disease and strengthen the local community.

They began in Columbia in South America where they are known as 'ciclovias recreativas'. In Bogota, Columbia every Sunday between 7am and 2pm over 70 miles of road are closed to traffic allowing over a million residents to come out to walk, skate, cycle, and spend time socialising outdoors. These types of event have spread around the world, particularly in North and South America. In San Francisco, for example, they are known as Sunday Streets and occur on various Sundays through the year. An international network focussed on ciclovias has been established and is supported by the Pan American Health Organisation and the Centre for Disease Control and Prevention of the USA.

Economic evaluation of four of these programmes (from Columbia, Mexico and the USA) found that the benefits when converted into monetary terms outweighed the costs by a factor of 1.02 - 4.26. This took into account the value of the health benefits gained from increases in physical activity (Montes at al 2012).

In the UK a similar scheme has been established in Bristol where streets are shut monthly.



Appendix

The Public Health Outcomes Framework

The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. It contains indicators that intend to measure progress in achieving positive health outcomes and reducing health inequalities. Those relevant to the areas featured in this report are detailed below:

Domain one: improving the wider determinants of health

- Killed or seriously injured casualties on England's roads
- The percentage of the population affected by noise
- Social connectedness

Domain two: health improvement

- Proportion of physically active and inactive adults
- Self-reported wellbeing
- Excess weight in adults
- Excess weight in 4-5 and 10-11 year olds

Domain three: health protection

- Air pollution
- Public sector organisations with board-approved sustainable development management plan

The most current data for Suffolk can be accessed at www.phoutcomes.info/



Glossary

Active travel: an approach to travel and transport that focuses on physical activity (walking and cycling) as opposed to motorised means.

Air pollution: the introduction of chemicals, particulate matter or biological materials into the atmosphere.

Broadband: telecommunication in which a wide band of frequencies is able to transmit information.

Carbon emissions: the release of carbon into the atmosphere.

Census: Census statistics help paint a picture of the nation and how we live. They provide a detailed snapshot of the population and its characteristics and provide information that government needs to develop policies, and to plan and run public services such as health and education.

Chronic diseases: a condition or disease that is persistent or long-lasting in its effects.

Chronic respiratory diseases: includes disorders that affect any part of the respiratory system.

Climate change: significant and lasting change in global weather patterns.

Clinical Commissioning Groups: groups of GPs, including other health professionals who commission the majority of NHS services for their patients.

Coronary heart disease: develops when the arteries supplying blood to the heart become partially or wholly blocked. This causes symptoms of chest pain which is temporary and treatable. Coronary heart disease can result in a heart attack if the blood supply to the heart is stopped for long enough to cause damage.

Demand responsive transport: an advanced, user-oriented form of public transport characterised by flexible routing and scheduling of

small/medium vehicles operating as a shared-ride between pick-up and drop-off locations according to passengers needs.

Dementia: used to describe a syndrome in which there is progressive decline in multiple areas including decline in memory, reasoning, communication skills and the ability to carry out daily activities.

Diabetes: a life-long condition where the amount of glucose in the blood is too high as the body cannot use it properly.

Fossil fuel: is the umbrella term applied to fuel sources that were created through a combination of the decomposition of plant and animal matter, heat and pressure beneath the earth. The three most commonly used fossil fuels are oil, coal and natural gas.

Greenhouse gas: a gas that contributes to the warming of the Earth's atmosphere by reflecting



radiation from the Earth's surface, e.g. carbon dioxide, ozone, or water vapour.

Health and Wellbeing

Board/Strategy: set up in every upper-tier local authority to improve health and care services and the health and wellbeing of local people. The Board brings together key commissioners to assess the needs of the local population through the Joint Strategic Needs Assessment, to produce a Health and Wellbeing Strategy to inform the commissioning of health, social care and public health services and to promote greater integration across health and social care.

Infectious diseases: are caused through the spread of a micro-organism such as a bacterium or virus. They spread from person to person, often via the skin, saliva, blood or other bodily fluids.

Morbidity: an incidence of ill health.

Musculoskeletal conditions: can affect the body's muscles, joints, tendons, ligaments and nerves.

National Travel Survey: the primary source of data on personal travel patterns in Great Britain.

Ozone levels: the ozone layer prevents damaging ultraviolet light from reaching the Earth's surface, to the benefit of both plants and animals. There is concern that the ozone layer is depleting.

Particulate matter: material suspended in the air in the form of minute solid particles or liquid droplets, especially when considered as an atmospheric pollutant.

Premature mortality: defined as deaths occurring before age 75 years.

Prevalence: the proportion of a population with a disease at a given moment in time.

Sedentary behaviour: any time a person is sitting or lying down, they are engaging in sedentary behaviour. Common sedentary behaviours include TV viewing, video game playing, computer use, driving automobiles, and reading.

Social exclusion/isolation: the absence of social interactions, contacts, and relationships with family and friends, with neighbours on an individual level, and with 'society at large' on a broader level.

Stroke: occurs when the blood supply to the brain is disturbed. If the supply of blood is restricted or stopped, brain cells begin to die. This can lead to brain damage and possibly death.

Suffolk Community Strategy: the first twenty year community Strategy (2008-2028) for the county as a whole. It is based on the widest public consultation ever undertaken here, and aspires to create the conditions necessary to make the quality of life for all the people of Suffolk truly exceptional.

Suffolk Growth Strategy: District and borough councils and Suffolk County Council have been working to develop an effective strategy for Suffolk that will deliver economic growth, create more jobs and increase prosperity. The resulting document defines the public sector's



ambitions and how local councils, by working together, intend to achieve these goals and enable the growth of the private sector across Suffolk as a whole.

Suffolk Sport: is one of 49 County Sports Partnerships across England. Working with a wide-range of local partners, they aim to make Suffolk a physically active and successful sporting county. Their role is to co-

ordinate sport and activity programmes in Suffolk and support the development of clubs, coaches and volunteers in the county.

Sustainable transport: all forms of transport which minimise emissions of carbon dioxide and pollutants. It can refer to public transport, car sharing, walking and cycling as well as technology such as electric and hybrid cars and biodiesel.

Sustrans: is a charity that works with communities, policy-makers and partner organisations so that people can choose healthier, cleaner and cheaper journeys and enjoy better, safer spaces to live in.

Videoconferencing: is a live connection between people in separate locations for the purpose of communication, usually involving audio and text as well as video.



Notes







This report contributes to the Joint Strategic Needs Assessment (JSNA) for Suffolk