

Appendix F

Public Health, Physical Activity and Air Quality – supporting information

- Lack of activity has implications for obesity, heart disease, stroke, cancer, Type 2 diabetes as well as mental health and depression. An estimated 28 per cent of Londoners do less than 30 minutes of physical activity per week. 43% of adults in London achieve the minimum Government recommended physical activity level of 150 minutes a week (Active People survey 2012/13) while an estimated eight in 10 children in London do not achieve the minimum recommended physical activity levels of one hour per day. There is a progressive decline in the achievement of the minimum recommended level of active travel with increasing age and one quarter of men and a third of women aged over 65 years do not leave their house on a typical day (Transport for London, Travel in London Report 9, 2016).
- At the same time, active travel is likely to be the main way that Londoners meet their physical activity needs: nearly a third of 15 to 29-year-olds in London achieve their recommended physical activity levels through active travel alone and even among the oldest people in London, those aged over 80, it is estimated that 16 per cent meet their physical activity needs through walking and cycling alone (Improving the Health of Londoners, Transport Action Plan, Mayor of London, 2014).
- The minimum requirement of physical activity is equivalent to just a 10 minute walk. Yet a significant proportion of walkable/cycleable journeys are driven. The London Travel Demand Survey undertaken by TfL (LTDS 2015, TfL) shows that if Londoners walked or cycled all of the trips that could potentially be walked or cycled then an estimated 60 per cent of Londoners would achieve the recommended two sessions of 10 minutes of physical activity per day from this source alone.
- One estimate of 60,000 years of perfect health could be gained each year across London's population if motorised modes could be swapped for walking and cycling for those short journeys. This captures the reduction in air pollution and carbon emissions along with benefits of physical activity. This is equivalent to £2billion a year in economic health benefits (Transport and Health in London: the Main Impacts of Road, Greater London Authority, 2014).
- The UK Faculty of Public Health, in its position statement on the built environment and physical activity (2013), states that active travel is the only viable option for significantly increasing physical activity levels across London's whole population. The National Institute for Health and Clinical Excellence (NICE) in its Public Health guidance (no 8, 2008), Physical Activity and the Environment, and the British Medical Association state that local authorities should provide a comprehensive network of routes for walking, cycling and other modes of transport that involve physical activity, and that they should be given the highest priority alongside restricting motor vehicle access.

- The report of the Royal College of Physicians and Royal College of Paediatrics and Child Health, entitled “*Every breath we take: The lifelong impact of air pollution*” (February 2016) recommended that alternatives to cars fuelled by petrol and diesel are promoted. Specifically that “Government, employers and schools should encourage and facilitate the use of public transport and active travel options like walking and cycling”.
- Air pollution is a major environmental risk to health and the Council has a legal responsibility to reduce all pollutants. Road transport is the dominant source of PM10 emissions in London, contributing 79%, with exhaust emission and tyre and brake wear and dust from road surfaces being the main factors. Particulate matters are most associated with mortality and it is estimated that over 9,500 Londoners die prematurely as a result of exposure to these particles and NO2.
- The move of Public Health teams into Local Authorities means that local authorities now have a duty to protect public health and allows them to integrate the wider determinants of health into the planning and delivery of local authority services. The Public Health Outcomes Framework is a set of indicators compiled by the Department of Health to measure how effectively the activities of each local authority are addressing the determinants of health. Within four domains there are a total of 68 indicators, and certain transport related measures, specifically those which aim to increase walking and cycling and restrict traffic, could contribute to a **third** of them. Indeed, no other area of intervention could impact on so many key aspects of population health.
- There is a specific indicator (indicator 3.01) in the UK Public Health Outcomes Monitoring Framework for mortality due to PM2.5 and which Camden has to report against. Data for 2012, published by the Public Health Observatory: <http://www.phoutcomes.info/public-health-outcomes-framework/domain/4> shows that the proportion of deaths attributable to PM2.5 in the borough in 2012 was 7.3%. This reduced to 6.3% in 2015. The average for the UK (2015) is 4.7% and 5.6% for London. Camden is among the six worst performing London boroughs for premature deaths attributable to PM2.5.
- NO2 is a noxious gas strongly linked to emphysema, bronchitis, and heart disease, while PM is strongly linked to asthma, lung cancer and cardiovascular illness. In Camden road transport is the key source of both these types of pollutants: 49% of Camden’s NOx emissions are from road transport, with a slightly lower figure for PM10. Buses, taxis, HGVs and diesel vehicles in general are disproportionately high emitters of pollutants.
- NO2 is linked to 5,900 premature deaths in London (British Medical Journal 2015;351:h3907). In 2015 the United Kingdom’s highest court ordered the government to draw up a plan within months to cut the levels of nitrogen dioxide in the atmosphere to protect public health.

- TfL's Travel In London Report 9 (2016) notes that there has been a significant rise over recent years in the proportions of Londoners agreeing that traffic fumes and heavy traffic make people dislike walking in London.
- TfL's Travel in London Report 9 (2016) also shows that 90% of all potentially walkable trips that are less than 1km (950,000 out of 1.06 million) are currently made by car, either as a driver or passenger. Data shows that, for potentially walkable trips, the majority would come off car use – either as a driver (24%) or as a passenger (22%). However, there has been a significant rise in recent years over recent years in the proportion of Londoners agreeing that traffic fumes and heavy traffic make people dislike walking in London.
- It is estimated that the average life expectancy of people who swap from using a car to riding a bicycle on a regular basis will increase by 3–14 months because of the physical activity benefits. This far outweighs any reductions to their life from pollution or road traffic injuries (Improving the Health of Londoners, Mayor of London, 2014).
- The health benefits of an adult switching to cycling for regular commuting have been monetised (Improving the Health of Londoners, 2014) based on a year of human life. It shows Euro1,300 per year of health benefits from physical activity compared to a loss of Euro 20 from pollution. There is also a Euro 30 gain to society from a reduction in pollution.
- The health benefits of more people walking and cycling, and fewer people driving, go beyond improved physical activity. They also contribute to reducing both the number and severity of collisions, noise and severance, and improvements to mental health and social inclusion.